



**REPORT ON THE HIV IMPLEMENTING  
PARTNERS ONLINE REPORTING SYSTEM  
(HIPORS) FOR THE FINANCIAL YEAR 2015/2016**

**MARCH 2017**

## Table of Contents

BACKGROUND: .....	3
The main objective of the system .....	3
Specific objectives of the systems include;.....	3
ANALYSIS REPORT .....	4
1. Reporting Summary .....	4
2. Number of partners per county and HIV funding support in Ksh millions	<b>Error! Bookmark not defined.</b>
3. Prevalence per county and HIV funding support in Ksh millions .....	<b>Error! Bookmark not defined.</b>
4. People living with HIV (PLHIV) per county and HIV funding support in Ksh millions	<b>Error! Bookmark not defined.</b>
5. Number of new HIV infections per county and HIV funding support in Ksh millions..	<b>Error! Bookmark not defined.</b>
6. Population size per county and HIV funding support in Ksh millions .....	<b>Error! Bookmark not defined.</b>
7. Resources available versus County gaps .....	<b>Error! Bookmark not defined.</b>
8. Programme and Financial Gap analysis.....	11
9. Number of programs per intervention area .....	12
10. Conclusion .....	13

## **BACKGROUND:**

There exist several M&E systems and sub-systems that are used for monitoring and evaluation of HIV programs for various sectors. Considering that 80% of the HIV response is funded by Development partners, the need to harmonize the country and county reporting of HIV and AIDS activities and investment allocation and utilization is necessary. It is in this regard that the NACC developed the HIV Implementing Partners Online Reporting System for Implementing Partners (HIPORS) to report on all their HIV and AIDS interventions and funding.

### **Main objective of the HIPORS**

To harmonize the reporting for HIV and AIDS resourcing and to provide data for decision making on resource allocation to reduce duplication and promote cost effectiveness taking into account the disease burden across the different counties.

Tracking of resources for HIV and AIDS will be achieved more efficiently with a robust application that has incorporated intervention areas and sources of funding as well as geographic areas of operation. There is now a one stop shop view of the country and counties resource basket allocation and expenditure patterns with regard to intervention areas.

### **Specific objectives of the HIPORS**

- ✓ Mapping of implementing partners and their interventions in the counties.
- ✓ Tracking HIV and AIDS resource allocation in the counties
- ✓ Enhancing prudent allocation and utilization of resources for the HIV response by the counties.
- ✓ To incorporate intervention areas and sources of funding as well as geographic areas of operation
- ✓ To harmonize the country and county reporting of HIV and AIDS activities and investment

### **Roll out Status.**

All the counties have been trained in HIPORS and the reporting for the two years indicate a positive trend.

## **ANALYSIS REPORT**

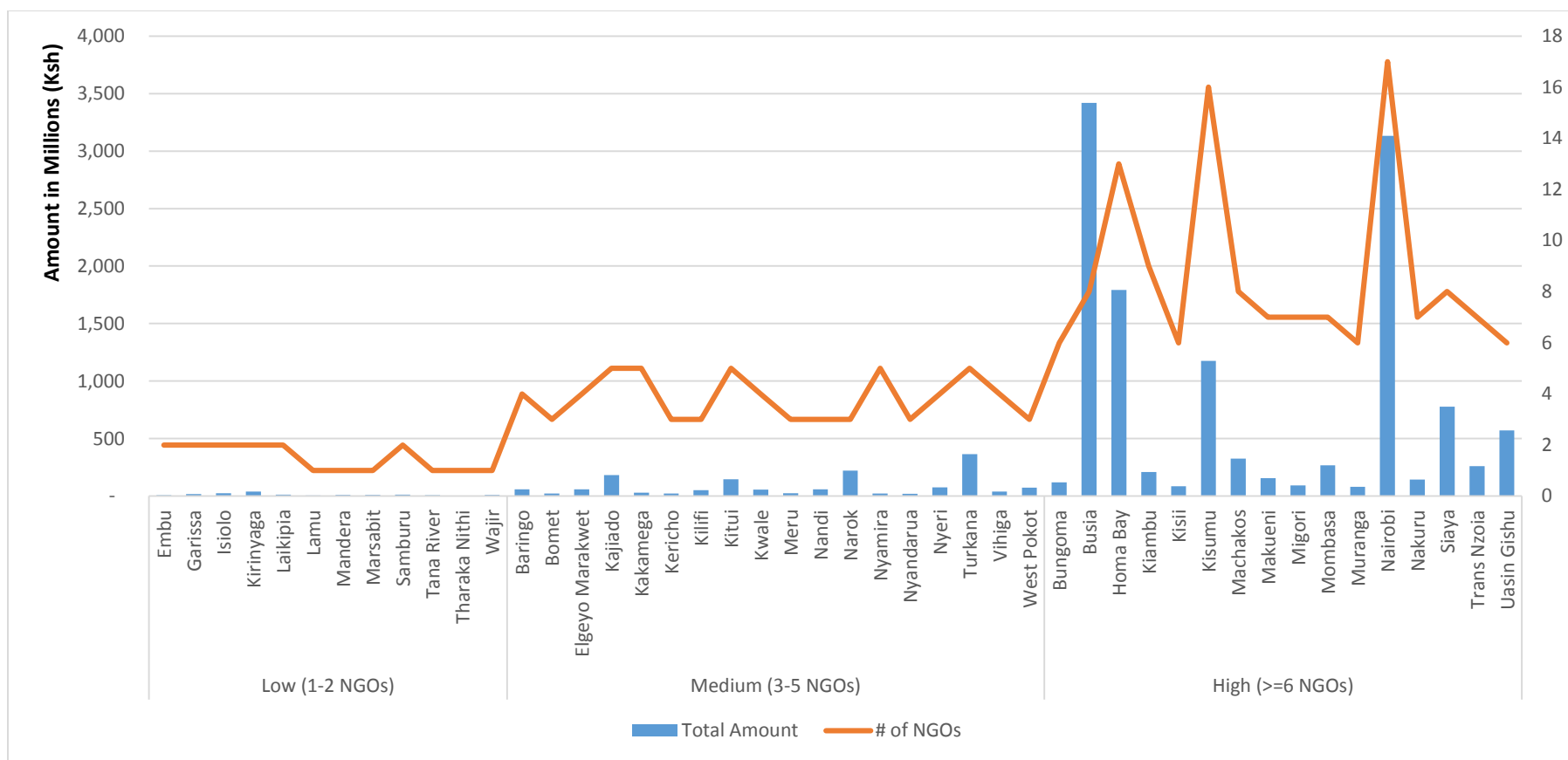
### **1. Reporting Summary**

In the FY 2015/16, a total of 44 (11%) of all the 411 HIV NGOs reported funding support across 46 counties. This was a slight increase in reporting compared with a 7% reporting rate in FY 2014/15. Of the 44 NGOs that reported, 31 (76%) reported as per the deadline of 30th June FY2015/16. We noted that there was any Implementing Partner that reported funding support in TaitaTaveta County

## 2. Number of partners per county and HIV funding support in Ksh millions

Counties with low- (1-2) and medium- (3-5 ) number of Implementing Partners had funding support ranging from Kshs 3 million to Kshs365 million. On the other hand, counties with a high ( $\geq 6$ ) number of Implementing Partners had funding support ranging from Kshs 79 million to Kshs 3 billion.

Figure 1: Number of partners per county and HIV funding support in Ksh millions

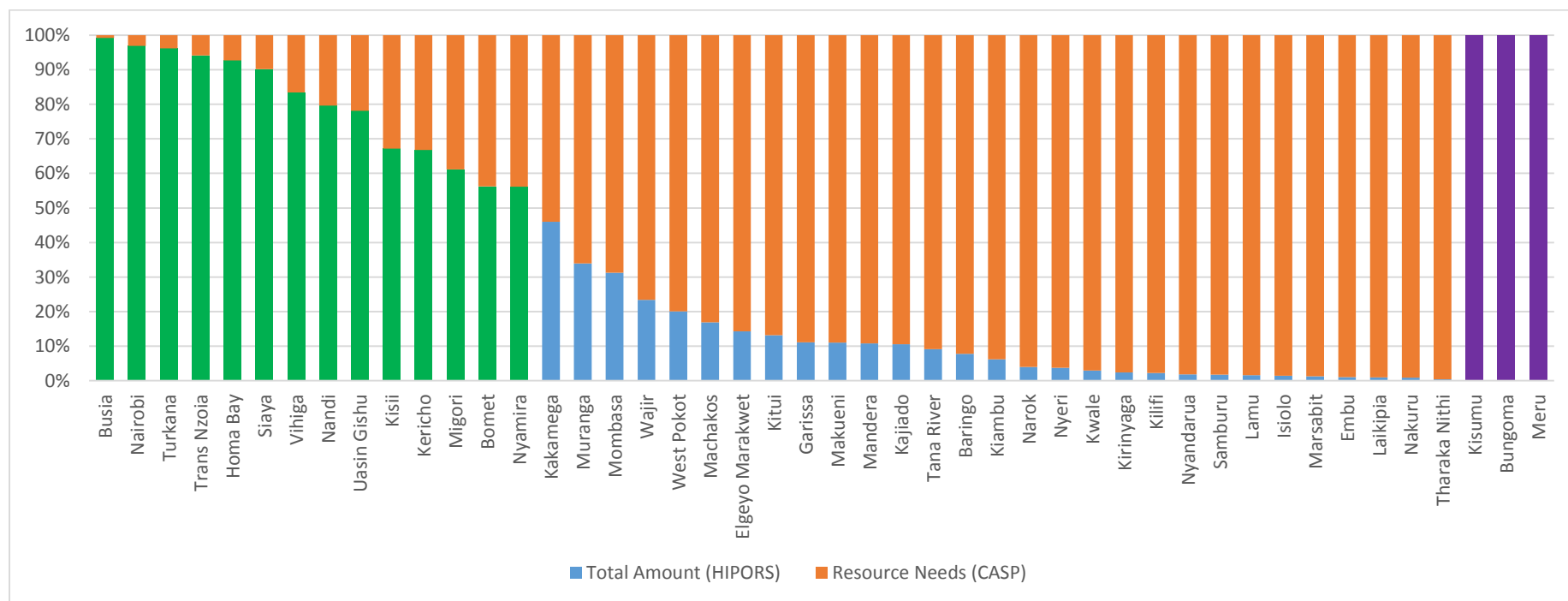


### 3. Resources available versus County gaps

When we compared the financial support that each county received versus the County targets as per the respective County AIDS Strategic Plans (CASPs), fourteen (14) counties had NGOs partners with resources that surpassed their 2015/16 resource needs (shaded in green). Sixteen (16) counties had funding gap between Kshs 5million – 900 million, while thirteen (13) counties had

funding gap of more than Kshs 1 billion. (Figure 2). Although this report suggest sixteen (16) counties do not need additional resources, the progress indicators in the counties may not reflect the reported resources e.g., Homabay treatment coverage, testing etc.

Figure 2. Reported funding versus CASP resources needs



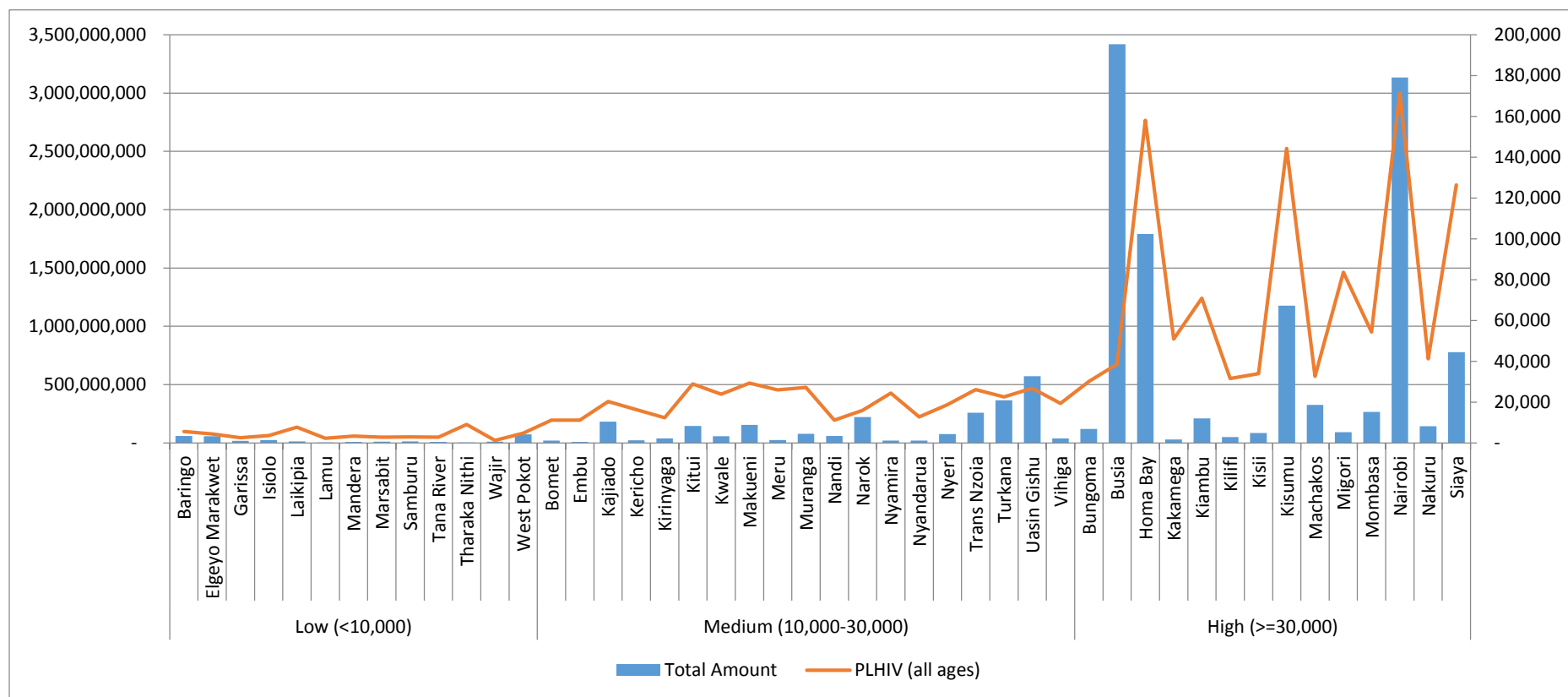
- \*Green shading represents counties (14) with surplus funding reported through HIPORS compared to CASP
- \*Blue shading represents counties (29) with deficit funding reported through HIPORS compared to CASP
- \*Purple shading represent Bungoma, Kisumu and Meru Counties that have not yet finalized their county resource needs

#### 4. People living with HIV (PLHIV) per county and HIV funding support in Ksh millions

Whereas there is heterogeneity in the number of PLHIV across the counties, there is mixed level of funding support across the counties. A number of counties with high number of PLHIV ( $\geq 30,000$ ), had low funding support i.e., Siaya, Migori, Mombasa, Kisii,

Kakamega, Nakuru, Kilifi, Kiambu and Machakos. We also observed low funding levels among a number of medium (10,000-30,000) and low (<10, 0000) PLHIV counties. (Figure 3).

Figure 2: PLHIV per county and HIV funding support in Ksh millions

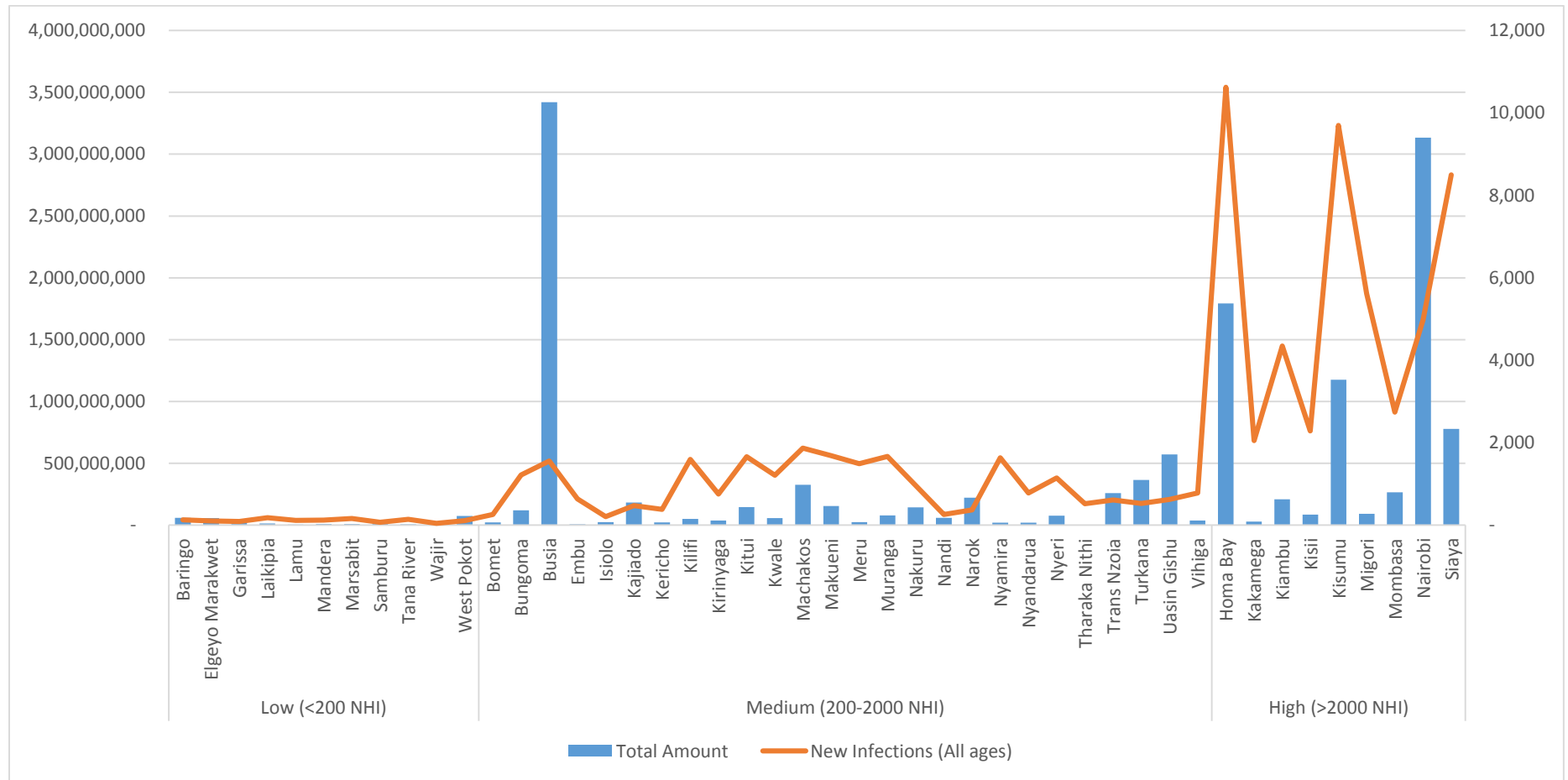




### 5. Number of new HIV infections per county and HIV funding support in Ksh millions

During the FY 2015/16, there were mixed level of funding in the counties compared to the degree of new HIV infections across the counties. Some high burden counties (Kakamega, Kiambu, Kisii, Migori, Mombasa, and Siaya) had low levels of funding support. (Figure 3).

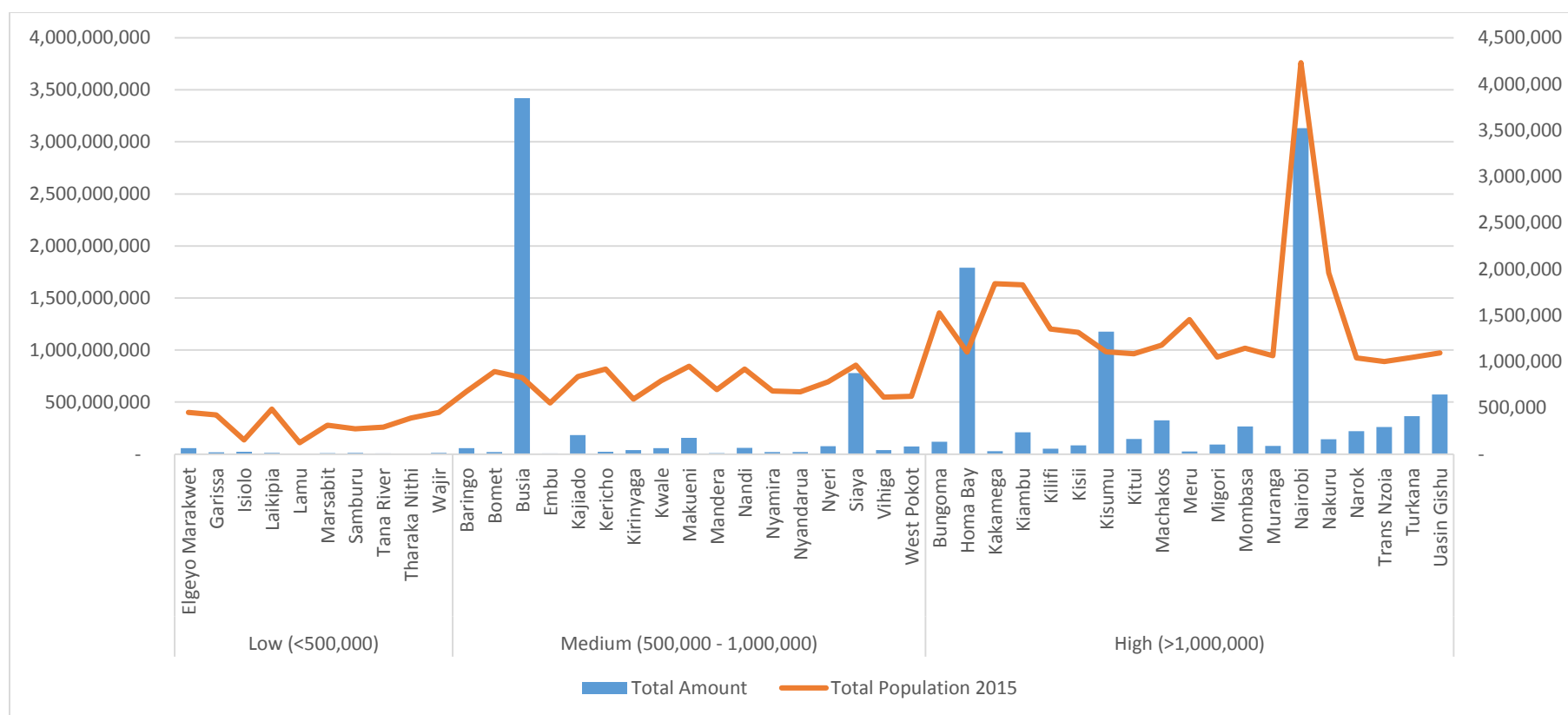
Figure 4: New HIV infections per county and HIV funding support in Ksh millions



## 6. Population size per county and HIV funding support in Ksh millions

A number of high populous counties (>1,000,000) had modest funding levels. Whereas this could be viewed in the light of the fact that some of them are low-to-medium prevalence counties (Kilifi, Kisii, Kitui, Machakos, Meru, Muranga, Nakuru, Narok, Turkana, and UasinGishu), the low funding could hamper delivery of population-level interventions. (Figure 4).

Figure 5: Total population per county and HIV funding support in Ksh millions



## 7. Programme and Financial Gap analysis

The development partners' contribution to HIV management adds to the national and county government investment in HIV Programmes. According to the national resource gap analysis, Kenya has a significant gap that may require further investment modeling to harmonize the contribution of various development partner programmes to the national strategic plans.

The resource gap analysis is presented in the table below:

### Resource needs and financial gap for 2015/2016

Programmes	Need (USD million)	Uncovered Need (USD million)	Available resources (USD million)	Financial gap (USD million)
Care and treatment programme	387.4	193.0	259.15	128.25
HIV prevention programme	366.5	262.2	273.31	93.19
HTS programme	83.6	61.1	43.00	40.60
Other cross cutting programmes	159.1	98.1	105.87	53.23
<b>Total</b>	<b>996.6</b>	<b>614.4</b>	<b>681.33</b>	<b>315.27</b>

From the table above, it is notable that in almost all the programmes, the cost of uncovered need is lower than the available fund, suggesting that there is need to accelerate HIV programmes in the coming years. The results show that there are some resources that can still be devoted to fighting HIV epidemic with better harmonization and planning. A closer look at the total available funding compared to total needs for HIV programmes presents a gloomy picture in all programmes due to the fact that the needs exceed the available resources. This is a confirmation that more resources have to be sought; otherwise some programmes might be given less priority to take care of immediate ones such as ARTs. This trend is likely to make prevention programmes suffer in the long run due to resource substitution/reallocation arising from the fact that ARTS are considered extremely urgent.

## 8. Number of programs per intervention area

From our analysis, majority of the intervention programs were Bio-medical with fewer partners implementing behavioral and structural interventions. Table 1 below summarizes this. -

**Table 1. Number of programs per intervention area**

	<b>Sum of Programs</b>
<b>Behavioral Change Interventions</b>	109
BCC	47
Home based Care and Support	20
Key population Program	15
Program to Reduce Gender Based Violence	5
VMMC	22
<b>Biomedical Interventions</b>	311
ART	109
HTC	105
PMTCT	97
<b>Others</b>	22
Blood safety	14
Needle and Syringe Exchange	8
<b>Research</b>	18
Biomedical Research	1
Clinical Research	6
Epidemiological Research CDC	1
Operation Research	6
Social Research	4
<b>System Strengthening</b>	8
In-service training	5
laboratory system strengthening	3
<b>Grand Total</b>	<b>468</b>

## 9. Conclusion

From the report, more funding is still required across the counties. More than two-thirds of the counties still have deficits of funding in light of their epidemics. In some counties resources available do not match the HIV burden and some counties with very high disease burdens do not have matching funds, this may be hampering the HIV response in those particular counties

In some counties, high levels of funding are not necessarily translating into improvements in programmatic data e.g. Homabay county with one of the highest funding but still has poor programmatic indicators by way of disease burden, high MTCT rates etc.

It is also evident that majority of the Implementing partners are focused on biomedical interventions with a focus on treatment with less emphasis on prevention interventions. Even in counties with surplus funding, a number of interventions like research and systems strengthening have only received focus by fewer implementing partners. Prevention activities seem to have been relegated. In light of dwindling donor funds, more emphasis must be based on HIV prevention

.

Only 11% of the registered NGOs reported through the HIPORS. This poses a challenge in coordination of the response as it does not give an accurate picture of the funding landscape in Kenya. Lack of reporting will not enable us address inefficiency and overlap and also hold partners accountable for results as a country.

### **Next Steps;**

1. To share the report with all stakeholders as we follow up on the implementing partners who are not reporting to identify the challenges.
2. Follow up on proposals to cascade the system to the Malaria and TB programmes.