



WAJIR COUNTY HIV AND AIDS STRATEGIC PLAN 2015/16 - 2018/19



“A County free of new
HIV infection, stigma
and discrimination”





WAJIR COUNTY HIV AND AIDS STRATEGIC PLAN

2015/16 - 2018/19

Map of Wajir County

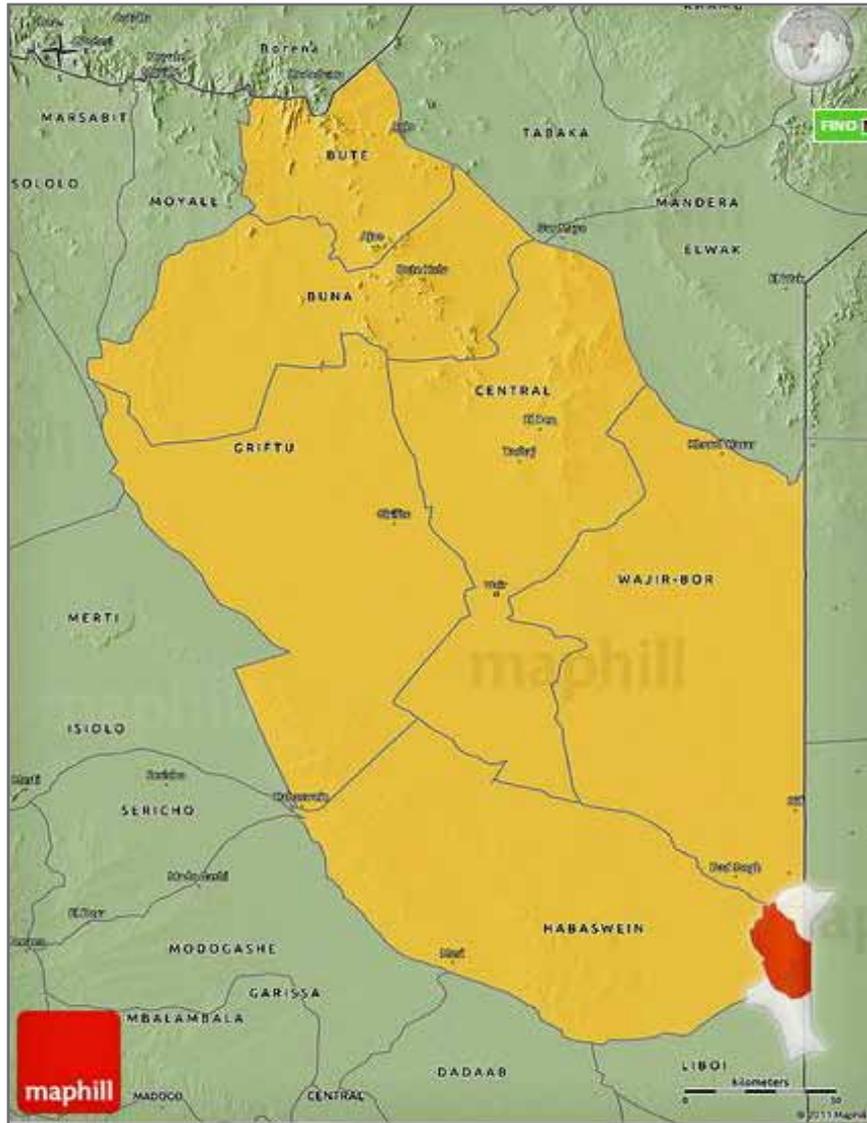


Table of Contents

<i>List of Figures and Tables</i>	v
<i>Abbreviations and Acronyms</i>	vi
<i>Foreword</i>	vii
<i>Preface</i>	viii
<i>Acknowledgements</i>	ix
<i>Executive Summary</i>	x

CHAPTER 1: BACKGROUND INFORMATION ON WAJIR COUNTY 1

1.1: Introduction.....	1
1.2: Population size and composition.....	2
1.3: Administrative units.....	2
1.4: Literacy levels.....	2
1.5: Poverty.....	2
1.6: Cultural practices.....	2

CHAPTER 2: SITUATIONAL ANALYSIS 3

2.1 HIV and AIDS burden.....	3
2.2 HIV priority populations.....	3
2.3 HIV programmes gaps in the County.....	4
2.4 SWOT analysis of HIV and AIDS programmes in the County.....	4

CHAPTER 3: RATIONALE, STRATEGIC PLAN DEVELOPMENT PROCESS AND THE GUIDING PRINCIPLES..... 5

3.1 Purpose of the Plan.....	5
------------------------------	---

3.2 Process of developing the County HIV Plan.....	5
3.3 Guiding principles	6
CHAPTER 4: VISION, GOAL, OBJECTIVES & COUNTY STRATEGIC DIRECTIONS	7
4.1 Vision, Goal and Objectives	7
4.2 County Strategic Directions.....	8
CHAPTER 5: IMPLEMENTATION ARRANGEMENTS	18
CHAPTER 6: RESEARCH, MONITORING AND EVALUATION OF THE PLAN	20
CHAPTER 7: RISK AND MITIGATION PLAN	23
ANNEX 1: RESULTS FRAMEWORK	24
ANNEX 2: RESOURCE NEEDS.....	32
ANNEX 3: REFERENCES.....	38
ANNEX 4: COUNTY DRAFTING AND TECHNICAL TEAMS	39

List of Figures and Tables

Figures

Figure 1.1: Position of Wajir County in Kenya

Figure 5.1: County Coordination Unit organogram

Tables

Table 1.1: Area covered by the County by sub-counties and wards

Table 2.1: HIV response issues in Wajir County

Table 4.1: Interventions towards reducing new HIV infections by 80 percent

Table 4.2: Interventions for improving health outcomes and wellness of all people living with HIV

Table 4.3: Interventions towards using a human rights-based approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors

Table 4.4: Interventions towards strengthening integration of health and community systems

Table 4.5: Interventions for strengthening research and innovation to inform the KASF goals

Table 4.6: Interventions for promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming

Table 4.7: Interventions for increasing domestic financing for a sustainable HIV response

Table 4.8: Interventions for promoting accountable leadership for delivery of the KASF results by all sectors and actors

Table 7.1: Mitigation measure against possible risks in implementation of the WCHASP

Acronyms and Abbreviations

AIA	Appropriation In Aid	HSSP	Health Sector Strategic Plan
AIDS	Acquired Immune-deficiency Syndrome	HTS	HIV Testing Services
ANC	Ante-natal Care	ICC	Inter-agency Coordination Committee
APHIA	AIDS, Population and Health Integrated Assistance	IGA	Income Generating Activity
ARV	Anti-Retroviral	KASF	Kenya AIDS Strategic Framework
CACC	Constituency AIDS Control Committee	KDHS	Kenya Demographic and Health Survey
CASCO	County AIDS and STIs Coordinator	KNASP	Kenya National AIDS Strategic Plan
CASP	County AIDS Strategic Plan	KNBS	Kenya National Bureau of Statistics
CEC	County Executive Committee Member	M&E	Monitoring and Evaluation
CHC	County HIV Committee	MCA	Member of County Assembly
CHMT	County Health Management Team	MI&NGC	Ministry of Interior & National Government Coordination
CHRO	County Health Records Office	MIPA	Meaningful Involvement of PLHIV
CHV	Community Health Volunteer	NACC	National AIDS Control Council
CIDP	County Integrated Development Plan	NASCOP	National AIDS and STI Control Programme
CO	Chief Officer	NGO	Non-Governmental Organization
COBPAP	Community Based Program on AIDS Reporting	OPAHA	Organization of PLHIV and Affected with HIV and AIDS
CRA	Commission for Revenue Allocation	OVC	Orphans and Vulnerable Children
DHIS	District Health Information System	PITC	Provider-Initiated Testing and Counselling
FGM	Female Genital Mutilation	PLHIV	People Living with HIV
FANC	Focus Antenatal Care	RHC	Regional HIV Coordinator
HIV	Human Immuno-deficiency Virus HIPORS		

RRI	Rapid Results Initiative
SCACC	Sub-County AIDS Coordinating Committee
SD	Strategic Direction
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
SUPKEM	Supreme Council of Kenya Muslims
SW	Sex Worker
TOT	Trainer of Trainers
WCHASP	Wajir County HIV and AIDS Strategic Plan
WCHSSP	Wajir Health Sector Strategic and Investment Plan

Foreword



Wajir County is one of the 47 counties created through the devolved system of government by the Constitution of Kenya 2010. The county has a diverse background comprising urban and rural set-ups as well as a rich ethnic and cultural diversity composition with the Somali community being the dominant community, whose population cuts into the neighbouring Republic of Somalia and Ethiopia.

The Wajir County AIDS Strategic Plan (WCASP) covering the period 2015/16–2018/19 has been developed in line with the Wajir Health Sector Strategic Plan and the Kenya AIDS Strategic Framework. It is guided by the Kenya Vision 2030. This Strategic Plan provides a basis for coordination and harmonization of HIV and AIDS interventions and strategies aimed at carrying forward an inclusive partnership of both the National and County governments. The plan is a product of extensive consultations and collaborations with all stakeholders and it establishes a strategic framework for the delivery of HIV interventions, along with performance monitoring and evaluation.

The strategy articulates the efforts required to scale up AIDS control and lays the groundwork for realizing the County's vision of a 'County free of new HIV infections, stigma and discrimination'.

I am confident that this strategy provides the necessary framework for the requisite multi-sectoral approach towards provision of HIV and AIDS services and I urge all stakeholders to put all effort into its implementation to enable the County to move towards her vision of a 'County free of new HIV infection, stigma and discrimination'.

A handwritten signature in black ink, appearing to read 'Ahmed Abdullahi', with a long horizontal flourish extending to the right.

H.E. AHMED ABDULLAHI,
The Governor, Wajir County

Preface

It is with pleasure and pride that I present this County AIDS Strategic Plan 2015/16 – 2018/19, as a continuation of the previous Wajir Health Sector Strategic Plan (HSSP). This document contains a comprehensive set of HIV strategies and prioritized activities and is in line with the Wajir County Integrated Development Plan (CIDP) and the national Vision 2030.

Prior to developing this document, HIV and AIDS response was largely coordinated at the national level through the implementation of the Kenya National AIDS Strategic Plan (KNASP). Health is a devolved function. HIV and AIDS response is largely a health issue, thus the provision of standard comprehensive HIV services is a county function. This document will serve as a reference for all actors involved in the implementation of a well-focused, intensive, and comprehensive response to HIV and AIDS; aiming to achieve the set objectives of halting and beginning to reverse the spread of HIV by 2019.

With hard work and commitment, we will prevent 1,000 new HIV infections in Wajir County by the year 2019. Nonetheless, as with other plans, however well they may be made, targets will not be achieved without good leadership and governance. For this reason, I would like to remind us all that we need to responsibly lead, manage, regulate, monitor and evaluate the implementation of the HIV and AIDS response at every level of government and private sector.

I thank the County Drafting Team for their hard work and our national partners led by the National AIDS Control Council (NACC) - North Eastern - for providing technical guidance and comments, all of which have contributed greatly to the development of WCASP 2015/16-2018/19.

May All Mighty God bless all our efforts to save this County from the worst ravages of the AIDS pandemic.



Ms. Rukia Maalim,
County Executive Committee Member, Health Services,
County Government of Wajir



Acknowledgements



This County AIDS Strategic Plan was developed through a participatory process that involved key stakeholders in HIV and AIDS response.

The Wajir County Department of Health Services would like to acknowledge all those who contributed towards the development of this document and those who attended stakeholder meetings to provide valuable input and feedback.

Special thanks to the NACC, for providing policy guidance, resources and technical direction towards the development of the strategic plan. Similarly, I acknowledge the contribution of the County Assembly of Wajir, Organization of PLHIV and Affected with HIV and AIDS (OPAHA) and our development partners whose support was invaluable in this process.

Finally, much gratitude goes to the County Government of Wajir and the office of the Governor for the overall support and coordination throughout the process.

A handwritten signature in black ink, consisting of a stylized 'A' followed by a horizontal line and a small flourish.

Abdullahi Hassan Maalim,
Chief Officer – Public Health and Sanitation,
County Government of Wajir

NACC, for
providing policy
guidance,
resources
and technical
direction towards
the development
of the strategic
plan.

Executive Summary

The County Government of Wajir recognizes HIV and AIDS as a health and socio-economic burden. The Wajir County AIDS Strategic Plan (WCASP) was developed to provide detailed activities for the implementation, coordination and monitoring of HIV and AIDS response in the County. The WCASP supports the Wajir Health Sector Strategic and Investment Plan (WCHSSP) 2014 – 2018 that provides the overall framework for the County Department of Health strategy. It was also developed in line with the Kenya AIDS Strategic Framework (KASF) 2014/2015 – 2018/2019, but this has taken consideration of the local context and environment.

The Process

The WCASP development process was consultative and participatory; gathering input from, but not limited to the following stakeholders; community, political leaders, county technical teams (Department of Health, NASCOP, NACC), key HIV implementers and National Government within the County. Consultations were done with the County Executives and the County Health Management Team (CHMT). The process obtained information on gaps, challenges and domestic solutions to HIV and AIDS response.

Strategic Objectives

The Wajir County AIDS Strategic Plan details the key strategic objectives, activities and targets that the County should achieve during the implementation period. The objectives were largely adopted from the KASF but the targets were customised strategically. The objectives are as follows:

1. To reduce new HIV infections by 80%.
2. To reduce AIDS-related mortality by 25%.
3. To reduce HIV-related stigma and discrimination by 60%.
4. To increase County domestic financing of the HIV response to 25%.

Strategic Directions (SDs)

As in KASF, the WCASP followed the same format by using the identified eight (8) SDs in outlining the activities, interventions, target populations and the geographical area to be covered in the county. The SDs and their specific objectives are as in the table below:

Strategic Direction Area	Specific Objective
SDA 1: Reducing new HIV infections	To identify and target the priority populations for HIV services
SDA 2: Improving health outcomes and well being of all people living with HIV	To improve HIV services for PLHIV
SDA 3: Using a human rights-based approach to facilitate services for PLHIV, Key Populations (KPs) and other priority groups in all sectors	To increase equitable access to HIV services for PLHIV
SDA 4: Strengthening integration of health services and community systems	To strengthen linkage between health services and community systems for HIV response
SDA 5: Strengthening research and innovation to inform the AIDS strategic plan	To strengthen research so as to have information for innovations
SDA 6: Promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming	To strengthen monitoring and evaluation of the WCASP
SDA 7: Increasing domestic financing for a sustainable HIV response	To mobilize for resources for the implementation of the WCASP
SDA 8: Promoting accountable leadership for delivery of the AIDS Strategic Plan	To strengthen the leadership and coordination of Wajir AIDS Strategic Plan

Implementation, Monitoring and Evaluation

The implementation focus of the plan is through the adoption of a multi-sectoral approach with defined roles and responsibilities for all implementing partners in the County. Each of the CASP result areas has its defined activities and targets to be achieved during the implementation period.

There are three main indicators which will be used in monitoring of the AIDS response in County: coverage, effectiveness and sustainability. All implementers will be reporting using the established monitoring and evaluation mechanisms and the identified indicators. Evaluation will be done twice in the entire period of the document implementation.

Background on Wajir County

1.1 Introduction

Wajir County is one of the 47 counties created under the Kenya Constitution 2010. Wajir County is located in the North Eastern region of Kenya. The County lies between Latitudes 3° N $60'$ N and 0° $20'$ N and Longitudes 39° E and 41° E and covers an area of $56,685.9\text{km}^2$, approximately 10% of Kenya's total land mass. The County borders Somalia to the East, Ethiopia to the North, Mandera County to the North-east, Isiolo County to the South-west, Marsabit County to the West and Garissa County to the South.



Figure 1: Position of Wajir County in Kenya

1.2 Population size and composition

The projected population of Wajir County as at December 2015, according to KNBS, was 800,577. Males comprised 55% of the population whereas the female population accounted for 45%. The County has an inter-censal growth rate of 3.22% which is higher than the national population growth rate of 3.0%; 51.8% between 0-14 years, 45.9% between 15-64 years and 2.2% above 65 years old (CRA Report, 2011). The average population density in the county stands at 12 persons per square kilometer. The average household size is 7 persons (CRA 2011).

1.3: Administrative units

Administratively, the county comprises six sub-counties, namely; Wajir East, Tarbaj, Wajir West, Eldas, Wajir North and Wajir South. It is further divided into 30 wards, 128 locations and 159 sub-locations.

Table 1.1 Area of the County by sub-counties and wards

Sub-county	Wards
Wajir East	Township , Wagberi, Khorof-Harar, Barwaqo
Tarbaj	Tarbaj, Sarman, Wargadud, Elben
Eldas	Della, Eldas , Elnur/Tulatula, Basir/ Lakole
Wajir West	Wagala/Ganyure, Arbajahan, Ademasajida, Hadado/Athibol
Wajir South	Habaswein, Burer, Banane, Dadajabulla, Diif, Ibrahim Ure, Lagbogol South
Wajir North	Gurar, Bute, Buna/ Batalu, Korondille, Danaba, Godoma, Malkagufu

1.4 Literacy levels

The literacy level stands at 23.8%. Only 22% of women and 59% of men have received any formal education (KDHS 2008-09). The low literacy level means limited skills, knowledge and innovativeness. This is a major factor that has inhibited the pursuit of resilient alternative livelihood in the County.

1.5 Poverty

The County has a large number of poor people both in urban and rural areas. The population living under absolute poverty is estimated to be 84%. This implies that the majority of the population is unable to afford their minimum basic needs such as food, clothing and shelter. Majority are heavily dependent on relief food from the Government and other development partners.

The high incidence of poverty can be attributed to low and unreliable rainfall ranging between 250 mm and 700 mm per annum, high levels of illiteracy, poor crop and animal husbandry practices, poor transport and communication infrastructure, and inaccessibility to credit facilities. Others factors contributing to poverty are poor marketing systems, natural disasters such as frequent droughts, floods, livestock and crop diseases, wildlife menace (wildlife attacks on livestock and people) and environmental degradation.

1.6 Cultural practices

Wajir County is dominated by the Somali ethnic group. Like for many other ethnicities, some cultural practices have a great bearing to HIV response. Female Genital Mutilation (FGM), wife inheritance, high divorce rates and early marriages are rampant practices in the County which have to be addressed in relation to HIV prevention practices.

Situational Analysis

The HIV and AIDS pandemic in Kenya is categorized as generalized; meaning that HIV is widespread not only among high-risk groups but also significantly in the general population. Wajir County is categorized as among the lowest affected by the HIV burden in the country. Despite this, the effects of HIV and AIDS are greatly felt in the County.

2.1 HIV and AIDS burden

With a population of 661,941(2013), Wajir County's overall HIV prevalence of the adult population was 0.2%. The number of People Living with HIV (PLHIV) was estimated at 810; 667 adults and 133 children. Over the years, very low rate of HIV infections have been reported in the County with the annual adult HIV incidence rate of 18 people in 2013.

Due to their higher vulnerability, women living in the county have been greatly affected by the epidemic, with a higher HIV prevalence of 0.3% compared to 0.1% for men. Approximately, 79 adults (men and women) and 10 children in Wajir County died of AIDS-related conditions in 2013.

2.2 HIV priority populations

All human beings are susceptible to HIV infection. However, there are certain categories of human populations which are at a higher risk and are highly vulnerable to HIV and AIDS infection. As categorized in the KASF, the HIV Key Populations (KPs) include Sex Workers (SW), Men who have Sex with Men (MSM) and People Who Inject Drugs (PWID).

Sex work is practised in Wajir County. Female sex workers and their clients are mainly found in lodges in the urban towns of the County, the bus and truck stop-overs along the Garissa- Manderu road and rental residential houses.

The truck drivers, house-helpers, divorcees, *mira* women, lodge cleaners, bar attendants at *Ngamia* Club, disciplined forces and migrant workers such as the civil/public servants living away from their families mostly engage in one or the other form of high-risk sexual behaviour. These populations and their risky sexual practices need to be programmatically addressed in regard to the HIV and AIDS response in the County.

2.3 HIV programmes gaps in the County

In the past the HIV and AIDS activities have been undertaken amid many difficulties in getting resources and support from the government and community. The response has numerous gaps which drag the achievement of the desired goals. Some of the results of these limitations are as follows:

- (i) A large percentage (73%) of Wajir residents has never been offered the HTS. This poses a risk as majority do not know their HIV status.
- (ii) There is extremely low uptake of condoms by the residents of the County. Religious leaders and the community oppose the provision, distribution and use of condoms.
- (iii) Majority of women in the County still deliver their babies at home under the traditional births attendants. Only 41% attend the recommended Focus Antenatal Clinic (FANC). For instance, in 2013, 92% of the HIV-positive pregnant women did not deliver in health facilities.
- (iv) The County is among the counties with the lowest HIV and AIDS knowledge as indicated in the KDHS. This has resulted in denial and the highest stigma rates in the county (60% stigma index).
- (v) HIV and AIDS have never been prioritized as a developmental challenge. The County Government needs to allocate resources to ensure the programme succeeds. Funding has largely been from the national government. The situation is made worse when no development partners are operating in the County and the fact that most of the donors are shifting to the high HIV-burden counties.

2.4 SWOT analysis of HIV and AIDS programmes in the County

The table below summarizes the HIV-response issues in Wajir County.

Table 2.1: HIV response issues in Wajir County

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Existence of NACC structures in the (sub-counties)-CACCs. • Trained indigenous health workers. • Political commitment and good-will. • Existence of a network of PLHIV (OPAHA). 	<ul style="list-style-type: none"> • High Illiteracy rate. • Low HIV knowledge. • Low staffing levels in health institutions. • Unreliable data on PLHIV & OVCs. • Lack of work place policy on HIV/AIDS in County institutions. 	<ul style="list-style-type: none"> • The Beyond Zero mobile clinics initiative. • Presence of strong clan structures and religious channels to influence HIV response. • Devolution and the County Government. 	<ul style="list-style-type: none"> • Low uptake of condoms due to cultural and religious barriers. • Poverty, famine and droughts. • Vastness of the County coupled with poor transport and communication network. • High rate of denial. • High illiteracy levels. • High levels of stigma associated with HIV. • Irregular and inadequate funding of HIV & AIDS programmes by development partners. • Insecurity and clan clashes. • Retrogressive cultural practices.

Rationale, Strategic Plan Development Process and the Guiding Principles

3.1 Purpose of the Plan

The WCHASP will guide the coordination and implementation of the HIV response in the County. It defines the results to be achieved in the next four years. It also offers a broad strategic guidance and key strategic results of greater impact to be achieved over its implementation period.

3.2 Process of developing the HIV Plan

The WCHASP was developed through a highly participatory process involving a wide range of stakeholders from the national government (NACC & Ministry of Interior and National Coordination), County Government of Wajir, Civil Society Organizations (NGOs), including non-governmental organizations, Faith-Based Organizations (FBOs), networks of PLHIV, KPs, and private sector representatives. The input to the strategy was also gathered through in-depth analysis of locally available data.

The development process followed the steps below:

1. The launch of KASF at Wajir Baraza Park by His Excellency Hon. Ahmed Abdullahi, Governor, Wajir County, on 1st December, 2014 during the commemoration of the World AIDS Day.
2. Sensitization, dissemination and rollout of KASF in May 2015. A team of five persons from Wajir County were trained to be Trainers of Trainers (TOTs) in dissemination of KASF to the stakeholders.

3. The TOTs disseminated and provided feedback on the KASF to the CHMT in May 2015. Consultations were done with the County Commissioner, County Secretary, County Executives, Chief Officers and Director – Department of Health, Wajir County.
 4. In June 2015, the TOTs and NACC's North Eastern team sensitized and disseminated KASF to the County Stakeholders in Habaswein, where a drafting team for the CASP was established.
 5. In September 2015, a Zero Draft of the Strategic Plan was developed by the County Drafting Team.
 6. The Zero Draft was presented to NACC for Technical Review and Feedback to the County Drafting Team.
 7. Technical Review support with the County Drafting Team was held in March 2016.
 8. Validation of the WCHASP Draft was done in April 2016.
- (ii) County ownership and partnership: All HIV stakeholders including the government, development partners, private sector, FBOs and communities of PLHIV and communities living in the County shall align their efforts towards the results envisioned.
 - (iii) Results-based planning and delivery of the Plan: The HIV and AIDS programme in the County shall be linked to this plan and demonstrate contribution towards desirable results.
 - (iv) Rights-based and gender transformative approaches: The success of the HIV response is dependent on protecting and promoting the rights of those who are socially excluded, marginalized and vulnerable. This plan is cognisant of this reality and is rooted in a human rights-based approach.
 - (v) Multi-sectoral accountability: The plan provides guidance for interventions and results for which multiple sectors are responsible and accountable.

3.3 Guiding principles

The development and implementation of the plan is largely informed by the following guiding principles:

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

The success of the HIV response is dependent on protecting and promoting the rights of those who are socially excluded, marginalized and vulnerable.

Vision, Goal, Objectives & County Strategic Directions

4.1

VISION

A County free of new HIV infections, stigma and discrimination.

GOAL

Accessibility to comprehensive HIV prevention, treatment and care services.

MCASP

OBJECTIVES

1. Reduce new HIV infections by 80%.
2. Reduce AIDS related mortality by 25%.
3. Reduce HIV-related stigma and discrimination by 60%.
4. Increase domestic financing of the HIV response to 25%.

4.2 County Strategic Directions

All the activities, targets and the end results of the identified interventions are aligned to the eight main strategic directions of the County HIV and AIDS response as discussed below.

Strategic Direction 1: Reducing new HIV infections

The interventions on this strategic direction will raise public awareness and provide services on HIV, AIDS and STI prevention and control; ensure universal access to behaviour change communication on HIV, especially targeting priority populations.

Table 4.1: Interventions towards reducing new HIV infections by 80 percent

Reducing new HIV infections by 80 percent						
KASF Objective	CASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/sub-County	Responsibility
Reduce new HIV infections by 80%	Reduced annual new HIV infections by 80%	Communicate for social transformation and behaviour change	Conduct HIV and AIDS knowledge creation trainings	General population	All sub-counties: Wajir East Wajir West Wajir South Tarbaj Eldas	Department of Health Services – Wajir County
			Sensitize community on HIV prevention through mass media, religious leaders and public barazas	General population		Wajir FM radio stations
			Strengthen the Islamic and cultural values on HIV prevention	General population		SUPKEM
		Adapt and scale up HTS	Conduct HIV outreaches	General population	All sub-counties: Wajir East Wajir West Wajir South Tarbaj Eldas	Department of Health Services – Wajir County

Reducing new HIV infections by 80 percent						
KASF Objective	CASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/sub-County	Responsibility
Reduce new HIV infections by 80%	Reduced annual new HIV infections by 80%	Adapt and scale up HTS	Conduct moonlight HTS sessions Conduct bi-annual HIV RRI Scale up PITC Condom provision Provide continuous capacity development to HIV counsellors	Sex Workers Truck drivers Bar revellers General population Clients seeking health services in facilities Sex Workers HIV discordant couples PLHIV Health workers	All sub-counties: Wajir East Wajir West Wajir South Tarbaj Eldas	Department of Health Services – Wajir County
		Elimination of Mother-to-Child transmission of HIV	<ul style="list-style-type: none"> • Advocate for child delivery in health facilities • Identify and link all pregnant women to health facilities through CHVs • Create awareness on FANC • Initiate ARVs to all pregnant mothers who are HIV positive 	Pregnant women Traditional birth attendants HIV positive pregnant women	All sub-counties: Wajir East Wajir West Wajir South Tarbaj Eldas	Department of Health Services – Wajir County

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

Persons infected and affected by HIV should be covered under existing programmes. Stronger linkages and referral system between HIV and related services is encouraged under this strategic direction. It also ensures and maintains the quality and sustainability of treatment, care and support services for PLHIV.

Table 4.2: Interventions for improving health outcomes and wellness of all people living with HIV

Improving health outcomes and wellness of all people living with HIV						
KASF Objective	CASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/sub-County	Responsibility
Reduce AIDS related mortality by 25%	Increased access and availability of care, support and social impact mitigation programmes for PLHIV and those affected	Improve timely identification, linkage and retention in care, treatment and support for PLHIV	<ul style="list-style-type: none"> • Improve coordination, linkage and referral among social, health and community-based services at the community level • Strengthen the quality and impact of people living with HIV in Income Generating Activities (IGAs) support groups and networks • Link PLHIV and their families to existing social support programmes so as to ensure access to social services • Increase the use of the MIPA principle • Provide quality emotional, religious and spiritual support to PLHIV and their families • Strengthen community knowledge on treatment literacy • Provision of nutritional supplements and therapeutic support for person on care and treatment 	PLHIV HIV-affected families	Wajir County sub-counties: Wajir East Wajir West Wajir South Wajir North Tarbaj Eldas	Wajir County - Department of Health Services, Wajir County NACC Office of the Governor – Wajir County

Strategic Direction 3: Using a human rights-based approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors

Stigma and discrimination are barriers to uptake of HIV services. This strategic direction provides ways to ensure equitable access to health services among the HIV priority populations.

Table 4.3: Interventions towards using a human rights-based approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors

Using a human rights-based approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors						
KASF Objective	CASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/sub-County	Responsibility
Reduce HIV-related stigma and discrimination by 50%	Improved political, legal and policy environment for reduced stigma and discrimination	<ul style="list-style-type: none"> Remove barriers to access of HIV,SRH and rights information and services in public and private entities Improve County legal and policy environment for protection and promotion of human rights, reduce and monitor stigma and discrimination 	<ul style="list-style-type: none"> Protect the rights of PLHIV and other vulnerable groups through implementation of existing policies Domesticate laws to address stigma and discrimination and sexual or/ and gender-based violence on PLHIV and other priority groups Promote use of KP peer groups to enhance uptake of services Engage men in HIV, sexual and reproductive health programmes and interventions and also offer them services Strengthen PLHIV support groups to advocate for a friendly living environment for their protection <p>Involvement of religious leaders,</p>	<ul style="list-style-type: none"> PLHIV Priority populations County Assembly Priority populations Law enforcement agencies and departments Religious leaders General population 	<ul style="list-style-type: none"> Wajir County sub-counties: Wajir East Wajir West Wajir South Wajir North Tarbaj Eldas 	NACC MI&NC, Office of the Governor, Wajir County Judiciary Department of Health Services – Wajir County



Using a human rights-based approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors

KASF Objective	CASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/sub-County	Responsibility
Reduce HIV- related stigma and discrimination by 50%	Improved political, legal and policy environment for reduced stigma and discrimination	Reduce social exclusion and gender-based violence and improve access to legal and social justice and protection from stigma and discrimination in the public and private sector	peer educators, community leaders, education institutions and mass media engagement on love and support for PLHIV and KPs in stigma reduction advocacy activities <ul style="list-style-type: none"> • Implement interventions that enable vulnerable populations, especially women to overcome society-imposed challenges • Support development of community forums for social empowerment including PLHIV and other interest groups to campaign against HIV-related stigma, discrimination and to challenge harmful gender norms. • Educate communities on basic legal issues and rights against discrimination • Facilitate campaigns to reduce stigma and discrimination, reduce gender-based violence and promote uptake of HIV services and prevention interventions 	General population	Wajir County sub-counties: Wajir East Wajir West Wajir South Wajir North Tarbaj Eldas	NACC MI&NC, Office of the Governor, Wajir County Judiciary Department of Health Services – Wajir County

Strategic Direction 4: Strengthening integration of health and community systems

Being a chronic condition, HIV and AIDS requires functional support systems both at the community and health facility levels. This is what is addressed under this strategic direction .

Table 4.4: Interventions towards strengthening integration of health and community systems

Strengthening integration of health and community systems						
KASF Objective	CASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/sub-County	Responsibility
Improved health workforce for HIV response at all levels by 40%	Improved health workforce for HIV response at the county level by 40%	Build a competent, motivated and adequately staffed workforce to deliver HIV services	Recruit and redistribute health staff at the County	Health care workers	Wajir County sub-counties: Wajir East Wajir West Wajir South Wajir North Tarbaj Eldas	Public Service Board – Wajir County Department of Health Services – Wajir County Office of the Governor – Wajir County
			Continual staff capacity development and trainings on relevant skills			
			Task shifting and mentorship for skills transfer			
			Strengthen the performance-based rewarding system at the health facilities			

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

Research should inform all the decisions in HIV and AIDS response. The interventions undertaken should yield the highest impact possible. This strategic direction highlights the sub-activities to be carried out to ensure research capacity of the HIV implementers is enhanced; resulting in evidence-based decisions.

Table 4.5: Interventions for strengthening research and innovation to inform the KASF goals

Strengthening research and innovation to inform the KASF goals						
KASF Objective	CASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/ sub- County	Responsibility
Increased evidence-based planning, programming and policy changes by 50%	Increased evidence-based planning, and programming	Build capacity for HIV research	<ul style="list-style-type: none"> • Conduct trainings on HIV research among the health workers • Conduct operational and behavioural research • Dissemination of research findings to inform policy • Costing the effectiveness of HIV interventions 	Health care workers HIV implementing partners	Wajir County sub-counties: Wajir East Wajir West Wajir South Wajir North Tarbaj Eldas	NACC Department of Health Services, Wajir County

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

This strategic direction aims at promoting accessibility of relevant HIV information to all. It ensures the establishment of M&E mechanisms to track the progress of implementation of suggested strategies and interventions.

Table 4.6: Interventions for promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming

Promoting utilisation of strategic information for research and M&E to enhance programming						
KASF Objective	CASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/ sub- County	Responsibility
Increased availability of strategic information to inform HIV response at national and county level	Increased availability of strategic information to inform HIV response at Wajir county	Strengthen M&E capacity to effectively track the KASF performance and HIV epidemic dynamics at all levels in the county	<ul style="list-style-type: none"> • Establish HIV Resource Centre and a County HIV information hub • Ensure a HIV and Health Indicators Situation Room is established and operationalized • Conduct quarterly assessments and develop M&E and reporting system in line with national mechanisms • Constitute and operationalize the County KASF monitoring committee • Ensure timely, complete and comprehensive reporting by all HIV implementers in the County 	General population County leadership HIV implementers	Wajir County sub-counties: Wajir East Wajir West Wajir South Wajir North Tarbaj Eldas	NACC Office of the Governor, Wajir County County Department of Health services - Wajir County

Strategic Direction 7: Increasing domestic financing for a sustainable HIV response

HIV and AIDS response has largely been financed by donors all along. With the donor fatigue and dwindling financial support, local and domestic innovations must be employed to ensure sustainability of the response. This strategic direction therefore aims at optimizing ways and means of domestically funding the HIV response in the County.

Table 4.7: Interventions for increasing domestic financing for a sustainable HIV response

Increasing domestic financing for a sustainable HIV response						
KASF Objective	CASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/sub-County	Responsibility
Increased domestic financing for HIV response to 50%	Increased domestic financing at the County for HIV response to 25%	Financing to sustain HIV response	<ul style="list-style-type: none"> • Rationalize utilization of existing finances to deliver superior results • Fund raising/resource mobilization from County and partners • Establish a special County fund for HIV response by leveraging on the existing county revenues (e.g Miraa taxation) • Institutionalize cost minimization measures by implementing high impact resultant interventions • Implement HIV combination prevention interventions • Broker partnerships with key HIV development partners to deliver on specific priority areas • Lobby the County Government to allocate 1% of the health budget for HIV response 	County Leadership, Local HIV Partners County Revenue Department County Assembly	Wajir County sub-counties: Wajir East Wajir West Wajir South Wajir North Tarbaj Eldas	Office of the Governor, Wajir County County Assembly Chairs of Budget and Health Committees NACC Department of Health Services – Wajir County

Strategic Direction 8: Promoting accountable leadership for delivery of the KASF results

This strategic direction is about good governance, leadership that is committed to the HIV and AIDS response at the county level.

Table 4.8: Interventions for promoting accountable leadership for delivery of the KASF results by all sectors and actors

Promoting accountable leadership for delivery of the KASF results by all sectors and actors						
KASF Objective	CASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/sub-County	Responsibility
Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels	Good governance practices and accountable leadership entrenched at the county level	Build and sustain high-level political commitment for strengthened County ownership of the HIV response	Governor to provide State-of-the-County address to the County Assembly on the measures taken and progress achieved on HIV and AIDS response	Governor and the rest of County leadership HIV implementers	Wajir County sub-counties: Wajir East Wajir West Wajir South Wajir North Tarbaj Eldas	Office of the Governor, Wajir County Wajir County Assembly NACC Department of Health Services – Wajir County
	Effective and well-functioning stakeholder coordination and accountability mechanisms in place and fully operationalized at the county level	Entrench good governance and strengthen multi-sectoral and multi-partner accountability to delivery of KASF/CASP results	<ul style="list-style-type: none"> • Lobby MCAs to influence resource allocation for HIV response to sub-county level • Hold County bi-annual stakeholders forum on HIV response • Establish the HIV Coordination units at County and sub-county levels as follows: <ul style="list-style-type: none"> - County HIV Committee - CASP Monitoring Committee - ICC (HIV) - SCACCs • Map all the HIV implementers in the County • Ensure timely and accurate reporting using the established M&E mechanisms by all HIV implementers in the County 	County HIV leadership HIV implementers	Wajir County sub-counties: Wajir East Wajir West Wajir South Wajir North Tarbaj Eldas	NACC Office of the Governor - Wajir County County Commissioner Wajir County Department of Health Services - Wajir County

Implementation Arrangements

It is necessary to ensure that the implementation of this County Strategic Plan on HIV and AIDS is structured and managed accordingly to facilitate the participation and involvement of relevant stakeholders from government, civil society, private sector and development partners, and to ensure output of the intended results from the many interventions. Strong governance and coordination of the County AIDS Programmes by the County HIV Committee and the Department of Health's CHMT will ensure harmonisation and alignment of all stakeholders involved in the AIDS response.

Coordination

The overall coordination of the response in the County is vested upon the executives, led by the Governor. In order to ensure a harmonized and coordinated response, a County HIV Committee (CHC) is established to be the highest decision-making organ in the County regarding the HIV and AIDS response. This organ, in line with CHMT, will efficiently inform the executives on the progress in the County.

Reports from the community and implementers will be received via the subset structures of County KASF Monitoring Committee (KASF - MC), HIV Inter-agency Coordination Committee (HIV - ICC) and through the Sub-County AIDS Coordination Committees (SCACCs).

The NACC will establish a County Coordination Unit whose functions will be the secretariat to the CHC.

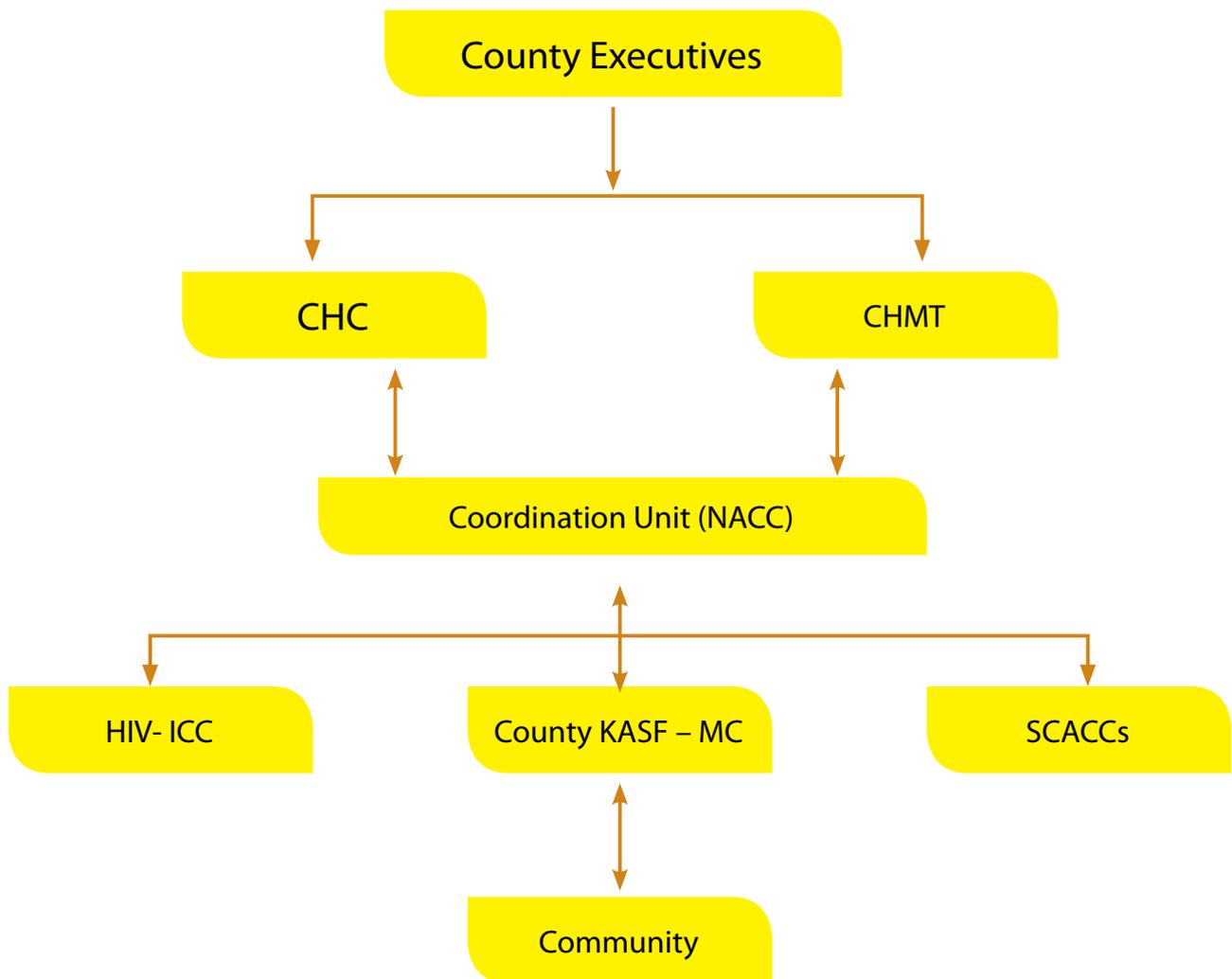


Figure 5.1: County Coordination Unit organogram

The NACC will establish a County Coordination Unit whose functions will be the secretariat to the CHC.

Research, Monitoring and Evaluation of the Plan

The implementation of the Wajir County AIDS Strategic Plan will be monitored and evaluated through the Kenya National HIV M&E framework, which is coordinated by the National AIDS Control Council and NASCOP Programme Secretariat and the County CASP monitoring committee.

Information gathered from national HIV and AIDS monitoring and evaluation programmes will be used to:

- (a) Ensure HIV and AIDS prevention programmes achieve high levels of accountability and efficiency.
- (b) Inform and help determine whether programme up-scaling or expansion is required.
- (d) Allow corrective or remedial action to be taken.
- (e) Provide information and data which is beneficial for the implementation of the programmes and serve as input for the design of future programmes.
- (f) For the purpose of reporting on national commitments such as DHIS, HIPORS and COBPAP.

6.1 Monitoring and evaluation process

Monitoring and evaluation will be utilizing a process which is able to capture and evaluate various levels of programme implementation. All stakeholders involved in the response are contributors to the various indicators and are equally responsible for ensuring that they are regularly monitored and utilized to measure progress. The NACC Secretariat and County KASF Monitoring Committee is given the responsibility to monitor and evaluate the overall HIV and AIDS implementation.

6.2 Data collection

The NACC Secretariat will work with the Wajir County Department of Health and civil society organizations to conduct monitoring and evaluation.

6.3 Monitoring and reporting structure

A Technical Working Group on Monitoring and Evaluation (KASF-M&E) chaired by the CASCO is proposed to lead on the HIV programme performance reviews. This will provide an opportunity for strengthening of the Secretariat's own technical capacity as well as those of the relevant and involved organizations. The intention of the performance reviews is to evaluate progress based on coverage, effectiveness and sustainability of programmes.

The frequency of the country level HIV programme review should be every 3 months. The review will be conducted with government and civil society organizations responding to HIV at the county level. The progress report of the M&E committee will be presented to the CHC.

6.3.1 Annual progress report

An annual progress report shall be prepared by the CHC and forwarded to the County Executive - Governor - to form part of the annual state-of-the-county progress report presented to the County Assembly.

6.3.2 Mid-term review

A mid-term review of the implementation of the Strategic Plan is planned to take place in 2017. It will review progress made in the first two years. The review will be discussed in a joint stakeholder meeting, with the aim of reaching consensus on: Progress made in the implementation of the response as agreed in the current Strategic Plan and the direction and scope of future implementation of the response to HIV and AIDS.

6.3.3 Final review and impact evaluation

A final evaluation of the Plan will take place in the second half of 2019. The final evaluation will assess whether expected results and targets have been achieved, through the analysis of available data to measure outcome or impact, and a comparison with baseline values for these core indicators.

The final evaluation will not only assess effectiveness of individual programmes and of the overall national response, but will also take into consideration the quality and efficiency of programmes and interventions.

6.3.4 HIV and AIDS research

Monitoring and evaluation of the County Strategic Plan will also require data collected through research, including regular surveys. Research compliments monitoring and evaluation by building a knowledge base which will guide the response.

Chapter

7

Risk and Mitigation Plan

In implementing this strategic plan, it is anticipated that not all might be well as planned. To cushion some of the eventualities that may hinder the operationalization of the plan, the following mitigation measures are suggested against the foreseen risks.

Table 7.1: Mitigation measures against possible risks in the implementation of the WCASP

Risk Category	Risk Name	Level of Risk	Response	Responsibility	When
Programmes	Prioritization of HIV	High	Lobby for HIV prioritization in county	CEC & CO - Health	Annual
	Insecurity	High	Factor in the HIV implementation and coordination budgets	RHC	As arises
	Flooding	High	Factor in the budget	County Government	As arises
Operational	Lack of expertise	Medium	Continually engage in capacity development	CEC & CO - Health	Annually
Technological	Lack of skills	Medium	Continually upgrade equipment in accordance with the ICT trends.	CEC & CO - Health	Annually
Political/ Legislation	Lack of political goodwill	High	Enhance working relationship with the political leadership	CHC	Annually
Culture	HIV Stigma	High	Undertake change management initiatives	CHC	Quarterly
Financial	Inadequate HIV financing	High	Lobby for increased funding	County Assembly, CEC & CO - Health	Annual

ANNEX

1

Results framework

Strategic Direction 1: Reducing new HIV infections by 80%							
KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source (2015)	Mid Term Target	End Term Target	Responsibility
Reduce new HIV infections by 80%	Reduced annual new HIV infections by 80%	Communicate for social transformation and behaviour change	Number of people from targeted audience reached through community outreach by at least one HIV information, communication or behaviour change communication (Broken down by nature of activity)	Radio - 1000 Outreaches - 20,000 Trainings - 300	250,000 50,000 1,000	500,000 100,000 2,000	Department of Health Services – Wajir County Governor’s Press Wajir Radio
		Adapt and scale up HTS	<ul style="list-style-type: none"> • Number of people counselled and tested for HIV and who received their test results • Estimated percentage of child infections from HIV-infected women delivering in the past 12 months 	75,000 2%	200,000 1%	300,000 0%	CASCO

Strategic Direction 1: Reducing new HIV infections by 80%							
KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source (2015)	Mid Term Target	End Term Target	Responsibility
Reduce new HIV infections by 80%	Reduced annual new HIV infections by 80%	Elimination of Mother-to-child transmission of HIV	• Number and percentage of pregnant women attending antenatal care (ANC) whose male partners were tested for HIV	2%	300, 50%	600, 100%	CASCO
			• Number and percentage of infants born to HIV-infected women who get tested for HIV within 2 months of birth		100%	100%	
			• Number and percentage of infants born to HIV-infected women starting on cotrimoxazole prophylaxis within 2 months of birth		100%	100%	
			• Number and percentage of pregnant women who know their HIV status		100%	100%	
			• Percentage of HIV positive pregnant women who receive anti-retroviral medication to reduce the risk of mother-to-child transmission		100%	100%	

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

KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source (2015)	Mid Term Target	End Term Target	Responsibility
Reduce AIDS related mortality by 25%	Increased access and availability of care, support and social impact mitigation programmes for PLHIV and those affected	Improve timely identification, linkage and retention in care, treatment and support for PLHIV	<ul style="list-style-type: none"> Percentage of health facilities dispensing ART that have experienced a stock out of at least one required antiretroviral drug in the last 12 months 	13	6	0	Department of Health
			<ul style="list-style-type: none"> Number of health facilities providing care and treatment according to MoH standardized protocols 	23	29	32	CASCO CHR Office
			<ul style="list-style-type: none"> Number of PLHIV organisations reporting on treatment education programmes 	1	6	12	NACC

Strategic Direction 3: Using a human rights-based approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors

KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source (2015)	Mid Term Target	End Term Target	Responsibility
Reduce HIV related stigma and discrimination by 50%	Improved political, legal and policy environment for reduced stigma and discrimination	Remove barriers to access of HIV, SRH and rights information and services in public and private entities	Percentage of PLHIV and key populations reached with targeted HIV prevention treatment and social protection programmes		60%	80%	Wajir County Government
		<ul style="list-style-type: none"> • Improve County legal and policy environment for protection and promotion of the rights, reducing and monitoring stigma and discrimination • Reduce social exclusion and gender-based violence and improving access to legal and social justice and protection from stigma and discrimination in the public and private sector. 	<ul style="list-style-type: none"> • Number of PLHIV and key affected populations reached with information on HIV, SRH and rights • Number of laws, regulations and policies reviewed or enacted at county level that impact on the HIV response positively • Percentage of PLHIV who self-reported that they experienced discrimination and/or stigma due to their HIV status • Number of County units implementing anti-stigma and anti-discrimination measures recommended in KASF 	TBD	PLHIV-80 SW – 120	PLHIV-160 SW – 200	
				2%	2	3	
				0	20%	30%	
				0	4	6	

Strategic Direction 3: Using a human rights-based approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors

KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source (2015)	Mid Term Target	End Term Target	Responsibility
Reduce HIV related stigma and discrimination by 50%	Improved political, legal and policy environment for reduced stigma and discrimination	Reduced level of sexual and gender based violence for PLHIV, KPs, women, boys, girls, by 50%	Percentage of ever married or partnered women and men aged 15-49 who experienced sexual and/ or gender-based violence	20%	40%	60%	Wajir County Government
			• Percentage of children, 18 years and below, who experienced sexual and/or gender-based violence	30%	10%	5%	
			• Percentage of PLHIV aged 15-49 who experienced sexual and/or gender-based violence	60%	30%	10%	
			• Percentage of young people ages 15-24 who experienced sexual and/or gender-based violence	80%	50%	15%	

Strategic Direction 4: Strengthening integration of health and community systems							
KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source (2015)	Mid Term Target	End Term Target	Responsibility
Improved health workforce for HIV response at all levels by 40%	Improved health workforce for HIV response at both county and national levels by 40%	Build a competent motivated and adequately staffed workforce to deliver HIV services	• Number of Community Health Units given training on HIV module		9	18	Department of Health – Wajir County
			• Number of health facilities providing integrated HIV services	12	26	32	NACC

Strategic Direction 5: Strengthening research and innovation to inform the KASF goals							
KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source (2015)	Mid Term Target	End Term Target	Responsibility
Increased evidence-based planning and programming	Increased evidence-based planning, and programming	Build capacity for research, M&E of programmes	• Number of prioritized behavioural researches conducted	0	4	6	Department of Health-Wajir,
			• Number of people trained in HIV-related research	0	12	18	NACC
			• Proportion of HIV funds utilised on research	0	12%	18%	
			• Number of research products disseminated to inform policy, planning and programming	0	4	6	

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

KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source)	Mid Term Target	End Term Target	Responsibility
Increased availability of strategic information to inform HIV response at national and county level	Increased availability of strategic information to inform HIV response at Wajir County	Strengthen M&E capacity to effectively track the KASF performance and HIV epidemic dynamics at all levels	• Number of implementing partners submitting timely, complete and accurate reports at County level	60	90	120	Office of the Governor Wajir County
			• Number of County situation rooms in place and functional	0	1	1	NACC
			• Number of County repository established	0	1	1	Department of Health services – Wajir County
			• Number of people accessing repository	0	60	300	

Strategic Direction 7: Increasing domestic financing for a sustainable HIV response

KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source (2015)	Mid Term Target	End Term Target	Responsibility
Increased domestic financing for HIV response to 50%	Increased domestic financing for HIV response to 25%	Financing to sustain HIV response	• Percentage of County Government funding out of the total for the HIV response		0.25%	0.5%	Office of the Governor Wajir County
			• Proportion of county-specific budget lines and funding for HIV	0	1	1	County Assembly of Wajir
			• Percentage of HIV domestic funding coming from private sector, including households	0	1%	1%	Department of Health Services – Wajir County
			• Percentage of HIV domestic funding coming from the public sector	0	2%	3%	
			• HIV investment fund (trust fund) in place and operational	0	1	1	NACC

Strategic Direction 8: Promoting accountable leadership for delivery of the KASF results by all sectors and actors

KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source (2015)	Mid Term Target	End Term Target	Responsibility
Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels	Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels	Build and sustain high-level political commitment for strengthened county ownership of the HIV response	<ul style="list-style-type: none"> • Number of State-of-the-County addresses done with HIV information • Health Revenue Bill with HIV budget introduced to County Assembly 	0	1	2	Office of Governor, County Assembly Department of Health services NACC
	Effective and well-functioning stakeholder coordination and accountability mechanisms in place and fully operationalized at national and county levels	Entrench good governance and strengthen multi-sectoral and multi-partner accountability to delivery of KASF results	<ul style="list-style-type: none"> • Constituted and operationalized: County HIV Committee CASP monitoring Committee County ICC • Number of County Departments with HIV plans 	0	Operational Operational Operational	Operational Operational Operational	Department of Health services NACC

Resource needs

Resource requirements for Wajir County's response to AIDS include human, financial, and infrastructure resources.

Human resources

Human resources are the staff required for programme planning, implementation, and management as well as staff for monitoring and evaluation at all levels and in every participating/partner institution. Each programme which is planned, carried out, monitored and evaluated has distinct human resource needs which vary in skill, knowledge and numbers. To ensure efficient use of resources, each programme determines its minimum staff requirements. Programme development, in turn, builds these human resource needs into programme plans. Every person has the potential to realize his/her role as an adaptive, transformative and social being, who is capable of managing his/herself to achieve a full, balanced, and sustainable life. In view of this, human resources should be prepared through a planned work-related programme. In addition to effective competency-based staff recruitment and placement, a good personnel plan includes regular opportunities for capacity building, a clear career path, a competitive standard of compensation, as well as establishment and maintenance of a good working environment. Specifically, in connection with human resource management related to HIV and AIDS, serious attention must be given to gender equality, meaningful involvement of people living with HIV, as well as appropriateness of personnel management and development of staff knowledge (social and technical) about the HIV and AIDS field.

Financial resources

The implementation of 2015/16 – 2018/19 County HIV and AIDS Strategic Plan will require significant financial resources. Funding sources for the AIDS programme include national and local (County) budgets, private sector, community institutions, as well as international partners. Contributions of

To ensure efficient use of resources, each programme determines its minimum staff requirements.

importance are not limited to financial resource. The monetary value of in-kind contributions can also be quantified and counted as financial contribution in form of A-I-A. Below is the costed activity plan for the implementation of the strategic plan.

(Cost in KSh Millions)

Key Activity	Interventions	2015/16	2016/17	2017/18	2018/19
Strategic Direction 1: Reducing new HIV infections					
Communicate for social transformation and behaviour change	Conduct HIV and AIDS knowledge creation trainings	0.1	0.25	0.5	0.25
	Sensitize community on HIV prevention through mass media, religious leaders and barazas	0.1	0.25	0.5	0.25
	Strengthen the Islamic and cultural values on HIV prevention	0.25	0.25	0.1	0.1
Adapt and scale up HTS	Conduct HIV outreaches	0.1	0.5	0.5	0.5
	Conduct moonlight HTS sessions	0.1	0.25	0.25	0.25
	Conduct bi-annual HIV Rapid Response Initiative (RRI)	0.25	0.5	0.5	0.5
	Scale up PITC	00	00	00	00
	Condom provision and distribution	00	0.1	0.1	0.1
	Provide continuous capacity development to HIV counsellors	00	0.25	0.5	0.5
Elimination of mother-to-child transmission of HIV	Advocate for child delivery in Health facilities	00	0.25	0.25	0.25
	Identify and link all pregnant women to health facilities through CHVs	00	0.5	0.5	0.5
	Create awareness on FANC	00	0.1	0.1	0.1
	Initiate ARVs to all pregnant mothers who are HIV positive	00	0.25	0.25	0.25
	Sub - total	0.9	3.35	4.05	3.55
Strategic Direction 2: Improving health outcomes and wellness of all people living with HIV					
Improve timely identification, linkage and retention in care, treatment and support for PLHIV	Improve coordination, linkage and referral among social, health and community-based services at the community level		0.1	0.25	0.25
	Strengthen the quality and impact of people living with HIV in IGAs, support groups and networks		1.0	1.0	1.0

	Link PLHIV and their families to existing social support programmes to ensure access to social services		0.25	0.25	0.25
	Increase the use of the MIPA principle		0.1	0.25	0.25
	Provide quality emotional, religious and spiritual support to PLHIV and their families		0.5	0.25	0.5
	Strengthen Community knowledge on treatment literacy		0.25	0.25	0.25
	Provisions of nutritional supplements and therapeutic support for people on care and treatment		1.0	1.0	1.0
Sub - total			3.2	3.25	3.25
Strategic Direction 3: Using a human rights-based approach to facilitate access to services for PLHIV, Key Populations and other priority groups in all sectors					
Remove barriers to access of HIV, SRH and rights information and services in public and private entities	Protect right of PLHIV and other vulnerable groups through implementation of existing policies		0.1	0.1	0.1
	Domesticate laws to address stigma and discrimination and sexual or/and gender-based violence on PLHIV and other Priority groups		0.25	0.25	0.25
	Promote use of key-population peer groups to enhance uptake of services		0.25	0.25	0.25
	Engage men in HIV, sexual and reproductive health programmes and interventions and also offer them services		0.1	0.1	0.1
Improve County legal and policy environment for protection and promotion of the rights, reducing and monitoring stigma and discrimination	Strengthen PLHIV support groups to advocate for a friendly living environment for their protection.		0.25	0.25	0.25
	Involvement of religious leaders, peer educators, community leaders, education institutions, media engagement on love and support for PLHIV and key populations in stigma reduction advocacy activities		0.25	0.25	0.25

Reduce social exclusion and gender-based violence and improve access to legal and social justice and protection from stigma and discrimination in the public and private sector	Implement interventions that enable vulnerable populations, especially women to overcome society imposed challenges		0.1	0.1	0.1
	Support development of community forums for social empowerment including PLHIV and other interest groups to campaign against HIV-related stigma and discrimination and to challenge harmful gender norms		0.5	0.5	0.5
	Educate communities on basic legal issues and rights against discrimination		0.5	0.5	0.5
	Facilitate campaigns to reduce stigma and discrimination, reduce gender-based violence and promote uptake of HIV services and prevention interventions		1.0	1.0	1.0
Sub - total			3.3	3.3	3.3
Strategic Direction 4: Strengthening integration of health and community systems					
Build a competent motivated and adequately-staffed workforce at to deliver HIV services	Recruit and redistribute health staff at the County		2.0	2.0	2.0
	Continual staff capacity development and trainings on relevant skills		3.0	4.0	4.0
	Task shifting and mentorship for skills transfer		2.0	2.0	2.0
	Strengthen the performance-based rewarding system at the health facilities		1.0	1.0	1.0
Sub - total			8.0	9.0	9.0
Strategic Direction 5: Strengthening research and innovation to inform the KASF goals					
Build capacity for HIV research	Conduct trainings on HIV research among the health workers		2.0	2.0	2.0
	Conduct operational and behavioural research		3.0	4.0	4.0
	Dissemination of research findings to inform policy		2.0	2.0	2.0
	Costing the effectiveness of HIV interventions		0.5	0.25	0.25
Sub - total			7.5	8.25	8.25

Strategic Direction 6: Promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming					
Strengthen M&E capacity to effectively track the KASF performance and HIV epidemic dynamics at all levels in the County	Establish HIV Resource Centre and a County HIV hub		3.0	1.0	1.0
	Ensure a HIV and Health Indicators Situation room is established and operationalized		3.0	4.0	4.0
	Conduct quarterly assessments and develop M&E and reporting system in line with national mechanisms		2.0	2.0	2.0
	Constitute and operationalize the County KASF monitoring committee		0.5	0.5	0.5
	Ensure timely, complete and comprehensive reporting by all HIV implementers in the County		0.25	0.25	0.25
			8.75	7.75	7.75
Strategic Direction 7: Increasing domestic financing for a sustainable HIV response					
Financing to sustain HIV response	Rationalize utilization of existing finances to deliver superior results		0.1	0.1	0.1
	Fund raising/resource mobilization from County and partners		0.01	0.01	0.01
	Establish a special County Fund for HIV response by leveraging on the existing county revenues (e.g Miraa taxation)		00	00	00
	Institutionalize cost minimization measures by implementing high impact resultant interventions		00	00	00
	Implement HIV Combination Prevention interventions		00	00	00
	Broker partnerships with key HIV development partners to deliver on specific priority areas		0.25	0.1	0.1
	Lobby the County Government to allocate 1% of the health budget for HIV response		0.25	0.25	0.25
	Sub - total		0.61	0.46	0.46

Strategic Direction 8: Promoting accountable leadership for delivery of the KASF results by all sectors and actors					
Build and sustain high-level political commitment for strengthened county ownership of the HIV response	Governor to provide state-of-the-County address to the County Assembly on the measures taken and progress achieved on HIV and AIDS response		00	00	00
	Lobby MCAs to influence resource allocation for HIV response at Sub-county level		0.25	0.25	0.25
	Hold county bi-annual stakeholders forum on HIV response		1.0	1.0	1.0
Entrench good governance and strengthen multi-sector and multi-partner accountability to delivery of KASF/CASP results	Establish the HIV Coordination units at County and sub county levels: - County HIV Committee, - CASP Monitoring Committee, - ICC (HIV) - SCACCs		1.0	1.0	1.0
	Map all the HIV implementers in the County		0.25	0.25	0.25
	Ensure timely and accurately reporting using the established M&E mechanisms by all HIV Implementers in the county		0.1	0.1	0.1
Sub - total			2.6	2.6	2.6
TOTAL			37.31	38.66	38.16

Commodities and infrastructure

Commodities and infrastructure include service sites, supplies and material for prevention, surveillance, care, support and treatment, information, education, communication, as well as those for supporting the AIDS response.

References

1. First County Integrated Development Plan (CIDP), 2013-2017
2. Kenya AIDS Strategic Framework (KASF), 2014/2015 - 2018/2019
5. Kenya HIV County Profiles, 2014
6. Kenya National AIDS Strategic Plan (KNASP), 2009/10 - 2012/13
7. Kenya's Fast-track Plan to End HIV and AIDS Among Adolescents and Young People
8. Monitoring and Evaluation Framework, 2014/15 – 2018/19
9. The National HIV and AIDS Stigma and Discrimination Index, *Summary Report*
10. Wajir County Health Sector Strategic Plan (HSSP), 2014 – 2018

County Drafting and Technical Teams

Drafting Team

1. Rukia Maalim – CEC Member, Health Services
2. Abdullahi Hassan Maalim - CO Public Health and Sanitation
3. Yussuf Mohamed – CASCO
4. Abdiamid M Noor - CACC – Wajir North
5. Shale Sheikh - County Assembly, Wajir County
6. Sheikh Abdiaiziz Osman - Religious Leader
7. Ubah Adan - Department of Health, Wajir County
8. Bishar Mohamed - CHEPS Kenya
9. Abdinur Abdi Abdullahi - Organization for the Development of the Disabled
10. Ibrahim Hassan Abdi - APHIA plus Imarisha
11. Abdikadir Mohamed - OPAHA

Technical Review Team

12. Rohin Onyango - Africa Capacity Alliance
13. Daniel Mwisunji - Africa Capacity Alliance
14. Hannington Onyango - National AIDS Control Council
15. Mwanjama Omari - National AIDS Control Council

