WEST POKOT COUNTY
HIV & AIDS STRATEGIC PLAN

2015/2016 - 2018/2019

"Towards Ending the HIV Epidemic in West Pokot"

WEST POKOT COUNTY HIV & AIDS STRATEGIC PLAN

2015/2016 - 2018/2019

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Acronyms and abbreviations

ART	Antiretroviral Therapy
AYP	Adolescent and Young People
CASCO	County AIDS and STI Coordinator
CDE	County Director of Education
CHEW	Community Health Extension Worker
CHISP	County Health Investment and Strategic Plan
CHTC	Community HIV Testing and Counselling
CHW	Community Health Worker
CIDP	County Investment and Development Plan
COBPAR	Community Based Program Activity Report
CU	Community Units
EBI	Evidenced Informed Behavioural Interventions
EMTCT	Elimination of Mother to Child Transmission
FP	Family Planning
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
ICC	Inter-agency Coordination Committee
IRDO	Impact Research and Development Organisation
KASF	Kenya Aids Strategic Framework
KNASP	Kenya National Aids Strategic Plan
MNCAH	Maternal Neonatal Child and Adolescent Health
NACC	National Aids Control Council
OVCs	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-exposure Prophylaxis
PWD	People Living With Disability
SCACC	Sub County AIDs Control Coordinator
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TBD	To Be Determined
TSC-CD	Teachers Service Commission County Director
TWG	Technical Working Group
VMMC	Voluntary Medical Male Circumcision
WPCHASP	West Pokot County HIV and AIDS Strategic Plan

Foreword

West Pokot County is one of the 47 counties established under the first schedule of the Constitution of Kenya 2010. It forms part of the dynamic Kenyan regions experiencing economic growth. The county has been categorised under the HIV medium incidence cluster and is ranked thirty (30) nationally.

Progress has been made in the HIV response with HIV prevalence dropping from 3.2 % to 2.8% over the last 5 years. It continues to contribute the highest mortality rates and thereby burdening households. The West Pokot County HIV and AIDS Strategic Plan (WPCHASP) is a firm commitment by the County Government and stakeholders to support delivery of universal access to HIV services with a focus on cost effective and socially inclusive interventions.

The plan promotes collaboration of our efforts through effective prioritisation of interventions. It focuses on effective evidence-based investments, which target priority populations while ensuring the community is reached and stigma & discrimination are reduced for improved HIV and AIDS outcomes.

This strategic plan is aligned to the Constitution of Kenya, the Vision 2030, CHISP and CIDP (2013-2017). It recognises the centrality of a multi-sectoral response to HIV and outlines roles and expected actions from different sectors and actors.

Increasing domestic and sustainable financing for HIV is a priority for the West Pokot County Government.

H.E Simon Kachapin Kitalei
Governor, West Pokot

Preface

West Pokot County AIDS Strategic Plan (2015/16-2018/19) marks a milestone in the county's response to HIV in the wake of a new constitutional dispensation.

This strategic plan has taken cognisance of the new governance structure in the county, which requires that we shift the characterisation of the HIV response from "crisis management" to "strategic and sustainable" mode. The county government understands the importance of engaging all stakeholders in developing the WPCHASP. In working together with our implementing partners over years, we have been able to register some marked progress in a number of critical areas in our HIV response.

On its part, the county government of West Pokot, through the Constitution and the Vision 2030, has created an enabling and secure environment that allows the county to build a fair and unified community by addressing some critical factors that affect human capital including the health of its population. This strategic plan requires that all actors pay particular attention to vulnerable and marginalised groups. This paradigm shift calls for the utilisation of social, behavioural, cultural, biomedical, scientific, technological and innovative interventions as inputs to make real progress in HIV prevention, treatment and impact mitigation.

Joel K. Ngolekong
Ag. CEC Health, West Pokot County

Acknowledgement

The West Pokot County HIV and AIDS Strategic Plan (WPCHASP) 2015/16 to 2018/19 seeks to provide guidance for addressing the HIV and AIDS epidemic in the county taking cognisance of our administrative arrangements. This strategic plan will provide direction to all stakeholders in the HIV response to deliver HIV programming. It draws on our past successes and lessons learnt and gives us the opportunity to provide the direction for our future. It emphasises on a multi sectoral approach and accountability among partners. This plan has been developed through participation of all stakeholders in the county.

In particular, we thank the county government of West Pokot under the leadership of His Excellency the Governor, CEC Health, Chief Officer of Health, the County Health Director and the Department of Health at large who provided the support needed for development of this document.

We further wish to thank NACC for the leadership and guidance provided to the county to enable us develop this strategic plan. Special thanks go to the drafting team that comprised of different partners for their commitment to ensure that this plan came into being.

Further, we thank the technical support team for their insight which ensured that the WPCHASP was complete and technically sound. Special thanks go to our partners particularly AMREF who supported this process until completion.

Christine Akuto
Chief Officer Health, West Pokot

Executive Summary

The development of WPCHASP has been informed by the Kenya AIDS Strategic Framework (KASF 2014/15-2018/19), the West Pokot County Investment and Development Plan and the Constitution of Kenya among other key strategic documents. Its development was multi-sectoral and ensured that all key sub populations' needs are taken into consideration.

The plan outlines a number of guiding principles which are evidence-based, high impact and scalable interventions, multi-sectoral accountability and it emphasises on county ownership and partnership.

It further outlines the following objectives to be achieved by the year 2019;

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

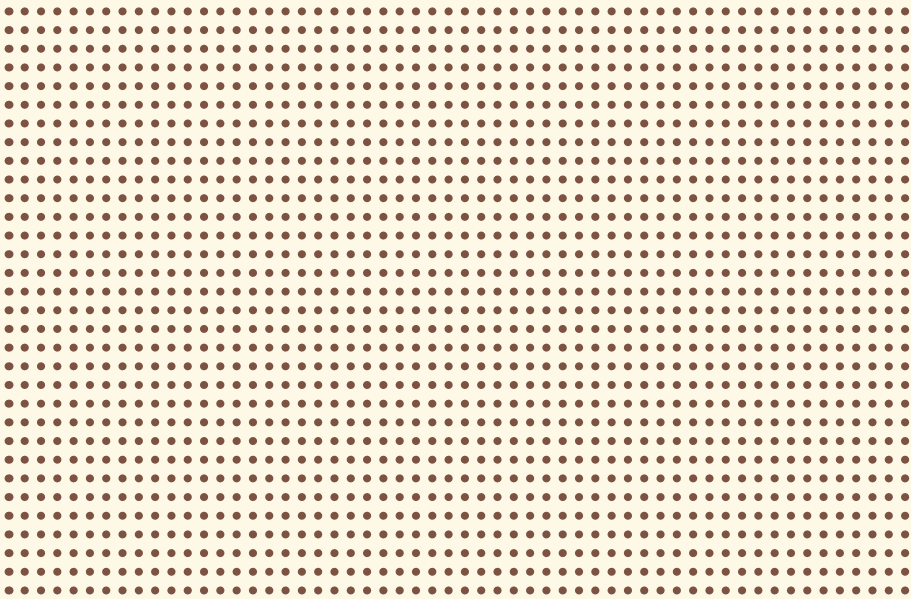
The WPCHASP further outlines Eight Strategic Directions with specific key interventions for the different sub populations that need to be implemented for effective delivery of the HIV response.

The plan indicates the implementation arrangement required clearly outlining responsibilities for the different sub committees needed for its implementation. It further outlines the monitoring and evaluation process as well as the research needed to be undertaken to inform the County HIV response. It also indicates the key result areas with targets for achievement during its lifetime.

Finally the WPCHASP indicates the possible risks and mitigation measures to be put in place to ensure the county achieves its objectives outlined above by 2019.

01.

BACKGROUND INFORMATION



1.1 Introduction

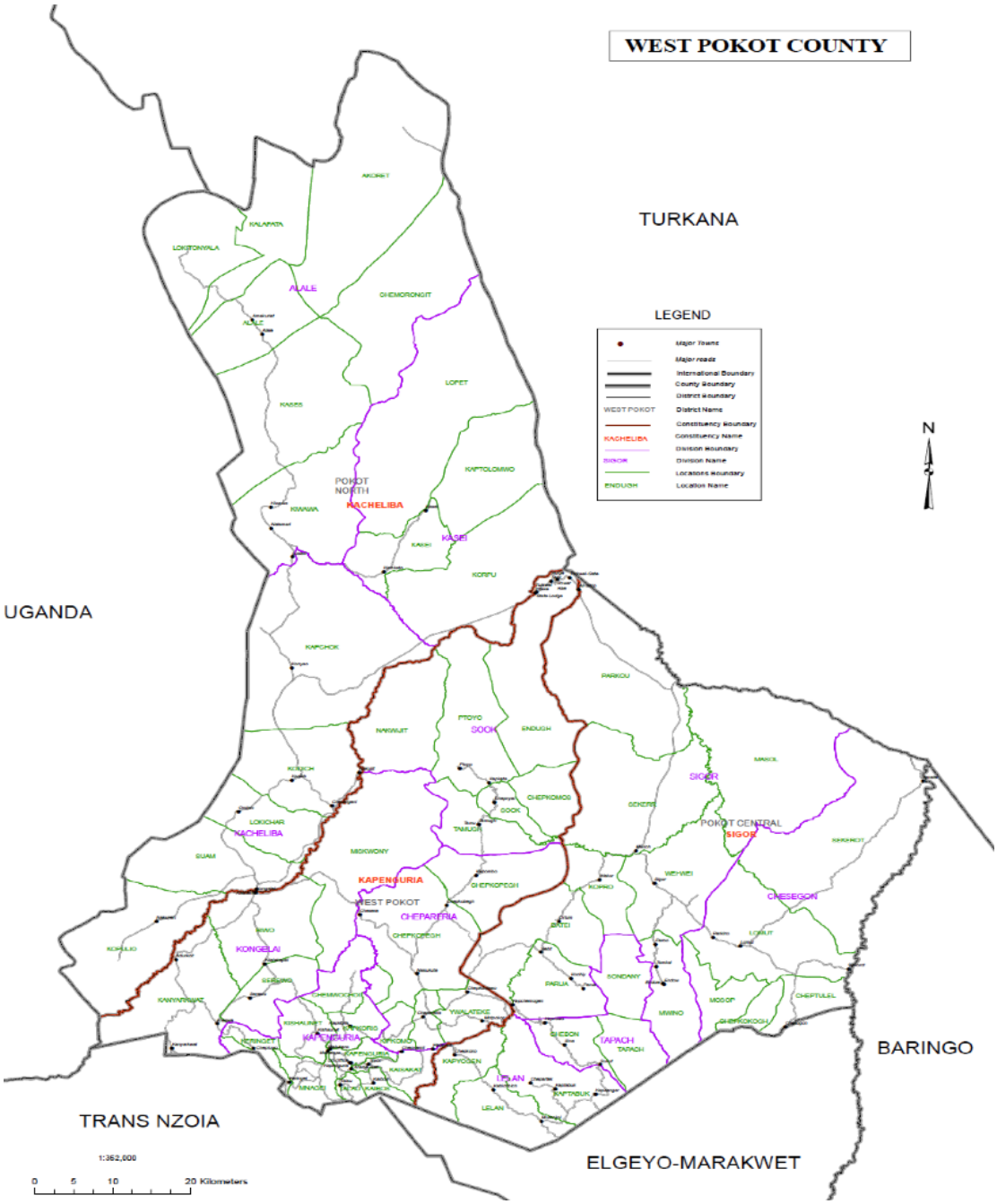
West Pokot County is one of the 47 counties in the Republic of Kenya created under the First Schedule of the Constitution of Kenya 2010. Situated in the North West of Kenya, it covers an area of 9,169.4 km² with a projected total population of 631,231 people as per 2013 projections and a population density of 63 persons per square kilometre. The population growth rate stands at 5.2 % with a proportion of female and male being 50.3% and 49.7% respectively. (KNBS 2010).

1.2 Administrative Boundaries and Economic Activities

The county borders Uganda to the West, Baringo County to the East, Elgeyo Marakwet County to the South East, Trans-Nzoia County to the South and Turkana County to the North. The county is divided into 4 Sub-counties namely; West Pokot, Pokot North, Pokot South and Pokot Central which are further sub divided into 20 wards. These sub counties consequently form the three major livelihood zones of Pastoralism, Agro-pastoralism, and mixed farming for North, Central and West and South Pokot respectively.

Governor launches newly constructed drug store by county government

Map of the County's Administrative/Political Units



Source: Kenya National Bureau of Statistics, 2010

1.3 Demographic and Health factors

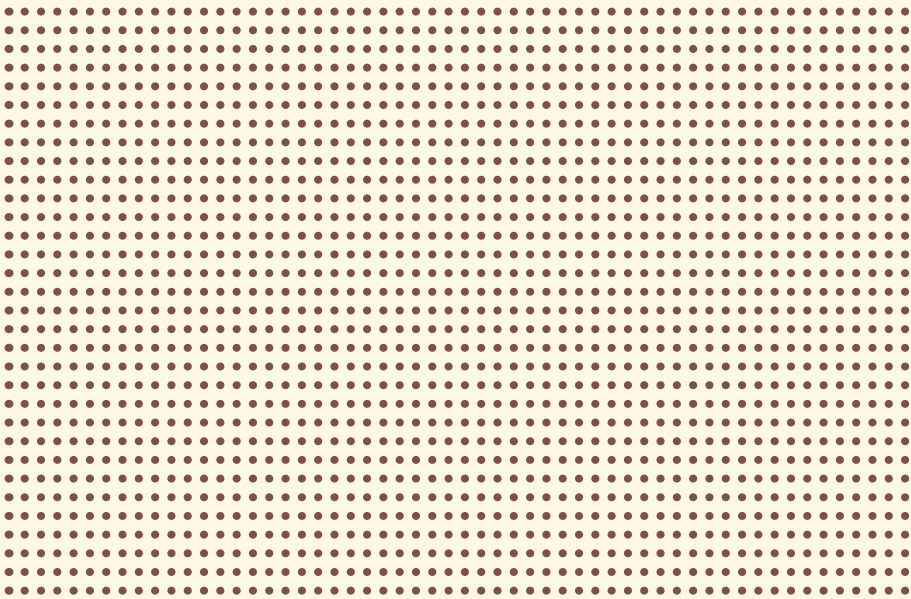
The poverty index for the county is at 68.7% with majority of the population being pastoralists and small scale farmers. According to the Kenya County HIV profile 2014, there are approximately 8,684 households with an orphan with approximately 1,344 households being beneficiaries of cash transfer.

The most common diseases in the county are; Malaria, diarrhoea, respiratory diseases, skin conditions and pneumonia. AIDS remains the leading cause of death in the county.

West Pokot County has a total of 111 health facilities both private and public with five (5) hospitals, eight (8) health centres, ninety (90) dispensaries and eight (8) private/FBO clinics.

02.

SITUATION ANALYSIS



2.1 Overview of HIV and AIDS in the County

West Pokot County has a HIV prevalence of 2.8% with the total number of people living with HIV estimated at 8,603 with 1,103 being children (Kenya HIV Estimates report 2014). The Kenya HIV Estimates report 2014 further shows that 1,062 adults and 121 children were receiving ART by 2013 with an ART coverage of 29% and 16% for adults and children respectively. In the same year there were an estimated 576 new HIV infections among adults and 28 new infections among children. Approximately 428 adults and 60 children died of AIDS-related conditions in the county (Kenya HIV Estimates report 2014).

According to the Kenya County HIV Profiles 2014, approximately 41 per cent of pregnant women attended the recommended four antenatal visits. There were about 224 pregnant women living with HIV in the county with only 20 per cent of them delivering in a health facility. HIV is usually transmitted from mother to child during pregnancy, labour, delivery and breastfeeding. Breastfeeding is crucial for children's survival, growth and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. The county is committed to eliminating new HIV infections among children while keeping their mothers alive.

2.2 Key drivers of the HIV epidemic

The county is home to the great Northern corridor road characterised by long distance truck drivers who make stop overs at Makutano, Ortum, Chepareria and Marich pass. As a result, female sex workers are common which has contributed to an increase in the number of new HIV infections especially at Makutano town.

2.3 Stigma and discrimination

The National HIV and AIDS Stigma and discrimination Index report indicates that the county's Stigma Index is at 46 compared to the national stigma index of 45 on a scale of 1-100. Stigma is a key barrier to access to HIV prevention, treatment and care services. It often leads to violation of the rights of people living with HIV as well as key populations further inhibiting their access to HIV services.

The HIV tribunal services that are mainly centralised need to be devolved to ensure that all PLHIV and priority populations who need legal redress are catered for. There is need to come up with targeted county specific anti-stigma strategies in order to reduce these levels. Further there is need to undertake a county specific baseline survey to establish the stigma levels for evidence based programming.

2.4 Gaps and Challenges

Some of the key gaps and challenges in the county HIV response include:

- Unmet support for orphans and vulnerable children (OVCs) to ensure protection, care and treatment.
- Inadequate financing for HIV programmes.
- High stigma and discrimination for HIV infected persons.
- Negative cultural practices such as FGM and wife inheritance.
- Minimal engagement of male in reproductive health programmes.
- Few skilled health workers such as counsellors.
- Limited data on effective models for increasing adherence to care.

- Low uptake of HTS.
- Erratic supplies of commodities (RTKs).

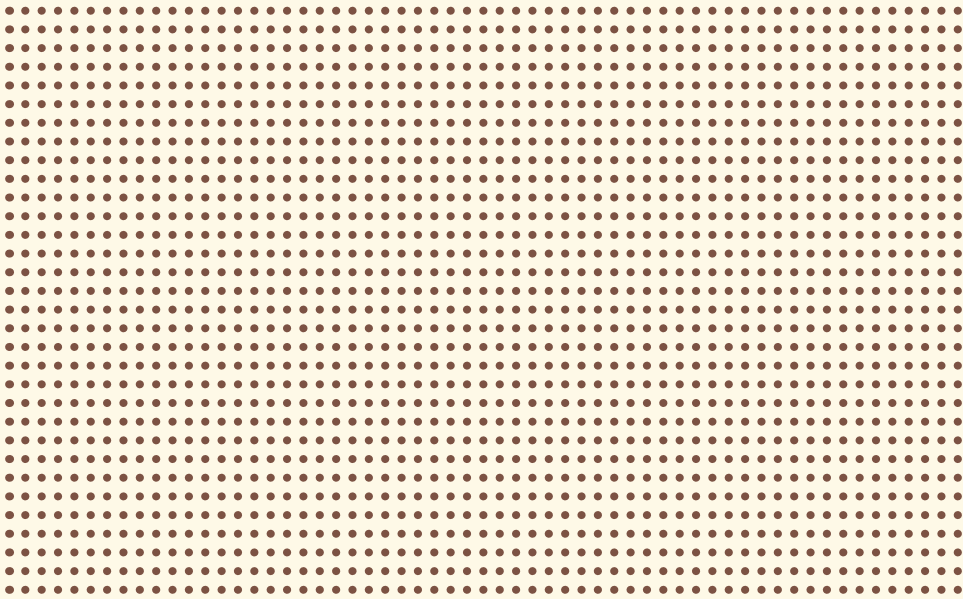
2.5 SWOT Analysis

A SWOT analysis for the County HIV response was undertaken and it identified the following;

STRENGTHS	WEAKNESSES
• Political good will • Existing Health structures at county and sub county levels • Competent implementing partners on HIV matters • VMMC	• Insufficient number of trained staff. • Vastness of the county and poor terrain • Harmful cultural practices e.g. wife inheritance, FGM and early marriages • Inaccessibility to health facilities • Inadequate funding for HIV programming • Inadequate data and county specific HIV research • Nomadic lifestyle
OPPORTUNITIES	**THREATS**
• Beyond Zero clinic • Devolution of health services • Rapidly growing and vibrant private sector- opportunity for PPP • Partners supporting HIV response • Implementation of the community strategy • Technology • Availability of local social media • Devolution of resources	• Insecurity • Stigma and discrimination • Gender based violence • Food insecurity • Low numbers of male seeking healthcare • High poverty levels • Low literacy levels • The great northern corridor road which promotes sex work • Alcohol and substance abuse among the youths

03.

RATIONALE, STRATEGIC PLAN DEVELOPMENT PROCESS AND GUIDING PRINCIPLES



3.1 Purpose of the Plan

The Plan was developed;

- To ensure attainment of the highest standards of HIV services within the county.
- To strategise on the delivery of HIV services within the county for the period 2015-2019.
- To act as a guide for coordination and implementation of the HIV response in the county.
- To ensure that the HIV response remains multi-sectoral at the county level.

3.2 Process of development of the WPCHASP

The HIV plan was developed through an in-depth analysis of available data and a highly participatory process involving a wide range of stakeholders from government; Civil Society including Non-Governmental Organisations, Faith Based Organisations, networks of people living with HIV and key affected populations; private sector; and development partners.

Stakeholder consultation forums were held to collect information on the HIV epidemic, needs and challenges in accessing HIV services across the county. They also provided their perspective on how the HIV response can be managed. During the consultative forum, a group of 9 members were nominated by the county department of health to spearhead the drafting of this strategic plan.

The drafting team held a series of meetings and developed a draft document which was presented to the technical support team for review. The TST review provided further insight into the plan before a stakeholder validation forum was held. Inputs from the validation forum were incorporated into the document. The WPCHASP was then shared with the county department of health services for endorsement which was followed by design, edit, printing and subsequent launch.

3.3 Guiding principles.

The Implementation of the county strategic HIV plan will be guided by the following principles;

Results-based planning and delivery of the WPCHASP: HIV programming shall be linked to the WPCHASP and it will demonstrate contribution towards the results.

Evidence-based, high impact and scalable interventions: Preference for resources and implementation shall be assigned to high-value, high-impact and scalable initiatives that are informed by evidence.

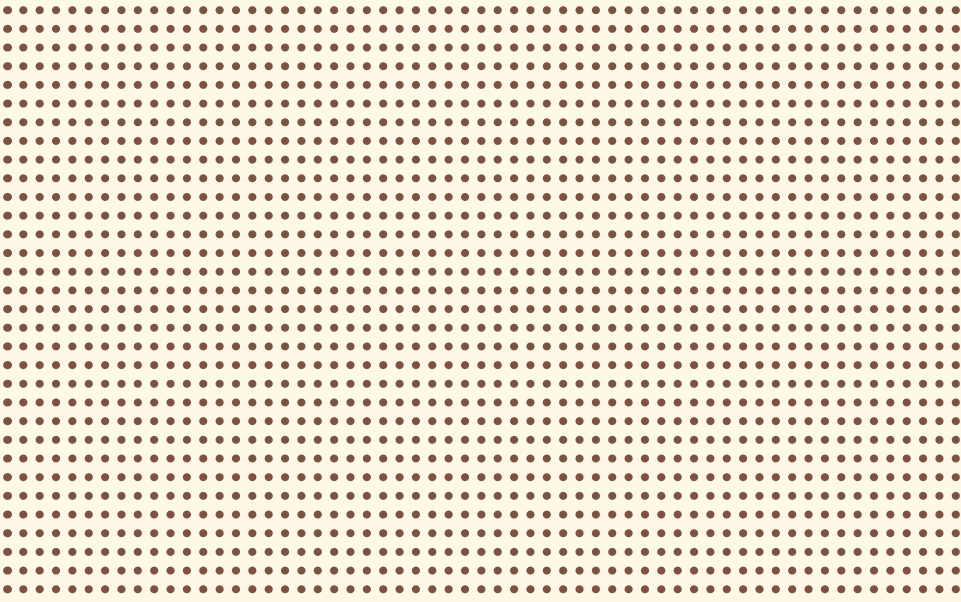
Multi-sectoral accountability: The WPCHASP provides guidance for interventions and results for which multiple sectors are responsible and accountable.

County ownership and partnership: All HIV stakeholders including the county government, development partners, private sector, faith-based organisations and people living with HIV shall leverage their efforts and resources towards achieving the common goal.

Rights-based and gender transformative approaches: The success of the HIV response is dependent on protecting and promoting the rights of those who are socially excluded, marginalised and vulnerable groups. This WPCHASP is cognizant of this reality as it embraces a rights based approach.

04.

VISION, MISSION, GOAL, OBJECTIVES AND STRATEGIC DIRECTIONS



4.1 The Vision

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

4.2 Goal

Contribute to achieving universal access to comprehensive HIV prevention, care and treatment.

4.3 Objectives

I. Reduce new HIV infections by 75% by 2019.

II. Reduce AIDS related deaths by 25% by 2019.

III. Reduce HIV related stigma and discrimination by 50% by 2019.

IV. Increase county financing of the HIV response to 50% by 2019.

4.4 County Strategic Directions

4.4.1 Strategic Direction 1: Reducing New HIV Infections

West Pokot is one of the counties classified under HIV medium incidence cluster, with HIV prevalence of 2.8 % (KAIS 2012).

The estimated new HIV infections among the general population is about 716, with new adults HIV infections being 576 annually (Kenya HIV estimates 2014).

WPCHASP proposes the following intervention to address the situation;

KASF OBJECTIVE	WPCHASP	KEY ACTIVITIES	TARGET POPULATION	SUB-ACTIVITY	
				Biomedical	
Reduce new HIV infection by 75%	Reduce new HIV infection by 75%	EMTCT	0-5 years	• Integration of HIV testing in immunisation programmes • ARV for all HIV positive children • ART for all HIV positive Pregnant women and breast feeding mothers • Early infant diagnosis	
		HIV & SRH services	5-9 years	HTS, PEP, Post rape care	
			10-14yrs	HTS, VMMC, PEP, Post rape care, HPV vaccines	
		HIV & SRH services	15-19 years	HIV testing & STI screening, condom use HTSC, VMMC, PEP, Post rape care, Emergency contraception, HPV vaccines	
		HIV Prevention & SRH services	19 and above	HTS, CHTC, self-testing, condom use, VMMC PITC, Family Planning, PEP, Post rape care, EC, HPV vaccines	

	Behavioural	Structural	GEOGRAPIYCAL AREAS (by county or sub-county)	RESPONSIBLE PERSONS
	Exclusive breastfeeding for all up to 6 months	• Training of pre-school teachers and community • health workers as agents of communication for child testing • Social protection • Scale up EID sites	County	CDH, CASCO CDE
	Life skills training e.g. Stepping Stones: Creating Futures	HIV and sexual reproductive health education clubs Sensitisation of Health workers on PEP/post rape care (PRC)	County	CDH, CASCO
	Life skills training e.g. Stepping Stones: Creating Futures	Initiatives to keep girls in school, GBV elimination programmes, comprehensive sexual and reproductive health education at school, community mobilisation for legal action against sexual offenders • HIV and sexual reproductive health education clubs scale up • VMMC HPV vaccine provision	County	CDH, CASCO CDE
	Healthy choices (protected sex, alcohol and drug substance avoidance)	• Sexual reproductive health and • HIV education, Conditional economic support • Adopt reviewed requirement of parental consent for HIV testing of adolescents and young people (Kenya HIV testing operational guidelines 2016) • Programmes to keep girls in school	County	CDH, CASCO
	• Evidence-based interventions (EBIs), • Alcohol reduction campaign • Promote risk reduction among HIV • negative testers to stay negative • Promotion of condom use campaign • Awareness creation on cultural issues directly linked to HIV risk such as wife inheritance and FGM	Conditional Economic Support. • Programmes to prevent Gender-Based Violence	County	CDH, CASCO

KASF OBJECTIVE	WPCHASP	KEY ACTIVITIES	TARGET POPULATION	SUB-ACTIVITY	
				Biomedical	
Reduce new HIV infection by 75%	Reduce new HIV infection by 75%	HIV Prevention programmes for priority population	Truck drivers, animal traders, and construction workers	Mobile HTS, sexual and reproductive health services, frequent and regular CHTC, condom use, VMMC ART, PEP,	
		HIV prevention programs for priority population	PLHIV	Linkage to care • Adherence to treatment • Condom use • ART as per guidelines	
		HIV prevention programs for priority population	Discordant couples	Linkage to care • Adherence to treatment • Condom use • ART regardless of CD4 • PrEP, EMTCT, VMMC, FP	
		HIV Prevention programs for priority population	Adolescent and young people (15-24 years)	HIV testing and STI screening • Promote condom use (male and female), • Family planning and emergency contraception • PrEP, PEP EMTCT	
		HIV prevention programs for Key population	Sex workers	Male and female condom use • Frequent and regular HTS, STI and cervical cancer screening • STI treatment PrEP, PEP, EMTCT, HPV vaccines	
		HIV prevention programs for priority population	Prison communities and other uniformed forces	• Frequent and regular HTS, STI screening • STI treatment • ART • • PEP, EMTCT	
		HIV prevention programs for priority population	People Who Inject Drugs	• Medically assisted therapy, • Condom use • HTS, • Needles exchange programs	
			Alcohol and other substance abusers	Medically Assisted Therapy,	

	Behavioural	Structural	GEOGRAPIYCAL AREAS (by county or sub-county)	RESPONSIBLE PERSONS
	Awareness creation on proper condom use and disposal	Establish drop in centres Economic empowerment	County	CDH, CASCO
	Positive health, dignity and prevention, assisted partner disclosure,	Enact county-laws that will help reduce stigma and discrimination • Psycho-social support groups • Universal access to HIV and sexual reproductive health education • Strengthen workplace protection policies	County	CDH, CEC HEALTHCASCO
	Motivate negative partner to stay negative through risk reduction, -Encourage partner(s) disclosure	Family support programmes	County	CDH, CASCO
	Healthy choices (protected sex, alcohol and drug substance avoidance) • Messages on intergenerational sex as risk factor	• Conditional economic support • motivation for HIV negative to stay negative • Scale-up youth friendly centres programs to keep girls in schools	County	CDH, CASCO
	Campaigns and recognition to motivate those tested HIV negative to adopt risk reduction and stay negative	Alcohol and substance abuse programmes Promote human rights • Conditional economicSupport. • GBV prevention programs • Sensitisation of healthcare workers and law enforcers on rights based approaches.	County	CDH, CASCO County commissioner
	• Risk reduction for HIV negative testers • EBI- e.g., START	Psycho social support mechanisms for reintegration • Review of Prison policy on HIV prevention to include condom use, PrEP and conjugal visits	County	CDH, CASCO
	Awareness creation,	Establish a rehabilitation and recovery centre Safe injection policies	County	CDH, CASCO
	Life skills	• Alcohol and other substance abuse programs • Establish rehabilitation and recovery centre. • Psychosocial support groups • Targeted campaigns against alcohol and substance abuse.	County	CDH, CASCO CDE

4.4.2 Strategic direction 2: Improving Health Outcomes and Wellness of All People Living with HIV

The Kenya HIV Estimates report 2014 indicates that there are 8,603 PLHIV in the county with 1103 being children. ART Coverage is estimated at 29% and 16% for adults and children respectively. There is need to scale up the number of people on treatment and establish strategies to retain them on care and treatment while minimising loss to follow up by implementing the 90-90-90 strategy recommended by UNAIDS.

KASF OBJECTIVE	WPCHASP Results	KEY ACTIVITIES	TARGET POPULATION	SUB-ACTIVITY	
				Biomedical	
Reduce AIDs related mortality by 25%	Reduce AIDS related deaths by 25%	Linkage to care	• General , key and vulnerable populations • Pregnant women and breastfeeding mothers • Infants and young children • Adolescents	Intensify HTS coverage for general, key and vulnerable population Pregnant women, breastfeeding mothers, infants and adolescents	
Reduce AIDs related mortality by 25%	Reduce AIDS related deaths by 25%	Retention to care and treatment	PLHIV	Enhance ART services.	

			GEOGRAPHICAL AREAS (by county or sub-county)	RESPONSIBLE PERSONS
	Behavioural	structural		
	• Initiate advocacy on the HIV treatment and retention to care e.g. support groups, promotion of adherence • Mobilize /sensitise the community and peer support groups to create demand for care and treatment. • Strengthen periodic monitoring of adherence and disclosure.	• Increase women's access to and uptake of antenatal care as well as delivery in health facilities. • Strengthen the capacity of health care providers at all levels of care. • Promote age and population specific health education in the community • Psychosocial support groups • Capacity build teachers and the school community to support children and AYPs living with HIV	County	County government of West Pokot, CDE TSC CD Community units AMPATH Plus AMREF IRDO. other Implementing partners
		• Strengthen the capacity of health care providers at all levels of care. • Psychosocial adherence support groups		County government, Community units, AMPATH plus, IRDO and other implementing partners

4.4.3 Strategic Direction 3: Using Human Rights Based Approach to Facilitate Access to Services

There are high levels of stigma and discrimination reported in the county. The national HIV and AIDS Stigma Index indicates a stigma index of 46 on a scale of 1-100 which is slightly higher than the national figure which is 45. GBV has also been identified as common and it needs to be addressed. The county has identified a number of strategies to tackle stigma and discrimination and address gender related issues.

KASF OBJECTIVE	WPCHASP Results	KEY ACTIVITIES	TARGET POPULATION	SUB-ACTIVITY	
				Biomedical	
Reduce HIV related stigma and discrimination by 50%	Reduce HIV related stigma and discrimination by 50%	Access to HIV, SRH and rights information and services	PLHIV , key and vulnerable population	• Promote uptake of HIV pre and post-exposure prophylaxis among survivors of sexual violence and priority population in all health facilities in the county	
	Reduce HIV related stigma and discrimination by 50%	Improve the legal and policy environment for HIV programming	PLHIV, key and vulnerable population		

	Behavioural	Structural	GEOGRAPHICAL AREAS (by county or sub-county)	RESPONSIBLE PERSONS
	Sensitise county healthcare workers to reduce stigmatising attitudes in healthcare • Awareness creation on male engagement in SRH issues	• Promote use of key population and peer groups to enhance uptake of HIV services in the county • Legislation of county laws that promote and protect priority and key population to access HIV and health services. • Developing and disseminating population specific and user friendly information including Braille • Develop social protection policy and programs for PLHIV, OVCs and key populations. • Establish multi-sectoral working group in the county that promote negotiation and uptake of HIV services. • Formation of community groups, psychosocial support groups, forums and utilise persons living positively to lead in the campaign against HIV related stigma and discrimination • Invest in programs that aim at eradicating negative cultural practices, negative stereotypes and concept of masculinity • Capacity build teachers and sensitise the leaners and the school community on stigma reduction and non-discrimination	County	County government, Community Units AMPATH Plus AMREF IRDO. Other Implementing partners
		• Educate the community through public baraza, print media and local radio stations on , legal issues, rights and gender issues – • Facilitate discussion and negotiation among relevant agencies to address law enforcement practices that constitute barriers to HIV prevention, care and treatment • Legal literacy programs on human rights and laws relevant to HIV. • Undertake a baseline survey to determine the extent of GBV • Conduct a county specific stigma index survey	County	County government Community units, AMPATH plus, IRDO and other implementing partners

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

There are 111 health facilities in the county characterised by inadequate staff. Capacity gaps have also been identified among the health care workers. These need to be addressed for the county to achieve universal coverage of health and care.

KASF OBJECTIVE	WPCHASP Results	KEY ACTIVITIES	TARGET POPULATION	
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of the HIV response to 50%	Reduce new HIV infections by 75% Reduce AIDS related deaths by 25% Reduce HIV related stigma and discrimination by 50% Increase County financing of the HIV response to 50%	Competent motivated and adequately staffed workforce	Human Resource for Health	
		Integration of HIV services with other services		
		HIV essential commodities		

	SUB-ATIVITY	GEOGRAPHICAL AREAS (by county or sub county)	RESPONSIBLE PERSONS
	• Recruit adequate health care workers and ensure their equitable distribution • Capacity build health care workers • Performance based incentives • Enforce relevant HIV work place policy	County	County government Community Units AMPATH Plus AMREF IRDO. Other Implementing partners
	• Empower Health facilities to provide quality integrated HIV services • Streamline referral and linkages systems. • Empower communities to ensure improved capacity and capability to take charge of their own health	County	County government Community Units AMPATH plus, IRDO Other implementing partners
	• Strengthen supply chain management system. • Establish commodities tracking mechanism. • Strengthen the LMIS system	County	County government Community Units AMPATH plus, IRDO Other implementing partners

4.4.5: Strategic direction 5: Strengthening Research, Innovation and Information Management to Meet WPCHASP Goals.

Research is key for effective implementation of the county strategic plan. A number of research gaps have been identified that need to be implemented to inform the county HIV response. Further there exists capacity gaps with regard to conduct of research at the county level. A number of interventions are proposed for implementation to enhance evidence based decision making in the county.

KASF OBJECTIVE	WPCHASP Results	KEY ACTIVITIES	TARGET POPULATION	
Reduce AIDs related mortality by 25%	Reduce AIDs related deaths by 25%	• Increase EB programming • Increase capacity to conduct HIV research	Stakeholders in research	
	Carry out HIV research within the County			

	SUB-ACTIVITY	GEOGRAPHICAL AREAS (by county or Sub-county)	RESPONSIBLE PERSONS
	• Establish county Research TWG • Undertake operational research in the identified areas including but not limited to; • Barriers to HIV testing and access to HIV services by populations • Determine socio-behavioural, cultural and gender-related factors as determinants of health outcomes and adherence to treatment. • Drug, alcohol and substance use on HIV acquisition, care and treatment outcomes. • Predictors of loss to follow up, defaulting and retention. • Drivers of mortality and associations between aging and treatment. • Undertake a county specific stigma index • Determinants of stigma reduction • Conduct a baseline survey on GBV • Undertake a baseline survey on PWID	County	County government, CDE Community Units AMPATH Plus AMREF IRDO. Other Implementing partners
	Strengthen capacity for research at the county level	County	CDH and Research TWG
	Undertake dissemination forums or conferences to share research findings and engage other counties.	County	CDH and Research TWG
	Resource mobilisation for research.	County	CDH and Research TWG
	Promote translation of research in to policy through development of policy briefs for decision makers.	County	CDH and Research TWG
	Establish a County HIV Research hub to enhance information sharing and minimise on duplication	County	CDH and Research TWG

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

Monitoring and Evaluation (M&E) at the county is guided by the National M&E framework that outlines the different subsystems in place to monitor the HIV response. The county proposes strengthening of M&E with regard to capacity and reporting to ensure that it has sufficient data to inform planning. Specific interventions have hereby been outlined.

KASF OBJECTIVE	WPCHASP Results	KEY ACTIVITIES	TARGET POPULATION	
Promote utilisation of strategic information for research and monitoring and evaluation	Utilise available data to generate information for decision making	Strengthen M&E capacity to effectively track the WPCHASP performance	MoH staff and partners	
		Harmonise timely and comprehensive routine and non–routine monitoring systems to provide quality HIV data at county and sub- county levels	MoH staff and partners	
		Establish multi-sectorial and integrated real-time HIV platform to provide updates on HIV epidemic response	County Government	

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

The county HIV response has been largely donor funded with the government contributing less than 50% of the funding. Adequate resources are needed to implement this plan that calls for increased sustainable domestic financing as per the proposed options.

KASF OBJECTIVE	WPCHASP Results	KEY ACTIVITIES	TARGET POPULATION	
Increasing Domestic, Financing for sustainable HIV response	Increasing domestic financing to implement HIV activities	Enhance county investments	County Government	
		Public-Private partnerships	County Government and partners	
Increasing domestic financing for sustainable HIV response	Increasing domestic financing to implement HIV activities	Promoting effective cost saving models of HIV and AIDS service delivery	County Government	
		Study on low-cost effective HIV service delivery models	County Government	

	SUB-ACTIVITY	GEOGRAPHICAL AREAS (by county or sub county)	RESPONSIBLE PERSONS
	• Establish and strengthen functional multi-sectoral HIV M&E co-ordination structure at County and sub- county levels • Advocate for sustainable financing for HIV M&E planned activities • Capacity build county staff on M& E • Allocate adequate resources for M&E • Conduct periodic data quality audits and verification • Carry out M& E multi-sectoral supervision • Scale up coverage of ongoing HIV programme surveillance and surveys at county and sub- county levels	County	County government, Community Units AMPATH Plus AMREF IRDO. Other implementing partners
	• Strengthen routine and non-routine HIV information system • Align County with National HIV monitoring systems. • Establish a multi-sectoral HIV programming web-based data management system. • Promote data demand and use of HIV strategic information for decision making.	County	County government, Community Units AMPATH plus, IRDO and other implementing partners
	Set up situation room	County	County Government

	SUB-ACTIVITY	GEOGRAPHICAL AREAS (by county or sub-county)	RESPONSIBLE PERSONS
	• Allocation of at least 1% of the county budget to HIV program • Establish county HIV kitty	County	County government
	• Developing a policy that ensures private entities contribute to the HIV kitty. • Organising charity walk/ games / lottery in the county towards financing of HIV activities. • Corporate entities to include HIV in their cooperate social responsibility budget	County	County government Community Units AMPATH plus, IRDO and other implementing partners Private sector
	• Implementing on-job training of health workers using harmonized HIV training curriculum. • Integration of HIV,SRH and MNCAH services • Work place HTS.	County	County government
	• Develop and test low-cost HIV service delivery models. • Disseminate the findings.	County	County government

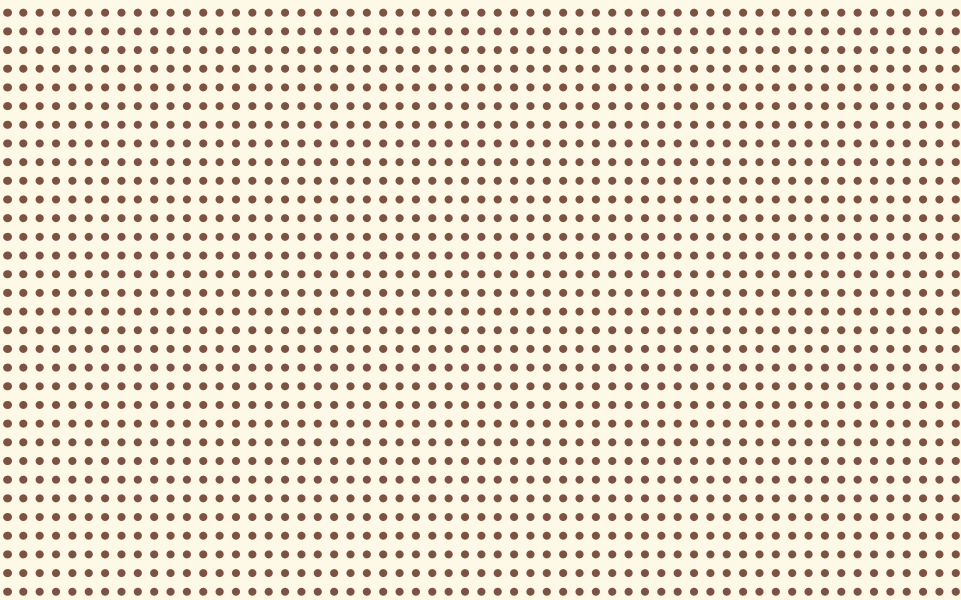
4.4.8: Strategic Direction 8: Promoting Accountable Leadership for Delivery of WPCHASP By All Sectors.

County ownership of the HIV response is critical for successful implementation of the proposed interventions. The County Leadership is committed to championing the HIV response and ensuring that adequate support is provided for implementation of WPCHASP.

KASF OBJECTIVE	WPCHASP Results	KEY ACTIVITIES	TARGET POPULATION	SUB-ACTIVITY	GEOGRAPHICAL AREAS (by county or sub-county)	RESPONSIBLE PERSONS
Promoting accountable leadership for delivery of KASF results by all sectors and actors	Promoting accountable leadership for delivery of WPCHASP by all sectors	County ownership of the HIV response	County MoH and partners	• Political goodwill • Establish and operationalize the proposed County HIV Coordination Committees (CHCC) • Sensitisation for county leadership • Set up consultative forums at all sub county levels • Commitment by the county officers to be in forefront in advocating for the fight against HIV and AIDS	County	County government

05.

IMPLEMENTATION ARRANGEMENTS



Implementation of WPCHASP shall embrace a multi-sectoral approach that will ensure various stakeholder representations ranging from the public, private sectors and civil society and other implementing partners. Each of the stakeholders will be expected to play their role in ensuring delivery of the results outlined in the plan.

A number of sub committees are proposed to support implementation of the plan with specific roles assigned to different offices.

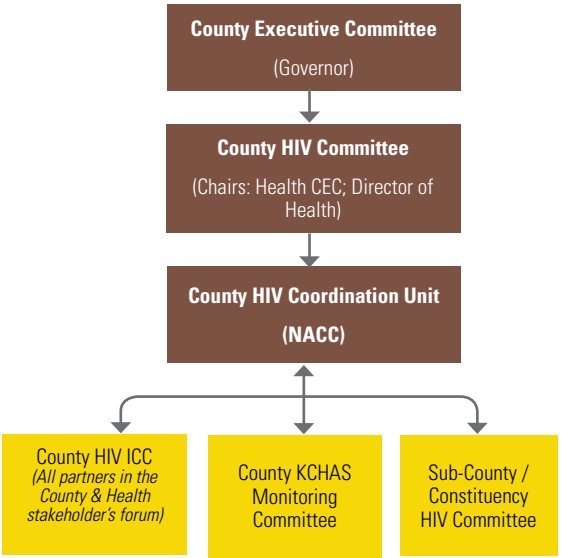
County HIV committee: This committee will be accountable to the county governor for the delivery of their mandates and shall be responsible for effective delivery of the HIV response at the county level. The committee shall be co-chaired by the County Health Executive and the County Director of Health with membership from the sub-county HIV committees, CHMT (CASCO) HIV partners, implementers, PLHIV and the Key populations in the county.

County HIV Co-ordination Unit: This unit will be the responsibility of the NACC secretariat at the county level. The unit shall coordinate the day-to-day implementation of the strategic framework and the WPCHASP and will work very closely with the county health management team and the various ministries and departments at the county level with a direct link to the NACC secretariat at the national level.

WPCHASP Monitoring Committee: This committee shall comprise of sub-committees of the five strategic direction areas of prevention, treatment, human rights, systems strengthening and research. They will comprise technical persons and institutions responsible for different areas. The public sector working groups for the key sectors such as education, agriculture, mining and extractives, tourism, justice, law and order, transport, prisons, universities, labour & social security shall facilitate and monitor actions and results outlined in the WPCHASP for other sectors.

HIV ICC Committee: This committee shall be made up of the various stakeholder working groups at the county representing the various constituencies, e.g. CSO, FBOs, Youth, PwD and PLHIV. This will ensure that various interests for the stakeholders are tabled before the committee.

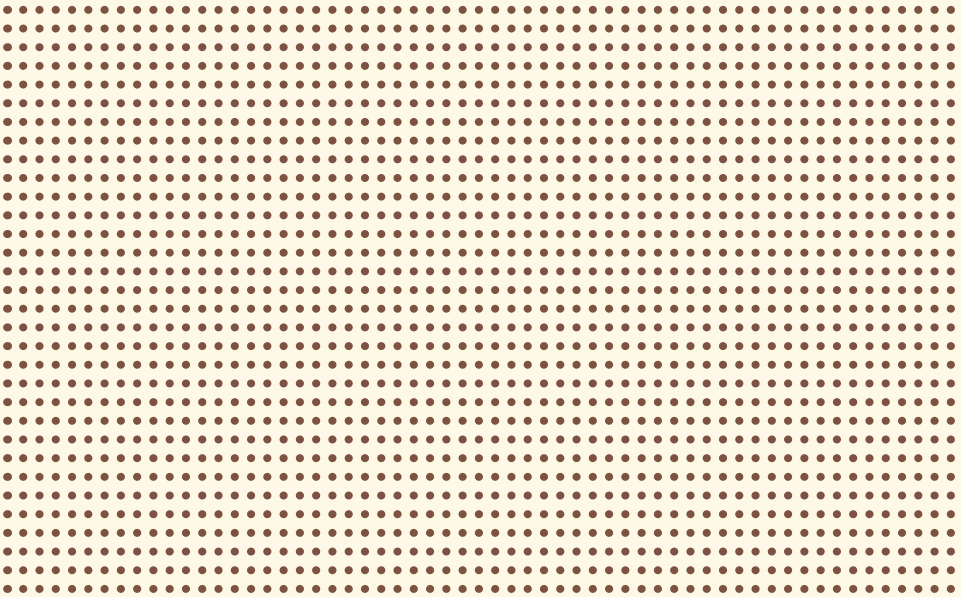
Figure: County HIV Coordination structure for WPCHASP Delivery



These committees shall convene regular stakeholder forums (Quarterly or as determined) to share interventions undertaken in the various programmatic and geographical areas. The committee shall recommend and redistribute implementers to ensure equitable distribution of services with more emphasis on high burden zones.

06.

MONITORING AND EVALUATION PLAN



The Monitoring and Evaluation section of the County Department of Health is in its development stages with the current M&E section being under staffed thus hindering effective delivery of M&E services.

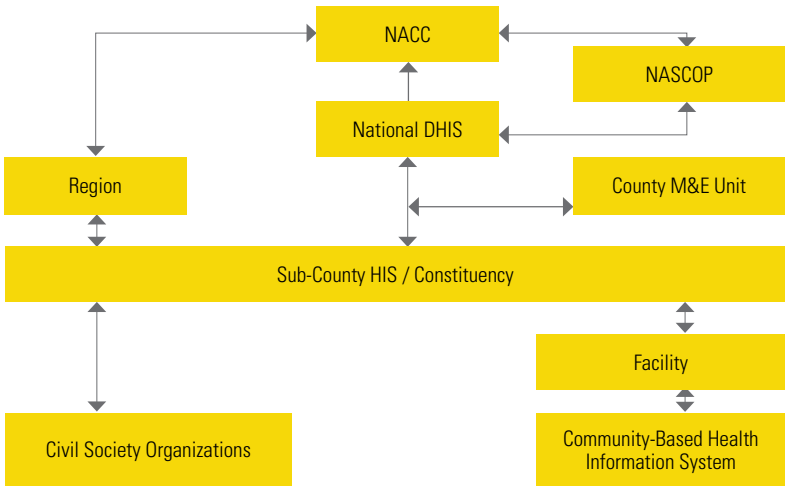
The county M&E system is aligned to the existing national M&E system which outlines the different sub-systems: DHIS, LMIS, and Community systems among others. Currently, Community Health Volunteers' reports from community units are forwarded to the link facilities who then compile the reports at level 2 (dispensaries) and report to the Sub-County Health Information Officers (SCHRIO) on a monthly basis. Level 3, 4 and 5 (Health Centres, Sub County Hospitals and County Referral Hospital) report to the same officer for data entry into DHIS which provides further analysis.

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 Program Activity Reports (COBPAR) as completed by CSOs on a quarterly basis. This enables all users including county, national and program officers at all levels to generate information to inform decisions and public health interventions.

Currently, the existing Health Information systems are highly fragmented with no linkages with other healthcare providers at various levels. The design and implementation of these systems do not facilitate integration of different sources of health information within the health system. There is poor integration of vertical programs and administrative information into the routine Health Information System. Consequently, there is no sharing of information among health care providers in the health system. There is, therefore, need to harmonise the various reporting systems and strengthen the current DHIS.

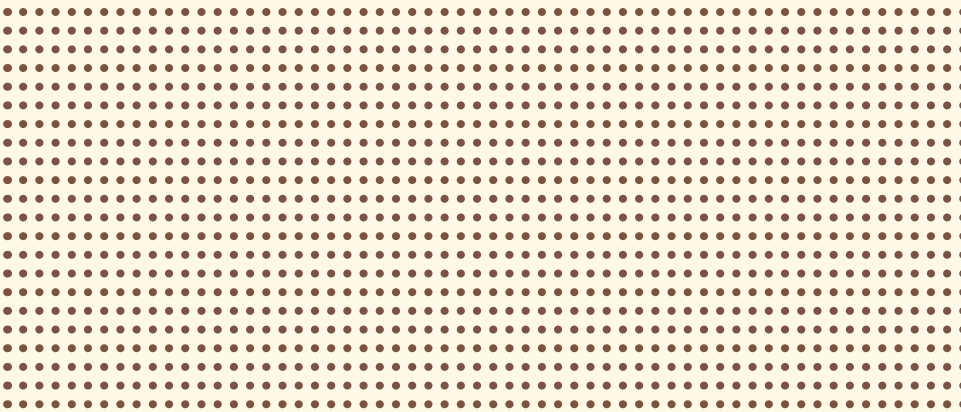
Research is a critical component for effective delivery of the WPCHASP as it will enhance evidence-based decision making. The identified county research priorities need to be implemented to strengthen the existing knowledge management system. Further, access to the national HIV research hub needs to be enhanced for evidence-based policy formulation and programming at the county.

Data will be collected using the approved MOH tools and reported on a monthly and quarterly basis.



07.

RISK AND MITIGATION PLAN



Risk and Mitigation Plan

Risk Category	Risk	Status	Probability	Impact	Mitigation	Responsibility	When
Political	Political dynamics/ leadership environment	There is political goodwill	medium	High	Legislation	County leadership	Y2-Y5
Financial	Inadequate funding to implement the plan	Low funding	medium	High	Lobby partners for funding	County HIV Coordination Unit	Y2
Technological	Limited technologies and capacity to implement the plan	The WPCHASP has key areas for technological support Identified and Active- risk is being monitored	High	High	Establishment of technology and capacity building of staff	County IT, CHRIO and County Health Departments	Y3
Operational	Non-achievement of the set targets due to Inadequate implementation resources	Unpredictable	medium	High	Resource mobilisation and continuous monitoring, training and capacity building	County HIV Oversight Committee	Y3
Legislation	Lack of commitment/ inadequate political goodwill	Bills yet to be drafted	Medium	High	Advocacy and engagement of county leadership	County leadership	Y2-Y5

08.

ANNEXES

ANNEX

Annex 1: Results framework

Strategic Direction 1: Reducing New HIV Infections

KASF objective Strategic Direction	WPCHASP Results	Key Activity
Reduce new HIV infections by 75%	Reduced new HIV infections among adults by 75%	Reducing new HIV infections cases
	Reduced HIV transmission rates from mother to child from 7.2% to less than 5%	

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

KASF objective Strategic Direction	WPCHASP Results	Key Activity
Reduce AIDS related mortality by 25%	Reduce AIDS related mortality by 40%	• Implement the 90-90-90 Strategy • Increase enrolment to care within 3 months of HIV diagnosis to 90% for children,

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

KASF objective Strategic Direction	WPCHASP Results	Key Activity
1. Reduce HIV related stigma and discrimination by 50%	Reduced self-reported HIV related stigma and discrimination by 50%	Remove barriers to access of HIV, SRH and rights information and services in private and public entities
	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50%	County to input

	Indicators	Baseline & Source	Mid Term Targets	End Term Target
	Number of new adults HIV infections	688	100	172
	MTCT rate in the county	7.2 % (DHIS)	6%	MTCT < 5%

	Indicators	Baseline & Source	Mid Term Targets	End Term Target
	Percentage of adults accessing ART	20%	50%	90%
	Percentage of children 0-9years on ART	NA	50%	90%
	Percentage of adolescents 10-19 years on ART	NA	50%	90%
	Percentage of adults on ART	NA	50%	90%
	Percentage of identified HIV infected pregnant women started on HAART	NA	50%	90%
	Percentage of children 0-9years retained on ART	NA	50%	90%
	Percentage of adults virally suppressed	NA	50%	90%
	Percentage of adults retained on ART at 12 month	NA	50%	90%
	Percentage of children 0-9years virally suppressed	NA	50%	90%
	Percentage of adolescents 10-19 years virally suppressed	NA	50%	90%
	Percentage of adults virally suppressed	NA	50%	90%

	Indicators	Baseline & Source	Mid Term Targets	End Term Target
	Percentage of HIV related stigma discrimination reported	NA	20%	50% Reduction
	Percentage of SGBV directed to PLHIV, KPs, women, men, boys & girls	NA	TBD	50% Reduction

Strategic Direction 4: Strengthening Integration of Health and Community Systems

KASF objective Strategic Direction	WPCHASP Results	Key Activity	
1. Reduce new HIV infections by 50% 2. Reduce AIDS related mortality by 25% 3. Reduce HIV related stigma and discrimination by 50% 4. Increase domestic financing of HIV response to 50%	Strengthened community-driven HIV response	Provision of competent, motivated and adequately staffed health workforce	
	Improved health workforce for the HIV response in the county	County to input data	
	Strengthened HIV commodity management	County to input data	

Strategic Direction 5: Strengthening Research and Innovation to Inform the West Pokot County HIV and AIDS Strategic Plan's Goals

KASF objective Strategic Direction	WPCHASP Results	Key Activity	
• Reduce new HIV infections by 50% • Reduce AIDS related mortality by 25% • Reduce HIV related stigma and discrimination by 50% • Increase domestic financing of HIV response	Increased evidence-based planning and programming by 20%	Establish and operationalize a Research Technical Working Group	
	Increased capacity to conduct HIV research in the county by 50%		

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

KASF objective Strategic Direction	WPCHASP Results	Key Activity	
1. Reduce new HIV infections by 50% 2. Reduce AIDS related mortality by 25% 3. Reduce HIV related stigma and discrimination by 50% 4. Increase domestic financing of HIV response to 50%	M&E Information Hubs integrated at county level and providing comprehensive information package for decision making	Strengthen the County HIV M&E system	
	Increased utilisation of strategic information to inform HIV response at all levels		

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

KASF objective Strategic Direction	WPCHASP Results	Key Activity	
1. Reduce new HIV infections by 50% 2. Reduce AIDS related mortality by 25% 3. Reduce HIV related stigma and discrimination by 50% 4. Increase domestic financing of HIV response to 50%	Established county-driven domestic financing kitty for HIV response	Establish a county-driven domestic financing kitty for HIV response	
	Increased county-driven domestic financing for HIV response to 40%	Increase allocations of HIV response	

	Indicators	Baseline & Source	Mid Term Targets	End Term Target
	Number of Community Units and CSOs in place	NA	TBD	TBD
	Percentage of health workforce trained on HIV management	NA	TBD	70%
	Number of months with HIV commodity stock outs per year	NA	TBD	0 months

	Indicators	Baseline & Source	Mid Term Targets	End Term Target
	Percentage of TWG in place	NA	TBD	80%
	Percentage of county staff trained on operation research	NA	TBD	50%

	Indicators	Baseline & Source	Mid Term Targets	End Term Target
	M&E information hub integrated	0	1	1
	Utilization of strategic information in HIV response at all levels	0	70%	100%

	Indicators	Baseline & Source	Mid Term Targets	End Term Target
	County HIV response kitty established	0	1	1
	Percentage of county-driven domestic financing for HIV response	5%	25%	50%

Strategic Direction 8: Promoting Accountable Leadership for Delivery of the West Pokot County HIV and AIDS Strategic Plan Results by all Sectors and Actors

KASF objective Strategic Direction	WPCHASP Results	Key Activity	
1. Reduce new HIV infections by 50% 2. Reduce AIDS related mortality by 25% 3. Reduce HIV related stigma and discrimination by 50% 4. Increase domestic financing of HIV response to 50%	Good governance practices and accountable leadership for HIV and AIDS response in the county	Enhance County ownership and engagement	
	Effective and well-functioning stakeholder co-ordination mechanisms in the county	County to take lead in putting up coordination structure	
	100% of HIV stakeholders in the county participating in quarterly stakeholder coordination forums.	Stakeholder forums	

Annex 2: Resource Needs for implementing WPCHASP

Resource Needs (Millions of Kenyan Shillings)					
	2015	**2016**	**2017**	**2018**	**2019**
ART	KSh75	KSh104	KSh132	KSh161	KSh190
eMTCT	KSh0	KSh0	KSh0	KSh1	KSh1
HTS	KSh19	KSh25	KSh30	KSh36	KSh42
VMMC	KSh2	KSh2	KSh2	KSh2	KSh2
Condoms	KSh1	KSh11	KSh13	KSh14	KSh16
Key populations	KSh2	KSh2	KSh3	KSh4	KSh5
Behaviour change	KSh39	KSh48	KSh57	KSh67	KSh78
Medical services	KSh0	KSh0	KSh0	KSh0	KSh0
OVC	KSh33	KSh38	KSh38	KSh38	KSh39
Program support	KSh27	KSh37	KSh44	KSh51	KSh58
Capacity building (CHVs)	KSh10	Ksh15	Ksh20	Ksh25	Ksh30
Infection prevention control(IPC)	Ksh5	Ksh5	Ksh5	Ksh6	Ksh8
Lab networking	Ksh7	Ksh9	Ksh10	Ksh12	Ksh14
Total	**KSh220**	**KSh296**	**KSh354**	**KSh417**	**KSh483**

	Indicators	Baseline & Source	Mid Term Targets	End Term Target
	County HIV response structures	0	50%	100%
	Functional county stakeholder coordination mechanisms in place	1	4	4
	Proportion of stakeholders participating in quarterly coordination forums	0	90%	100%

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Annex4: List of Drafting and Technical Review Team

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