



SIAYA COUNTY HIV AND AIDS STRATEGIC PLAN (2015/16 – 2018/2019)





SIAYA COUNTY HIV AND AIDS STRATEGIC PLAN

(2015/16 – 2018/2019)

"A healthy and productive population"

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Acronyms and abbreviations

AGYW	Adolescent Girls and Young Women	FBO	Faith Based Organization
AIDS	Acquired Immuno Deficiency Syndrome	FMS	Financial Management System
ANC	Antenatal Clinic	FSW	Female Sex Worker
APHIA	AIDS Population and Health Integrated Assistance	GBV	Gender Based Violence
ART	Antiretroviral Treatment/Therapy	HBC	Home Based Care
ARV	Anti-Retroviral Drugs	HBTC	Home Based Testing and Counselling
BCC	Behaviour Change Communication	HCBC	Home and Community Based Care
CASCO	County AIDS and STI Coordinator	HCW	Health Care Worker
CASP	County AIDS Strategic Plan	HEI	HIV Exposed Infants
CBO	Community Based Organization	HIV	Human Immunodeficiency Virus
CCC	Comprehensive Care Centre	HMIS	Health Management Information System
CCM	Country Coordination Mechanism	HPV	Human Papilloma virus
CDH	County Director of Health	HR	Human Resources
CEC - H	County Executive Committee Member of Health	HTC	HIV Testing and counselling
CG	County Government	HTS	HIV Testing Services
CHEWs	Community Health Extension Workers	ICC	Inter-agency Coordination Committee
CHMT	County Health Management Team	IDU	Injecting Drug Users
CHV	Community Health Volunteer	IEC	Information, Education, and Communication
CIDP	County Integrated Development Plan	IGAD	Intergovernmental Authority on Development
COG	Council of Governors	ILO	International Labour Organization
COH	Chief Officer of Health	IPC	Infection Prevention and Control
CHC	County HIV Committee	KAIS	Kenya AIDS Indicator Survey
CRA	Commission for Revenue Allocation	KASF	Kenya AIDS Strategic Framework
DHIS	District Health Information System	KDHS	Kenya Demographic and Health Survey
EBI	Evidence Based Intervention	KEMSA	Kenya Medical Supplies Authority
EMR	Electronic Medical Reporting	KEPH	Kenya Essential Package for Health
eMTCT	Elimination of Mother to Child Transmission	KHSSP	Kenya Health Sector Strategic Plan
ETR	End Term Review	KNASP	Kenya National AIDS Strategic Plan

Acronyms and abbreviations

KP	Key Populations	STI	Sexually Transmitted Infection
LGBT	Lesbian, Gay, Bisexual and Transgender	SW	Sex Workers
M&E	Monitoring and Evaluation	TB	Tuberculosis
SCASP	Siaya County AIDS Strategic Plan	TBD	To Be Determined
MDAs	Ministries, Departments and Agencies	TOWA	Total War against HIV and AIDS
MoH	Ministry of Health	TTI	Transfusion Transmissible Infection
MOT	Modes of Transmission	TWG	Technical Working Group
MSM	Men who have Sex with Men	UN	United Nations
MSW	Male Sex Worker	UNAIDS	Joint United Nations Programme on HIV & AIDS
MTR	Mid-Term Review	UNDP	United Nations Development Programme
NACC	National AIDS Control Council	UNFPA	United Nations Population Fund
NASCOP	National AIDS & STI Control Programme	UNICEF	United Nations Children’s Fund
NCDs	Non-Communicable Diseases	UNODC	United Nations Office on Drugs and Crime
NEPHA	Network for Empowerment of People Living with HIV in Kenya	USAID	United States Agency for International Development
NGO	Non-Governmental Organizations	VCT	Voluntary Counselling and Testing
OIs	Opportunistic Infections	VMMC	Voluntary Medical Male Circumcision
OVC	Orphans and Vulnerable Children	WHO	World Health Organization
PEP	Post-Exposure Prophylaxis		
PHDP	Positive Health, Dignity and Prevention		
PITC	Provider-initiated Testing and Counselling		
PLHIV	People Living with HIV		
PWD	People/Persons with Disabilities		
PMS	Post Marketing Surveillance		
PMTCT	Prevention of Mother to Child Transmission		
PrEP	Pre-Exposure Prophylaxis		
RBM	Results Based Management		
RH	Reproductive Health		
SCACC	Sub-County AIDS Control Coordinators		
SCASCO	Sub-County AIDS and STI Coordinator		
SRH	Sexual and Reproductive Health		

Foreword



Siaya County HIV and AIDS Strategic Plan is the blueprint that offers a roadmap for the implementation of HIV response for the next 5 years. It is premised on evidence based interventions to address drivers of HIV and AIDS in the county while ensuring an all-inclusive approach for improved health outcomes.

This County HIV and AIDS Strategic Plan is aligned to the Constitution of Kenya, the Vision 2030, the African Union goals on HIV control, the Kenya AIDS Strategic Framework (KASF), County Integrated Development Plan (CIDP) and the County Health Strategic Plan (CHSP). It recognizes the centrality of a multi-sectoral response to HIV and outlines roles and expected actions from different sectors and actors and the need for strengthened stakeholder accountability for results. It sets out a clear coordination and governance structure through the county implementation and oversight committees.

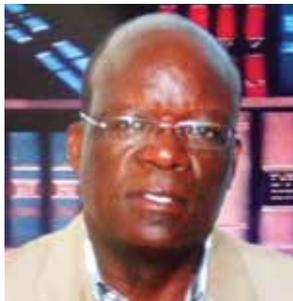
This strategic plan outlines approaches that my government will use to leverage funding and set up Siaya County HIV kitty to ensure sustainable implementation of the HIV response. Therefore, my government is committed to facilitating achievement of the results outlined in this strategic plan and to build on the progress made so far towards improving the health outcomes of persons living with HIV and AIDS, reducing new HIV infections and addressing HIV related stigma.

A handwritten signature in blue ink, which appears to read 'Cornel Amoth Rasanga'.

H.E CORNEL AMOTH RASANGA

Governor, Siaya County

Preface



The Siaya County HIV and AIDS Strategic Plan (2015/16 – 2018/2019) is an important document that marks a major turning point in the county's HIV response since health services were devolved more than three years ago. In developing this strategic framework for the county's HIV response, the health managers and stakeholders have shifted the core focus of our HIV response towards provision of high quality sustainable models of health that are acceptable by the local community.

This document is a culmination of tireless efforts of our health team in consultation with our local and regional collaborators and agencies.

Over the last several years, we have been able to register some marked progress in a number of critical areas in our HIV response. During this period, new infections have reduced, we have been able to put more persons living with HIV on life saving ARVs and have ensured that those on treatment are virally suppressed in line with the UNAIDS 90-90-90 approach.

This strategic plan requires that all actors pay particular attention to vulnerable and marginalized groups. To make real progress in HIV prevention, treatment and impact mitigation, we need a paradigm shift. This approach will require the use of social, behavioural, cultural, biomedical, scientific, technological and implementation science innovative interventions as outlined in this document.

Our key strategic objectives in the next five years will be:

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 HIV response to 50%.

Let us all join hands as we deepen and strengthen our response while seeking innovative ways to sustain our response. If we pull together our vision of 'a county free of HIV infections, stigma and AIDS related deaths' will be a reality.

A handwritten signature in black ink, appearing to be 'O. Onudi', written in a cursive style.

DR. OLANG'O ONUDI
CEC Health

Acknowledgements



This Siaya County AIDS Strategic Plan (SCASP) is the first guiding document for addressing the HIV and AIDS epidemic in alignment with the Kenya AIDS Strategic Framework 2014/2015 – 2018/2019. It will provide guidance to all stakeholders who are involved in the HIV response in the County. This document was developed and validated through a participatory and consultative process involving health leadership, implementing partners and ‘Wananchi’ at the county and sub county levels.

In particular we thank HE the Governor of Siaya County for his exemplary leadership and patronage of this plan. We also thank the CEC member - Health Services for his visionary leadership and guidance during the development of this strategic plan. We also thank the Siaya County HIV TWG members who successfully spearheaded this process. Our appreciations also go to National AIDS Control Council, NASCOP and HIV Implementing partners for providing the technical and financial support towards the development of this plan.

We also wish to acknowledge the contributions of various experts during the development, review and printing of this document.

Siaya County Government is committed towards the achievement of zero new HIV infections, zero AIDS related deaths and zero stigma and discrimination as per vision 2030. We believe that this document lays out the roadmap towards achievement of this dream.

MS DOROTHY OWINO
Chief Officer of Health

DR OMONDI OWINO MBCHB, MPH, DIP (HSM)
County Director of Health

Executive Summary

Globally, Kenya is ranked 4th among countries with high HIV prevalence. In Siaya the prevalence rate still remains high with one in every four people living with HIV, the virus that causes AIDS (Prevalence of 24.8%, Kenya HIV Estimates, 2015). The prevalence is however higher among the females at 26.4% compared to males at 22.8%. The estimated number of people living with HIV virus (PLHIV) in the county stands at 126,411 (county HIV profiles report 2016). Out of this number living with HIV virus, only 58% are on life saving anti-retroviral treatment (ARVs), with adults at 60% and children at 48% (Kenya AIDS Indicator Survey 2014).

So far, our county has 150 HIV care and treatment centers, in which over 74,000 adults and children are accessing services (District Health Information Software 2016). This together with other community prevention strategies has enabled the county to make efforts towards reduction of new infections and scale up of treatment services. Challenges towards achieving access to HIV prevention, care and treatment services have been more with the children and adolescents. Concentration of the disease burden is higher amongst the fisher folk community, Men who have Sex with Men, Injection Drug Users, Female Sex Workers and long distance truck drivers.

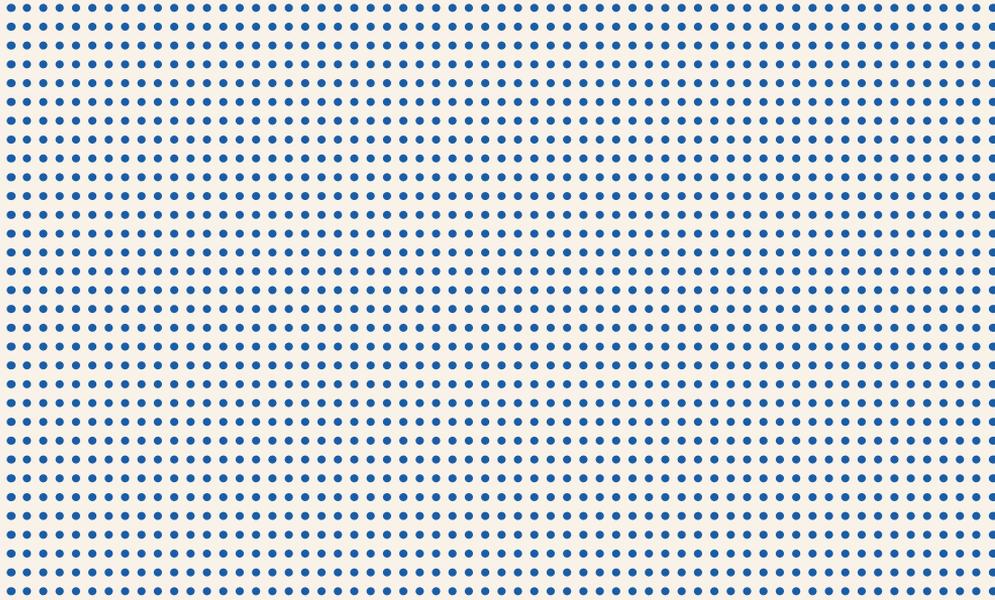
However the Ministry of Health together with other partners are making concerted efforts towards making the 90-90-90 strategy in HIV epidemic control a success in Siaya. The 90-90-90 strategy is an approach whereby 90% of people living with HIV should be identified through testing, 90% of those diagnosed with the disease linked to HIV care and treatment and 90% of those on care and treatment achieve viral suppression. Achievement of this strategy in Siaya requires a multi-sectoral approach in planning and implementation.

The Siaya County HIV and AIDS Strategic Plan (SCASP) is drawn from Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19 which provided the guide to the national HIV response. This plan will address the drivers of the HIV epidemic and build on achievements of the previous country strategic plans to achieve its goal of contributing to County's Vision towards universal access to comprehensive HIV prevention, treatment and care. SCASP is aligned with the Constitution of Kenya 2010, which guarantees the policy environment for the national HIV and AIDS response, while also presenting a major paradigm shift in the governance and response which is County led and specific.

Siaya County AIDS Strategic Plan (SCASP) provides strategic policy, planning and implementation guidance and leadership for a coordinated multi-sectoral response to HIV and AIDS in the County. This document emphasizes on principles of using a multi sectoral approach and accountability, non-discrimination, meaningful Involvement of People Living with HIV, strong stakeholder involvement and partnership, strong county driven delivery of services, transparency in financial management, rights based approaches for key populations and the vulnerable, evidence based planning, efficiency, effectiveness and equity.

01.

BACKGROUND



1.1 Location and size

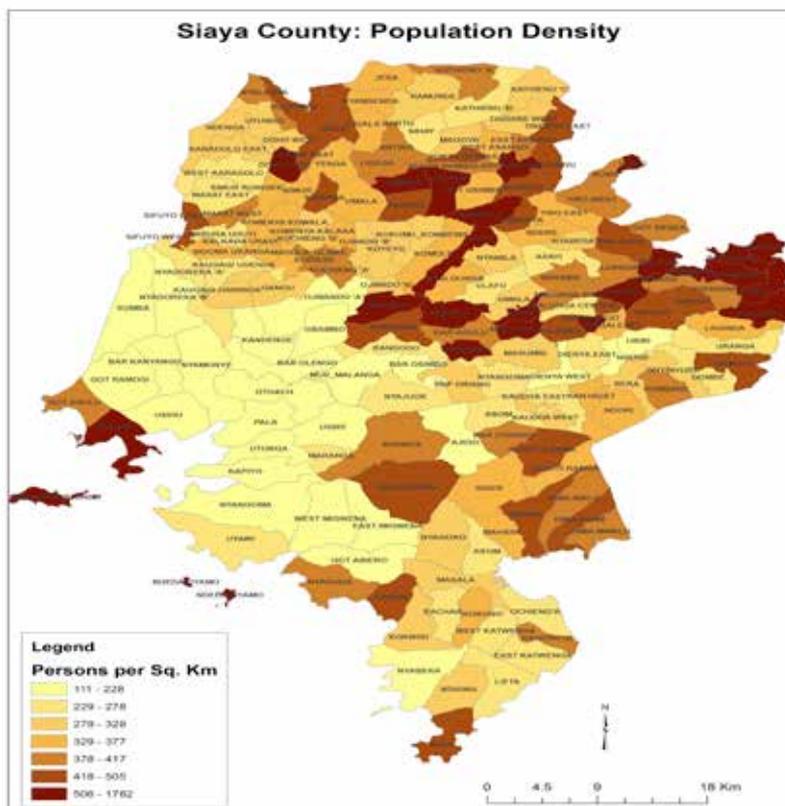
Siaya County is one of the six counties in the Nyanza region. The land surface area of Siaya County is 2,530 sq. km and the water surface area is 1005 sq. km. Siaya County is bordered by Busia County to the North West, Vihiga and Kakamega counties to the North East, Kisumu County to the South East and Homabay County across Winam Gulf to the south. To the west is Lake Victoria. It lies between latitude 00 26' south to 00 18' North and from longitude 330 58' East to 340 33' East (KNBS 2012).

1.2 Population size and composition

The projected total population of Siaya County as at 2016 is estimated to be 932,754 people (KNBS 2012 population projection) comprising of 431,865 males (46.3%) and 500,889 females (53.7%). The county has an annual population growth rate of 1.7% and is projected to increase to 964,390 persons in 2017 (456,441 male and 507,949 female).

Figure 1: Map of Siaya County

Source: Kenya National Bureau of Statistics, 2010



1.3 Administrative Sub-divisions

The county is divided into six administrative sub-counties namely; Gem, Ugunja, Ugenya, Alego-Usonga, Bondo and Rarieda. The sub counties are further divided into wards with the county having a total of 30 wards as represented in the map above.

1.4 Demographic profile

The average population density is 350 persons per sq. km. (KNBS 2012 population projection). High potential areas include South Alego, Ukwala, North Ugenya, Central Ugenya, Yala, Wagai, Central Sakwa, Mageta Island and Asembo Central locations. Low potential areas include South West Alego, Usonga, West Sakwa, Usigu and East Uyoma locations.

1.5 Climatic Conditions

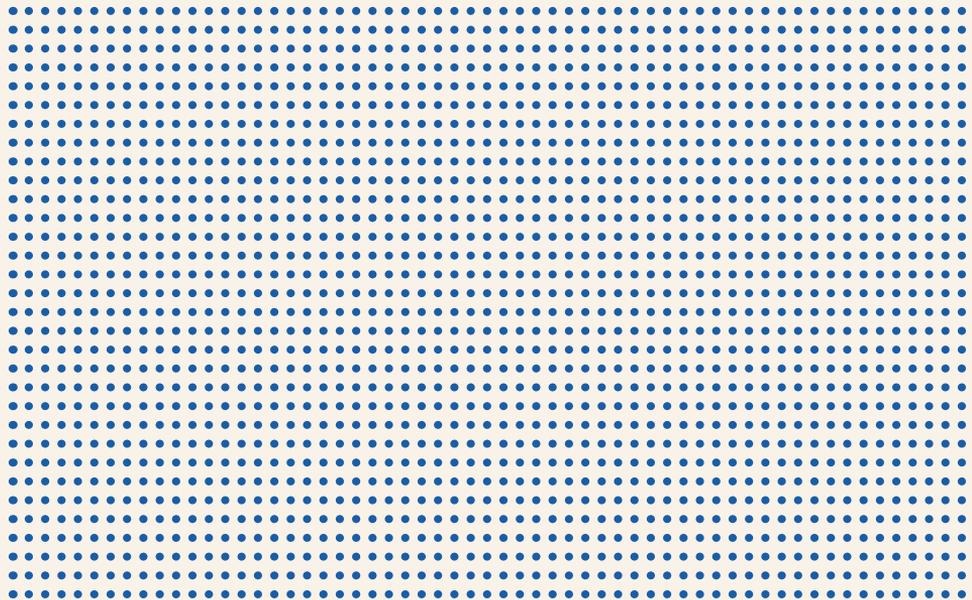
The county experiences a bimodal rainfall pattern, with short rains falling between the months of September and November. The relief and altitude influence its distribution and amount. Siaya County is drier in the western part towards Bondo and Rarieda sub counties and wetter towards the higher altitudes in the Eastern part particularly Gem, Ugunja and Ugenya.

1.6 Economic Activities

The main economic activities include subsistence farming, livestock keeping, fishing, rice farming and small scale trading. The other strengths of Siaya County include natural resources like indigenous forests, rivers, agricultural land and fisheries. Tourist attractions include: Yala swamp and wetlands, Ndanu Falls, Lake Kanyaboli and Lake Victoria.

02.

SITUATION ANALYSIS



HIV and AIDS epidemic poses a serious threat to the development of the county. According to the Kenya HIV county profiles, all counties in Kenya have been classified into three clusters namely; high, medium and low by HIV incidence in the counties. Siaya County is clustered as a high incidence and high burden county.

2.1 HIV Epidemic Analysis

The HIV prevalence among the general population in Siaya is 24.8% for people aged 15 years and above. It is, however, higher among the women

at 26.4% compared to that of men at 22.8%. The total number of PLHIV is 126,411 (Kenya HIV Estimates, 2015).

The HIV epidemic trend has generally been stable at a rate of 21.4% in 2013, 23.7% in 2014 and 24.8% in 2015 (Kenya HIV estimates). This has largely been attributed to scale up of HIV treatment and care and expansion of the lifesaving anti-retroviral medicines that have improved the quality of life among the people living with HIV. The rate of new infections has dropped by almost 50% to 8,496 annually.

Table 1: HIV epidemic situation in Siaya County

Indicator	Kenya		Siaya County	
	2013*	2015	2013	2015
Overall (All Ages)				
People Living with HIV (All Ages)	—	1.5 million	128,568	126,411
Annual new HIV Infections (All ages)	—	77,600	16,411	8,496
Annual AIDS Related Deaths (All ages)	—	35,800	—	2,645
Adults (15-49 years) Category				
Adult HIV Prevalence (15-49yrs)	6.04%	5.9%	23.7%	24.8%
Adult HIV Prevalence (15-49yrs) Male	—	—	21.8%	22.8%
Adult HIV Prevalence (15-49yrs) Female	—	—	25.3%	26.4%
HIV incidence (15-49 yrs)	—	0.35%	—	1.68%
Adults 15+ yrs living with HIV	1.34 million	1.42 million	112,962	118,877
Annual new HIV infections (15+ yrs)	88,622	71,000	9,869	7,700
Annual AIDS related deaths (15+yrs)	—	30,800	2,728	2,206
Adult need of ART (15+ yrs)	—	1.2 million	56,932	100,218
Adult ART Coverage (%)	66% (CD4 350)		46,413 (82%)	62,901 (63%)
Young Adults (15-24 years)				
Youth HIV Prevalence (15-24Yrs)	—	3.12%	—	—
HIV Prevalence (15-24yrs) male	—	2.26%	—	—
HIV Prevalence (15-24yrs) female	—	3.97%	—	—
Living with HIV (15-24yrs)	—	—	—	27,838
Annual HIV Infection (15-24yrs) male	—	12,500	—	4,377
Annual HIV Infection (15-24yrs) female	—	23,300	—	—
Annual AIDS related deaths (15-24yrs)	—	3,850	—	331

Adolescents/Teenagers (10-19 years)				
Adolescent prevalence (10-19yrs)	—	—	—	—
Adolescents living with HIV (10-19 yrs)	—	133,000	—	12,253
Annual New infections (Adolescents 10-19yrs)	—	18,000	—	2,355
Annual Adolescent HIV Deaths (10-19yrs)	—	2,790	—	190
PMTCT and Pediatric HIV (0-14yrs)				
PMTCT Need (HIV+ pregnant mothers)	—	79,500	6,692	7,846
MTCT Rate	—	8.3%	—	21%
Maternal Prophylaxis (%)	—	—	—	4500 (57%)
Children 0-14yrs living with HIV	—	98,200	15,568	7,533
Annual new HIV Infections (0-14yrs)	12,826	6,610	2,170	796
Annual HIV related deaths (0-14yrs)	—	5,000	992	439
Children need for ART (0-14yrs)	—	93,100	12,244	7,790
Children ART Coverage (%)	42%	—	5,285 (43%)	5,803 (75%)

Source: Kenya HIV Estimates, 2015; DHIS, 2016; Siaya County HIV & AIDS Profile, 2015

Figure 2: Overall HIV treatment in Siaya County (Source: NASCOP ACT Dashboard, 2015)

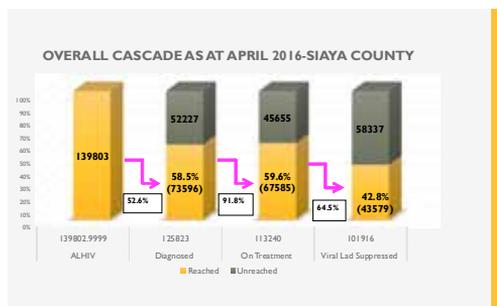


Figure 4: Adult HIV treatment in Siaya County (Source: NASCOP ACT Dashboard, 2015)

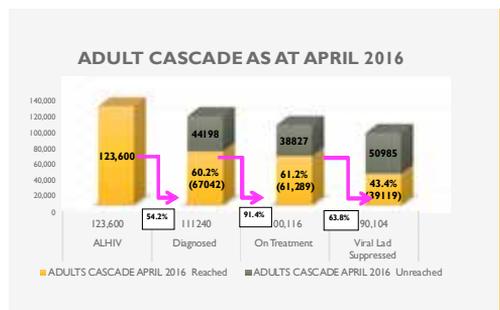
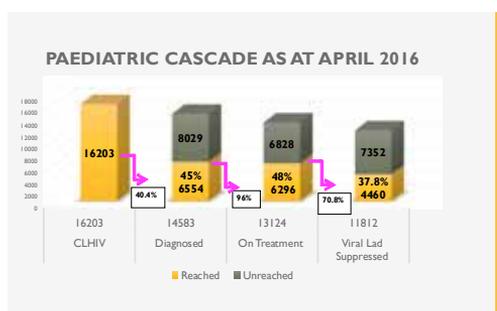


Figure 3: Children HIV treatment in Siaya County (Source: NASCOP ACT Dashboard, 2015)



2.2 Drivers of new HIV infections in Siaya County

Socio-cultural factors like low uptake of male circumcision, widow inheritance, taboos and community rites involving sex like mandatory sex before planting, harvesting, post funeral and polygamy.

1. Sex for trade among the fishing community.

Health seeking behaviours and attitudes; Touches on the attitude of individuals who are HIV+ and with STI, attitude of the health service providers (workers), distance to the health facilities, affordability of user fees and other charges at the health facilities, availability of skilled health providers, traditional healers, faith-based healers and confidentiality issues by health care providers all contribute to this factor.

2. Alcohol and substance abuse.

3. Poverty.

4. Risky sexual behaviour; Masculinity and conquest ideology prevalent in men and adolescents-

- Men are considered powerful based on the number of sexual partners,
- Permissiveness in boy sexuality (boys encouraged to have girlfriends),

- Womanhood (weak or inability to negotiate safe sex),
- Transactional sex, intergenerational sex, multiple (concurrent) sexual partnership, low condom uptake, high levels of stigma, casual sexual intercourse and pleasure-loving lifestyle (risky sexual behaviours during celebrations) Peer influence and misinformation, among the youths and adolescents.
- Key and vulnerable populations; Sex workers, MSMs, Long distance truck drivers especially along the transport corridors.

2.3 Gaps and challenges Analysis

The Siaya county HIV and AIDS strategic plan has identified the following gaps and challenges that need to be addressed:

Table 2: Gaps and challenges analysis for Siaya County

PILLAR	GAPS AND CHALLENGES ANALYSIS
Service Delivery	Limited integration of HIV services into routine health services Insufficient scale up of treatment, care and support Inadequate supportive infrastructure to enhance ART monitoring like Viral Load Machine i.e. space, reagents, personnel etc. Unstructured programmes towards eradicating HIV related stigma and discrimination Inadequacy of service to mitigate SGBV among the vulnerable populations i.e. Orphans & SW Inadequate infrastructure (Physical, HR & information technology) to accommodate specific HIV services namely care and treatment, DICE for KP etc. Underutilisation of HIV online platforms for HIV related emergency services within the county. Weak Community and health linkages/referral i.e. defaulter tracing
Human Resource	Inconsistent capacity building of health workers offering HIV services Inadequate staff
Information	Underutilisation of the social and mainstream media platforms for example the local radio stations, newsletters etc. Insufficient use of strategic information, data demand and use for decision making and irregular performance review mechanism.
Medical Products Vaccines and Technology	Erratic and inadequate supply of HIV/STI related commodities Weak HIV commodity management and supply chain systems within the county.
Financing	Inadequate domestic budgetary/ funding allocation towards HIV & AIDS activities Diminishing partner support
Leadership and Governance	Poor implementation of policy documents that enhance oversight of health services Poor involvement mechanism for the religious/cultural leaders on HIV prevention within the community i.e. on condom use Inadequate political will and buy in on some of the HIV activities e.g. the KP interventions Poor accountability structures for HIV received funds Weak multi sectoral coordination of the HIV response at the county level

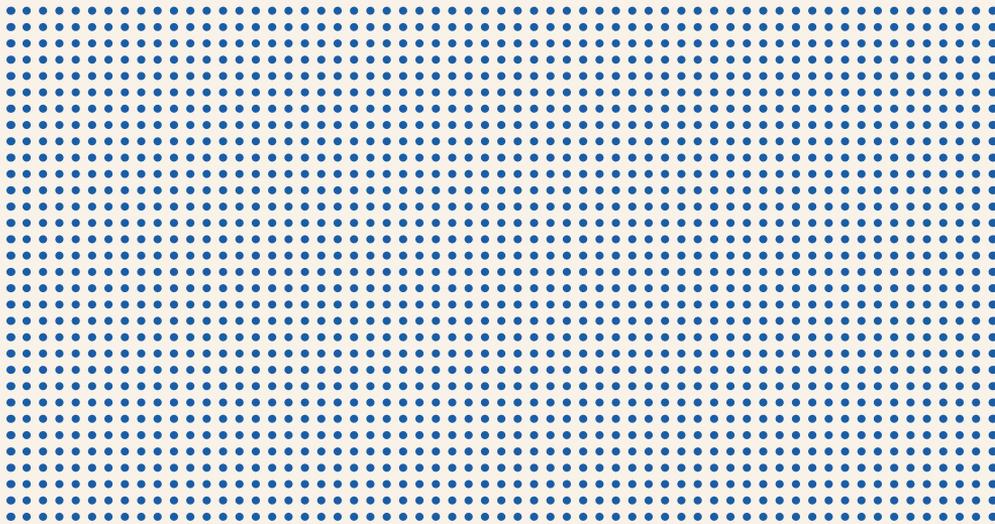
2.4 SWOT Analysis

Table 3: SWOT Analysis

	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Personnel	Availability of skilled personnel	Lack of adequate capacity building to provide comprehensive HIV services	Utilisation of ICT Willingness of partners to support trainings	High personnel turnover
Awareness on HIV prevention	Increased awareness on HIV prevention measures	Poor attitude and cultural rigidity.	Existence of networks of PLHIV Willingness of partners to support awareness creation	Limited behaviour change and approaches towards HIV prevention, care and treatment Alcohol and substance abuse among the general population and PLHIV Presence of migrant populations
Partnership	Presence of implementing partners supporting HIV and AIDS activities	Limited financial resources for HIV programming	Untapped public private partnerships potential -Supportive political environment	Withdrawal of donor support
Commodity management	Established supply chain of ARVs and other commodities	Inadequate care and treatment centres Erratic/inadequate supply of commodities	Use of mobile HTS/PMTCT services -Support from the county government	Diminishing partner support
Social protection	Presence of social protection and reporting structures -Cash transfer support program for OVCs	Lack of updated data on OVCs for some sub counties	Existence of alternative sources of funding	Withdrawal of donor funding
Coordination, leadership and governance	Presence of leadership, governance and coordination structures in the county	Lack of established and functional county and sub County - AIDs Control Units -Weak multi sectoral collaboration system	HIV and AIDS mainstreaming in all sectors Supportive political environment	Weak multi-sectoral coordination of the HIV response at the county level
Community strategy	Established community health strategy system and psychosocial support groups at facility level -Presence of networks for people living with HIV -Existence of networks and national umbrella bodies.	Lack of sustainability mechanisms within support groups -Inadequate community mobilisation activities towards HIV response	Embracing the use of ICT in HIV programming	Inadequate financial support of Community Units.
Strategic Information management	Presence and use of reporting structures	Lack of an integrated monitoring and evaluation system -Limited data demand and use at the lower level	Embracing the use of ICT in HIV programming	Inadequate financial support of Community Units.
Accessibility to health services	Improved access to service delivery	Inadequate HIV care and treatment centres in some sub counties -Inadequate youth/adolescent friendly services -Inadequate equipment and infrastructure Ineffective GBV programme	Establishment of Drop In Centres	Poverty leading to rise in high risk behaviour e.g. prostitution

03.

RATIONALE, STRATEGIC
PLAN DEVELOPMENT
PROCESS AND THE
GUIDING PRINCIPLES



3.1 Purpose

The Siaya County AIDS Strategic Plan has been developed to:

- Provide a strategic framework that will guide and inform the planning, coordination, implementation, monitoring and evaluation of the county multi-sectoral and decentralised HIV and AIDS response with the aim of achieving zero new infections, zero discrimination and zero AIDS related deaths.
- Articulate county priorities, results and targets that all stakeholders and partners will contribute to.
- Provide the basis for consolidating strategic partnerships and alliances especially with civil society organisations, public and private sector and development partners.
- Establish the basis for the county to consolidate its efforts in developing sustainable financing mechanisms for HIV and AIDS response.

3.2 Process of Developing the SCASP

The process of developing the SCASP has been participatory with involvement of a wide range of stakeholders including public and private sector institutions, civil society organisations (NGOs, FBOs and CBOs), PLHIV representation and development partners. This process was informed by the development, launch and dissemination of Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19 which is an overarching national guiding strategy for the HIV response.

A Technical Working Group was established to initiate the process of developing the SCASP. Under the leadership of the County Department of Health, several consultative meetings were organised to increase stakeholder participation. With the support of the National AIDS Control Council and other key partners, the development and validation process took place between November 2015 and June, 2016.

3.3 Alignment with other national and international strategic frameworks

HIV and AIDS remains the greatest challenge to sustainable human development in Siaya County. Its impact has increasingly become complex and affects economic and social sectors. It ranges from declining life expectancy to lower economic productivity and increased investment in education, health, agriculture and human capital development. The epidemic has compromised the knowledge pool and skills necessary to sustain livelihoods.

HIV is threatening the traditional community coping mechanisms, food security and long-term social economic development by contributing to deepening poverty, reducing individuals' ability to save and invest financial resources. It is evident that the epidemic is spreading along the fault lines of economic development as evidenced by social and structural drivers of the epidemic – poverty, fishing, gender inequality, transporters and sex work.

These challenges can only be addressed adequately if the response is properly anchored in the broad national, regional and international frameworks. It is also anticipated that other non-health sectors will equally mainstream HIV and AIDS responses in their work place and development projects.

The frameworks include the following:

- The Constitution of Kenya, 2010 which guarantees the highest attainable standards of health including sexual and reproductive health.
- Vision 2030, which identifies health as a key building block for the transformation of Kenya into a successful middle income country.
- Health Sector Strategic plan (HSSP): SCASP outlines that health and community systems development priorities ensure effective health service delivery.

- Kenya AIDS Strategic Framework which outlines the country's strategies in addressing HIV and AIDS.
- UN High Level Meeting Commitments: SCASP aims at enabling the county to meet international commitments to achieve universal access to HIV services and to reverse the impact of the HIV epidemic.

3.4 Principles

The development of the SCASP 2015/16 – 2018/19 has been informed by the lessons learnt from the KNASP III ETR as well as the strategic approach of the KASF. It is guided by the following core values:

Multi sectoral approach and accountability:

The document will strive to guide an approach to interventions enabling all communities and sectors to effectively contribute toward the vision and goals of the SCASP.

Non-discrimination: The County seeks to offer non-discriminatory HIV services to all who require the same including the Key Populations.

Meaningful Involvement of People Living with HIV:

In an effort to tackle stigma and discrimination, the county seeks to mobilise the role and involvement of People Living with HIV.

Strong stakeholder involvement and partnership:

Commitment to forge consistent and effective partnership and collaboration with development partners, the private sector and civil society through harmonised and aligned ways of working to support the HIV and AIDS response at all levels.

County leadership commitment: Strong political leadership and stewardship of the county HIV and AIDS response and commitment. Transparent and prudent management of finances and other resources at all levels of the response.

Rights based approaches for key populations

and the vulnerable: Commitment to accelerate and scale up HIV prevention among key population such as sex workers and their clients, MSMs, lesbians and IDUs. Support for the vulnerable population like women and children to be considered.

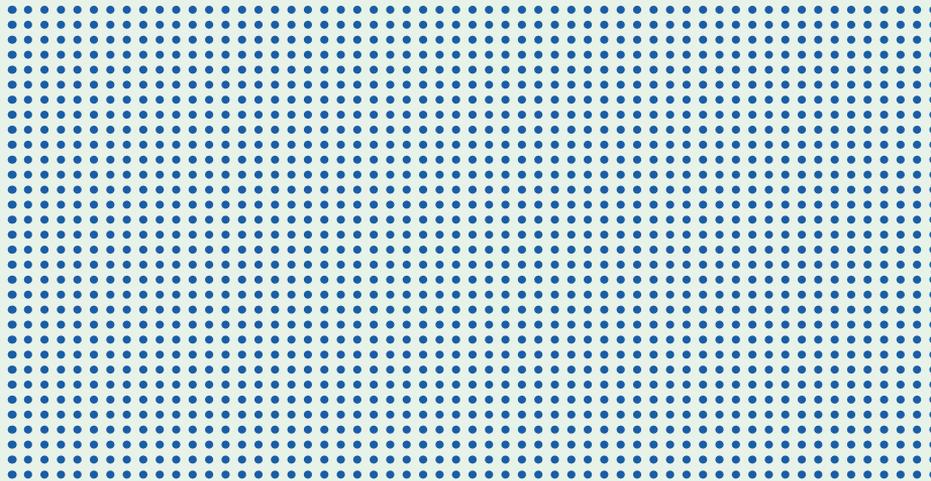
Evidence based planning: The HIV program recognises that there is a gap of information for effective programming and will undertake operational research in given areas to inform innovation and interventions.

Efficiency and effectiveness: Operationalise sustainable domestic funding through improved efficiency in service delivery and innovative approaches aimed at achieving more at reduced costs without compromising on quality.

Equity: Fair distribution of resources and access of health care services to all.

04.

VISION, MISSION, OBJECTIVES & COUNTY STRATEGIC DIRECTIONS



4.1 Vision: A County free of HIV infections, stigma and AIDS related deaths.

4.2 Mission: To provide leadership in HIV response through an all-inclusive multi sectoral collaboration and provision of integrated, accessible and quality services.

4.3 Objectives of Siaya County AIDS Strategic Plan

- Reduce new HIV infections by 75%.

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

4.4 County Strategic Directions

The Strategic Directions within the Siaya County AIDS Strategic Plan are adopted directly from the Kenya AIDS Strategic Framework 2015/16 – 2018/19

Table 4: County Strategic Directions

STRATEGIC DIRECTION AREA	SPECIFIC OBJECTIVE	KEY INTERVENTION AREA
SDA 1: Reducing new HIV infections	To identify and target the priority populations for HIV services	Increase coverage of combination HIV prevention services, prioritise the population and identify the geographical location.
SDA 2: Improving health outcomes and wellbeing of all people living with HIV	To improve HIV services for PLHIV	Increase HTS and adherence to ART
SDA 3: Using a human rights based approach to facilitate services for PLHIV, key populations and other priority groups in all sectors	To increase equitable access to HIV services to PLHIV	Identify and remove barriers to HIV services through a Human Rights Based Approach.
SDA 4: Strengthening integration of health services and community systems	To strengthen linkage between health services and community systems for HIV response	Strengthen HIV information education activities, establish more community units, increase outreach to those with limited access to health services
SDA 5: Strengthening research and innovation to inform the Siaya HIV strategic plan	To strengthen research so as to have information for innovations	Promote the generation of domestic HIV data and information
SDA 6: Promoting the utilisation of strategic information for research, monitoring and evaluation to enhance programming	To strengthen monitoring and evaluation of the SCASP	Promotion of consumption and utilisation of domestic data
SDA 7: Increasing domestic financing for a sustainable HIV response	To mobilise for resources for the implementation of the SCASP	Domestic resource mobilisation activities
SDA 8: Promoting accountable leadership for delivery of the SCASP	To strengthen the leadership and coordination of Siaya County HIV and AIDS strategic plan	Improving coordination, strengthen HIV advocacy and increase participation.

4.4.1 Strategic Direction 1: Reducing new HIV infections

Siaya County aims to reduce annual new HIV infections among adults by 75% and HIV transmission rates from mother to child from 14% to less than 5%. Despite the huge importance of HIV testing as a way to increase prevention and treatment, quite a number of people are still ignorant about the reality of HIV and have not taken any step towards knowing their status through testing. The local communities do not traditionally practice male circumcision and still practice certain beliefs like wife inheritance, which has led to the spread of HIV in the county.

The goal of Strategic Direction 1 is to reduce the susceptibility of the population to new HIV infections, taking into account the fact that the epidemic is generalised with an estimated adult prevalence rate of 23.7 % in the county (Kenya HIV

Estimates, 2014). In this regard, a number of highly effective combination prevention strategies have been identified for implementation. In addition, given the concentration of the epidemic among some populations, specific interventions have been developed for key populations.

Key Intervention Areas

Intervention Area 1: Granulate the HIV epidemic to intensify HIV prevention efforts to priority geographies and populations.

Intervention Area 2: Adapt and scale up effective evidence-based combination prevention.

Intervention Area 3: Maximise efficiency in service delivery through integration.

Intervention Area 4: Leverage opportunities through creation of synergies with other actors.

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS

KASF Objectives	SCASP Results	Target population	Key Activity	
Biomedical Interventions				
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	General Population	Offer innovative and evidence based HIV prevention and care activities	
		Key Populations and Vulnerable Populations	Roll out package of care for Key Populations and vulnerable groups	
		Adolescent and Young Women (AGYW)	Implement package of services for Adolescents and Young Women	
		PLHIV and Sero discordant couples	Offer package of services for PLHIV and sero discordant couples	
		Children and Pregnant Women Living with HIV	Implement strategies to identify and retain HIV pregnant and lactating women and their infants Adopt new national and WHO guidelines on eMTCT	

Sub activity/Intervention	Geographic areas by County/sub- county	Responsibility
<ul style="list-style-type: none"> ▪ Targeted HIV testing and counselling (HTC) ▪ 90% linkage of those testing HIV positive to care and early ART initiation. ▪ Prevention and management of co infections and co morbidities ▪ Offer gender based violence care services including post exposure prophylaxis (PEP) for survivors ▪ Sustained VMMC and early infant male circumcision ▪ Capacity build health workers on VMMC ▪ Enhance infection prevention safety measures to prevent health sector HIV transmission 	Siaya County (6 Sub Counties)	Siaya County Government – MOH ICAP, KARP, ACE AFRICA, LVCT
<ul style="list-style-type: none"> ▪ Provision of key commodities including lubricants and condoms ▪ Screening and management of HPV among FSW/MSM and Hepatitis B and C ▪ Scale up STI management in all health facilities ▪ Provide Pre-exposure prophylaxis services. (Once approved by the ministry of Health) 	Siaya County (6 Sub Counties)	MOH Implementing Partners
<ul style="list-style-type: none"> ▪ Establish youth friendly clinical services. One model YFS per sub-county. ▪ Offer age appropriate contraceptives, condoms, and microbicides. ▪ Offer HPV screening and education ▪ Increase access to sexual and reproductive health services. 	Siaya County (6 Sub Counties)	Siaya County Government-MOH Implementing partners – ICAP, UNICEF, DREAMS, LIVERPOOL VCT, EGPAF
<ul style="list-style-type: none"> ▪ Offer HTC to partners and families of all HIV positive clients ▪ Provide ART to the infected partner and adherence support ▪ Provide pre-exposure prophylaxis. (Once approved by the ministry of Health). ▪ Active viral load monitoring 	Siaya County (6 Sub Counties)	Siaya County Government-MOH Implementing Partners
<ul style="list-style-type: none"> ▪ Integrate early infant diagnosis of HIV with immunisation services ▪ Deliver all 4 prongs of eMTCT at 100% of health facilities countywide. ▪ Offer comprehensive interventions to prevent HIV among young women; ensure all HIV positive women of reproductive health age have access to family planning; ▪ Integrate eMTCT with MNCH services ▪ Ensure all pregnant and lactating women are initiated on ART and all HIV positive children are offered ART. 	Siaya County (6 Sub Counties)	Siaya County Government-MOH Implementing Partners

Behavioural Interventions

Targeted and evidence based sustained interventions e.g sensitization of communities on HIV	Reduce new HIV infections by 75%	General Population	Implement strategies to address HIV related stigma	
		Key and vulnerable population	Promote life skill programs among vulnerable populations	
Carry out community sensitization and the importance EMTCT and identifying male champions		Adolescents and young women.	Implement evidence-based interventions (EBI) for adolescents and young women and provide HIV and RH related education in schools	
		PLHIV and Sero discordant couples	Implement appropriate evidence-based behavioural interventions	
		Children and Pregnant Women Living with HIV	Implement Kenya Mentor Mother Program	

Structural Interventions

Increase number of HIV testing sites Embracing the use of ICT in HIV programming	Reduce new HIV infections by 75%	General Population	Provide an enabling environment for programming	
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<ul style="list-style-type: none"> ▪ Stigma reduction campaigns ▪ Risk reduction counselling and skill building ▪ Male and female condom demonstration, distribution and skill building 	Siaya County (6 Sub Counties)	Siaya County Government-MOH Implementing Partners FBOs, CBOs
<ul style="list-style-type: none"> ▪ Behaviour change intervention using specific interpersonal tools and techniques including Braille ▪ Regular outreach and contact with Key Population through peer based education, treatment and support ▪ Offer harm reduction interventions to vulnerable populations 	Siaya County (6 Sub Counties)	Siaya County Government-MOH Implementing partners
<ul style="list-style-type: none"> ▪ Offer peer-to-peer outreach in school or outside school ▪ HIV and RH related education in school or in the community ▪ Implement life skills programs for youth in school and out of school ▪ Mobilise community to invest in girl education. 	Siaya County (6 Sub Counties)	Siaya county Government-MOH Implementing Partners
<ul style="list-style-type: none"> ▪ Offer peer outreach and support services to create treatment and rights awareness as well as PSS to enhance adherence ▪ Implement Positive Health Dignity and Prevention (PHDP) 	Siaya County (6 Sub Counties)	Siaya county Government-MOH Implementing Partners
<ul style="list-style-type: none"> ▪ Psycho social and peer support services for pregnant women ▪ Empowerment of caregivers of orphans vulnerable children and other stakeholders on rights of children in regard to HIV/AIDS 	Siaya County (6 Sub Counties)	Siaya County Government-MOH Implementing Partners
<p>Implement gender based violence prevention and response programs</p> <p>Address the issue of violence against key populations through appropriate crisis response mechanisms</p> <p>Revamp stigma reduction campaigns</p> <p>Strengthen linkages between communities and facilities e.g. by use of CHWs</p> <p>Engage Men on their role in HIV prevention and eMTCT</p> <p>Implement programs to keep girls in school and social protection of vulnerable families</p> <p>Strengthen protection of rights and empower key and vulnerable, populations Such as creation of drop-in centres, rights awareness</p> <p>Engage private sector to formalise a system to compliment the service delivery system and reporting requirements</p> <p>Protection from cultural issues/practices that are directly linked to HIV e.g. wife inheritance</p> <p>Promote post-test HIV clubs and psychosocial support groups in all PSC.</p>	Siaya County (6 Sub Counties)	Siaya County Government-MOH Implementing partners

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

Kenya has embraced the UNAIDS 90-90-90 ambitious treatment target to help end the AIDS epidemic; By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained ART and 90% of all people receiving ART will have viral suppression.

The county health systems face varied challenges in the delivery and promotion of services ranging from identification, linkages to care, retention and viral suppression. There is inadequate and unequal access to health services and human resource.

Additionally, services to PLHIV are characterised by poor referral and tracking, weak commodity and supply chain as well as inadequate skills and infrastructure for information management systems. Lower coverage of ART among children implies retention of a heavy reservoir of HIV in the general population. Improper co-ordination between health and other sectors such as education, legal and social services lowers quality of care delivered to clients. Reduction in loss in the cascade of care and treatment requires clear detection of determinants and points of loss of patients and resolving them at service delivery points at county level. This is by recognising the need to focus on different population based on age, sex and sexual activity including focusing on their geographical location, situation and challenges in the cascade of care, treatment and reason for loss or attrition.

INTERVENTIONS AREAS	RECOMMENDED ACTIONS	RESPONSIBILITY
Adopt population and geographic specific appropriate HTC approaches	<p>Strengthen facility-based HTS and ensure linkage to care.</p> <p>Deliver routine door to door/ community-based HTS for priority and key populations</p> <p>Undertake high yield and effective strategies for HTS for targeted geographic areas and populations.</p>	County government-MOH Implementing partners
Strengthen HIV diagnostic infrastructure and system	<p>Strengthen early infant HIV diagnosis and innovative diagnostics strategies.</p> <p>Invest in adequate skilled staff, commodity security and quality assurance mechanisms</p>	County government –MOH Implementing partners
Deliver targeted and integrated HIV testing and counselling	<p>Offer couples/partners HTS with supported disclosure options.</p> <p>Deliver integrated HTS and other packages which include: TB screening, family planning services, cervical cancer screening, other health checks such as blood pressure for priority population</p> <p>Identify and retain high risk individuals for regular HTS and screening</p> <p>Scale up Positive Health Dignity and Prevention (PHDP) interventions</p>	Siaya County Government - MOH Implementing partners
Strengthen linkages to care and treatment	<p>Integrate HTS and TB service providing points to account for linkage to prevention programs, care and treatment.</p> <p>Utilise CHEWS and community health volunteers (CHVs) to link diagnosed individuals with facilities and support groups</p> <p>Strengthen engagement and leadership of people living with HIV to mobilise and facilitate HTS</p>	Siaya County Government - MOH Implementing partners

INTERVENTIONS FOR INCREASING KNOWLEDGE OF HIV STATUS AND LINKAGE TO OTHER SERVICES

Key Intervention 1: Improve timely linkage to care for persons diagnosed with HIV

Inadequate identification of PLHIV leads to low linkage to care and treatment. Therefore, targeted HIV testing and counselling strategies will be utilised to increase the detection rate for HIV positive clients. Most clients are lost within the treatment cascade due to poor linkage and follow up. The county needs to strengthen referral and linkage mechanisms for these clients.

KASF OBJECTIVE	SCASP RESULTS	TARGET POULATION	KEY ACTIVITY
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25%	Increased linkage to care and treatment of up to 90% within 3 months of HIV diagnosis Increased ART coverage to 90% for both adults and children	All identified HIV positive	Intensify identification and retention in care of children Living with HIV
		All identified HIV positive	Roll out adolescent's package of care
		All identified HIV positive	Roll out KP package of service for Key and Vulnerable Populations
		All identified HIV positive	Intensify identification and retention in care for adults living with HIV

Key Intervention 2: Increase Coverage to care and treatment and reduce the loss in the cascade of care

The county aims to increase ART coverage from 75% to 90% as well as improving the ART retention from 88% to 90% by 2019 in line with 90, 90, 90 targets (DHIS). This will be achieved through proposed interventions tabled below:

Reduce new HIV infections by 75% Reduce AIDS related mortality by 25%	Increased linkage to care and treatment of up to 90% within 3 months of HIV diagnosis Increased ART coverage to 90% for both adults and children	Children Living with HIV	Decentralise HIV services for children to all health facilities including private and faith based facilities
		Adolescents and Youth	Roll out package of services for adolescents and youth
		Key and Vulnerable Populations	Roll out package of services for adolescents and youth
		Adults	Decentralisation of ART services and ensure commodity security

SUB ACTIVITY/INTERVENTION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
<p>Community mobilisation and health education of care givers</p> <p>Intensified case finding by testing children in MCH, outpatient, special clinic and wards with unknown status</p> <p>Age specific psychosocial support group and activities</p> <p>Implement disclosure guidelines for children</p> <p>Strengthen KMMP</p>	Siaya County (6 Sub Counties)	Siaya County Government-MOH Implementing partners
<p>Provide youth friendly services, psychosocial and peer support.</p> <p>Utilise technology including social media for education, recruitment and retention in care</p> <p>Implement disclosure guidelines for adolescents</p> <p>Start up a model YFS per sub-county</p>	Siaya County (6 sub-counties)	MOH Implementing Partners
<p>Mainstream KP programming in health facilities</p> <p>Integrate care services in drop-off centres</p> <p>Enhance peer mobilisation strategies for recruitment, enrolment and retention in care</p>	Siaya County (6 Sub Counties)	Siaya county Government-MOH Implementing partners
<p>Targeted HIV testing models</p> <p>Improve referral and patient management system and infrastructure</p> <p>Implement patient retention strategies (treatment literacy sessions, peer and psychosocial support)</p> <p>Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategies</p> <p>Establish effective tracking system of the clients</p>	Siaya County (6 Sub Counties)	Siaya County Government-MOH Implementing Partners
<p>Provide care givers with HIV education, literacy and empowerment</p> <p>Improve paediatric psychosocial support and disclosure</p> <p>Implement child friendly services</p> <p>Capacity building of health care providers on management of HIV in children</p> <p>Scale up MOE programmes for HIV education</p> <p>Implement KMMP</p>	Siaya County (6 Sub Counties)	Siaya County Government-MOH Implementing Partners
<p>Integrate HIV care and treatment services into YFS</p> <p>Promote adherence and retention using strategies such as technology and social media</p> <p>Standardise methodologies for disclosure by and to adolescents living with HIV</p>	Siaya County(6 sub-counties)	
<p>Scale up key population friendly HIV care and treatment services</p> <p>Demystify myths and misconception that fuel HIV related stigma and discrimination</p> <p>Improve HIV services for people with disabilities, poor women and children</p>	Siaya County (6 Sub Counties)	
<p>Capacity building of HIV service providers</p> <p>Infrastructure improvement (screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV)</p> <p>Scale up prevention and interventions for TB, OIs and other co-morbidities, water and sanitation-related diseases, vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal)</p>	Siaya County (6 Sub Counties)	

Table 5: Leverage opportunities through creation of synergies with other sectors of HIV prevention.

OTHER SECTOR	JUSTIFICATION	
Education Sector	It provides an opportunity in capturing an audience comprising of a school going population	
Fishing Industry and Beach Management Units (BMUs)	Offers employment to fishermen, boat owners, fishmongers etc. This sector had been identified as a vulnerable population. The BMUs can be an entry point to highlight their vulnerability and target them for services	
Private sector institutions: Commercial, manufacturing	They employ staff who require HIV services and provide an audience for implementation of work place HIV programs	
Institutions of higher learning (universities/ polytechnics)	This is where older adolescents and young adults (both men and women) aged 15 – 24years can be found	
Faith based organisations, CBOs, donors and NGOs	Resource and community mobilisation	
Clubs, youth groups, women groups, interest groups	As an organised community groups they provide a captive audience that can be used in HIV social mobilisation activities in the community	
Media	Community mobilisation and messaging	

4.4.3 Strategic Direction 3: Using a Human Rights Approaches to Facilitate Access to Service

Article 27 of the Constitution of Kenya, 2010, outlaws discrimination on the basis of one’s health status. It provides for equality between men and women and allows the use of affirmative action to redress past discrimination. Kenya HIV and AIDS Prevention and Control Act 2006 provides the legal framework to address HIV prevention providing for protection and promotion of public health, the appropriate treatment, counselling, support and care of persons infected or at risk of HIV infection. Access to justice is embedded in the establishment of HIV and AIDS Tribunal.

The HIV Tribunal remains a key stakeholder in the fight for justice for persons infected and affected by HIV. However, in Siaya County, the tribunal remains unutilised due to its geographical location and limited public knowledge of it.

The violation of the rights of people in the community and particularly in service delivery, negatively affects the intended achievement of the objective of that service. The purpose of recognising and protecting human rights and freedoms is to preserve the dignity of individuals and communities and to promote social justice that is key for realising the potential of all human beings. It is, therefore, the duty of all sectors and actors in the HIV and AIDS response to observe,

	RECOMMENDED ACTIONS	RESPONSIBILITY
	Increase knowledge on HIV and HIV status, STI and HPV among teachers and students	County Department of Health, Partners
	Target them for HTS; use them to convey HIV prevention and treatment messages; Peer education and role modelling	County Department of Health, Partners
	Advocate for the provision of HIV services and establish work place HIV programs, resource mobilization.	County Department of Health, Partners, Private sector
	Integrate HIV services, STI and HPV screening among them	County Department of Health, Partners, Institutions of higher learning.
	Provide psychosocial support for stigma reduction. They also have a large audience and thus mobilising the community and resource mobilisation capacity is substantial	County Department of Health, Partners
	Engage the in HIV communication activities	County Department of Health, Partners
	Engage the community in levels of knowledge, testing, stigma and service provision.	County Department of Health, Partners

respect, promote and fulfil the rights of PLHIV, key populations and other vulnerable groups while providing services.

In Siaya County, stigma and discrimination have been identified as a barrier to HIV prevention, uptake of care and treatment services. The socially excluded poor and vulnerable people who are living with HIV are unlikely to take up services, therefore negatively impacting on the ability of the county to reach its goals. For instance, CT centres in Siaya County do not accommodate all persons equally in terms of getting information e.g. the deaf and blind who are unable to uptake the services therefore resulting to increase in the spread of HIV. Women and adolescents are also subjected to this and other forms of discrimination hence leading to poor

access to care and HIV services. Women are also being denied their rights e.g. rights to inheritance of property (UN WOMEN).

The Siaya County AIDS Strategic Plan calls for effective and appropriate responses to stigma, discrimination and gender-based violence in order to have interventions that facilitate access to services for vulnerable and key populations.

Siaya County expects to reduce self-reported stigma and discrimination related to HIV and AIDS by 50% (KASF). It also expects to reduce sexual and gender-based violence targeting PLHIV, key populations, women, men, boys and girls by 50% by 2019.

STRATEGIC DIRECTION 3: USING HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KEY POPULATIONS

KASF Objective	SCASP Results	Key Activity	
To reduce HIV related stigma and discrimination	Reduced social exclusion for PLHIV, key populations, women, men, boys and girls by 50%	Increase the equitable access to HIV services for PLHIV	
	Reduced levels of gender based violence against PLHIV, Key populations, women, men, boys and girls by 50%	Capacity building of various groups on stigma reduction and non discrimination.	
	Reduced self-reported stigma and discrimination related to HIV by 50%	Involvement of Religious leaders to dispel misguided religious beliefs and myths	
To improve the legal and policy environment	Increased protection of human rights and improved access	Improve access to legal and social justice and protection from stigma and discrimination in public and private sector	

AND OTHER PRIORITY GROUPS IN ALL SECTORS.

	Sub Activity/Intervention	Target Population	Geographic Area by County/Sub county	Responsibility
	<p>Sensitisation of Healthcare workers to reduce stigmatising attitudes in healthcare setting</p> <p>Develop and disseminate population specific and user friendly information including Braille and Sign language</p> <p>Engagement of men in HIV, sexual and reproductive health programmes, interventions and also offer them services</p> <p>Expansion of OVCs social protection programme and provision of HIV services</p> <p>Development of community groups and forums and utilise persons living positively to campaign against HIV related stigma and discrimination</p> <p>Reduce and monitor stigma and discrimination, social exclusion and gender-based violence</p>	<p>Health Workers</p> <p>Persons living with disability</p> <p>Male population (Men)</p> <p>Orphans and Vulnerable children</p> <p>General population</p> <p>PLHIV, Key Populations, women , Men, boys and Girls</p>	<p>Alego Usonga, Bondo, Gem, Rarieda, Ugenya and Ugunja</p>	<p>County MoH, ICAP, IMPACT</p>
	<p>Promote use of Key population peer groups to enhance uptake of services</p> <p>Community education on legal issues, rights and gender</p> <p>Campaigns to reduce stigma and discrimination, gender violence and promote uptake of HIV services</p> <p>Development of policies to protect priority populations when accessing HIV and health services</p> <p>Review existing laws and policies to ensure they impact the response to HIV positively</p> <p>Promote uptake of HIV Pre and Post exposure prophylaxis amongst survivors of sexual violence and priority population</p>	<p>Key Populations</p> <p>General population</p> <p>General Population</p> <p>Key populations, Women, men , boys and Girls</p> <p>Survivors of SGBV</p>	<p>Alego Usonga, Bondo, Gem, Rarieda, Ugenya and Ugunja</p>	<p>County MoH, County Assembly</p>
	<p>Integrations of HIV information and encourage service uptake in religious teachings</p> <p>Emphasis on confirmation of faith healing claims through scientific tests</p>	<p>General population and Religious leaders</p> <p>General population and religious leaders</p>	<p>Alego Usonga, Bondo, Gem Rarieda, Ugenya and Ugunja</p>	<p>County MoH, FBO, NEPHAK/ SENPHA</p>
	<p>Sensitisation of law and policy makers on the need to enact Laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support</p> <p>Review existing Laws and policies to ensure they impact the response to HIV positively</p> <p>Undertake legal literacy programmes to teach those living with or affected by HIV about human rights</p> <p>Sensitisation of individual health workers, healthcare administrators and regulators on their human rights, skills and tools necessary to ensure patients’ rights are upheld</p> <p>Hold County Government accountable to their constitutional and statutory obligation in collaboration with other stakeholders to implement programmes that are aimed at upholding the rights of PLHIV</p>	<p>PLHIV, Key populations and other priority groups</p> <p>General Population</p> <p>General Population</p> <p>Health workforce</p> <p>County Government</p>	<p>Alego Usonga, Bondo, Gem, Rarieda, Ugenya and Ugunja</p>	<p>The Judiciary, SHIRNET, Police department, Civil society Organisations, NEPHAK</p>

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

Major strides have been made in HIV prevention, treatment and care. However, to sustain the strides the government needs to strengthen and integrate health and community systems.

Investments in health and community systems, especially human resources, pharmaceutical and laboratory infrastructure and systems are inadequate. Prevention and treatment programs and policies also need to be more sensitive to the needs of the poor and vulnerable populations including key populations.

The KNASP III ETR and Kenya Health Sector Strategic and Investment Plan 2014-2030 (KHSSP) indicated that Kenya's health care systems is characterised by lack of adequately trained personnel, uneven distribution of health personnel geographically and across the health sector, low staff morale, poor leadership and inadequate financing. Add to these weak and uncoordinated linkages and referrals; weak collaboration and coordination between and across both public and private sector health systems, lack of capacity for planning and monitoring including data analysis; and use for strategic information and lack of M&E tools for community health services.

Siaya County, just like any other county, has made its steps towards achieving these goals. However, there is inadequate integration of HIV services in primary health care, including mother and child health and sexual and reproductive health services at county level. Siaya CASP, therefore, aims to build a strong and sustainable system for HIV service delivery at the county level through specific health and community system approaches, actions and interventions to support HIV response.

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS

KASF Objective	SCASP Results	Key Activity	
To provide a competent, motivated and adequately staffed workforce at the county level to deliver HIV services integrated in the essential health package	Increased health workforce for the HIV response at county and sub county levels by 40%	Provision of a competent workforce	
Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services	Strengthened HIV commodity management through effective and efficient management of Medicine and medical products	Improve access to commodities and HIV technologies	
Strengthen health service delivery at county level for the provision of HIV services integrated with essential package for health	Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services	Strengthening service delivery	
Strengthen community service delivery system at county levels for the provision of HIV prevention, treatment and care services	Strengthened community level AIDS competency	Strengthening community service delivery system	

COMMUNITY SYSTEMS

	Sub Activity/ Intervention	Target population	Geographical Areas by County/Sub county	Responsibility
	<p>Recruitment of staff by the county government to improve overall staff population ratio in line with the Kenyan staffing norms with a special focus on insurance availability on adequate competent and skilled clinical personnel in tier II health facilities</p> <p>Institute a mechanism for task sharing and mentorship for skills transfer to ensure delivery of the essential health package including HIV prevention, treatment and care services</p> <p>Improve the human resource performance management systems to ensure efficient and effective use of available human resources in delivery of health services including HIV</p> <p>Create incentives for health staff in terms of training, remuneration and other rewards with a particular focus on high burden and disadvantaged areas</p> <p>Develop and implement a health staff retention policy that takes into account the additional HIV burden</p>	Health workers	Alego Usonga, Bondo, Gem, Rarieda, Ugenya and Ugunja	County MoH, ICAP
	<p>Strengthen HIV commodity management and supply chains monitoring at county and health facility level including pharmaco-vigilance(drug safety) and post marketing</p> <p>Promote timely forecasting and qualification and supply/ procurement planning for HIV commodities</p> <p>Infrastructural support for effective distribution and appropriate storage of HIV commodities at county and health facility level</p> <p>Provide adequate and functional HIV diagnostic equipment (VL, CD4) that are well maintained (service contracts) and adoption of new technologies e.g. point of care CD4 and self-testing.</p> <p>Expand facility based IT systems to manage and monitor HPT supplies and link with the county MOH system</p> <p>Decentralisation of comprehensive HIV services including laboratory networks to all health facilities especially the lower level tier 2</p>	Health workers/ Drug suppliers	Alego Usonga, Bondo, Gem, Rarieda, Ugenya and Ugunja	County MoH, KEMSA
	<p>Adoption of strategies to make comprehensive HIV services more accessible to key populations</p> <p>Integration of HIV services in all primary healthcare services, including health services to allow meaningful and routine engagement of all cadres of health personnel in HIV prevention, care and treatment</p> <p>Upgrading health facility infrastructure to be able to meet the basic standards for HIV service provision</p> <p>Adapt legal frameworks to decriminalise key population(s) activities and thereby increase their demand for and access to services</p> <p>Strengthen integration of HIV referral and linkage services into mainstream health services referral and linkage networks, including community linkages</p>	<p>Key populations</p> <p>General population</p> <p>Lower level facilities</p> <p>Key populations</p> <p>PLHIV</p>	Alego Usonga, Bondo, Gem, Rarieda, Ugenya and Ugunja	County MoH, Impact, Mildmay
	<p>Strengthen Governance and Leadership for community and work place health actions at all levels</p> <p>Strengthen institutional capacity for implementation of community and workplace health actions and services at all levels</p> <p>Empower communities and work places to ensure improved capacity and capabilities to take charge of their Health</p> <p>Articulate an integrated comprehensive and quality community and workplace health package for HIV prevention, treatment and care</p> <p>Strengthening of existing Community units</p>	Community and Health Work force	Alego Usonga, Bondo, Gem, Rarieda, Ugenya and Ugunja	County Government/ CDH and Partners

4.4.5 Strategic Direction 5: Strengthening Research, Innovation and Information Management to meet SCASP goals

Kenya has an outstanding track record and leadership on HIV research. However, this research is centralised and is rarely carried out at the county levels. The burden of the HIV epidemic, the changing trends in the epidemic, variation in risks and profile of HIV infection within Siaya County calls for in-depth county specific biomedical, behavioural and structural research to inform treatment and prevention initiatives and hence a targeted HIV response. Data and research on social determinants of health and their impact on incidence and mortality is limited. There is

need for further research on the impact of stigma, discrimination, cultural and religious practices, gender norms, sexual and gender based violence on prevention, mortality and quality of life in Siaya County. In addition, in depth understanding of demographic, socioeconomic and behavioural risk factors as well as the drivers of the epidemic is necessary. The need for health economic evaluation of the various interventions to establish value for money and their effectiveness can't be ignored. Additional areas of potential research include social protection and HIV and AIDS as well as HIV in the education sector. Research and innovation to generate timely evidence to inform scale up of policy, programs and intervention that can improve health outcomes for Siaya County will form a critical component of this strategy. The numerous entities within the county that generate

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

KASF objective	SCASP Results	Key Activity	Sub-Activity/ Intervention	
<p>Increased evidence - based planning, programming and policy changes by 50%</p> <p>Increased implementation of research on the identified KASF-related HIV priorities by 50%</p> <p>Increased Capacity to conduct HIV research at Country and County levels by 10%</p>	<p>Increased evidence - based planning and programming and policy changes by 30%</p>	<p>Coordination of research activities</p>	<p>Formation of a Siaya County Research Committee</p>	
			<p>Strengthening coordination of research institutions and other interested partners</p>	
			<p>Developing the county research agenda (consultative)</p>	
			<p>Coordinating, tracking and utilisation of existing research findings to influence policy or action</p>	
		<p>Increased capacity to conduct HIV research at county level by 10%</p>	<p>Capacity build the research teams so that they come up with sound HIV related researches and publications</p>	
	<p>Increased implementation of research on the identified HIV priority areas by 30%</p>	<p>Implementation of research agenda</p>	<p>Formation and strengthening of ethical committees to facilitate quality HIV research</p>	
			<p>Undertake research activities</p>	
			<p>Disseminate research outcomes to support HIV Programming</p>	
<p>Establish an interactive web based county HIV research hub</p>				
<p>Increased funding for HIV research by 10%</p>	<p>Research funding</p>	<p>Developing a county research financing plan</p>		
		<p>Lobbying and advocating for research financing</p>		

and maintain data that could potentially contribute to health services and comparative effectiveness in research, quality monitoring and other purposes will be interlinked. There is a weak capacity for HIV research within the county, hence the need to collaborate with experts in the diaspora and other parts of the country. A data revolution is needed to inform evidence-based programming, policy development and research priorities at the county and country level. The county will also ensure timely translation of data and evidence for programming and policies. Siaya County and particularly Siaya town is endowed with tertiary educational institutions and one of their key mandates is to conduct research. Moreover, Siaya County, just like other counties in Kenya, has participated in national researches such as KDHS and KAIS. In spite of this, there seems to be

lacking an institutional body for the coordination of research activities.

Key intervention areas

- Resourcing and implementing HIV research agenda informed by county strategic plan.
- Increase evidence based planning and programming.
- Coordination of research activities.

Expected results by 2019

- Increased evidence based planning and programming and policy changes.
- Increased implementation of research on the identified HIV priority areas.
- Increased capacity to conduct HIV research at county level.
- Increased funding for HIV research.

Target Population	Geographic areas by County/sub- county	Responsibility
Research Stakeholders	County	NACC, County Government, Research institutions
Research institutions and other interested partners	County	NACC, County Government, Research institutions
Research Stakeholders	County	Research Committee
Research committee	County	Research Committee
Research Teams	County	Research Committee, Research Institutions & NACC
Research Stakeholders	County	Research Committee, Research Institutions & NACC
Researchers, Research institutions and teams	County	Research Committee, Research Institutions & NACC
Researchers, Research institutions and teams	County	Research Committee, Research Institutions & NACC
Researchers, Research institutions and teams	County	Research Committee
Research committee	County	NACC, Research Committee & MOH
County Government, Research Institutions, Corporate bodies and other agencies	County	NACC, Research Committee & MOH

4.4.6 STRATEGIC DIRECTION 6: Promote utilisation of strategic information for Research and Monitoring and Evaluation to enhance programming

Siaya County is characterised by high prevalence of HIV, variation in vulnerability and risk factors. Effective planning, prioritisation and decision making in the response to HIV demands high quality and timely data. There is need to fast track research to build evidence-based knowledge to strengthen county and community health systems so as to improve the effectiveness of HIV response, promote universal county coverage and improve quality, efficiency and equity of HIV response. Evidence informed programming and decision making are key to better results, hence the need to strengthen County, sub-county and community monitoring and evaluation (M&E)

capacity to generate and use strategic information for HIV response. The Constitution of Kenya requires public participation in decision making, transparency and accountability among other elements of good governance. By involving all the stakeholders in M&E process, SCASP will not only evaluate the progress of HIV response but also fulfil this constitutional requirement. Kenya has a strong national HIV response M&E system relying on data collected from various sources, which is managed and supported by various institutions. This M&E system is characterised by a set of high quality national surveys and facility based HIV sero-prevalence surveys, routine monitoring and behavioural surveys. The Siaya County Government will localise and use the national M&E framework and collaborate with the national government in implementing the M&E strategic plan. The county M&E systems needs to be strengthened if the strategic data needs are to be achieved.

Siaya County Health Strategic Plan. CIDP.

STRATEGIC DIRECTION 6: PROMOTING UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION			
KASF Objective	SCASP Results	Key Activity	
To strengthen county M&E capacity to effectively track SCASP performance and HIV epidemics at all levels	M&E Information Hubs integrated at county levels and providing comprehensive information package for decision making	Align the sub – county M&E systems to county M&E integrated system	
	Increased utilisation of strategic information to inform HIV response at all county level	Align the sub – county M&E systems to county M&E integrated system	
To ensure harmonized, timely and comprehensive routine and non- routine monitoring systems to provide quality HIV data at county level	Increased utilisation of strategic information to inform HIV response at all county levels	Strengthen the data and strategic information management at the county level	
To establish multi-sectoral and integrated real-time HIV platform to provide HIV epidemic response accountability	Multi-sectoral and integrated real-time HIV platform to provide HIV epidemic response accountability	Promote data demand and use of the HIV strategic information to inform policy and programming	

The purpose of capacity building in HIV M&E is to improve the performance of the county HIV M&E system. At a minimum, M&E system performance includes the production of timely and quality data on the HIV epidemic and the national HIV response and the use of data for evidence-informed decision-making in programme planning, improvement and resource allocation. Monitoring and Evaluation is very crucial for the achievement of the SCASP. It provides the background necessary to ensure that objectives are achieved. During the formulation of the strategy, the implementation plan indicators and projections are sometimes based on past experiences. These, however, may change in the course of the implementation and thus a management control system which will be necessary to ensure the plan is effective. The implementation of the strategic plan shall, therefore, be closely monitored and evaluated to ensure accomplishment. The monitoring of HIV

& AIDS process will help determine whether the implementation is on course and establish the need for any amendment /adjustments in the light of any changes. Monitoring, follow-up and control systems will be established at all levels and will include:

- Progress reports.
 - Review meetings.
 - Budgets and Budgeting control systems and report forms.
 - Available documentation to support intervention area 6
 - National HIV programme M&E framework.
 - Siaya County HIV County profile, 2014.
 - Kenya AIDS Strategic Framework 2014/14 – 2018/19(KASF).
 - Kenya AIDS Epidemic Update Report 2012.
- Kenya's Fast track plan to end HIV and AIDS among adolescents and young people.

TO ENHANCE PROGRAMMING

	Sub-Activity/ Intervention	Target Population	Geographic areas by County/sub- county	Responsibility
	Establish an integrated County/Sub-County M&E System that provides comprehensive information package for decision making e.g. DQA	Healthcare workers (facility and community), Partners	County	MOH NACC
	Establish functional multi-sectoral HIV M&E co-ordination structure and partnerships at county and sub county level	Healthcare workers, Line ministries and Implementing partners	County	CHAC
	Develop an annual, costed HIV M&E plan and propose budget items for county allocation	Health Committee of the County Assembly,	County	CEC CDH
	Procure and distribute reporting tools and SOPs to health facilities on a timely basis	Health care providers and Implementing partners	County	CDH
	Conduct quarterly data quality audits and verification to ensure timeliness and completeness of M&E reports from various sub-systems	Healthcare providers (facility and community) and Implementing partners	County	CDH, CHAC
	Conduct quarterly M&E supervision	Health facilities and partners	County	CDH, CHAC
	Strengthening online reporting, other data transmission technologies and utilization of electronic medical records	CHRIO and Implementing partners	County	CDH, CHAC
	Scale up coverage of on-going HIV programs surveillance and surveys	Health facilities and Implementation partners	County	CDH, CHAC
	Establish multi-sectoral HIV programming web based data management system updates. (Situation room, Dashboards etc.)	Implementation partners	County	CDH, CHAC
	Promote data demand use of HIV Strategic information to inform policy and programming	CDH and Implementing partners	County	CDH, CHAC
	County HIV&AIDS Committee to develop and implement SCASP evaluation agenda	Healthcare workers, multi-sectoral line ministries and Implementation partners	County	CHAC

4.4.7 Strategic Direction 7: Increasing Domestic Financing for Sustainable HIV Response in Siaya County

The Siaya County Health Department was allocated approximately 31% (KSh 1,814,481,802) of county budget in financial year 2014/2015. Most of these funds were consumed by

recurrent expenditure 1,486,989,871 (83%) with 279,260,852 (17%) being utilised for development. Most of the recurrent expenditure (66%) funded personnel emoluments with only 13% being allocated for procurement of commodities.

Funding Breakdown for the Siaya County Health Budget 2015/2016 (Source: Health County Budget 2015/2016)

FUNDING USE	AMOUNT IN KSH	PERCENTAGE IN THE BUDGET
Development	445,021,931	21%
Facility improvement Fund	110,589,926	5%
Programmes (Including HIV, Malaria & TB)	28,969,328	1%
Personnel Emoluments	975,970,514	45%
Operations & Maintenance	253,930,103	12%
TOTAL	1,814,481,802	84%

The HIV program has unique funding needs as the program is both human resource and financial resource intensive. In the same financial year (2015/2016), the HIV program consumed ARVs, HIV Laboratory reagents and Nutrition commodities totalling Ksh. 967,043,852. This means that the total commodity budget alone

could eclipse the entire budget allocated for personnel salaries in the county.

Commodity Budget for Siaya County, 2015/2016 FY. These were funded by partners and National Government

COMMODITY	REQUIREMENTS [ANNUAL+3 MONTHS BUFFER] – KSH	PERCENTAGE %
Family Planning	37,234,914	3%
Malaria Medicines	108,892,442	8%
TB Medicines	61,264,640	5%
ARVs	837,569,885	65%
HIV RTKs and ART Monitoring Reagents	68,469,877	5%
Malaria RDTs	109,085,794	8%
Gene Xpert Kit (for TB)	638,710	0%
HIV Nutrition Commodities	61,004,090	5%
Total	1,284,160,352	100%

These huge budget deficits are funded through multilateral conditional and non-conditional grants by the national government and health development partners. This funding model is in itself far from sustainable. This calls for affirmative action aimed at substantially increasing domestic

financing for HIV response by 50% by 2019. County funding (MOH) to the health sector is designed to plug in areas of greatest need and priority. This includes provision of basic skeleton of health workforce and essential commodity supply, without which the health sector would crumble.

Under this model, health partners fund other needy areas to supplement the government funding. As such, it is not easy to split and separate most of this funding by source, but various methods of estimation can be used to arrive at

the contributions from the government and health partners in the sector. The county government envisages an allocation of 3% of Health budget to HIV response in the 2016/17 financial year.

Table 6: County health budget allocation trend

FINANCIAL YEAR	ALLOCATION	RECURRENT EXPENDITURE	DEVELOPMENT
2015/ 2016	2,128,759,687	1,599,941,627	528,818,059
2014/ 2015	1,872,556,029	1,605,614,919	266,941,110
2013/ 2014	1,458,575,274	1,216,136,770	242,438,504

Sustainable Financing of HIV

The national HIV response continues to experience diminishing funding from the traditional development partners. In addition, the rebasing of the economy in 2014 has implications for HIV response. In the near future, the country will not be able to procure HIV commodities at a subsidised rate. This will translate to a trickling down effect to county governments. While the SCASP is not a strategy of the health department, the majority of the directly attributable costs are incurred within the health sector. This calls for the county government to explore innovative and sustainable alternative sources of funds. Research

on expedient strategies on generation of funds must be commenced with speed.

The SCASP thus seeks to:

- Maximise efficiency of existing delivery options for increased value and results within existing resources.
- Promote innovative and sustainable domestic HIV financing options.
- Align HIV resources/ investments to SCASP priorities.

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

KASF objective	SCASP Results	Intervention	Key Activity	
Increase domestic financing by 50%	To ensure that there is a firm and effective resource mobilisation mechanism for HIV and AIDS programming	Alignment of HIV Resources/ investment to strategic framework priorities	County Government to lobby and legislate allocating 2% of its total allocation from national government to HIV COGS to negotiate with CRA for an addition of the HIV as a parameter in its revenue sharing formula and allocate funds as per the ranking County government to put in place policies that will control, advice and incorporate their plans in the CIDP.	
		Innovative and sustainable HIV financing options that we can consider in our county	A proposed AIDS lottery Corporate Social Investments (CSI); county government to identify corporate bodies and involve them in the planning for HIV programmes and activities as key partners Organized informal sector; All grants given to registered groups should have a component on HIV Infrastructure HIV resources; County government to develop a policy requiring every contractor putting up infrastructure to include HIV messages e.g. Signage	
		Maximisation of efficiency in existing HIV delivery options for increased value and results within existing resources	Devolving the resources to the grassroots (funds should follow functions). Capacity building of the committee members Prioritising through public/stakeholder participation(during budgeting)	
		Coordination of all resources available for HIV responses in our county to avoid duplication of efforts	Mapping of HIV service providers operating within the county Devolve NGO coordination to the county level	
		Maximisation of efficiency of existing HIV delivery options for increased value and results within existing resources	Devolving the resources to the grassroots (funds should follow functions) Capacity building of the committee members. Prioritising through public/stakeholder participation(during budgeting)	
		Coordination of all resources available for HIV responses in our county to avoid duplication of efforts	Mapping of HIV service providers operating within the county. Devolve NGO coordination to the county level. Develop a county planning and implementation framework which involves all stake holders involved in HIV programmes and activities.	

	Geographic areas by County/sub- county	Responsibility
	All Sub Counties	County Government of Siaya - MoH Office of the Governor County Government - MoH
	County Health Workforce and corporate partners	CEC Health and CEC Trade County Government, Key stakeholders County Government, corporate bodies and key stakeholders CEC Culture, social services, education. CEC Health, County procurement
	County Health Workforce	County Government CEC Finance CEC health.
	County Health Workforce	County HIV Committee County HIV Committee
	County Health Workforce	CEC Finance CEC Health.
	County Health Workforce	County HIV Committee

4.4.8 Strategic Direction 8: Promoting accountable leadership for the delivery of the Siaya CASP results by all sectors

Political will, vision and leadership are essential, especially at the highest level of government. Such leadership should recognise that practical steps

must be taken to allocate county resources to HIV related priorities and to marshal institutions and actors beyond the health sector.

The County Government Act, 2012, requires the County Executive Committee to design a performance management plan to evaluate implementation of county policies by the county

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF KASF RESULTS			
KASF objective	SCASP Results	Intervention	
Promote good governance practices	<p>Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels</p> <p>Effective and well-functioning stakeholder co-ordination and accountability mechanisms in place and fully operationalized at county and sub-county levels</p> <p>An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response strengthened and fully aligned to the Constitution of Kenya 2010</p>	Build and sustain high-level political commitment for strengthened county ownership of the HIV response	
		Entrench good governance and strengthen multi-sector and multi-partner accountability to delivery of CASP results	
		Establish a functional HIV co-ordination mechanism at county and sub-county levels	

public service. It further requires that the county governor submits the county plans and policies to the county assembly for approval together with an annual report on the implementation status.

In Strategic Direction 8, the SCASP seeks to:

- Build and sustain high level political and technical

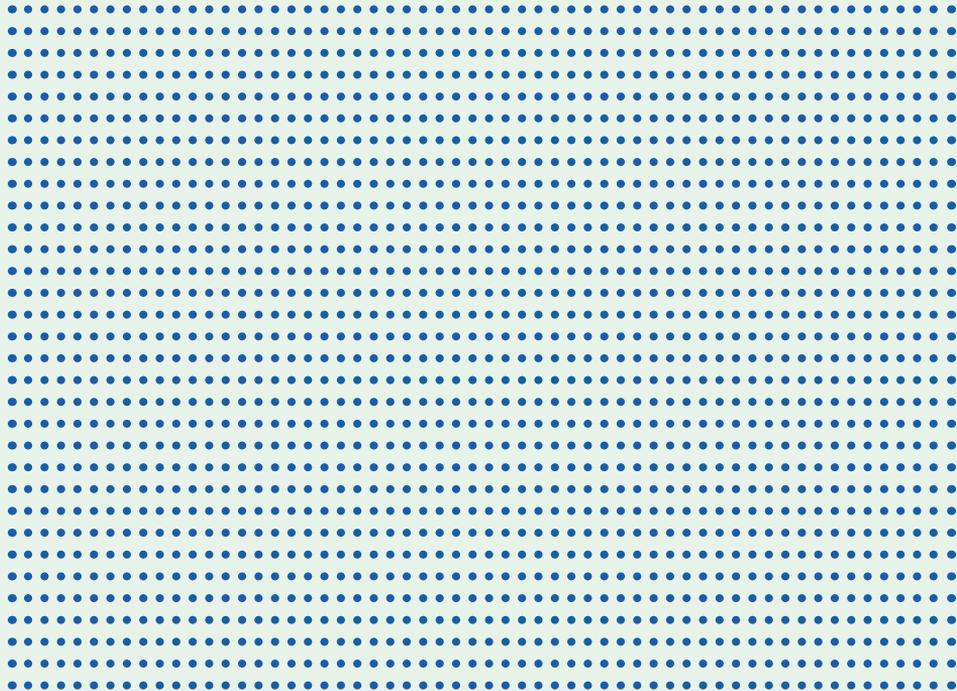
commitment for strengthened county ownership of the HIV response.

- Entrench good governance and strengthen multi-sector and multi-partner accountability for delivery of SCASP results.
- Establish and strengthen functional and competent HIV co-ordination mechanism.

	Key Activity	Geographic areas by County/sub- county	Responsibility
	<p>High level engagement with the office of the governor and members of the county assembly to obtain political will and commitment in the implementation of the strategic plan</p> <p>High level engagement of MCAs and the county assembly executive to create awareness on the county HIV responses</p> <p>Enact legislation that are HIV county specific based on the priorities</p> <p>Entrenching HIV response in all county sectors/ devolved units</p> <p>Gender mainstreaming in advocacy and program activities including youth, women and accelerated eMTCT strategies</p> <p>Institutional coordination and ownership of the county HIV strategic plan</p>	The entire Siaya county	<p>Office of the Governor</p> <p>CEC Health</p> <p>CEC Finance</p> <p>Members of the County Assembly</p>
	<p>Joint CASP annual implementation review meetings with the stakeholders, implementers and partners involved in the HIV and AIDS response within the county</p> <p>Regular update meetings to Ensure accountability for performance and results by all implementing partners at the county</p>	The entire Siaya county	<p>County Government -County Health Services</p> <p>NACC</p> <p>NASCOP</p>
	<p>Hold regular county and sub-county stakeholders forums to create awareness on key HIV interventions envisaged in the strategic plan</p> <p>Tracking and monitoring of the resources during the strategic plan implementation, monitoring and evaluation</p> <p>Build capacity of stakeholder networks to promote strong accountable institutions that hold duty bearers accountable for HIV response</p> <p>Annual Joint HIV and AIDS programme review at the county level (stakeholders)</p>	The entire Siaya county	<p>County Government</p> <p>NACC</p> <p>NASCOP</p>

05.

MONITORING &
EVALUATION PLAN



5.1 Monitoring & Evaluation Systems

Monitoring and Evaluation is an essential component of programmatic success. However, there exists gaps or challenges in the M&E systems in Siaya County, more so, in the areas of HIV prevention, human rights and mitigation. Other challenges identified include; lack of agreed standardised and disaggregated indicators for adolescents and young people; inadequate tools and guidance on monitoring behaviour and human rights interventions; limited capacity in M&E as well as data quality issues. A District Health Information System (DHIS) exists for purposes of tracking interventions in the health sector. Data collection for community based interventions, work place and social protection programs use the COBPAP, Workplace reporting tools and social protection reports respectively, albeit with major technical challenges. There is a weak human resource capacity in terms of M&E in the county.

5.2 Data Quality

Challenges exist in the management of data quality as there is no standardisation in the manner in which data is maintained by the different sub systems. While some services/facilities use electronic and/web-based systems, others still utilise paper-based/manual systems. Some development partners have in the past used parallel data collection tools and methodologies. The plan will seek to consolidate the different systems into a single county M & E system that will be used by all parties in the county response. A uniform system coupled with capacity building and exchange of ideas, should significantly improve the reliability of data produced.

5.3 Baseline Information

Given that this strategic plan proposes to decrease the number of new HIV infections, baseline data will be used to set mid and end term targets. For those indicators where county specific baseline data is not available, the SCASP will be guided by national data.

5.4 Indicators

Monitoring at county level will be based on an established core set of indicators against the strategic directions of the plan. These indicators will be sufficient to provide an indication of effectiveness of the county response at a glance. All primary data contributing institutions will be expected to submit required data to appropriate subsystem. The focus will largely be on inputs, processes and outputs. The county will also rely on outcome and impact level data from national surveys for some of the indicators.

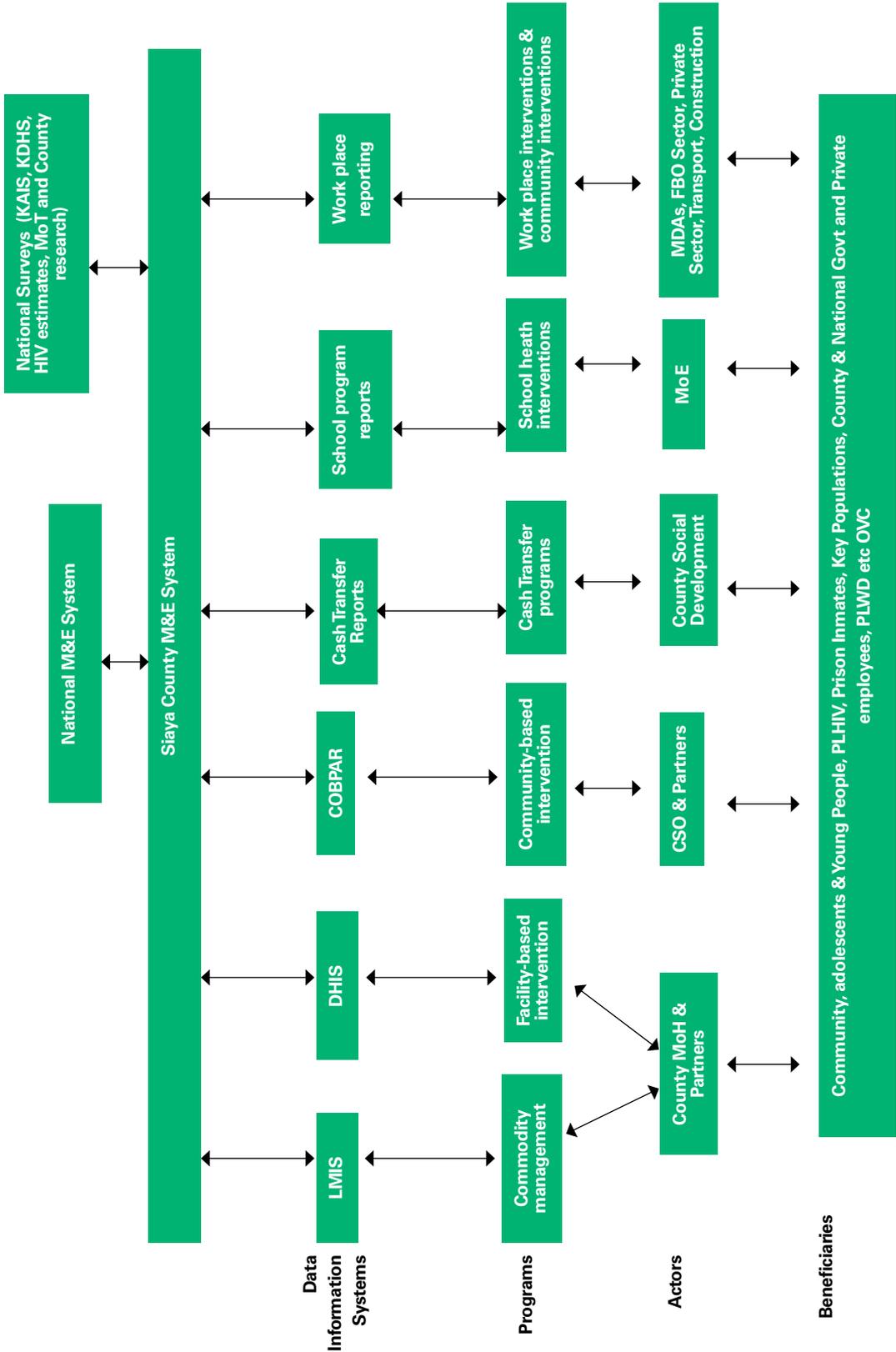
5.5 SCASP Reviews

Given the multi-sectoral nature of HIV response, there are varied data sources from diverse stakeholders hence the need for quarterly and bi-annual stakeholders data review forums. Mid-term and end term reviews of the plan will be conducted led by the KASF/SCASP M&E committee, with the support of consultants. These reviews will examine accomplishments against expected results over the first two years, as well as at the end of the plan period. These will be important opportunities to review plan strategies and indicators and where necessary make evidence based adjustments to the interventions.

5.6 Data Flow and Archiving

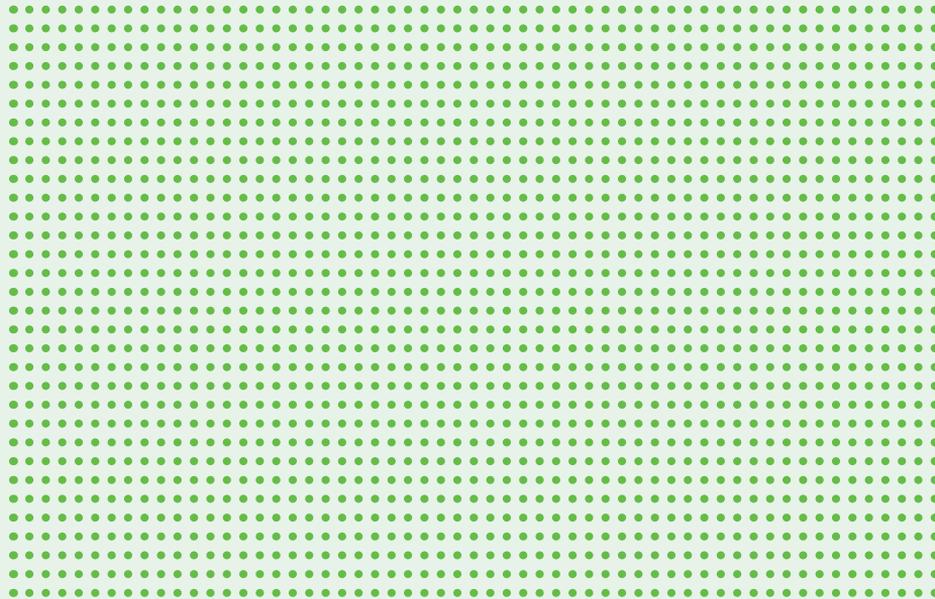
Data from different subsystems will be consolidated into the county M & E systems. The county will establish M & E system which will feed into the national system. Data from different actors will be collected using the existing data collection tools for each sector/actor.

Figure 4: Siaya County Data and information Flow Chart



06.

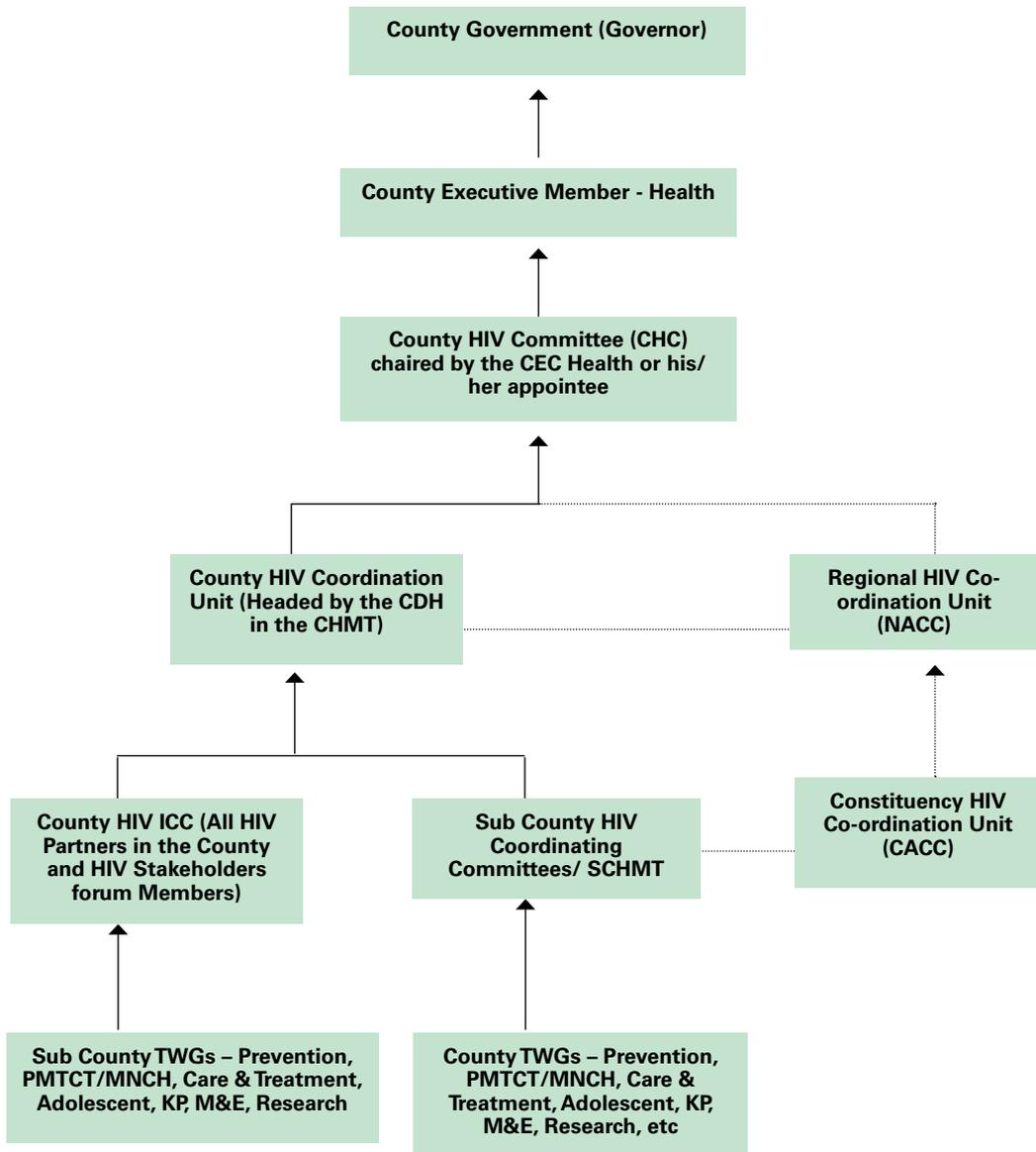
IMPLEMENTATION
ARRANGEMENTS



6.1 HIV Coordination structure for SCASP Delivery

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

Figure 5: Siaya County Coordination infrastructure for SCASP Delivery



6.2 Roles and responsibilities

6.2.1 Governor

The Governor shall implement national and county legislation to the extent that the legislation requires. He is also responsible for the delivery of a range of services, planning and prioritisation of resource allocation to address HIV burden in Siaya County.

6.2.2 CEC Health Services

Budgeting and resource allocation to specific annual plans for HIV interventions.

Providing strategic leadership and decision making during the SCASP implementation period.

Accountable to the governor on all matters including performance and updating of the situation room.

6.2.3 County HIV Committee

The County HIV Committee shall be accountable to the CEC Health for the performance of their functions and the exercise of their powers on matters relating to HIV.

Membership to the CHC

The committee shall be chaired by the County Health Executive – Health Services or his/her appointee with membership from the sub counties, HIV partner representation, implementers, PLHIV, key county and national government departments, private sector, religious groupings and other special interest groups in Siaya County.

The county HIV committee shall:

- Be the custodian of the SCASP.
- Hold meetings on a quarterly basis to review implementation plan.
- Be responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the SCASP.
- Approve the county HIV targets and plan.
- Propose annual County HIV budget components.
- Be setting the County HIV agenda.
- Receive summary reports from HIV Implementing entities in the county.
- Receive reports from County ICC, SCASP and routine Monitoring Committee.
- Propose and support relevant legislation to the county assembly.

6.2.4 County HIV Coordination Unit (Headed by CDH)

This is the county HIV program implementation coordination hub. Headed by the County Director of Health and housed at the county health department, this unit is responsible for coordination of the HIV and AIDS programs in the county. The Unit will house all HIV TWGs, coordinate HIV and AIDS implementing partners and also budget and plan for the implementation of the HIV program in the county.

6.2.5. Regional HIV Coordination Unit (NACC)

This is the NACC county office. It is the repository and point of reference on HIV matters. It is the secretariat to the County HIV Committee. The unit plays a key role in the engagement of the state and non-state actors within the county in planning, prioritisation, monitoring and evaluation of HIV and AIDS programmes.

6.2.6 County/Sub-county/constitu- ency HIV committees

Repository for HIV data/inventory for the counties/sub counties.

Monitor communities' response to HIV issues and inform the various committees (e.g. CHC, SCHMT).

Coordinate and mobilise communities to respond to HIV issues.

Provide technical support and quality assurance for sub-county response in line with County HIV and AIDS Strategic Plan.

Receive and disseminate appropriate national and county policies, guidelines and strategies on HIV and AIDS and in particular the KASF, County HIV Profiles and SCASP.

Provide leadership in capacity building for sustainable community owned HIV and AIDS prevention and control initiatives at county & sub county level.

Serve as an advocacy team for mobilising the community to respond to HIV and AIDS epidemic at county & sub county level and deliver on SCASP.

Co-ordinate resource mobilisation, SCASP implementation and programme monitoring and evaluation at county & sub county level.

The partners, CBOs, FBOs and the private sector forms part of the structure for holistic management of the HIV in communities. PLHIV and other vulnerable population such as PWDs and the youth are also included.

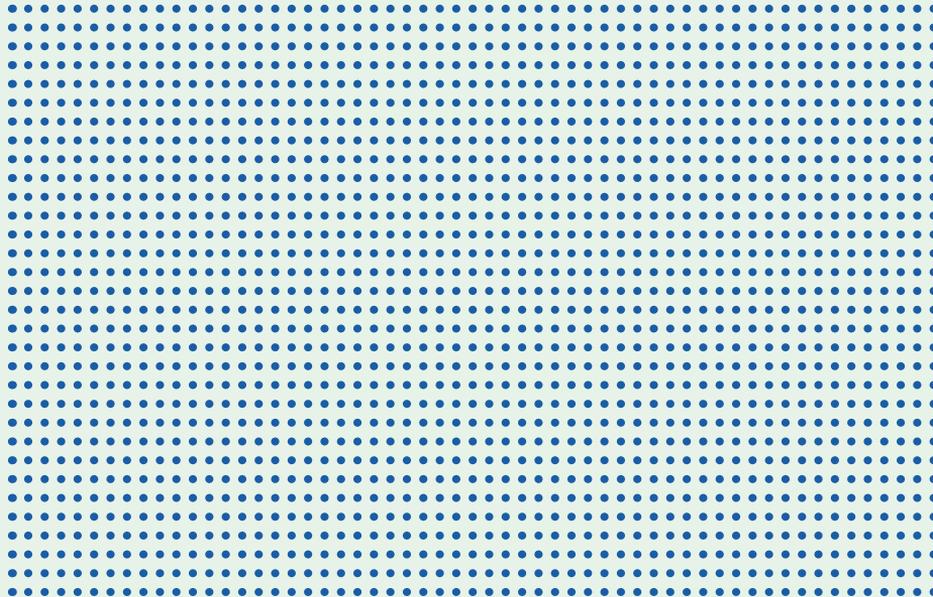
At the lowest level, the sub-county/constituency HIV coordinating committee is constituted and operates within the structures of ensuring devolved structures are functional

6.2.7 County TWGs

The roles and responsibilities of the county TWGs shall be defined in respect of the terms of reference.

07.

RISKS, ASSUMPTIONS AND MITIGATION PLAN



An assumption has been made that implementation of this plan will proceed without hitches. However, anticipated risks will be assessed and mitigated through continuous review of this plan. The county HIV

Coordinating Unit will be responsible for this and will be expected to report to the County Department of Health.

Table 7: Risk Management Matrix

RISK CATEGORY	RISK NAME	STATUS	PROBABILITY (1-5)	IMPACT (1-5)	RISK AVERAGE SCORE	
Technological	Loss of data	Low	2/5	4/5	3/5	
	Inadequate capacity to roll out EMR	Medium	3/5	2/5	2.5/5	
	Sustainability challenges of EMR	High	4/5	4/5	4/5	
Political	Risk of non-continuation of projects with new administrations	Low	1/5	4/5	2.5/5	
Operational	Partner/Donor dependency	High	4/5	5/5	4.5/5	
	Uncoordinated interventions from various actors/partners	Medium	2/5	2/5	2/5	
	Alternative medicine and faith healing	Medium	3/5	4/5	3.5/5	
Legislative	Stigmatising county HIV laws/legislation	Medium	2/5	4/5	3/5	
	Lack /weak legislation	Medium	2/5	3/5	2.5/5	

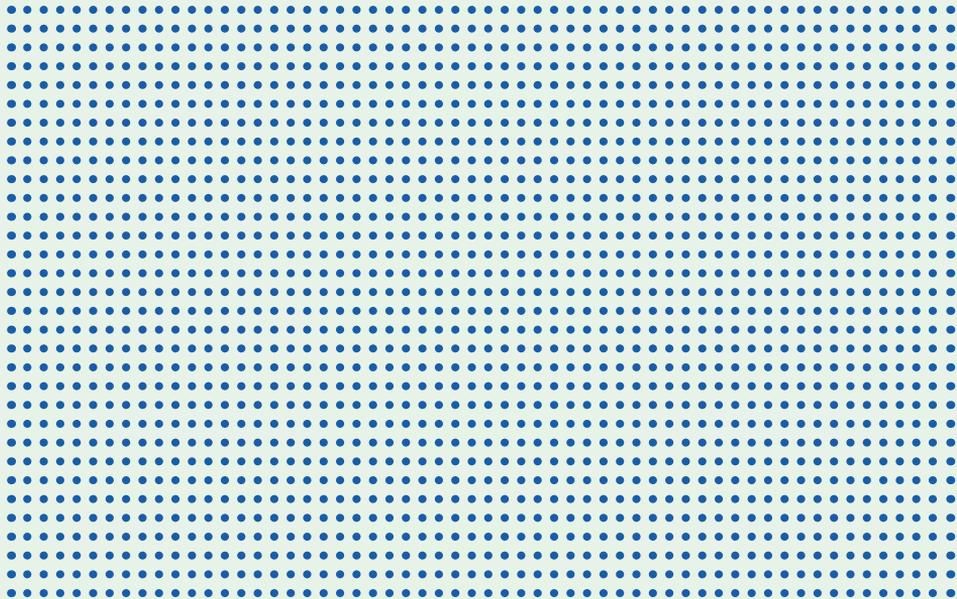
The Risk Management Plan serves to identify risks with potential to impact on the successful outcomes of the strategic plan as a whole. By identifying these risks and especially by presenting possible strategies to

prevent or mitigate them, the matrix becomes a reference document for both the funding mechanisms and monitoring and evaluating the plan.

RESPONSE	RESPONSIBILITY	WHEN
Install data back up Provide user rights	CEC Health Services	Yr1-Yr4
Allocate resources for training and infrastructure	CEC Health Services	Yr1-Yr4
County ownership and commitment	CEC Health Services	Yr1-Yr4
Set up project continuity and completion mechanisms in the county	CEC Health CEC Finance	Yr1-Yr4
Establish HIV budget line in county budget and seek to expand local sources of funding for the HIV response in Siaya county	CEC Health Services CEC Finance Chair – County Assembly Health Committee	Yr1-Yr4
Establish a county coordinating committee	CEC Health	Yr1-Yr4
County legislation on herbal medicine to include vetting and licensing Community empowerment in health decisions as well as health seeking behaviour	CEC Health Services Chair - County Assembly Health Committee	Yr1
Technical assistance of MCAs on HIV programming for sound policies/ legislations	CEC Health Services	Yr 1 & 2
Review of existing legislation Enactment of county HIV/AIDS act -Strengthen enforcement of legislation	CEC Health Services Chair - County Assembly Health Committee	YR 1&2

08.

FINANCING OF THE
SIAYA COUNTY HIV
& AIDS PLAN



The finances to implement the SCASP have been estimated with the view of achieving the best within a resource constrained setting. The county resource needs for this strategic plan period was calculated using the KASF formula for resource modelling. The template utilises EPI and program data to form the baselines and projects the resource needs over a period of time. The model assumes that medical service costs are included in the health budget rather than the HIV budget.

8.1 Projected cost of HIV programming in Siaya County

Table 8: SCASP estimated resource needs with amounts in millions USD

STRATEGIC DIRECTIONS	SPECIFIC SCASP INTERVENTION AREAS	% OF RESOURCE DEDICATED FOR THE STRATEGY	2015/16	2016/17	2017/18	2018/19	TOTAL
SD1	HIV Prevention	25.00%	21.88	24.69	27.62	29.92	104.12
SD2	Treatment and Care	53.00%	44.53	46.52	47.37	46.77	185.19
SD3	Social inclusion, human rights and gender	7.00%	6.99	8.70	10.54	12.54	38.76
SD4	Health systems	3.00%	2.08	1.71	1.53	0.81	6.13
	Community systems	3.00%	2.08	1.71	1.53	0.80	6.12
SD5	Research	1.00%	0.87	0.95	1.02	1.07	3.92
SD6	Monitoring and evaluation	2.00%	1.56	1.52	1.43	1.28	5.78
	Supply chain management	1.00%	0.87	0.95	1.02	1.07	3.92
SD7 & SD8	Leadership, governance and resource allocation	5.00%	3.90	3.80	3.58	3.22	14.51
	Grand Total	100.00%	84.76	90.54	95.65	97.50	368.44

ANNEXES

ANNEX 1: RESULTS FRAMEWORK

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS				
KASF objective	SCASP Results	Key Activity	Indicators	
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	Targeted HIV testing and counselling (HTC)	Number of Clients counselled and tested for HIV	
		90% linkage of those testing HIV positive to care and early ART initiation.	Number of HIV positive linked to care	
		VMMC done to male aged 10years and above	Number of male aged 10 years and above done VMMC	
		Provision of PEP to all SGBV survivors	Percentage of SGBV survivors receiving PEP(Sexual assault)	
		Integrate Early infant diagnosis of HIV with immunization services	Percentage of infants born to HIV infected women receiving virology test for HIV within two months of birth	
		Deliver all 4 prongs of eMTCT at 100% of health facilities countywide.	Percentage of HEI turning HIV positive at 18 months	
		Offer comprehensive interventions to prevent HIV among young women; ensure all HIV positive women of reproductive health age have access to family planning;	Percentage of pregnant women who know their HIV status	
			Percentage of HIV positive pregnant women who received ART to reduce MTCT	
Stigma reduction campaigns	Stigma index			
Regular outreach and contact with Key Population through peer based education, treatment and support	Number of outreaches conducted targeting Key population			

	Baseline & Source	Mid Term Target	End Term Target	Responsibility
	72192 DHIS	99008	125823	CASCO
	72192 DHIS	99008	125823	CASCO
	141613 DHIS(2010-2016 May)	167113	192613	CASCO
	125 (100%) DHIS 2015	100%	100%	CASCO
	73% DHIS 2015	80%	90%	CASCO
	6.7% DHIS 2015	5%	4%	CASCO
	89% DHIS 2015	92%	95%	CASCO
	98% DHIS 2015	100%	100%	CASCO
	35% Kenya Stigma index report 214	15%	10%	NACC
	TBD	24	48	NACC

STRATEGIC DIRECTION 2: IMPROVE HEALTH OUTCOMES OF PLHIV

KASF objective	SCASP Results	Key Activity	Indicators
Increase coverage of care and treatment and reduce loss in the cascade of care to 90%	To improve quality of care and monitoring treatment outcomes	Scale up use of electronic medical records (EMR)	Number of facilities with EMR
	Increased ART coverage to 90%	90% of eligible clients are initiated on ART.	Number of eligible clients initiated on ART
		90% of clients on ART achieve viral suppression	Number of clients with viral load <1000c/ml

STRATEGIC DIRECTION 3: USING HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KEY POPULATIONS

KASF objective	SCASP Results	Key Activity	Indicators
To reduce HIV related stigma and discrimination	Reduced social exclusion for PLHIV, Key populations, women, men, boys and girls by 50%	Sensitisation of healthcare workers to reduce stigmatising attitudes in healthcare setting	No. of healthcare workers sensitised on stigma and discrimination in healthcare setting
		Develop and disseminate population specific and user friendly information including Braille and Sign language	No. of IEC materials developed and distributed including in Braille and sign language
		Establishment of community groups and forums and utilise persons living positively to campaign against HIV related stigma and discrimination	No. of groups trained on prevention with positive interventions
		Reduce and monitor stigma and discrimination, social exclusion and gender-based violence	Stigma index % of PLHIV and key populations accessing legal services at the HIV tribunal % of cases filed by PLHIV at the HIV tribunal
To improve the legal and policy environment	Increased protection of human rights and improved access	Sensitization of law and policy makers on the need to enact Laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support	Number of law and policy makers sensitized on the need to enact laws, regulations and policies on HIV stigma, discrimination and support access to HIV prevention, treatment, care and support

	Baseline & Source	Mid Term Target	End Term Target	Responsibility
	84	112	139	CASCO
	67998 DHIS	90619	113240	CASCO
	16954 DHIS	59435	101916	CASCO

AND OTHER PRIORITY GROUPS IN ALL SECTORS

	Baseline & Source	Mid Term Target	End Term Target	Responsibility
	TBD	750	1500	County MOH and partners
	TBD	50,000	100,000	County MOH and partners
	TBD	70	130	County MOH and partners
	TBD	25%	50%	County MOH and partners
	TBD	25%	50%	
	TBD	75%	100%	
	TBD	50	100	MOH, Judiciary and partners, County

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS

KASF objective	SCASP Results	Key Activity	
<p>To provide a competent, motivated and adequately staffed workforce at the county level to deliver HIV services integrated in the essential health package</p>	<p>Increased health workforce for the HIV response at county and sub county levels by 40%</p>	<p>Recruitment of staff by the county government to improve overall staff population ratio in line with the Kenyan staffing norms with a special focus on insurance availability on adequate competent and skilled clinical personnel in tier II health facilities</p>	
		<p>Improve the human resource performance management systems to ensure efficient and effective use of available human resources in delivery of health services including HIV</p>	
		<p>Create incentives for health staff in terms of training, remuneration and other rewards with a particular focus on high burden and disadvantaged areas</p>	
		<p>Develop and implement a health staff retention policy that takes into account the additional HIV burden</p>	
<p>Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services</p>	<p>Strengthened HIV commodity management through effective and efficient management of medicine and medical products</p>	<p>Strengthen HIV commodity management and supply chains monitoring at county and health facility level including pharmaco-vigilance (drug safety) and post marketing</p>	
		<p>Provide adequate and functional HIV diagnostic equipment (VL, CD4) that are well maintained (service contracts) and adoption of new technologies e.g. point of care CD4 and self-testing</p>	
		<p>Expand facility based IT systems to manage and monitor HPT supplies and link with the county MOH system</p>	

	Indicators	Baseline & Source	Mid Term Target	End Term Target	Responsibility
	% of cadres of health care staff recruited in line with staffing norms	TBD	20%	60%	County government
	Functional human resource performance systems in place	TBD	1	1	County government
	Number of healthcare providers capacity built	TBD	200	1000	County government
	No. of health retention policies developed and working	TBD	1	1	County government
	% of health facilities that experience a stock out of ARVs at least once in the last 12 months	0%	0%	0%	County government
	% of functional HIV diagnostic equipment purchased	TBD	50%	100%	County government
	Number of functional facility based IT systems that manage and monitor supplies and link the county MOH system	TBD	1	1	County government

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

KASF objective	SCASP Results	Key Activity	Sub-Activity/ Intervention		
Increase evidence - based planning, programming and policy changes by 50% Increased implementation of research on the identified KASF-related HIV priorities by 50% Increased Capacity to conduct HIV research at country and county levels by 10%	Increased evidence - based planning and programming and policy changes by 30%	Coordination of research activities	Formation of a Siaya County Research Committee		
			Developing the county research agenda (consultative)		
			Coordinating, tracking and utilisation of existing research findings to influence policy or action		
		Increased capacity to conduct HIV research at county level by 10%	Capacity build the research teams so that they come up with sound HIV related researches and publications		
	Increased implementation of research on the identified HIV priority areas by 30%		Implementation of research agenda	Formation and strengthening ethical committees to facilitate quality HIV research	
				Undertake and implement research activities	
				Disseminate research outcomes to support HIV programming	
				Establish an interactive web based county HIV research hub	
	Increased funding for HIV research by 10%		Increased Research Funding by 5%	Developing a county research financing plan	
				Lobbying and advocating for research financing	

	Indicators	Baseline and Source	Mid Term	End Term	Responsibility
	Number of functional county research committees established	0	1	1	County Government
	Research agendas in place	0	1	1	County Research Committee
	% of organisations/ institutions reporting utilisation of research findings to inform policies	TBD	50%	100%	County Research Committee
	Percentage of county HIV related research findings published/uploaded	TBD	50%	100%	County Research Committee
	Number of ethical research committees established	0	1	1	County Government
	% of planned research conducted in line with the research agenda at the county level	0	50%	100%	County Research Committee
	% of the research findings that have been disseminated to inform policy, planning and programming	TBD	50%	100%	County Research Committee
	A web based county HIV research hub in place	0	1	1	County Government, County Research Committee
	A county Research financing plan in place	0	1	1	County Government, County Research Committee
	% increase in research funding	TBD	2.5%	5%	County Government, County Research Committee, Partners

STRATEGIC DIRECTION 6: PROMOTING UTILISATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND

KASF objective	SCASP Results	Sub-Activity/ Intervention	
To strengthen county M&E capacity to effectively track KASF performance and HIV epidemics at all levels	M&E information hubs integrated at county level and providing comprehensive information package for decision making Increased utilisation of strategic information to inform HIV response at all county levels	Establish an integrated county/sub-county M&E system that provides comprehensive information package for decision making	
		Establish functional multi-sectoral HIV M&E co-ordination structure and partnerships at county and sub county level	
		Develop an annual, costed HIV M&E plan and budget for county allocation	
To ensure harmonised, timely and comprehensive routine and non- routine monitoring systems to provide quality HIV data at county level	Increased utilisation of strategic information to inform HIV response at all county levels	Procure and distribute reporting tools and SOPs to health facilities on a timely basis	
		Conduct quarterly data quality audits and verification to ensure timeliness and completeness of M&E reports from various sub-systems.	
		Conduct quarterly M&E supervision	
To establish multi-sectoral and integrated real-time HIV platform to provide HIV epidemic response accountability.	Multi-sectoral and integrated real-time HIV platform to provide HIV epidemic response accountability	Establish multi-sectoral HIV programming web based data management system updates. (Situation room, Dashboards etc.)	

EVALUATION TO ENHANCE PROGRAMMING.

	Indicator	Baseline and Source	Mid Term	End Term	Responsibility
	An integrated County/Sub-County M&E System in place	0	1	1	MOH NACC
	SCASP monitoring committee in place	0	1	1	CHAC
	Costed HIV M&E plan in place	TBD	1	1	CEC CDH
	% of health facilities reporting stock out quarterly	TBD	10%	0%	CDH
	Number of quarterly audits conducted	TBD	8	16	CDH, CHAC
	Number of quarterly M&E supervisions conducted	TBD	8	16	CDH, CHAC
	Multi-sectoral HIV programming web based data management system in place	0	1	1	CDH, CHAC

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

KASF objective	SCASP Results	Key Activity	Indicators
Increase domestic financing by 50%	To ensure that there is a firm and effective resource mobilisation mechanism for HIV and AIDS programming	Alignment of HIV resources/investment to strategic framework priorities through: County government to lobby and legislate allocating 2% of its total allocation from national government to HIV COG and CAF to negotiate with CRA for an addition of HIV as a parameter in its revenue sharing formulae and allocate funds as per the ranking. County Government to put in place a legislative framework to ensure the plan is incorporated in the CIDP.	% of county budget allocated for HIV and AIDS % of funds allocated to SCASP
		Coordination of all resources available for HIV responses in our county to avoid duplication of efforts through: Mapping of HIV service providers operating within the county. Develop a county planning and implementation framework which involves all stake holders involved in HIV programmes and activities. Strengthen HIPORS	Number of counties reporting through COBPAR/HIPORS

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF SCASP RESULTS

KASF objective	SCASP Results	Key Activity
Promote good governance practices	Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels Effective and well-functioning stakeholder co-ordination and accountability mechanisms in place and fully operational zed at county and sub-county levels An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response strengthened and fully aligned to the Constitution of Kenya 2010.	Build and sustain high-level political commitment for strengthened county ownership of the HIV response through: High level engagement with the office of the governor and members of the county assembly to obtain Political will and commitment in the implementation of the strategic plan High level engagement of MCAs and the county assembly executive to create awareness on the county HIV responses Enact legislation that are HIV county specific based on the priorities Entrenching HIV response in all county sectors/ devolved units Establish functional HIV co-ordination mechanism at county and sub-county levels through: Establishment of CHC Establishment of County ICC Holding regular county and sub-county stakeholders Forums to create awareness on key HIV interventions envisaged in the strategic plan Tracking and monitoring of the resources during the strategic plan implementation, monitoring and evaluation Build capacity of stakeholder networks to promote strong accountable institutions that hold duty bearers accountable for HIV response Annual Joint HIV & AIDS program review at the county level

	Baseline & Source	Mid Term Target	End Term Target	Responsibility
	30,000,000, 2015/16 Siaya County Budget estimates 0	45,000,000 TBD	60,000,000 TBD	CEC Health, Chair Budget/ Finance/ Health Committees of County Assembly County government of Siaya (Through COG)
	–	–	–	County HIV Committee NACC Ministry of Culture

	Indicators	Baseline & Source	Mid Term Target	End Term Target	Responsibility
	1 (one) Annual state of the county address by the Governor Number of meetings held with MCAs on HIV issues Number of HIV related legislations enacted	Nil Nil Nil	1 2 TBD	2 4 TBD	Office of the Governor County Executive Members of the county assembly NACC
	No. of CHC meetings held No. of stakeholder forums held No. of stakeholder networks capacity built	0 0 0	4 2 10	8 4	Office of the Governor County Executive Members of the county assembly NACC

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Annex 3: References

- NACC (2014). Kenya AIDS Strategic Framework 2014/2015-2018/2019
- Kenya AIDS Strategic Framework Monitoring, Evaluation and Research Framework
- NACC, NASCOP Kenya HIV County Profile, 2014
- NACC, NASCOP Kenya HIV Estimates 2014
- MOH, NACC, NASCOP Kenya Prevention Revolution Road Map, 2014
- MOH, Kenya Health Policy 2012-2030
- County integrated development plan 2013/14 - 2017/2018
- County health strategic and investment plan 2013/14 to 2017/2018
- NACC (2015). KASF Research Agenda
- NACC (2015). Fast Track Plan to End HIV and AIDS Among Adolescents and Young People, 2015
- Kenya Demographic Health Survey, 2014
- NASCOP (2012). Kenya AIDS Indicator Survey, Nairobi.
- NACC (2014). Kenya Stigma and Discrimination Index Report, Nairobi.
- Siaya County KASF Dissemination Report, October 2015
- The Constitution of Kenya (2010).
- The Kenya Vision 2030.
- The Adolescents and Youth Sexual Reproductive Health and Development Policy (2003) and its Plan for Action (2007).
- Kenya HIV Stigma Index 2014

