



**GARISSA COUNTY REPORT ON THE HIV IMPLEMENTING PARTNERS ONLINE
REPORTING SYSTEM (HIPORS) FOR THE FINANCIAL YEAR 2016/2017**

FEBRUARY 2018

HIV IMPLEMENTING PARTNERS ONLINE REPORTING SYSTEM (HIPORS)

ANALYSIS REPORT 2016/17

1. Background of HIV Implementing Partners Online Reporting System (HIPORS)

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 National AIDS Control Council (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

In the FY 2016/17, there were three (3) Implementing Partners in Garissa County reporting a total of KES 37.87 Million through the HIPORS system.

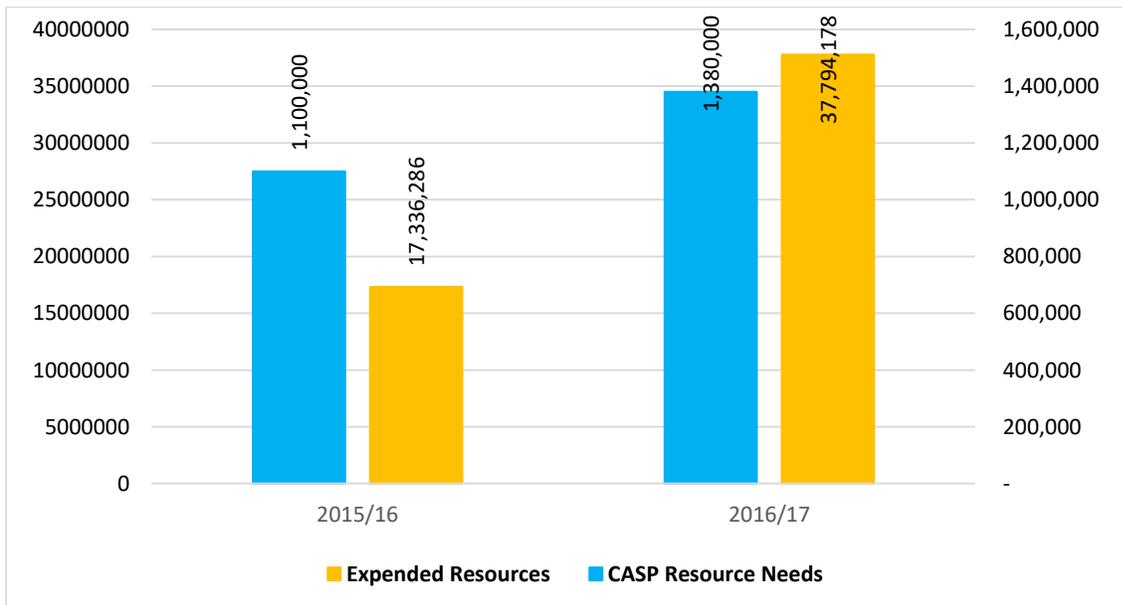
2. County HIV Background

Garissa County has a population of 423,931 comprising of 51% males and 49% females. HIV prevalence in Garissa is (0.9%) lower than the national prevalence of 5.9% (Kenya HIV Estimates 2015). The county contributed 0.5% and 0.1% of the total new HIV infections in Kenya among children and adults respectively.

3. Comparison of expended resources reported by NGOs versus resources required as per County AIDS Strategic Plan in FY 2016/17 versus FY 2015/16

The expended resources on HIV programmes reported by NGOs operating in Garissa County, increased from KES 17.3 Million in FY 2015/16 to KES 37.8 Million in the FY 2016/17, representing over 100% increase. Additionally, the number of NGOs who reported increased from two (2) to three (3) in FY 2015/16 compared to FY 2016/17. The amount reported in HIPORS as having been expended by NGOs in the County, surpassed the County AIDS Strategic Plan (CASP) resource need for the same period by over 100% (KES 37.8 Million vs 1.4 Million).

Figure 1 : Expended resources reported by NGOs versus resources required as per County AIDS Strategic Plan (FY 2015/16 VS 2016/17)



4. Number of intervention by Implementing partners in the county

Majority of the intervention programs implemented by reporting NGOs in the County were Bio-medical with fewer partners implementing behavioral and structural interventions (Table 1). Whereas majority of the NGOs reported to have implemented biomedical interventions with reported KES Billion expended by NGOs, there are still gaps in treatment coverages in the County (adult ART coverage of 83%; child ART coverage of 23% and PMTCT coverage of 67%). HIV testing services remains sub-optimal while male circumcision has high coverage due to predominantly traditionally circumcising communities residing in the county. The number of condoms distributed per man per year (3.4) is lower than the Global target for Kenya at 40 condoms per man per year.

Table 1: Number of NGO's implementing programs per intervention area

	Sum of Programs
Behavioral Change Interventions	1
BCC	0
Home based Care and Support	1
Key population Program	0
Program to Reduce Gender Based Violence	0
VMMC	0
Biomedical Interventions	4
ART	1
HTC	1
PMTCT	2
Others (including Blood Safety, Needle and Syringe Exchange)	1
Research	0
Biomedical Research	0
Clinical Research	0
Epidemiological Research CDC	0
Operation Research	0
Social Research	0
System Strengthening	0
In-service training	0
laboratory system strengthening	0
Grand Total	6

5. Conclusion

The report suggests that the county has more resources than the need. However, the county resources available do not match the HIV epidemic and burden in the county. Therefore, there is need for effective and efficient alignment of resources appropriately to realize significant progress in County's HIV and AIDS response.

Even with surplus funding, majority of the Implementing partners are focused on biomedical interventions with less emphasis on other interventions like research, systems strengthening, behavioral and structural intervention. With Bio-medical interventions (e.g., ART) taking a lion share of resources, other interventions have been given less priority and in the long run this is likely to lead to a set-back to the HIV and AIDS response. Despite more resources allocated towards care and treatment, there is still a gap in achieving the 90-90-90 targets. The County needs to aggressively scale-up and prioritize prevention interventions to reduce transmission of new HIV infections as they fill-in the gap in the care and treatment targets to reduce morbidity, and mortality.

With only a tenth of the registered NGOs reporting nationally, it has been a challenge to get the remainder of the NGO's to report through the HIPPORs system. This essentially gives unsettled comparison of funding versus progress in the county.

In conclusion, resources should follow the epidemic, however there needs to be deliberate efforts to increase funding for prevention efforts especially behavioral and structural interventions.