



UASIN GISHU COUNTY HIV AND AIDS STRATEGIC PLAN 2015/16-2019/2020





UASIN GISHU COUNTY HIV AND AIDS STRATEGIC PLAN

2015/16-2019/2020

"Towards Ending the HIV Epidemic in Uasin Gishu County"



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Acronyms and abbreviations

AAC	Area Advisory Council
ACU	AIDS Control Unit
AIDS	Acquired ImmunoDeficiency Syndrome
AMREF	African Medical Research Foundation
ANC	Antenatal Clinic
ART	Antiretroviral Treatment/Therapy
ARV	Anti-Retroviral Drugs
BCC	Behaviour Change Communication
BCG	Bacillus Calmette–Guérin Vaccine
CACC	County AIDS Coordinating Committee
CASCO	County AIDS & STI Coordinating Officer
CASPMC	County HIV and AIDS Strategic Plan Monitoring Committee
CBO	Community Based Organization
CCC	Comprehensive Care Clinic
CDH	County Department of Health
CEC	County Executive Committee
CECM	County Executive Committee Member
COBPAR	Community Based Programme Activity Reports
CHAs	Community Health Assistants
CHVs	Community Health Volunteers
CSO	Civil Society Organization
CU	Community Units
DHIS	District Health Information System
DICs	Drop In Centres
EBI	Evidence Based Intervention
EMTCT	Elimination of Mother to Child Transmission
FBOs	Faith Based Organizations
FBP	Food By Prescription
FGM	Female Genital Mutilation
FSW	Female Sex worker
GBV	Gender Based Violence
HBC	Home Based Care
HBTC	Home Based Testing and Counselling
HCBC	Home and Community Based Care
HCW	Health Care Worker

HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
HR	Human Resource
HRBA	Human Rights Based Approach
HRIO	Health Records and Information Officer
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
IEC	Information, Education and Communication
IGA	Income Generating Activities
KAIS	Kenya AIDS Indicators Survey
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic and Health Survey
KEMRI	Kenya Medical Research Institute
KNBS	Kenya National Bureau of Statistics
M & E	Monitoring and Evaluation
MCA	Member of County Assembly
NACADA	National Agency for Control of Alcohol and Drug Abuse
NACC	National AIDS Control Council
NASCOP	National AIDS & Sexual Transmitted Infection Control Program
NEPHA	Network of People Living with HIV in Kenya
NGO	Non-Governmental Organization
NPLHS	Network of People Living with HIV and AIDS
OVC	Orphan and Vulnerable Children
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PwD	Persons with Disabilities
PwP	Prevention with Positives
SCACC	Sub-County AIDS Coordinating Committee
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TBD	To Be Determined
TWG	Technical Working group
USAID	United States Agency for International Development
VMMC	Voluntary Male Medical Circumcision

Foreword



The County Government of Uasin Gishu recognises that HIV and AIDS epidemic is not only a public health challenge, but also a threat to our socio-economic and cultural development. The county is categorised among the low HIV burden counties – with adult HIV prevalence of 4.3% and an estimated 1921 annual new cases (County HIV profiles 2014). But HIV and AIDS remains a major cause of high morbidity and mortality that is overstraining our meagre household resources as well as county health systems. Over the years, the county has made great strides in HIV and AIDS interventions. However, there is a great need for concerted efforts by all stakeholders to ensure that the gains made are not reversed but they move the county forward to achieve its goal of Zero new HIV infections, Zero HIV and AIDS related deaths and Zero stigma and discrimination.

In light of this, the development and subsequent launch of the Uasin Gishu HIV and AIDS Strategic Plan (UGCASP) is an expression of our commitment and determination to tackle HIV and AIDS stigma and discrimination not only as a medical and health concern, but also as a cultural, social and economic challenge through a multi-sectoral approach. Therefore, this strategic plan will act as a guide within which to respond to the complex patterns of HIV epidemic in the county over the next five years (2015/16 – 2019/20).

A handwritten signature in blue ink, belonging to H.E. Hon. Jackson Kiplagat Arap Mandago. The signature is stylized and cursive, written over a horizontal line.

H.E. Hon. Jackson Kiplagat Arap Mandago
Governor,
Uasin Gishu County

Preface



The Uasin Gishu County HIV and AIDS Strategic Plan (UGCASP 2015/ 2016- 2019/2020) will strengthen efforts to rally all stakeholders in the mobilisation and coordination of all resources for the prevention of HIV transmission and provision of care, treatment and support to the PLHIV and affected people in the county. It provides strategic guidance in the planning, coordination, implementation, monitoring and evaluation of the county's multi-sectoral HIV and AIDS response taking cognisance of the key drivers and population diversities within the county.

This strategic plan will enable the county focus on targeted prioritised elements of interventions (Biomedical, Behavioural and Structural) together in combination prevention. It also aims at maximising efficiency in service delivery through integration, timely linkage and retention to care and treatment and creating an enabling legal and policy environment necessary for a robust HIV response to ensure access to services by persons living with HIV. It will also identify and implement high-impact research priorities, promote utilization of strategic information in decision making and programming, help increase domestic financing for a sustainable HIV response in the County and promote accountable leadership for delivery of UGCASP results by all sectors and actors.

Msaue

Mrs. Margaret J. Chepkwony

*County Executive Member for Health Services,
Uasin Gishu County*

Acknowledgements



Uasin Gishu County HIV and AIDS strategic plan was developed locally to guide the county in its HIV response. It is aimed at guiding stakeholders in the planning, resource mobilisation and implementation of interventions to reduce new HIV infections and mitigate on its impact within the local context.

The County Government of Uasin Gishu wishes to express its deep gratitude to all those who participated in the development of this Strategic Plan (UGCASP 2015/16 - 2019/20). In particular, we wish to thank the county leadership and governance through the office of His Excellency the Governor, County Executive Committee Member for Health Services, the Chief Officer for Health Services, Director of Health (P&P) and NACC for their support in drafting and their technical support in review, validation and launch of this document.

We also want to extend our gratitude to the County AIDS Coordinator (CACC), the County AIDS & STI Coordinator (CASCO), FBOs, NEPHAK and partners, the and technical teams among others for their effort and commitment during the process of developing UGCASP. To all, we say thank you.

A handwritten signature in blue ink, appearing to read 'Wilson Kemei', with a stylized flourish at the end.

Mr. Wilson Kemei
*Chief Officer Health Services,
Uasin Gishu County*

Over the next five-years, the Uasin Gishu County HIV and AIDS Strategic Plan will provide strategic direction, the planning, coordination, implementation and monitoring and evaluation of the county's multi-sectoral HIV and AIDS response. Currently, the adult HIV prevalence is 4.3% with a total number of 28,667 people living with HIV with 1921 annual new cases. The county, through the UGCASP aims at achieving zero new HIV infections, zero discrimination and zero AIDS related deaths.

Development of this document took cognizance of the national values of citizen participation which involved a wide range of stakeholders in the county. The process began with the launch and dissemination of the Kenya AIDS Strategic Framework in 2014. Through county stakeholder forums, a drafting team was constituted and approved by the county health office. This team undertook the development of the plan, and with the support of NACC and a Technical Support Team consisting of key partners came up with a complete document.

In developing the strategic plan the county has been guided by a number of principles including: Human rights, evidence based planning and results based management approaches, gender dimensions and equity. The plan further promotes the principle of meaningful involvement of PLHIV (MIPA) thereby enhancing positive health dignity.

This plan is aligned to both national and international strategies, instruments and commitments such as the KASF 2014/15-2018/19, the Constitution of Kenya 2010 and the Health Sector Strategic plan (HSSP), UN High Level Meeting Commitments and Regional HIV frameworks such as IGAD and EAC.

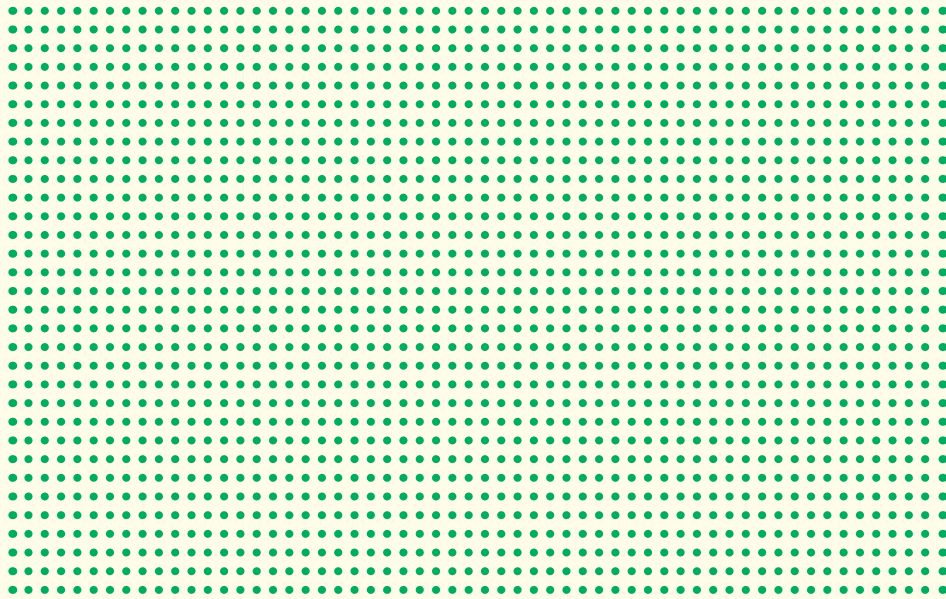
The vision of the UGCASP is a 'County free of new HIV infections, stigma & discrimination and AIDS related deaths'. It aims to:

1. Reduce new HIV infections by 75%.
2. Reduce AIDS related mortality by 60%.
3. Reduce HIV related stigma and discrimination by 70%.
4. Increase domestic financing of HIV response to 70 %.

The plan also outlines the implementation framework clearly indicating the different roles by key stakeholders in order to deliver on its mandate and promote transparency and accountability.

01.

INTRODUCTION



1.1 Position and Size of the County

Uasin Gishu County is one of the 47 counties in Kenya and is located within the Rift Valley region. The county has its headquarters in Eldoret town. It extends between longitudes 34° 50' and 35° 37' east and 0° 03' and 0° 55' West. The county shares common borders with Trans Nzoia County to the North, Elegyo Marakwet County to the East, Baringo

County to the South East, Kericho County to the South, Nandi County to the South West and Kakamega County to the North West. It covers a total area of 3,345.2 Km². The Districts/constituencies that make up the county include; Ainabkoi, Moiben, Turbo, Soy, Kapseret and Kesses. It has a referral hospital, Moi Teaching and Referral Hospital (MTRH), which serves Eastern and Central African Region, 16 Universities and over 40 tertiary institutions,

Map 1: Uasin Gishu County

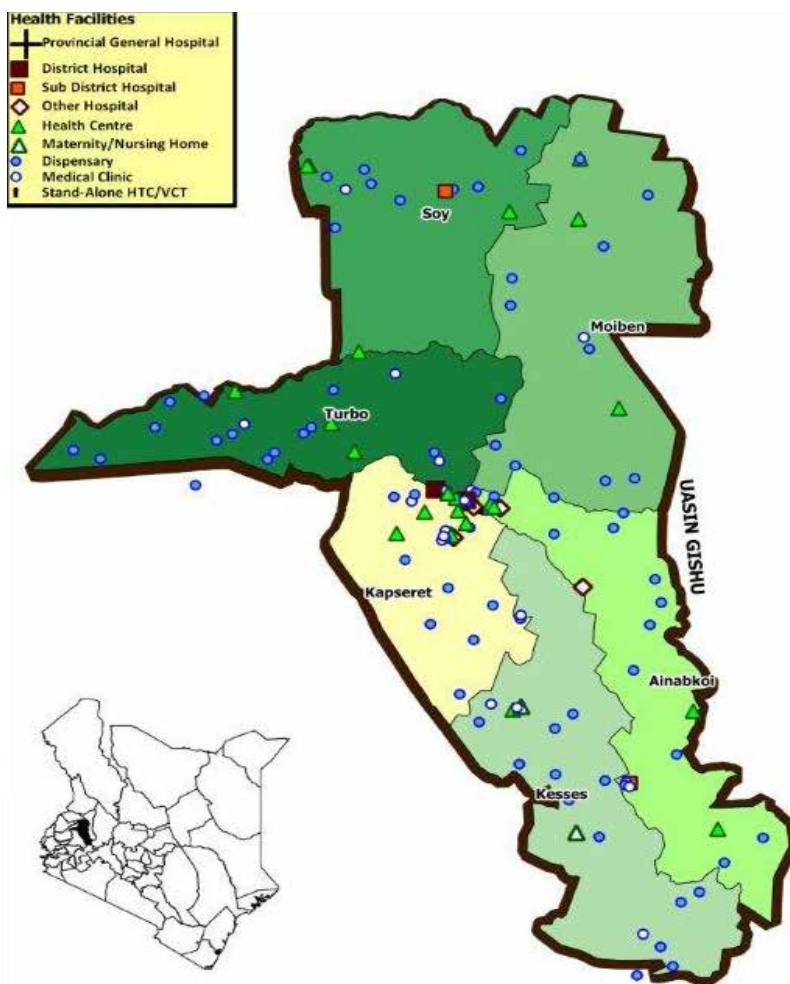


Table: Estimated population per sub- county in Uasin Gishu County

SUB-COUNTY	NO. OF ADMIN. UNITS (WARDS)	ESTIMATED POP. 2013	AREA KM2	POP. DENSITY PER KM2
Ainabkoi	4	117,962	479.9	246
Kapsaret	5	184,347	415.8	443
Kesses	6	114,529	581.6	197
Moiben	6	158,451	777.1	204
Soy	5	268,925	768	350
Turbo	4	179,442	322.7	556
UG County	30	1,023,656	3,345.1	306

Source: County Integrated Plan

1.2 Physiographic and Natural Conditions

Uasin Gishu County is a highland plateau. Its altitude falls gently from 2700m above sea level at Timboroa in the East to about 1,500m above sea level at Kipkaren in the West. The county can roughly be divided into two broad physiographic regions, with Eldoret (2085m) forming the boundary between the regions. The topography is higher in the east and declines towards the western borders. The plateau terrain in the county allows easier construction of infrastructure such as roads and use of modern machinery for farming. The county is in the Lake Victoria catchment zone and therefore all the rivers from the county drain into Lake Victoria. Major rivers in the county include: Sosiani River, Kipkaren River, Kerita River, Kipkuner River, Nderugut River, Daragwa River, River Lemock and Sambul River. The rivers provide water for livestock, domestic and industrial use. Uasin Gishu County is an economic hub with the second largest hospital in East and Central Africa - MTRH. There are over 16 universities in the county.

The county experiences a high and reliable rainfall which is evenly distributed throughout the year. The average rainfall ranges between 624.9mm-1560.4 mm. It occurs between

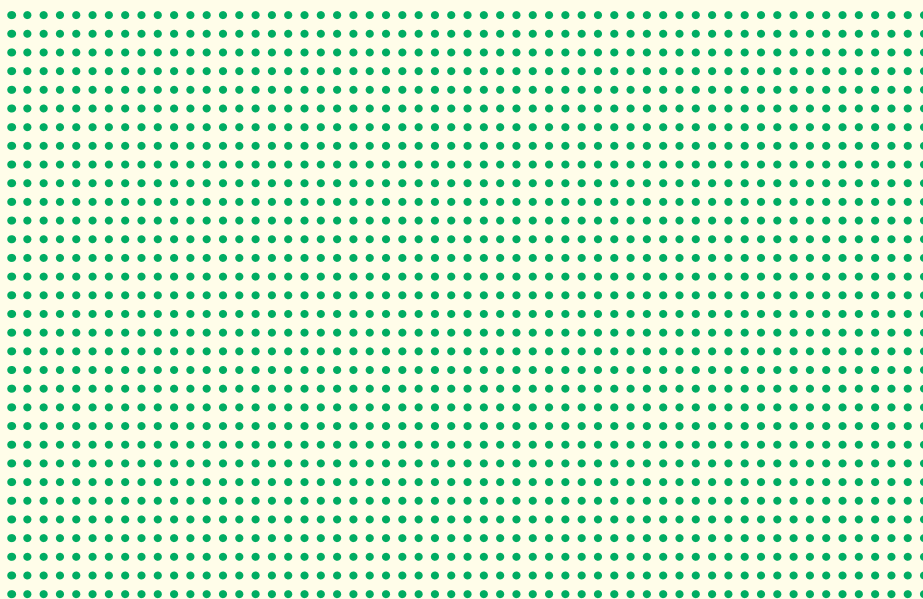
the months of March and September with two distinct peaks in May and August. The areas with relatively higher rainfall are found in Ainabkoi, Kapsaret and Kesses Divisions whereas Turbo, Moiben and Soy Divisions receive relatively lower amounts of rainfall. The dry spells begin in the month of November and end in February. Temperatures range between 70C and 290C. The rainfall and temperatures in the county are conducive for both livestock and crop farming. The terrain makes it conducive for sport tourism

1.3 Demographic Features

According to the 2009 population and housing census, the population for the county was 894,179. This population was projected to increase to 987,233 in 2012 consisting of 495,719 males and 491,514 females. It was projected to rise further to 1,211,853 in 2017. The intercensal population growth rate for the county is 3.3 percent which is slightly higher than the regional rate of 2.5 percent and the national rate of 2.9 percent. The high population growth rate is mainly due to natural increase and immigration from other regions notably Western, Nyanza and Central parts of the country. The migrants serve as a source of cheap labour in the county during the farming season.

02.

SITUATION ANALYSIS



2.1 HIV epidemiology

Globally, Kenya has the fourth highest HIV burden, with a prevalence of 5.6% and an estimated 1.6 million people living with HIV (KAIS 2012). Uasin Gishu County is

categorised among counties with low HIV & AIDS burden with a prevalence of 4.3%. Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Table 2.1: HIV and AIDS burden in the County

INDICATOR	NO / %
Total Population (2013)	1017723
HIV adult prevalence (overall)	4.3%
HIV Prevalence among women	6.1%
HIV Prevalence among men	3.7%
Number of adults living with HIV	25000
Number of children living with HIV	3,677
Total number of people living with HIV	28, 667
New HIV infections	1921
AIDS related deaths	1,427
% of people never tested for HIV by 2009	73%
% of HIV positive pregnant women who do not deliver in a health facility	72%
Women receiving PMTCT	96%
Pregnant women attending recommended antenatal clinics	41%

2.2 HIV treatment in the County

Table 2.2: County HIV treatment access annually

INDICATOR	NO. /%
Adults in need of ART	12,223
Adults receiving ART	17,614
Children in need of ART	2,587
Children receiving ART	1,895
Adolescence receiving ART	200
County ART children coverage	73%
National ART children coverage	42%

Source: Estimation and Projection Package

2.3 Drivers of HIV epidemics in the County

The mode of HIV transmission in Uasin Gishu County is primarily heterosexual and mother to child transmission. Populations at higher risk include:

- Female sex workers
- Prisons
- Track drivers
- MSM
- OVC

2.4 Strength, Weakness, Opportunity and Threat Analysis

In developing this strategy, strengths, weakness, opportunity and threat analysis was undertaken to examine the status of the past HIV & AIDS response in the county in order to develop more responsive strategies for interventions.

2.4.1 Strengths

- We have human resource capacity built to offer the health services.
- Availability of tertiary institutions.
- PLHIV networks assist with mobilisation and stigma reduction.
- There are also standard policies and guidelines in place, developed nationally.
- There is an M&E system from the facility to the sub-county to the county (DHIS).

2.4.2 Weaknesses

- Increased stigma and discrimination.
- Poor quality data due to errors in data documentation.

2.4.3 Opportunities

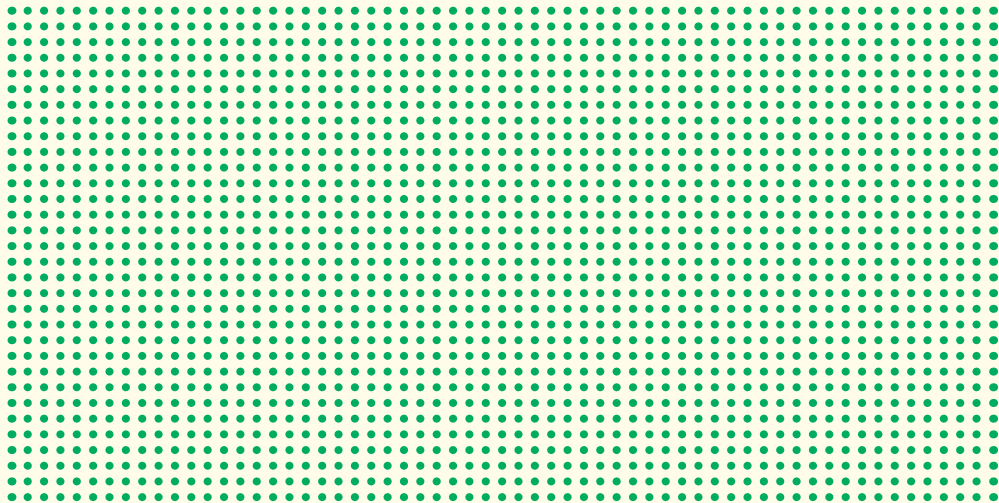
- Churches provide care and chaplaincy.
- Religious leaders to give platform for treatment literacy.
- Supportive partners.
- Multi -sectoral approach to address stigma and discrimination.

2.4.4 Threats

- Stigma and discrimination.
- Over dependency on donor funds.
- Cultural practises.
- Denomination which do not embrace HIV care and treatment services.
- Ever increasing MSM and SW with minimal prevention intervention.
- Irresponsible parenthood.
- Technology and new behaviour.
- Defaulters and non-adherence.
- Low skilled deliveries among HIV positive mothers.
- Inadequate information on human rights.
- Alcohol and drug abuse.

03.

RATIONALE,
STRATEGIC PLAN
DEVELOPMENT
PROCESS AND THE
GUIDING PRINCIPLES



3.1 Rationale

As a result of the constitutional dispensation in the country, there was re-organisation of leadership and governance structures including the devolution of services. Health function was devolved and it meant that each county needed to take more responsibilities in HIV prevention treatment, care and support. It is in this regard that the Kenya AIDS Strategic Framework (KASF) 2014/15 – 2018/2019 was developed and the function of each level of government outlined. Subsequent dissemination and roll out of the KASF to counties provided a guideline for counties to develop their own HIV specific county strategic plans based on the national framework. It is on this basis that Uasin Gishu County came up with its own strategic plan to provide guidance in HIV intervention within the local context.

3.2 Process of developing the HIV Plan

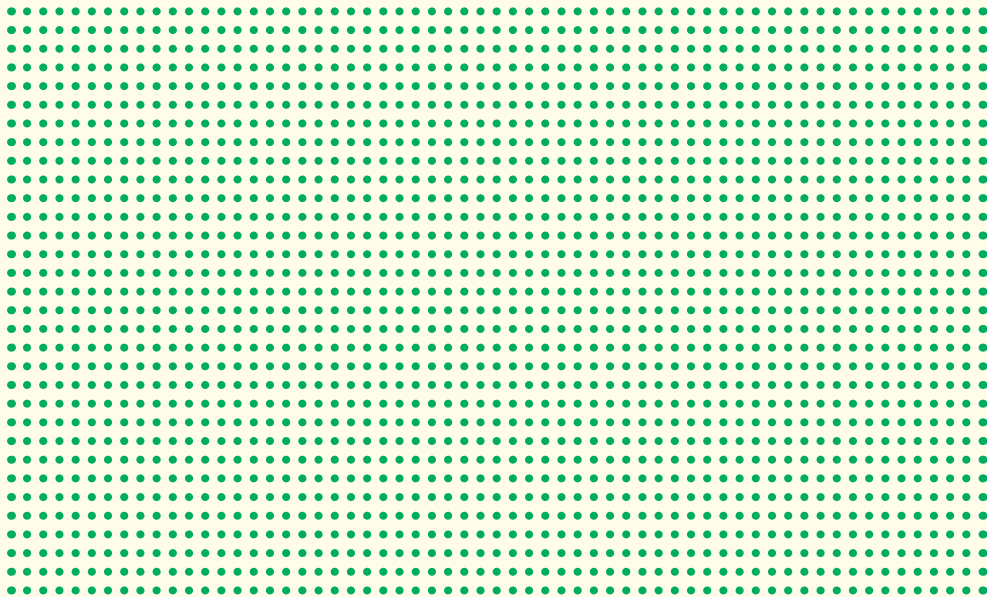
The process of developing this UGCASP started in May 2015 after NACC held a KASF dissemination meeting for Uasin Gishu County in Kitale. During the meeting, guidelines for developing the county specific strategic plan were disseminated and a drafting team was constituted.

3.3 Guiding principles.

1. Results-based planning and delivery of the UGCASP: All HIV programs shall be linked to the UGCASP and shall demonstrate contribution towards the results envisioned.
2. Evidence-based, high impact and scalable interventions: Preferential interventions shall be those that are of high- value and scalable i.e. the ones that are informed by evidence.
3. Efficient and effective HIV and AIDS response practices.– The HIV program will scale up and strengthen the implementation of best practices HIV intervention that include:
 - a) Mentor Mothers Program.
 - b) Formation of more support groups for PLHIV including young people (Dream initiative).
 - c) Life skills Education program in and out of school.
4. Evidence-based programming: The M&E systems in the county needs to be strengthened so as to give on-time information for informed decision making. Operational research shall also be conducted during programming for validation of the outcomes.

04.

VISION, GOAL,
OBJECTIVES
AND STRATEGIC
DIRECTIONS OF
THE UGCASP



The county has outlined its vision, goal and objectives building on the County Health Sector Strategic and Integrated Plan and guided by the KASF as follows:

4.1 Vision:

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

4.2 Mission:

To prevent new HIV infections and provide treatment, care and support to those infected and affected.

4.3 Core values:

Accountability to results, Inclusiveness, diversity and innovativeness.

4.4 Objectives:

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

As outlined in the KASF, the UGCASP will adopt the following strategic directions:

TABLE 4.4: STRATEGIC DIRECTIONS TO BE USED IN HIV AND AIDS RESPONSE

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

4.5 Specific objectives

1. Reduce new HIV infections 75%.
2. Reduce AIDS related deaths by 25%.
3. Reduce HIV related stigma and discrimination by 50%.
4. Increased domestic funding to 50%.

4.6.1 Strategic Direction 1: Reducing new HIV infections

Uasin Gishu County is categorised as a low HIV burden county with 1921 new adult HIV infections annually. The mode of transmission is primarily heterosexual and Mother-to-Child transmission.

SD 1 REDUCING NEW HIV INFECTIONS

KASF OBJECTIVES	UGCASP RESULTS	KEY ACTIVITIES	SUB ACTIVITY/INTERVENTION	
			Biomedical	Behavioural
1.Reduce new infection by 75%	Increased uptake of HTS	Increase access to HIV testing services (HTS) to sub populations	Offer HIV testing and counselling (HTC) to marginalised and general populations	Sensitisation of Peer Educators Promote risk reduction among those who have tested negative
	Increased condom distribution and utilization	Increase access and availability of condoms to the general population ,tertiary institution and entertainment points	Provision of commodities including lubricants and condoms (Male and Female)	Improve literacy on correct and consistent use of condoms.
	Reduced HIV/STI co-infection	-STI screening and referral -Increase access to HTS	Increase access to STI screening and treatment	-Advocate for prevention Healthy choices -Promote risk prevention
	Reduced HIV burden in Uasin Gishu County	Increase access to HTS Increase access to care and treatment	Counselling and testing of 90% of the population 90% of all HIV positive clients need to be on ARVs	Improve literacy on correct and consistent use of condoms and reproductive health
	Reduced new HIV infections in men having sex with men (MSMs)/SW	Increase accessibility of condoms and lubricants Improve treatment literacy	Increase accessibility of condoms and lubricants Offer HTS, STI screening and referral Provide PEP in case of condom burst or exposure	Improve treatment literacy and on correct and consistent use of condoms. Reproductive health Uptake of HIV services being offered Promote safe sex
	Reduced new infections in female sex workers	Increase access to HTS to sex workers and their families	-Increase accessibility to condoms and lubricants -Offer HTS, STI screening and referral -Provide PEP in case of condom burst or exposure	-Life skill training -Health Choices -Provide peer education -Sensitisation on condom use Strengthen uptake of HIV services being offered Promote safe sex
	Reduced new infections in IDUs	Increase access to HTS to IDUs Increase access to Medically Assisted Therapy (MAT)	-Offer HTS, screening and ARV treatment to All HIV Positive IDUs and Hepatitis treatment -Treatment of abscess -Put all HIV positive IDUs on ARVs	-Promote risk reduction by providing syringes Provide literacy on condom use and HTS safe sex practices
	Elimination of Mother to Child transmission of HIV to Zero	- Increase access to HTS services -Increase access to ARVs for HIV positive expectant and breastfeeding mothers -Increase access to infant ARV prophylaxis -All ANC/Maternity mothers to access services early Promote hospital delivery among HIV positive mothers Increase male involvement	Provide HTS Initiate HAART for expectant and breast feeding mothers who are HIV positive and their partners Provide ARVs prophylaxis	Improve treatment knowledge to the general population.

	TARGET POPULATION	GEOGRAPHICAL LOCATION BY COUNTY/ SUB-COUNTY	RESPONSIBLE PERSON
Structural			
-Provide mobile clinics to offer HIV services Information, Education and communication advocacy -Establish youth friendly centres Reduce stigma and discrimination targeting the adolescents Provide outreach moonlight services	-Marginalised groups and key population -Youths/ Adolescents -Discordant couples	-Schools/tertiary institutions Forest	County Government Director of health CASCO, CACC and Implementing partner PLHIV AMPATH plus Hope World Wide REDCROSS/Neighbours in Action. Family Health Options.
Place condoms along stop	General and Key Population and marginalised population	-Hotspots-Paradise, Maili Nne, Burnt Forest, Signature, Eastleigh -Medical facilities -MCH/FP clinics -Community	County Government Director of health CASCO, CACC and Implementing partner PLHIV AMPATH plus Hope World Wide REDCROSS/Neighbours in Action, Family Health Options.
-Provide IEC materials on HIV/ STI	General and Key and marginalised population	Medical facilities -MCH/FP clinics PLHIV Religious Organisations Community -Hotspots	County Government Director of health CASCO, CACC and Implementing partners
-Provide mobile clinics to offer HIV services Information, Education and communication Advocacy -Establish youth friendly centres ICT Materials Strengthen treatment literacy to Reduce stigma and discrimination	General and Key Population and marginalised population	-Training zones-Armed Forces, GK Prisons and NIS - Schools/tertiary institutions	County Government Director of health CASCO, CACC and Implementing partners
Creating alternative income through micro economic linkage Improve treatment literacy To Reduce stigma and discrimination	General and key population	-Hotspots-Paradise. Maili Nne .Burnt Forest, Signature, Eastleigh -Medical facilities -MCH/FP clinics -Community	County Government, Director of health CASCO, CACC and Implementing partners
Social protection -Establishment of support centres -Strengthen life skill programs in schools and tertiary institutions -Link to microfinance institutions -Establish IGAs -Social protection Promote child rights and elimination of GBV -Reduce stigma and discrimination	General and Key Population	-Hotspots -Residential -Streets -Brothels	County Government Director of health CASCO, CACC and Implementing partners
-Reduce stigma and discrimination	General and Key Population and IDUs	Hotspots-Kipkaren, Sosiani River, Huruma-Pilot -Schools/Tertiary Institutions	County Government Director of Health CASCO, CACC and PLHIV Implementing partners
Promoting HTS	Expectant and breastfeeding mothers -Infants 0-2 years	Medical facilities - MCH clinics -Community	County Government Director of Health CASCO, CACC and Implementing PLHIV

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

The County has 28,677 PLHIV. In this case then, the county objective of reducing AIDS related mortality by 75% has to be implemented through cascading the 90-90-90 strategy.

SD 2: Improving health outcomes and wellness of people living with HIV

KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/INTERVENTION
Reduce AIDS related mortality by 25%	Increase the number of ART sites and improve service delivery	Increase access and uptake of HIV services in all ART sites	Biomedical -Provide care and treatment services -Nutritional support
	Health Care Workers trained in the following program areas-HTS, PMTCT,ART, Adolescent HIV, Psychosocial counselling	Training and sensitisation of health care workers on HTS, PMTCT, Adolescent HIV, Psychosocial counselling	Provide care and treatment services
	Improved knowledge and treatment literacy on the importance of ART adherence to PLHIV	Improve knowledge and treatment literacy for PLHIV on importance of ART adherence	Provide adherence Counselling and ART
	Established Drop in Centres	Establish Drop in Centres	Offer HTS through Drop In Centres (Drop In Centre) Provide Food By Prescription and Drugs e.g. ARVs

		TARGET POPULATION		GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBLE PERSONS
	Behavioural	Structural			
	Improve treatment literacy	Establish and strengthen health facilities-community linkage	General population, Key Population and marginalised OVCs, OVC caregivers, widowers, Widows, discordant couples	Across the County	County Government Director of health CASCO, CACC and Implementing partners PLHIV
		Strengthen capacity building on all HIV related programmatic areas	Service Providers, TBA	Across the County	County Government Director of health CASCO, CACC and Implementing partners PLHIV
	Strengthen referral systems and linkages	-Formation of support groups -Initiation of IGAs	Caregivers, discordant couples, PLHIV		NEPHAK PLHIV
	Improved knowledge and treatment literacy	Mobilisation of clients to come to the Drop in Centres for services	Key population and General population	Hotspots areas	County Government Director of health CASCO, CACC and Implementing partners NEPHAK PLHIV

Strategic Direction 3: Using a Human Rights approach to facilitate access to services for PLHIV, Key Populations and other priority groups in all sectors

The law allows the use of affirmative action to redress past discrimination as stipulated in Article 27 of the Kenyan Constitution. It is provided in Kenya's HIV and AIDS Control ACT, 2006 that the legal framework addresses HIV protection and promotion of public health, appropriate treatment, counselling, support and care of persons infected or at risk of HIV infection. Discrimination and stigma are our known barriers to prevention and uptake of drugs as reported in the Kenya stigma index survey (2013) which reports stigma at over 45%.

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

KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/ INTERVENTION	
			Biomedical	
Reduce HIV related stigma and discrimination by 70%	Strengthening and empowering the existing community units Establishment of HIV technical working group on HIV services. Establishment of a friendly service central point at every sub county hospital	Training all the CHVs on HIV and AIDS prevention, behaviour change and ART uptake Improvement of their existing IGA	Establish more functional community units to offer HIV services to the key populations.	
	Capacity building for HIV and AIDS Health service providers across the county Similar HIV and AIDS program for PLWD established.	Training of healthcare givers	Training of Health workers on HRBA to HIV services	

Summary of intervention areas for using human rights based approach to facilitate access to services

INTERVENTION	RECOMMENDED ACTIONS
Remove barriers to access HIV services	<ol style="list-style-type: none"> 1. Promote use of peer to peer education outreaches for Key Populations. 2. Strengthen outreaches activities by promoting hotspot outreaches activities for KPs, door to door testing for families of PLHIV, moonlights and mobile HTC clinic and health week in the county. 3. Promote and strengthen IEC materials publication and translation in local language. 4. Capacity build KPs and other priority group in having alternative livelihood in order to reduce HIV risk. ie go where they are at night book a room for testing.
Promote use of ARVs for those infected, uptake of HIV PreP and PeP among survivors of sexual violence.	<ol style="list-style-type: none"> 1. Adherence of those in ART.-The church should spearhead the use of ARVs among HIV positive clients. 2. Regulate the use of PeP with proper counselling before administering. 3. Scale up nutrition intervention for PLHIV. 4. Education on safe sex /health education. 5. Strengthen community defaulter tracing. 6. Address issue of stigma among PLHIV. 7. Encourage the health workers to maintain confidentiality.
County policy on protection of PLHIV from stigma and discrimination.	Enact laws, regulations and policies that prohibit stigma and discrimination
Carry out campaign across the county	<ol style="list-style-type: none"> 1. Campaigns on stigma and discrimination. 2. Alcohol and drug abuse. 3. Human rights. 4. Gender based violence. 5. Promote correct and consistence use of condoms.
Research and surveys	Carry out mapping exercise to establish KPs estimates within the county.

		TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/ SUB- COUNTY	RESPONSIBILITY
Behavioural	Structural			
Dissemination of IEC materials Improve knowledge on treatment literacy to the general population, opinion leaders, PLHIV on preventions with positives (PwP) messages	Form an Inter-agency Coordinating Committee; sub TWG to identify and address existing human rights based approach (HRBA) gaps in accessing HIV service.	PLHIV, Key populations.	Uasin Gishu county	UG County Government, stakeholders and partners NEPHAK PLHIV
	Implement innovative approaches to provide people with disability (PwD) with HIV services and programs including access to IEC materials.	Health workers, CHVs	Uasin Gishu county :	National Council for Persons with Disabilities (NCPWD), County Government, Partners PLHIV, Kenya Society for the Blind, Kenya Institute for Special Education

KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/ INTERVENTION	
			Biomedical	
	Improve knowledge on treatment literacy to reduce stigma and discrimination	Improve knowledge on treatment literacy to reduce stigma and discrimination	Nil	
	One model youth friendly service centre established in all the six sub counties	Establishment of youth friendly services in the six sub counties.	NIL	
	Adaption of the national guidelines	Drafting of HIV and AIDS policy	Nil	

Strategic Direction 4: Strengthening integration of health and community systems

Provision of universal health coverage to its citizens by 2030, as articulated in its 2010 Constitution and further reaffirmed in Sessional Paper No. 7 of 2012 on Universal Health Care, is a key developmental commitment by the government.

In practice, government health systems have limited resources and are often supplemented by nongovernmental providers such as faith-based organisations, CBOs or NGOs working in collaboration with government systems or in parallel systems that may or may not be linked with national/county health systems. Community systems thus have a role in taking health systems to people in communities and in providing community inputs into health systems. At the same time, health systems are just one part of a wider set of social support systems that are relevant to people's health and well-being.

This strategic direction mainly focuses on four key intervention areas namely: Provide a competent, motivated and adequately staffed workforce; strengthen health service delivery system; and improve access to and rational use of the systems.

			TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/ SUB- COUNTY	RESPONSIBILITY
	Behavioural	Structural			
	Dissemination of IEC materials to institutions and communities Sensitisation of community leaders and stakeholders on stigma and non-discrimination Sensitise schools heads on stigma reduction and non-discrimination.	To support and put more emphasis on HIV and AIDS services in schools/ institution.	Principals/ head teachers, subordinate staff and opinion leaders at the community level.	Uasin Gishu county :	UG County Government and partners
	Disseminate IEC materials intervention including use of Braille and sign language	Establish youth friendly integrated centres	Health personnel CHVs, Partners working with youth/peers	Uasin Gishu county :	UG County Government and partners NEPHAK PLHIV
	Nil.	Domesticate the national policies and legal framework to fit county specific policies and laws	MCAs, law enforcement agencies, opinion leaders, PLHIV	Uasin Gishu county	Ministry of Interior, Civil Society, County Government. NEPHAK

Summary of intervention areas for strengthening integration of health and community systems

INTERVENTION	RECOMMENDED ACTIONS
Empowerment of work force	<ul style="list-style-type: none"> Regular trainings, seminars and updates on current procedures to ensure the staff are competent.
Adequate referral and linkages Empower communities and work places to ensure improved capacity to take off their health	<ul style="list-style-type: none"> Strengthen referral systems e.g. CCC, community systems like the health units, Civil Society Organizations and support groups. Strengthen defaulter tracing. Establishment of support groups /existing groups and encouraging them to access money from co-operatives to do business for self-reliance. Formulate an integrated comprehensive and quality community health package for HIV prevention, treatment and care through good nutrition, sanitation and safe sex practices.
Increase number of health facilities	<ul style="list-style-type: none"> Incorporate HIV services in the mobile clinic. Equip existing facilities to provide delivery of HIV services. Increase the workforce at the facilities.

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS

KASF OBJECTIVE	CASP RESULTS	KEY ACTIVITY	
1. Reduce new HIV infections by 50%	Strong community -driven HIV response and vibrantly functional and responsive health facilities through linkages and referrals Operational CU in every desirable area in the county	Updates on emerging current health issues Strengthen the existing health community units.	
		Establishment of community units in areas in need Enhanced outreach to schools and recently mushrooming institutions	
2. Reduce AIDS related mortality by 50%			
3. Reduce HIV related stigma and discrimination by 50%	Improved health workforce for the HIV response in the county	Quality service delivery across the county	
4. Increase domestic financing of HIV response to 50%	Ensure no shortage of drugs	Ensure supply of drugs, OIS and ARVS	
	Integrated interventions of activities from the community to the health facility	Articulate an integrated, comprehensive and quality community and workplace health package for HIV prevention, treatment and care.	
	A mobilised community with increased demand for services at all levels	Increased access and uptake of HIV services in the community	
	HIV Integration of quality health services	Integrated services	
	Achieve an efficient and effective use of available human resource in delivery of health services, including HIV services	Develop a work plan for guidance on implementation at the community level	
	Production of health staff retention policy that takes into account the additional burden of HIV	Advocate for health staff retention policy	
	Tally the number of people who are in care and those who have not been initiated to care	Integrate the data for all the caregivers across the county	
	Conducive environment	Strengthen health service delivery system for the provision of HIV service integrated in the essential health package	
	Quality service delivery of the health package, including HIV prevention, treatment and care services	Increase uptake of HIV services	
	To maintain adequate availability of stock	Availability of enough drugs	
	Timely planning for HIV commodities	Timely collection and transmission of quality commodity consumption and stock status data that is integrated into the HMIS	
	Empower communities and workplaces to ensure improved capacity and capability to take charge of their health	Efficient and effective use of available human resource in delivery of health services, including HIV services	
	Strengthen community and workplace service delivery system at county level for the provision of HIV prevention, treatment and care services	Enhance human resource capacity for development and implementation of community and workplace health at all levels.	

	TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
	Health care workers, CHVs PLHIV, Youths, Key population, general population	Uasin Gishu county :	County Government, COH, PLHV FBO'S
	Health care workers, CHVs, PLHV FBO'S	Uasin Gishu County	County Government, COH, PLHV FBO'S
	County Government	Uasin Gishu County :	COUNTY GOVERNMENT health department
	Healthcare workers, CHVs PLHIV, caregivers	Uasin Gishu County	County Government , NACC, Partners, FBOS, DOHS, NEPHAK, PLHVI , FBOS
	Health facilities, entire Community, PLHIV	Uasin Gishu County	CDH, NACC, NASCOP, Partners, PLHIV, FBOS
	Healthcare workers, CHVS, PLHIV	County COH,	NACC NASCOP Partners, PLHIV county assembly FBOS
	Healthcare workers, CHVs FBOS PLHIV	Uasin Gishu County	COH County, NACC NASCOP Partners, PLHIV
	Healthcare workers	County	COH County Director of Health, CECM.
	Healthcare workers, CHVs, Community	County	COH NACC NASCOP Partners.
	Healthcare workers, CHVs, Peers	County	COH, County Government
	Healthcare workers	County	County Government
	Healthcare workers,	Uasin Gishu County	DOHS
	Data clerks	Uasin Gishu County	DOHS
	Healthcare workers	County	COH, CMLT, PEPFAR
	General population	County	CSFP, CASCO

Strategic Direction 5: Strengthening research and innovation to inform the UGCASP goals

The UGCASP envisages that the county will take a lead in conducting and co-coordinating research in resource allocation and implementing a HIV research agenda based on the strategic plan. This will increase evidence-based planning programming and policy changes. Currently,

Table 4.10: Intervention areas in Strengthening Research Innovation and Information Management to meet the Uasin Gishu County HIV Strategic Goals.

KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	SUB/ ACTIVITY INTERVENTIONS		
			Biomedical		
Reduce new HIV infections by 75%	Reduced new infections as per Uasin Gishu County's HIV vital bio data	Conduct operational research and information management at all levels	Determine strategies and effective models		
Reduce AIDS related mortality by 25%		Genotyping of HIV subtypes in the county	Map HIV subtypes and sexual networks in different regions and populations for appropriate prevention and treatment Determine Multi Drug Resistant TB and HIV trends		
Reduce HIV related stigma and discrimination by 50%	Combination prevention Package available	Determine optimal models for integration	Combined prevention strategies		
		Review national and county legislation policy that impact access to HIV and SRH			
		Determine optimal distribution and retention of skilled HIV workforce			
			Determine effectiveness of task shifting and its impact on quality HIV services	Nil	
	Combined prevention Package availability	Undertake combined preventive study	Combination prevention strategies		
	Combination prevention package available	Undertake combined preventive study	Combination prevention strategies		
	Nutritional publications available	Promote research and dissemination to inform interventions	Effects of nutrition interventions on the nutrition status of PLHIV Identify knowledge gaps related to nutrition and HIV		
	Document effective models of engagement of county leadership for sustainability and ownership of HIV response Determine barriers to ART access in paediatric populations and adolescents	Undertake combined preventive study	Combination prevention strategies		

the county relies on the national research findings to inform the program designing and implementations. However, the county needs to domesticate these findings to suit its needs. The county is yet to establish a research division which will be able to track other researches. Most research findings are from other research institutions. Program reports will be reviewed with the guidance of the county's HIV technical Working Group through regular meetings in order to inform responsive innovations to be implemented.

		TARGET POP-ULATION	GEOGRAPHIC AREAS BY COUNTY/ SUB-COUNTY	RESPONSIBILITY
Behavioural	Structural			
Conduct age and population disaggregated stigma index, social exclusion and human rights violation research Identify barriers to testing and access to HIV services	Establish a Research Evaluation and Monitoring Unit (REMU)	Health workers, Community	All sub-counties	County Government, Research institutions and partners
Determine impact of alcohol, drug and substance abuse in (Young adolescents) Identify and test interventions that address determinants and barriers to linkage to care for PLHIV	Scale up number of laboratories offering the service	PLHIV	Across County	County Government, Research institutions and partners
Scale up COMBO	Improve policy environment	MoH staff and Community	Uasin Gishu County	County Government
		Legislators (MCAs)	County	CHC
Retain motivated workforce		MoH staff	County	CEC health
Nil	Nil	MoH staff	Uasin Gishu County	CEC Health
Nil	Nil	MoH staff	Uasin Gishu County	CEC Health
Determine outcomes and causes of LTFU among PLHIV on care and treatment Determine barriers to ART access in paediatric populations and adolescents Identify cost effective strategies in utilisation of social media to improve HIV prevention and research outcomes	Nil	PLHIV, PMTCT, TB, & Public	Uasin Gishu County	MOH, NASCOP, NACC, Ministry of Education (MOE), Universities, County government and implementing partners
Comprehensive costing analysis of nutrition & HIV commodities. Conduct Nutrition audits to determine efficiency of nutrition and HIV LMIS processes Understand correlation of risks perception on prevention, adherence and retention	Nil	PLHIV, PMTCT, TB, OVCs & public	All Sub-counties	MOH, NASCOP, NACC, MOE, Universities, County government and implementing partners
Undertake a study on cultural factors that influence spread of HIV in the county.	Conduct operational research on available data from DHIS and partners	Health facilities, Community	All sub-counties	County Government, research institutions and partners

4.6.6 Strategic Direction 6: Promoting utilization of strategic information for research and monitoring and evaluation (M&E) to enhance programming.

Currently, most of the strategic information is conducted by the national office and the

Counties are then expected to develop strategic interventions that are in line with the National Strategic plans while considering the needs and priorities in the county. Uasin Gishu County does not have a well established Monitoring and Evaluation system, thus creating a challenge in informed decision making and planning amongst the stakeholders in HIV programming.

Table 4.11: Interventions for promoting the utilisation of strategic information for research and monitoring and evaluation to enhance programming

SD 6: PROMOTING THE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMMING				
KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/ INTERVENTION	
			Structural	
Reduce new HIV infections by 75%	Strategy is implemented as scheduled. Improved quality of HIV services Availability of data for programming for resource utilisation	Supervisory support visits conducted	Quarterly support supervision. Monitoring and Evaluation Mentorship	
Reduce AIDS related mortality by 25%				
Reduce HIV related stigma and discrimination by 50%	Availability of quality data	Collection of accurate data, data quality audits and data review meetings Regular training and capacity building on data tools Quality diagnostics kits used	Print standard tools for data collection of HIV Services Establish quality data improvement team	
Increase domestic financing of the HIV response to 50%	Baseline data for HIV programming is available.	Conduct baseline survey	Undertake an Uasin Gishu HIV baseline survey	
	Availability of Progress report on achievement of the strategy	Plan and undertake a mid-line review	Undertake a mid-term review of the UGCASP	
	Information for review of the next strategic plan is available	Undertake an end line review of the UGCASP.	Undertake an end line review of the UGCASP	
	County HIV ICC makes informed HIV decisions	Schedule the meetings	Hold quarterly M&E meetings and report to the County ICC	
	Information on HIV information disseminated.	Print health newsletter	Publish a County Department of Health Newsletter.	

Past M&E activities on HIV have largely been supported from NACC in terms of HIV specific data collection and reporting on a routine basis including community based activities through Community based Participation Reports (COBPAP form) as completed by CSO on a quarterly basis. Through NASCOP, health facility based data is collected and submitted

on a monthly basis. In the absence of a well-structured M&E unit at the county level, there is an obvious gap in the collection and use of strategic information to enhance programming Information flow for Uasin Gishu County HIV and AIDS Strategic Plan.

		TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
	Behavioural			
	Capacity build on Monitoring and Evaluation	CDH, CACCs, CASCOS	Across the County	County government, NASCOP, NACC.
	correctly enter data into the daily activity registers Conduct regular data review meetings.	CDH, CACCs, CASCOS SCASCOS, HIV TWGs	Across the County	County government, NASCOP, NACC
	Sensitise on baseline surveys in HIV programming	Health workers	Across the County	County Government and partners
	Sensitise on baseline surveys in HIV programming	Stakeholders	Across the County	County Government and partners
	Sensitise on baseline surveys in HIV programming	Stakeholders	Across the County	County Government and partners
	Sensitise on baseline surveys in HIV programming	CDH, CACCs, CASCOS	Across the County	County government, NASCOP, NACC
	Sensitise on baseline surveys in HIV programming	CDH, CACCs, CASCOS	Across the County	County government, NASCOP, NACC

Strategic Direction 7: The county aims to increase domestic financing for the HIV response to 50% to ensure its sustainability.

This financing will involve both levels of government and non - government funding. This strategic direction proposes for the allocation of 5% of the county health budget to the HIV response. Other supplementary funds will be mobilised from other stakeholders and partners to bridge the financing gap.

SD 7: INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE							
KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/INTERVENTION		TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB-COUNTY	RESPONSIBILITY
			Behavioural	Structural			
Increase domestic financing of the HIV response to 50%	Policy on HIV financing is put in place.	Draft and legislate relevant policies through the county assembly	Nil	Approve and implement policy paper on increased domestic financing of HIV activities.	County Assembly	County assembly.	County government, NACC, NASCOP.
	Increased domestic financing	Resource mobilisation to raise funds for HIV activities.	Donations by well-wishers to fund HIV activities. Community participation in charity work which includes walk and athletics to raise funds for HIV activities. Corporate social responsibility activities.	Incorporate stakeholders in identifying HIV gaps. Promote innovative and sustainable domestic financing of HIV.	All stakeholders	In all sub-counties	County government, NACC, NASCOP.

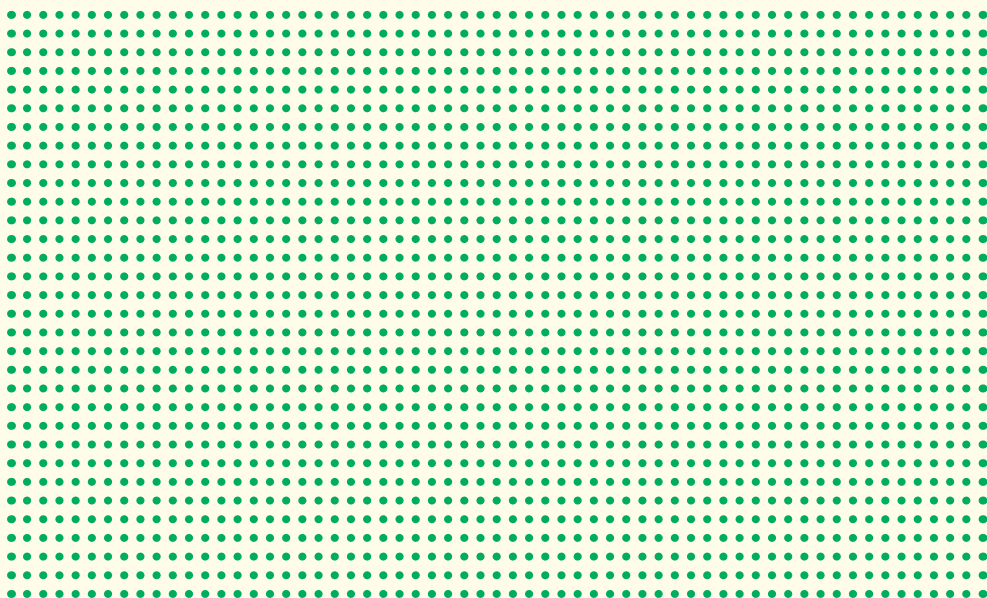
Strategic Direction 8: The county seeks to promote good governance practises by identifying, developing, nurturing and harnessing effective and committed leadership for the HIV and AIDS response.

This will be achieved by capacity building of county and sub county managers on good governance and leadership; establishing and operationalising the county HIV coordination unit and committees.

SD 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE UGCASP							
KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/INTERVENTION		TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB-COUNTY	RESPONSIBILITY
			Structural	Behavioural			
1. Reduce new HIV infections by 75%	UGCASP is in place and being implemented	Dissemination and roll out of UGCASP	Print 200 copies of the UGCASP	Nil	Stakeholders	Uasin Gishu County	County government, NACC, CASCO, NASCOP
			Hold meeting to disseminate the UGCASP to the Uasin Gishu County Executive Committee	Training of County HIV co-ordinating committee	County HIV co-ordinating committee	Uasin Gishu County	NACC, BCG, well wishers
			Hold a meeting to disseminate the UGCASP to the private sector	Nil	Stakeholders in private sector	Uasin Gishu County	County government, NASCOP, NACC
2. Reduce AIDS related mortality by 25%			Hold meeting to disseminate the UGCASP to the Uasin Gishu County Executive Committee	Training of County HIV co-ordinating committee	County HIV co-ordinating committee	Uasin Gishu County	NACC, BCG, well wishers
			Hold a meeting to disseminate the UGCASP to the private sector	Nil	Stakeholders in private sector	Uasin Gishu County	County government, NASCOP, NACC
3. Reduce HIV related stigma and discrimination by 50%			Hold a meeting to disseminate the UGCASP to the private sector	Nil	Stakeholders in private sector	Uasin Gishu County	County government, NASCOP, NACC
4. Increase domestic financing of the 4. HIV response to 50%	County HIV oversight committee in place and meeting regularly	Formation of the relevant county HIV coordinating committee	Form the County HIV oversight committee and hold quarterly meetings	Nil	CHC members	Uasin Gishu County	County government, NASCOP, NACC, partners
	County HIV ICC is in place and meets regularly	Conduct quarterly coordination	Form the County HIV ICC and hold quarterly meetings.	Nil	ICC members	Uasin Gishu County	County government, NASCOP, NACC, Partners
	Constituency AIDS control committees enhanced.	Constituency committee meet regularly and report	Support constituency AIDS committees	Capacity building of CACC members	CACC members	Uasin Gishu County	County government, NASCOP, NACC, Partners
	TWGs in place at county and sub county levels PLHIV remembered and celebrated Accountability of resources and leadership achieved	TWGs meet and make informed decisions. Improve coordination and network for financing nutrition in HIV interventions in line with ongoing coordination by NASCOP and NACC on Nutrition support used in HIV and other programs implemented in the country. World AIDS Day Performance contracting	Strengthen county TWGs and establish sub county TWG Campaigns against HIV and AIDS Allocation of HIV activities as per priority, interest and funding ability	Marking of World AIDS day	All people All partners	Uasin Gishu County Uasin Gishu County and the world at large	Uasin Gishu County government MOH-NASCOP &NACC Partners NACC, County government, Partners

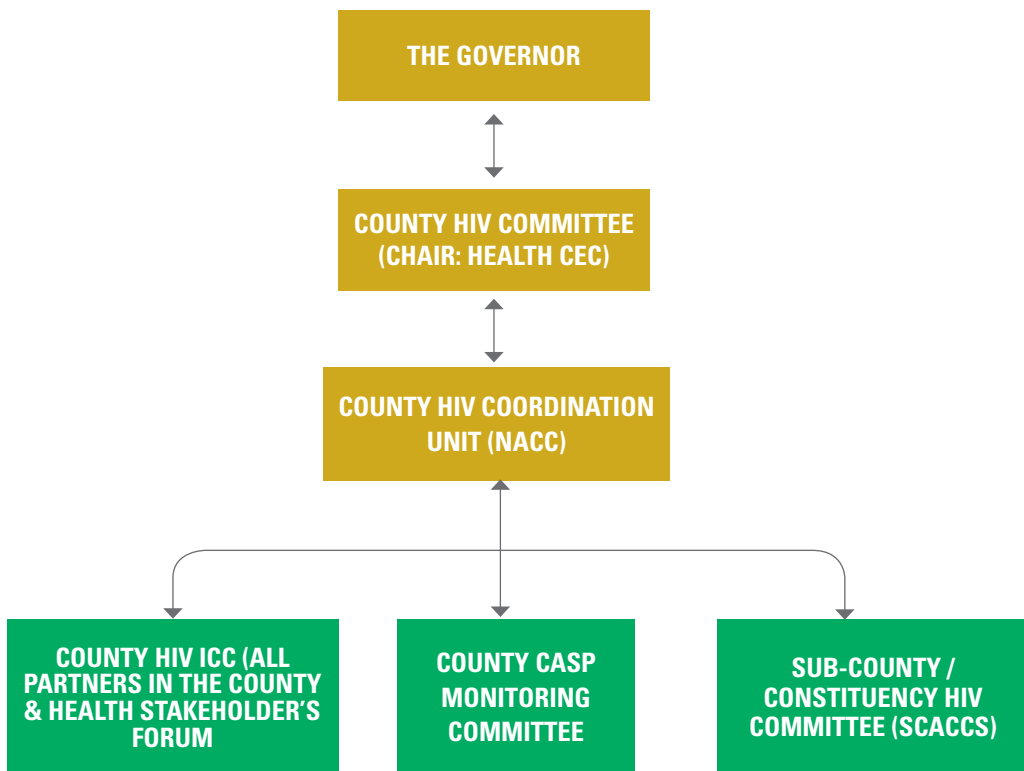
05.

IMPLEMENTATION ARRANGEMENTS



5.1 Implementation structure

The KASF recognises that counties are responsible for implementation of HIV services and programs across different sector. It has within its coordination structure singled out the County Governments as providing the link with 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.



5.2 Implementers/Coordinators and their roles

5.2.1 Governor

Role:

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

5.2.2 County HIV Committee

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

Membership: The committee shall be comprised of:

1. CEC Health (Chair).
2. NACC Regional HIV Coordinator (Secretary).
3. County Secretary (Rep. County Governor).
4. CECM responsible for Health matters in the county.
5. CECM responsible for planning in the county.
6. CECM responsible for education in the county.
7. County Commissioner (Public Sector).
8. CEO Chamber of Commerce Uasin Gishu County (Private Sector).
9. AMPATH (Rep. Key Partners).
10. NEPHAK County Coordinator.
11. Rep. Faith Based Organizations.
12. County Director of Health responsible for HIV/AIDS programme

Roles:

The county HIV committee shall be:

- a) The custodian of the UGCASP.
- b) Holding quarterly meetings to review implementation plan.
- c) Responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the CASP.
- d) Approving the county HIV targets and plan.
- e) Reviewing and presenting County HIV Budget.
- f) Setting the county HIV agenda.
- g) Receiving reports on CASP progress from the monitoring committee.
- h) Forming sub TWG to review and advice on issues HRBA to HIV services.
- i) Receive reports from County ICC UGCASP and routine monitoring committee.

5.2.3 County HIV Coordination Unit

This will be the responsibility of the NACC Secretariat at the county level. The unit shall coordinate the day to day implementation of the strategic 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:

- a) Ensure Quarterly County ICC HIV meetings are held and follow through on County ICC HIV actions.
- b) Ensure HIV agenda is active in the County Health Management Team (CHMT) and ensure HIV agenda is active.
- c) Regular engagement of all state and non-state actors within the county in planning, prioritisation, implementation, monitoring, and evaluation of HIV and AIDS programmes.
- d) Strengthening linkages and networking among stakeholders and providing technical assistance, facilitation, support for CASP delivery.
- e) Monitor County Legislation to ensure all Bills are HIV non-discrimination compliant.

5.2.4 County HIV Inter Coordinating Committee (County HIV ICC)

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

and future priority areas will be called as appropriate and decision made by consensus.

Membership:

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

Roles:

- a) Coordinate and oversee the development of a collaborative and comprehensive strategy to rollout UGCASP and subsequently monitor its implementation.
- b) Ensure harmonisation, coordination, resource mobilisation, allocation, and tracking progress of HIV & AIDS programmes within the county.
- c) Ensure coordination of information sharing within, and across partners in the county.
- d) Advocate for implementation of UGCASP M&E tools, and activities into members and partners own work plans within the counties.
- e) Offer technical support in implementation of UGCASP.
- f) Advocate for UGCASP as appropriate and as agreed with county government.
- g) Reviewing programs and projects supporting UGCASP implementation.

5.2.5 Monitoring and Evaluation Unit

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

- a) Ensure that all the prerequisite tools and materials for data collection are available at the point of collection at all times.
- b) Building the capacity of health workers on data collection and transmission.
- c) Ensuring the data collection, quality

control, consolidation, interpretation and dissemination.

- d) Ensure the preparation and publication of County Department of Health newsletter on a bi-annual basis for dissemination of health articles, data and human interest stories including HIV.

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

Membership:

This committee will be composed of:

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

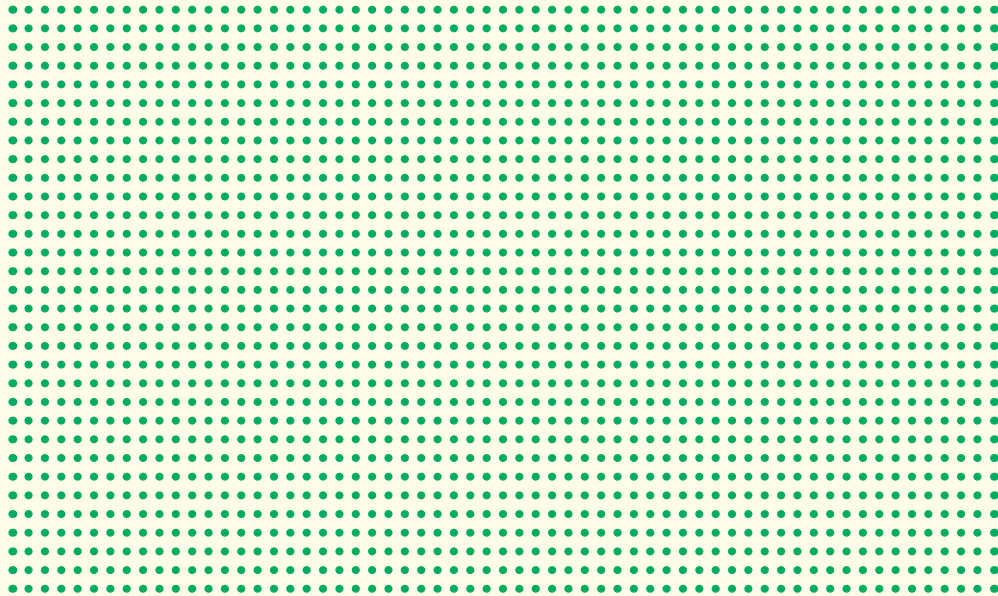
The chair will be appointed by the area MP in consultation with SCACC Coordinator and the deputy Sub County Commissioner.

Roles:

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

06.

MONITORING
AND EVALUATION
OF PLAN

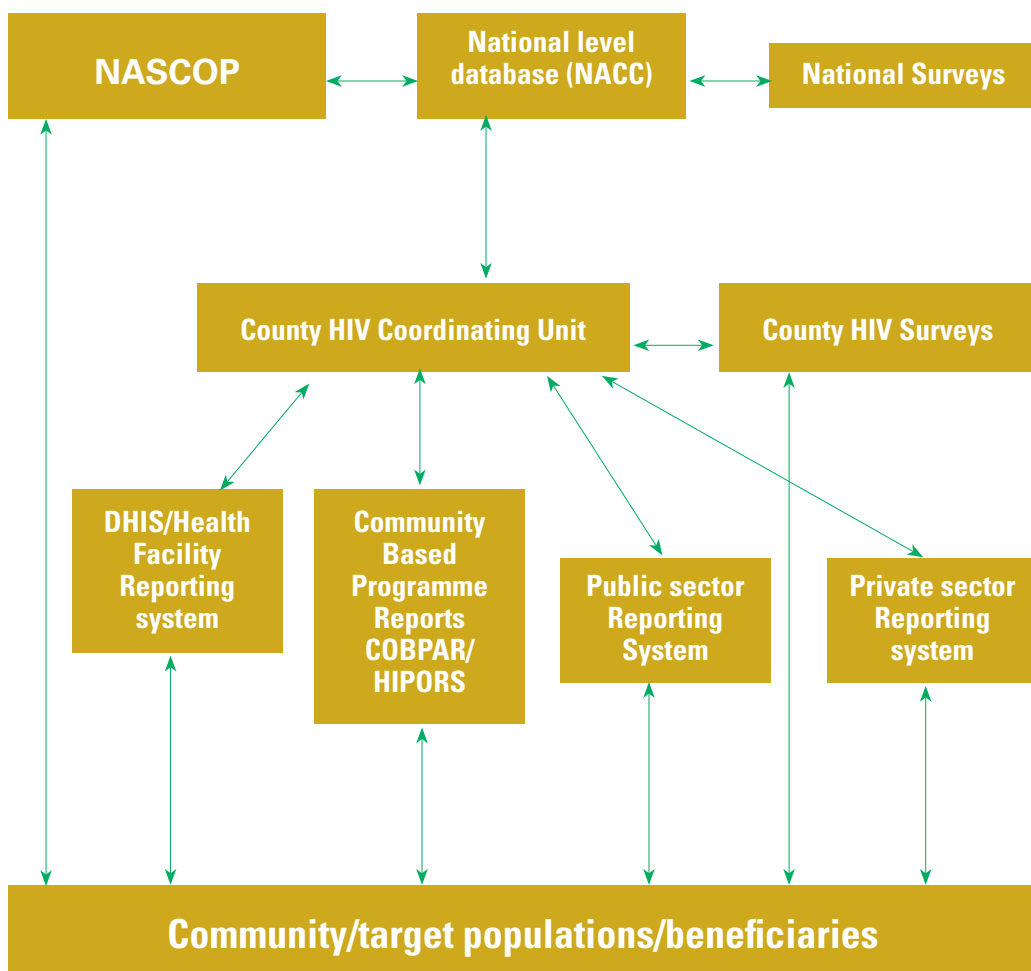


Uasin Gishu County HIV Strategic Plan, through multi-sectoral approach will be the critical tool to guide all stakeholders towards achievement of set objectives to scale up HTS, increased linkage to care, ART coverage, retention and viral load suppression. This plan is aligned to the Current Constitution of Kenya (2010), the KASF, the M&E framework and other national and international statutes, protocols and policies. This strategy therefore demands evidence based and factual reporting by all stakeholders engaged in multi-

sectoral HIV response in the County through all standard GoK sanctioned reporting tools

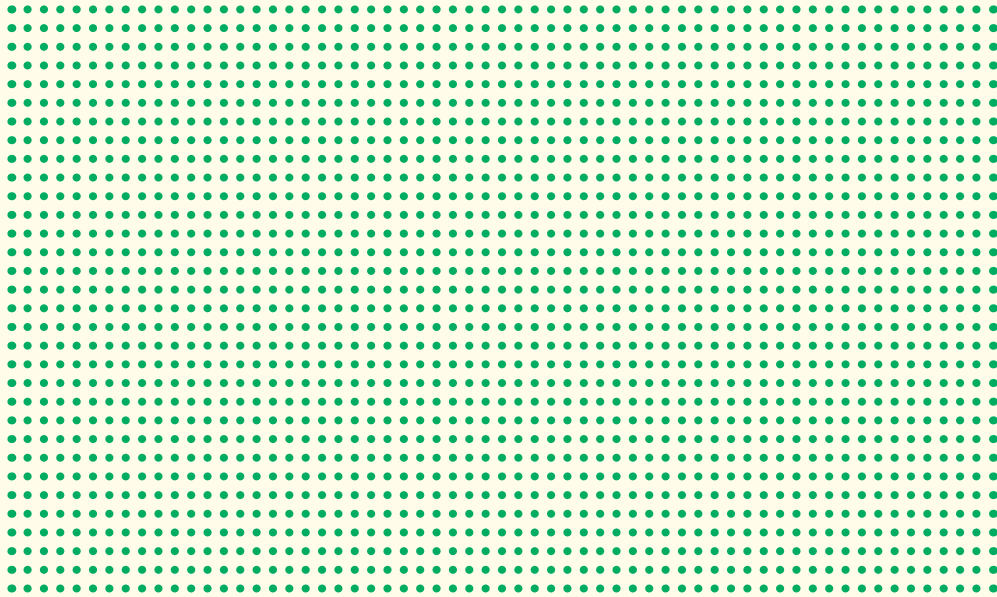
The implementation structure of this CASP is expected to champion supportive supervision, capacity building of HIV program managers, planners and service providers to improve on programming, prioritization of intervention to meet the needs of various target populations. In particular, the UGCASP Monitoring Committee will be responsible in the delivery of targets and expected results.

Figure 6.1: Reporting mechanism of the UGCASP



07.

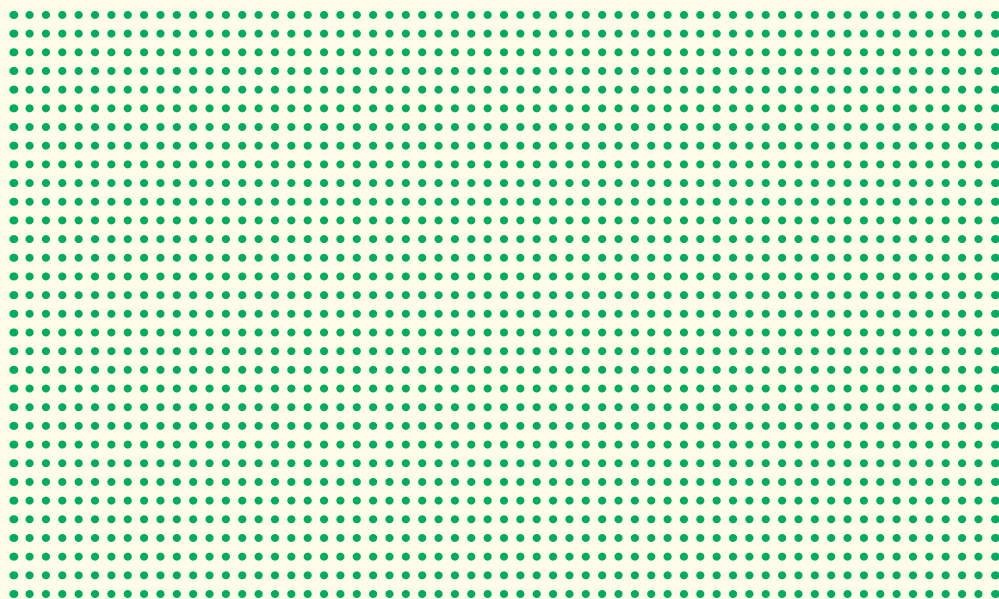
RISK, ASSUMPTIONS
AND MITIGATION
PLAN



RISK CATEGORY	RISKS	LEVEL	MITIGATION	RESPONSIBILITY	WHEN
Technological	Lack of capacity and equipment by implementers	medium	Budget for the proposed equipment, technology and training of the staff/implementers	County IT Department, County Health Department	Y3
Political	Changeover of Leadership	Medium	Put in place policies and legislation for sustainable HIV interventions such budgetary allocation	CHC	Y3
Operational	Results not achieved	Medium	Resource allocation to implement HIV programmes	CHC, County assembly	Y2
	Inconsistent supply of commodities	Low	Improve on procurement of commodities	County government	Every year
Legislation	Relevant HIV legislation not passed by County Assembly legislators	Medium	Continuous advocacy among County assembly members	CHC	Y2
Financial	Lack of financial support to implement the CASP	Medium	Resource mobilization from County Government and partners.	CHC	Y2
Social	Stigma Discrimination	Medium	Continuous campaigns/sensitizations to reduce social Exclusion	All partners	Continuous

08.

ANNEXES



Annex 1: Resource needs

STRATEGIC DIRECTION	KEY ACITIVITY	STRATEGIC ACTIVITY	BUDGET(KSHS)
SD 1	HTC	Conduct moonlight HTC	1.2m
		Integrated outreaches	500,000
		Conduct workplace HTC	500,000
		Conduct PITC	No budget
		Conduct door to door HTC	500,000
	BCC	RRI	2.5m
		Conduct trainings for BCC	2m
		Conduct peer education sessions	1m
		Conduct condom demonstration and use	3m
		Capacity building on life skills among school going and vulnerable children	3m
	VMCC	Requisition, promotion and distribution of condoms and condom dispensers.	5m
		Advocacy for early circumcision	2m
	GBV	Surgical camp	2m
		Advocacy against harmful cultural practices (FGM/child marriage).	1.5m
		Provide PEP	FREE
	PMTCT	Women empowerment against GBV	FREE
		Awareness creation on PMTCT	3m
		Testing of all pregnant mothers and their spouses	FREE
		Free ANC up to fourth visit.	FREE
		HAART	FREE
		Skilled delivery	3M
		Advocate for exclusive breast feeding for the first six months	2M
	SD 2	Improve on HIV knowledge	Male involvement
Create community awareness on HIV through (barazas, radio sports, road shows, tournaments.)			5m
Provide HTS, linkages and retention on care and treatment		Mass HIV and TB screening (moon light, door to door, outreaches, PITC, Biannual RRI).	6M
		Referral to health facilities	NO BUDGET
	Provide ARVs and anti TB drugs	NO BUDGET	

STRATEGIC DIRECTION	KEY ACITIVITY	STRATEGIC ACTIVITY	BUDGET(KSHS)
		Provide nutrition counselling and support.	NO BUDGET
		Provide adherence counselling and support	NO BUDGET
		Strengthen defaulter tracing mechanisms	6M
		Identify and treat opportunistic infections	NO BUDGET
		Strengthen home and community based care	3M
		Maintain continuity supply of drugs, reagents and lab equipment	NO BUDGET
SD 3	Capacity building	Training healthcare workers	6M
		Form and train support groups	10M
		Conduct BCC sessions	6M
		Create community awareness and engagement	7M
		Advocacy meetings with county assembly	5M
	Provide legal services	Establish and strengthen paralegal groups	2M
		Training of paralegal groups	2M
		Establish a help desks	680,000/=
	Prompt service provision to SGBV victims	Provision of timely access to PEP and other services	NO BUDGET
		Support timely legal redress	2M
SD 4	Capacity building MoH staff	Training needs assessment	6M
		Training of health workers	10M
		Training of CHVs	5M
		Printing and distribution of reporting tools	500000/=
		Printing and distribution of IEC materials	250,000
		OJT/MENTORSHIP	3M
		Support supervision at county level	1M
		TOT trainings	6M
		Printing and distribution of M&E tools	500000/=
		support the existing and the formation of CSOs	500000/=
		Training of CSOs	2.8M
		Mentoring CSOs on organisational management	500000
		Sensitisation of local media	500,000

STRATEGIC DIRECTION	KEY ACITIVITY	STRATEGIC ACTIVITY	BUDGET(KSHS)
		Sensitisation of religious leaders	2M
SD5	Support research hub	Constitute a research committee	5M
		Identify research gaps	3M
		Lobby for resources	NO BUDGET
		Training of researchers	3M
		Carry out research	3M
		Dissemination of research findings	3M
SD 6	Increase use of data for decision making and dissemination	Conduct multi sect oral meetings with stakeholders	2M
		Constitute an M&E coordinating committee	No budget
		Quarterly county data review meetings	1.5M
		Monthly sub county data review meetings	1.5M
		Conduct data quality audit	500000
SD 7	Sustainable financing of HIV response	Budget tracking	250 000
		Lobbying/Advocating for the approval of the budget	3M
		Develop a funding for dashboard	100,000/=
SD 8	Strengthen leadership	Training needs assessment	100,000/=
		Train health managers	1,056,000/=
		OJT and mentor health workers	19,600/=
		Conduct support supervision	300,000/=
		Mapping of coordination units	26000/=
		Consultative meetings	12,000/=

Annex 2: Results Framework

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS				
KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	INDICATORS	
Reduce new HIV infections by 75%	Reduced annual new HIV infections among adults and children	Scale up HTC	No. of moonlight, door to door and workplace HTCs conducted	
			No. of integrated outreaches conducted.	
			No. of RRIs conducted	
			Percentage of people counselled and tested for HIV and who received their test results	
		Social Behaviour Change Communication	No. of HW trained on BCC	
			No. of peer education sessions conducted	
			No. of condom demonstration sessions conducted	
			No. of school going and vulnerable children trained on life skills	
			No. of condoms and condom dispensers distributed	
			Number of people from targeted audience reached through community outreach by at least one HIV information, communication or BCC.	
			% of women and men aged 15-49yrs who had sexual intercourse with more than one partner in the last 12 months reporting use of a condom during the last sexual intercourse.	
		Voluntary Medical Male Circumcision	Number of males circumcised as part of the minimum package for male circumcision for HIV prevention services	
		Elimination of Mother To Child Transmission	No of pregnant women who completed 4 ANC visits	

	BASELINE	MID TERM TARGET	END TERM TARGET	RESPONSIBILITY
	1	4	8	MoH and partners
	0	4	8	MoH and partners
	1	4	8	MoH and partners
	NA	75%	100%	MoH and partners
	0	2	4	MoH and partners
	0	2	4	MoH and partners
	0	4	8	MoH and partners
	0	540	1080	MoH, MoE and partners
	0	100	200	MoH and partners
	0	3	6	MoH and partners
	NA	TBD	TBD	MoH and partners
	NA	TBD	TBD	MoH and partners
	NA	TBD	TBD	MoH and partners

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS

KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	INDICATORS	
Reduce AIDS related mortality by 25%	Reduced annual new HIV infections among adults and children	Elimination of Mother To Child Transmission	No. of pregnant women and their spouses tested	
			% of HIV pregnant women who received ARV to reduce the risk of mother to child transmission	
			% of infants born to HIV infected women who receive a viralogical test for HIV within 2 months of birth	
			No. of infants born to HIV infected women starting on cotrimoxazole prophylaxis within 2 months of birth	
			No. of skilled deliveries conducted	
			No. of clients whose male partners were tested in MCH	
		Sexual and Gender Based Violence	No. of HIV mothers practicing exclusive breastfeeding	
			Number of advocacy session conducted	
			Number SGBV survivors provided with PEP	

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

KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	INDICATORS	
Reduce AIDS related mortality by 25%	Reduced annual new HIV infections among adults and children	Initiation to care, treatment and support.	Number of mass HIV and TB screening sessions conducted	
			Number of people tested	
			No. of HIV & TB cases referred	
			No. of HIV & TB clients enrolled for care	
			Number of clients provided with nutrition counselling and support	
		Achieve viral suppression	% of people on ART tested for viral load who have a suppressed viral load in the reporting period	
			% of ART patients with an undetectable viral load at 12 months after initiation of ART.	

	BASELINE	MID TERM TARGET	END TERM TARGET	RESPONSIBILITY
	NA	TBD	TBD	MoH and partners
	NA	70%	90%	MoH and partners
	NA	70%	90%	MoH and partners
	NA	TBD	100%	MoH and partners
	NA	TBD	TBD	MoH and partners
	NA	TBD	TBD	MoH and partners
	NA	TBD	TBD	MoH and partners
	0	4	8	MoH and partners
	7	TBD	TBD	MoH and partners

	BASELINE	MID TERM TARGET	END TERM TARGET	RESPONSIBILITY
	1	12	24	County MoH and partners
	32	384	768	County MoH and partners
	32	384	768	County MoH and partners
	NA	TBD	TBD	County MoH and partners
	NA	TBD	TBD	County MoH and partners
	NA	TBD	TBD	County MoH and partners
	NA	TBD	TBD	County MoH and partners

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	UGCASP RESULTS	KEY ACTIVITY	INDICATORS		
Reduce HIV related stigma and discrimination by 50%	Increased self-disclosure of Sero-status among PLWHA	Stigma reduction	Number of trainings conducted		
			Number of BCC sessions conducted		
			Number of community awareness and engagement sessions conducted		
			Percentage of PLHIV who self-reported that they experienced discrimination and or stigma due to their HIV status		
			% of women and men aged 15-49yrs expressing accepting attitudes towards PLHIV		
	Reduced levels of sexual and gender-based violence for key populations (MSM, Sex workers) by 50%	Advocate for formulation and adoption of legal framework, addressing the rights of the key population.	Number of advocacy meetings with county assembly held		
			Number of paralegal groups formed		
			Number of help desks established		
			% of ever married or partnered women, men(15-49yrs) and young people (15-24yrs) who experienced sexual and gender based violence		
			% of PLHIV (15-49yrs), PWID, MSM, SW and children who experienced sexual and gender based violence		
			Improved access to legal and social justice and protection among the key population.	Number of cases filed by PLHIV at the HIV tribunal	
				Number of PLHIV and key populations accessing legal services at the HIV tribunal	
				Number of SGBV survivors accessing legal services	
	Number of laws, regulations and policies reviewed or enacted at county level that impact on the HIV response positively.				

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH SERVICES AND COMMUNITY SYSTEMS

KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	INDICATORS	
To Strengthen integration of Health and Community Systems	Improved health workforce for the HIV response	Identify human resource needs	Number of baseline survey conducted	
			Number of staff recruited	
		Integrated and improved staff capacity.	Number of training needs conducted	
			Number of trainings conducted	
	Increased number of health facilities ready to provide KEPH defined HIV and AIDS services from 42% to at least 60%.	Formation and operationalization of C.Us	Number of OJT and mentorship sessions conducted	
			Percentage of health facilities providing KEPH defined HIV and AIDS service	
	Strengthened HIV commodity management	Capacity build health workers on LMIS	Captured above	
	Strengthened community level AIDS competency	Community engagement and empowerment	Number of CUs implementing AIDS competency guidelines Number and percentage of CBOs that submit timely, complete and accurate reports according to guidelines	

	BASELINE	MID TERM TARGET	END TERM TARGET	RESPONSIBILITY
	0	4	8	County MoH and partners
	0	4	8	County MoH and partners
	0	4	8	County MoH and partners
	0	TBD	TBD	County MoH and partners
	50%	60%	70%	County MoH and partners
	0	2	4	County MoH and partners
	NA	TBD	TBD	County MoH and partners
	0	15	30	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners
	0	1	1	County MoH and partners

	BASELINE	MID TERM TARGET	END TERM TARGET	RESPONSIBILITY
	0	1	2	County MoH and partners
	160	40	20	County MoH and partners
	0	1	1	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH AND INNOVATION TO INFORM THE UASIN GISHU HIV STRATEGIC PLAN

KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	INDICATORS
To strengthen research and innovation to inform the KASF goals	Increased capacity to conduct HIV research at county level by 10%	Strengthen capacity to conduct operational research	Number of research committee formed Proportion of funds allocated to research Number of people trained on research
		Conduct and document research findings	Number of researches on HIV conducted Number of research products disseminated to inform planning and programming

STRATEGIC DIRECTION 6: PROMOTING THE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH, MONITORING AND EVALUATION TO ENHANCE PROGRAMMING

KASF objective	UGCASP RESULTS	Key Activity	Indicators
To promote utilisation of strategic information for research and monitoring and evaluation	Strengthened M & E system effective in tracking the performance of the plan	Establish M&E data base.	Number partners available in the county Number of multi sectoral meetings held Number of functional HIV M& E structure formed Number of data quality review meetings conducted Number of data quality audit conducted Number of OJT and mentorship sessions conducted Number of sub-counties submitting timely, complete and accurate reports

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

KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	INDICATORS
Increase domestic financing of the HIV response to 50%	Increase domestic financing of the HIV response to 5%	Resource mobilisation	Percentage of county government funding for HIV response Percentage of private funding of HIV response
		Efficient utilisation of the available resources.	Percentage of HIV funding by source HIV spending by program area Proportion of funds allocation to UGCASP by strategic direction

	BASELINE	MID TERM TARGET	END TERM TARGET	RESPONSIBILITY
	NO DATA	TBD	TBD	County MoH and partners
	NO DATA	TBD	TBD	County MoH and partners

	Baseline	Mid Term Target	End Term Target	Responsibility
	No data	TBD	TBD	CASPMC

	BASELINE	MID TERM TARGET	END TERM TARGET	RESPONSIBILITY
	NO DATA	TBD	TBD	County Government
	NO DATA	TBD	TBD	

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE UASIN GISHU COUNTY HIV STRATEGIC PLAN

KASF OBJECTIVE	UGCASP RESULTS	KEY ACTIVITY	INDICATORS	BASELINE	MID TERM TARGET	END TERM TARGET	RESPONSIBILITY
Entrench good governance and strengthen multi- sector and multi- partner accountability for delivery of KASF results.	Strengthened good governance and accountable leadership	Capacity build county and sub-county managers on good governance and leadership	Number of county and sub-county managers trained on leadership and governance	NO DATA	TBD	TBD	CHC
Establish and strengthen functional and competent HIV coordination mechanism at the county level.	Strengthened multi sectoral HIV and AIDS response.	Establish and operationalise county HIV coordination unit and committees.	Number of implementing organisations reporting at the county level as per the M&E guidelines. Number of coordination units formed Number of functional KASF monitoring committee formed Number of functional HIV ICC formed	NO DATA	TBD	TBD	CHC

Annex 3: REFERENCES

1. Kenya HIV Prevention Revolution Roadmap: Count Down to 2030,
2. Kenya HIV Estimates report. Nairobi, Kenya (2014)
3. Kenya AIDS Epidemic Update Report 2012.
4. Kenya AIDS Strategic Framework-2014/15-2018/19
5. Monitoring and Evaluation- 2014/15-2018/19
6. Kenya HIV AIDS Research Agenda-2014/15-2018/19
7. Kenya AIDS Indicator Survey, 2012.

Annex 4: LIST OF DRAFTING AND TECHNICAL REVIEW TEAM

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