BOMET COUNTY

HIV & AIDS

STRATEGIC PLAN

2014/15 – 2018/19

maisha!
National AIDS Control Council

My County, My Responsibility

BOMET COUNTY

COUNTY HIV & AIDS STRATEGIC PLAN

2014/15 – 2018/19

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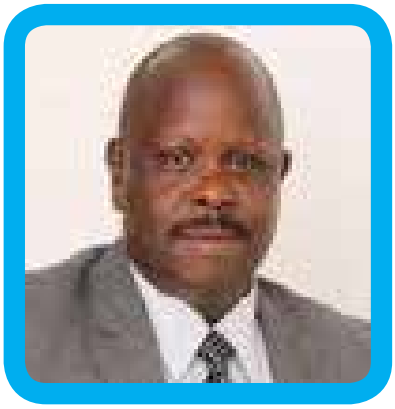
Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACU	AIDS Control Unit
APOC	Adolescent Package of Care
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Drugs
CA	County Assembly
CACCs	County AIDS Control Councils
CASCO	County AIDS and STI Coordinator
CASP	County AIDS Strategic Plan
CEC	County Executive Committee (Member)
CGoB	County Government of Bomet
CHAC	County HIV and AIDS Committee
CHEWs	Community Health Extension workers
CHISP	County Health Investment Strategic Plan
CHWs	Community Health Workers
COAC	County AIDS Coordinator
COBPAR	Community-Based Programme Activity Reporting
CHMT	County Health Management Team
CSO	Civil Society Organization
CT-OVC	Cash Transfer - Orphans and Vulnerable Children
CV	Community Volunteers
DACC	District AIDS Control Committee
DASCO	District AIDS and STI Coordinator
DHIS	District Health Information System
DTC	Direct Testing and Counselling
EMR	Electronic Medical Records
FBO	Faith-Based Organization
FSW	Female Sex Workers
GBV	Gender-Based Violence
HEI	HEI-HIV Exposed Infants
HTC	HIV Counseling and Testing
HPV	Human Papilloma Virus
ICL	I Choose Life - Africa
IDU	Injecting Drug Users
IEC	Information, Education and Communication
IGA	Income Generating Activities
IPC	Infection, Prevention and Control
KEPH	Kenya Essential Package for Health
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic Health Survey
KRCs	Kenya Red Cross society
KPs	Key Populations
LDH	Longisa District Hospital
LCRH	Longisa County Refferal Hospital
LMIS	Logistics Management Information Systems
MAT	Medically-Assisted Therapy

MCH	Maternal Child Health
MoH	Ministry of Health
MoT	Modes of Transmission
MSM	Men who have Sex with Men
NSP	Needle and Syringe Programme
NGO	Non-Governmental Organization
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PACC	Provincial AIDS Control Committee
PASCO	Provincial AIDS and STI Coordinator
PEP	Post-Exposure Prophylaxis
PEV	Post-Election Violence
PLHIV	People Living with HIV
PMS	Post-Market Surveillance
PMTC	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
PWD	People with Disability
PMTCT	Elimination of Mother-to-Child Transmission
SACCO	Savings and Credit Cooperatives
SCACS	Sub-County AIDS Coordinator
STI	Sexually-Transmitted Infection
SRH	Sexual and Reproductive Health
SWs	Sex Workers
TB	Tuberculosis
VMMC	Voluntary Medical Male Circumcision
WRP	Walter Reed Project

Foreword



Bomet County is one of the 47 counties resulting from the creation of the Constitution of Kenya 2010, and successor of the defunct county councils of Bomet, Sotik, Konoin and Bomet Municipal Council. The Constitution of Kenya reflects this changing context with health being a priority because improving development is particularly dependent on building skilled and competitive workforce and lifting people's living standards.

Despite progress made with an aim of managing HIV in the County, the prevalence rate has increased from 3.4% five years ago to 5.8% in 2014 with new infections among married couples almost doubling. HIV has continued to contribute the highest mortality rates, burdening households and straining County health systems. The Bomet County HIV and AIDS Strategic Plan will support the County Government in producing fundamental decisions and actions required to deliver better health for all with a focus on cost-effective and socially-inclusive interventions to prevent and manage HIV and AIDS.

In this regard, therefore, my Government is committed to facilitating achievement of the results articulated in this County Plan. It provides guidance on how the County will scale up interventions geared towards achieving the County's objectives, in line with Kenya's development blue-print and Kenya Vision 2030. My Government recognizes and acknowledges the numerous problems and challenges facing Bomet County and I hope that this HIV and AIDS Strategic Plan will be a tool and guide to develop County-specific and relevant projects and programmes to address the HIV and AIDS pandemic.

Hon. Isaac Ruto

Governor, Bomet County

Acknowledgement

Bomet County HIV and AIDS Strategic Plan seeks to provide guidance for addressing the HIV and AIDS epidemic in the County; focusing on the County administrative arrangements, challenges, possible recommendations and platforms for promoting transformational development in Bomet County. Sincere gratitude goes to the Office of the Governor for the immense support offered during the process of developing this Strategic Plan. I wish to thank Bomet County HIV and AIDS Strategic Plan (CASP) (drafting team, Members of the County Assembly and the County staff. Special thanks to the national and regional offices of National AIDS Control Council (NACC) and National AIDS and STI Control Programme (NASCOP) for providing both technical and resource support that saw the process come to completion.

We wish to thank the County stakeholders for their continuous engagements, support and consultations. These include development partners such as WRP, ICL, KRCs, representatives from the Key Populations, Civil Society Organizations, Faith-Based Organizations, networks of PLHIV, public sector institutions and private sector players for the advisory role they played throughout the development process. We wish to acknowledge with deep gratitude the contribution of various partners during the development and review of this document. We recognize the different levels of effort, financial and technical support from Implementing Partners. Specifically, we thank the WRP for the technical input and financial support during the development of the document. Finally, we wish to thank and appreciate the work done by the Technical Working Group (TWG) members who contributed their time and ideas for the development of this Plan.

Dr. Stanley Kiplangat

County Executive Committee Member - Health

Executive Summary

Bomet County HIV Strategic Plan supports the Bomet Health Sector Strategic and Investment Plan (BCHSSP) 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 taken consideration of the local context and environment. The BCASP plan seeks to provide direction in the overall coordination and delivery of HIV response, to effectively and efficiently deliver on HIV programming in the County. It focuses on cost-effective and socially-inclusive interventions towards prevention, treatment and management of HIV and AIDS. The County HIV and AIDS Strategic Plan is aligned with the Constitution of Kenya 2010, which envisions a new environment for the governance and management of the County HIV and AIDS response. The Constitution has not just changed the policy environment for the HIV and AIDS response, but also presents a major paradigm shift in the governance framework for response.

The Process

This Plan was developed through in-depth analysis of available data and a highly-participatory process involving a wide range of stakeholders from the Bomet County Government, civil society including Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), networks of People Living with HIV (PLHIV), Key Populations, private sector and various development partners. Consultations were done with the County Executives and the County Health Mangement Team (CHMT). The process obtained information on gaps, challenges and domestic solutions to HIV and AIDS response.

Strategic Objectives

The BCASP 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 customised the targets strategically.

The objectives are:

1. Reduced new HIV infections among adults by 75%.
2. Increased PMTCT services for all pregnant mothers from 26% to 80%
3. Increased proportion of eligible clients on ARVs from 32% to 75%.
4. Increased proportion of HIV/TB patients completing treatment from 85% to 90%.
5. Reduced infant mortality rate (per 1,000 live births) from 60 to less than 50.
6. Reduced maternal mortality ratio (per 100,000 births) from 258 to less than 100.
7. Reduce HIV-related stigma by 50%.
8. Increase domestic financing of the HIV response by 20%.

Strategic Directions (SDs)

The BCASP adopted KASF Strategic Directions in outlining the activities, interventions, target populations and the geographical areas to be covered in the County.

The Strategic Directions (SDs) and specific objectives are as follows

Strategic Direction Area	Specific objective
SDA 1: Reducing new HIV infections	To identify hot spots and target the priority populations for HIV services
SDA 2: Improving health outcomes and well-being of all people living with HIV	To increase linkage to care and treatment for PLHIV
S**DA 3:** Using a human rights-based approach to facilitate services for PLHIV, key populations and other priority groups in all sectors	To Reduce reported stigma in PLHIV and Key Populations
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 increase evidence-based planning, programming and HIV research
SDA 6: Promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming	To strengthen the County HIV research, M&E system
SDA 7: Increasing domestic financing for a sustainable HIV response	To mobilize resources for the implementation of the BCASP
SDA 8: Promoting accountable leadership for delivery of the AIDS Strategic Plan	To build, strengthen and sustain high-level political and community commitment for a multi-sectoral HIV response

CHAPTER 1

Background Information on the County

Bomet County is among the forty seven (47) counties in Kenya. It lies between latitudes 0º 29' and 1º 03' south and between longitudes 35º 05' and 35º 35' east. It is bordered by four counties, namely; Kericho to the north, Nyamira to the west, Narok to the south and Nakuru to the north-east. The County covers an area of 2037.4km2(Strategic Investment Plan 2014) gender for 2015.

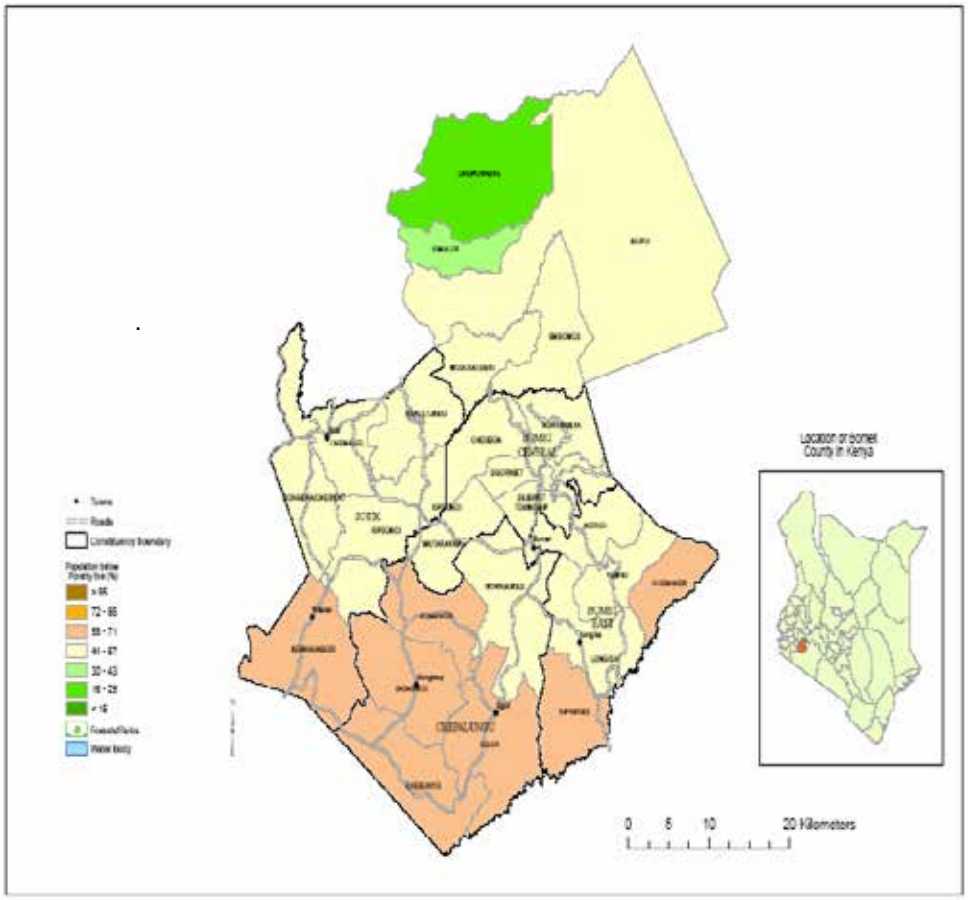


Figure 1.1: Map of Bomet County

1.2 Administrative Sub-Divisions

The County is divided into five (5) Sub-Counties (Constituencies), 25 wards, 67 locations and 176 sub-locations as shown on Table 1.1. The locations and sub-locations are administrative units of the National Government. The County has passed legislation to create villages which are the lowest Administrative Units of the County as provided by the County Governments Act, 2012

Table 1.1 Bomet County administrative unit

Sub-County (Constituency)	Wards	Area in Km2	No. of Locations	No. of Sub-locations
Bomet Central	Silibwet, Singorwet, Ndaraweta, Chesoen and Mutarakwa	266	8	23
Bomet East	Longisa, Kembu, Chemaner, Merigi and Kipreres	311.3	10	27
Chepalungu	Sigor, Kongasis, Chebunyo, Nyongores and Siongiroi	535.8	15	42
Sotik	Ndanai/Abosi, Kipsonoi, Kapletundo, Chemagel and Manaret/Rongena	479.2	17	36
Konoin	Kimulot, Mogogosiek, Boito, Embomos and Chepchabas	445.1	16	37
	Total	**2037.4**	**67**	**176**

Source: County Commissioner Office 2015

1.3 Population Size and Composition

Kenya's Population was estimated at 38.6 million in 2009 Population and Housing Census, growing at about 2.9 percent per annum. The implication of this high population growth rate is a large increase in the section of the population below 25 years. This makes the country to be classified as youthful country with two-thirds of the population constituting people under 30 years of age and only 5 percent above 60 years. The population of Bomet County was estimated at 723,813, and has similar features as those of the national population but with different demographic indicators. The population was projected to reach 891,168 by 2017 with an estimated population growth rate of 2.7 per cent (Kenya Population and Housing Census, 2009).

1.4 Health

The County has a total number of 143 health facilities; one referral hospital, two mission hospitals five sub-county hospitals, 23 health centres and 112 dispensaries (County gazette Feb, 2015). The HIV prevalence among women in Bomet County is higher (8.2%) than that of men (4.9%). Over the years, women living in the County have been more vulnerable to HIV infection than the men (Kenya County HIV profile 2014).

1.5 The Evolution of HIV and AIDS Response in Bomet County

The HIV epidemic in Kenya has evolved, since the first case was diagnosed in 1984, it became one

of the major causes of mortality and has placed tremendous demands on the health system and the economy. The country's response to this epidemic has also evolved over the years from a health sector led response to a multi- sectoral one coordinated by the Kenya Three One; one national authority, one strategic framework and one monitoring and evaluation framework and now to the county-specific strategic plans. The HIV service provision started in the year 2000 after HIV was declared a national disaster in 1999.

NACC was formed to coordinate the national response and it established its decentralized offices as PACCs, DACCs and CACCs, while NASCOP was established with its decentralized structures as Provincial AIDS and STI Coordinators (PASCOs) and Provincial AIDS and STI Coordinators (DASCOs) to coordinate management of patients who were terminally ill at health facilities.By then, Longisa District Hospital (LDH) currently known as Longisa County Referral Hospital (LCRH), Tenwek Mission Hospital and Kaplong Mission Hospital HIV programmes were supported by NASCOP and NACC for continuum of care and Treatment and awareness campaigns respectively. In the hospital wards, 80% of bed occupants were AIDS patients and HIV testing was conducted with no counselling. Instead, they were Direct Testing and Counselling (DTC) services.

For effective HIV and AIDS interventions, DACCs, DASCOs and CACCs offices were established in Bomet District, which currently is Bomet County with the same offices existing as COAC and SCACs as NACC decentralized structures, and CASCO and SCASCOs as NASCOP decentralized structures. The response to the epidemic has been improving in tandem with an increase in availability of reliable and comprehensive data. This has enabled concentrated focus on the key HIV transmission areas and populations in the counties in order to reduce new infections. Bomet County, together with eight other counties contributes 65% of all new HIV infections in Kenya annually. Overall, the County has been categorized as a medium-incidence epidemic with annual infections of 1,875 and a prevalence of 5.8% against the national average prevalence of 6.04%. The table below shows the HIV indicators in the County.

Indicator	No / %
Total Population (2013)	824,347
HIV adult prevalence (overall)	5.8%
HIV Prevalence among women	8.2%
HIV Prevalence among men	4.9%
Number of adults living with HIV	24,400
Number of children living with HIV	3,589
Total number of people living with HIV	27,989
Percentage of people never tested for HIV by 2009	46%
Percentage of HIV-positive pregnant women who do not deliver in a health facility	84%

Source: Kenya HIV Estimates Report, 2014

Although HIV Testing and Counselling and their linkages to care and treatment are important in reducing the transmission of HIV, the uptake of the services in the County is still low. By 2009 about 46 per cent of people in Bomet County had never tested for HIV. There is, therefore, a need to scale up HIV testing in the County, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes

1.6 Social Economic Activities

A great majority of the people in Bomet County depend on agriculture as their main source of livelihood. The agriculture sector employs over 80% of the County residents and thus it is the leading source of income in the County. The tea sub-sector employs the highest number of employees both at the farmers' level and at the multinational level, where locals and people from the neighboring counties are hired.

These tea labourers pose a lot of risk of new HIV infection since they don't stay with their spouses since the 2007 PEV.

When tea bonuses are paid, nomadic female sex workers flock at the centers where bonuses are issued, thereby posing to the locals a high risk of contracting HIV.

Livestock farming is also practised but at a small scale. Dairy keeping in lower parts of the County for milk production has increased over the years leading to the establishment of milk depots termed as coolers. Payment to milk farmers is done regularly at the major trading centers of Siongiroi and Chebole among others. This has attracted FSW who taps the same and hence pose the community around there the risk of new HIV infections. Sale of livestock also plays a key role in contributing to the incomes of the people and hence their livelihoods.

Sand harvesting is also practised in the County though at a small scale and in most cases, men are hired in exchange of sex to get into sand crevices / quarries to remove sand and specific stones that are ground to form sand. This sort of exchange trade poses the spread of HIV in the area.

Long-distance truck drivers, casual labourers and tea pluckers also contribute to the high HIV prevalence. Others include boda boda riders who are well distributed in the County and majority of them tend to engage in unprotected sex, posing the risk of spreading new HIV infections.

CHAPTER 2

Situational Analysis

Bomet County, when comparatively viewed with the national situation in terms of prevalence and sources of new infections, gives an almost identical situation. The main modes of transmission are heterosexual sex within unions or regular partners, casual sex, MSM/prison populations and sex workers and their clients. These four groups account for over 90% of new infections. It should be noted that the risk groups (IDU and MSM) go unrecognized because of the local culture and are therefore discriminated against (MoT 2008). Over 46% of people in Bomet County had never tested for HIV. HIV prevalence among women in the County is higher (8.2%) than that of men (4.9%). This indicates that there is still dismal performance in terms of uptake of HIV testing despite its overall contribution to prevention of new infections as well as in guiding access to care and treatment (KDHS 2008/9).

High prevalence of HIV in the County is noted among communities living along the hotspot areas identified as Chebilat, Sotik, Soymet, Bomet Town, Silibwet, Tea Estates, Chebole, Mogogosiek, Kaplong, Longisa, Kapkwen, Youth Farmers, Sigor Siongiroi, Kimuchlum, Chebunyo and Mulot Sunset (DHIS report). These could be associated partly but not exclusively to cross-infection at these regions. Efforts should be put in place to sensitize the populations living at the regions so as to reduce the high incidences seen at these regions It is theorized that Key Populations such as Sex Workers and Priority Populations such adolescents, single mothers, widows, truck drivers and young adults are among the drivers of the HIV epidemic in Bomet County. It is estimated that there are 1,600 FSWs in hotspots and their estimated HIV prevalence is 8.2% as majority are female (DHIS report). The county should put more effort in geographical locations with high HIV prevalence as well as implement comprehensive package services for Key and priority populations (ICL Service Report, 2016).

The County Stigma and Discrimination Index stands at 46% according to Kenya National HIV and AIDS Stigma and Discrimination Index Survey of 2014. This can be attributed to barriers to access of HIV information in health facilities, inadequate County legal and policy environment for protection, low promotion of the rights of priority and Key Populations and people living with HIV, gender-based violence, social exclusion and inadequate protection from stigma and discrimination in the Public and Private sector

The County HIV and AIDS Strategic Plan provides guidance for interventions and results for which multiple sectors are responsible and on which accountability mechanisms will be established. This

will serve to increase resources and accelerate results. For consistent and effective partnership and collaboration with development partners, the private sector, FBOs and CSOs, through harmonized and aligned ways of working to support the HIV and AIDS response at all levels. The CHAC, SCACS and SCASCOs will guide the coordination and implementation of the key HIV interventions in this plan. Stakeholders will be encouraged to replicate the practices that have proven effective. Bomet County will continue the application of the Three Ones principle of having one county coordinating authority, one county strategic plan and one monitoring and evaluation system.

2.1 Drivers of the HIV Epidemic

Bomet County has several cohorts that propel the spread of HIV. These include; long distance truck drivers, Key Populations (nomadic sex workers, MSM, IDU) interest population (sand harvesting, boda boda riders) casual labourers and tea pluckers (from neighbouring counties) that have high HIV prevalence. Others include poverty and negative cultural practices, e.g FGM and polygamy. The identified HIV hotspots in the County are Chebilat, Soimet, Bomet Town, Silibwet and Mulot Sunset among others.

2.2 Strength, Weakness, Opportunity and Threat Analysis (SWOT)

During development of the BCASP, an analysis of the County HIV situation identified strengths, opportunities, weakness and threats that influence the efforts of the County in response to HIV prevention and management.

2.2.1 Strengths

Efforts that had been put in place to address HIV programming have been on-going from the time HIV was declared a national disaster. The support from the partners has sustained the previous functional structures at county and sub county level including the presence of trained Health personnel. CSOs and FBOs collaborating with NACC were capacity-built to enable implementation of TOWA project and to offer a good entry point for scaling up uptake of HIV services in the County. The NACC decentralized coordinating offices to COACs, SCACs at the County and in all the Sub-counties. This is a strength which helps in promoting multi-sectoral approach in HIV and AIDS response. The NASCOP decentralized offices of CASCO at the County and SCASCOs at the sub-counties is also strength. The Beyond Zero campaign truck, donated courtesy of the First Lady and aimed at reducing mother-to-child transmission of HIV, has improved accessibility to HIV services. Moreover, the mentor-mothers approach helps the HIV-positive mothers to openly utilize the HIV services with their newborn children. Some of the positive cultural practices, e.g male circumcision, contribute to low transmissions of HIV. The Technical Working Group (TWG) in the County enables the players in the field of HIV programmes converge together and prioritize activities that aim at improving HIV and AIDS response.

2.2.2 Weaknesses

Inadequate coordination and collaboration of actors are among the key weaknesses to the programme and activities at the county level. This has resulted in insufficient partners reporting, lack of HIV strategic plan after the expiry of KNASP III in 2013, poor funding, coordination, M&E and erratic supply of commodities. All these have been compounded by inadequate funding at the county level despite the existence of the County HIV amd AIDS committee (CHAC). The support from the partners has sustained the previous functional structures at County, which can affect the HIV

programmes once the partners withdraw the funding.

2.2.3 Opportunities

The Kenya Constitution 2010 clearly states that health is a right for every citizen. County Assembly legislation is vital in resource allocation. The availability of health infrastructures can be made to offer HIV services or activities and the presence of institutions of higher learning within the

County fosters potential capacity to conducting HIV-related research.

The existence of multi-national tea firms and SACCOs with untapped resources can offer an opportunity for private public partnerships. The County has implementing partners supporting different programme areas. The development of a specific County HIV and AIDS Strategic Plan (BCASP) and Implementation of the community health strategy also offers an opportunity to scale up community-based HIV interventions.

2.2.4 Threats

Poor health-seeking behaviour, high poverty levels, home deliveries, high defaulter rates among TB and HIV patients, early sexual debuts, early marriages, unemployment, alcoholism, nomadic sexual workers, boda boda riders and truck drivers are major threats to HIV control in Bomet County

The launch of Beyond Zero in Bomet County.

CHAPTER 3

Rationale and Strategic Plan Development Process

3.1 Purpose of the HIV plan

The main purpose for the Bomet County HIV and AIDS Strategic Plan is to provide direction in the overall coordination and delivery of HIV response to effectively and efficiently deliver on HIV programming in Bomet County. It focuses on cost-effective and socially-inclusive interventions towards prevention, treatment and management of HIV and AIDS.

3.2 Process of developing the HIV Plan

This plan was developed through in-depth analysis of available data and a highly participatory process involving a wide range of stakeholders from the National Government, County Government of Bomet, Civil Society Organisations including Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), networks of People Living with HIV (PLHIV), Key Populations, Private Sector and various development partners.

3.3 Guiding Principles

3.3.1 County ownership and partnership

All HIV stakeholders including the Government, development partners, private sector, faith-based organizations and networks of People Living with HIV and Bomet communities shall align their efforts towards the results envisioned.

3.3.2 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.

3.3.3 Efficiency, effectiveness and innovation

Bomet County HIV and AIDS Strategic Plan has taken active steps to explore, make operational and sustainable domestic funding options.

This it will do through improved efficiency in service delivery and innovative approaches aimed at achieving more at a reduced cost without compromising on quality.

3.3.4 Coordination of multi-sectoral HIV response

The Strategic Plan provides guidance for interventions and results for which multiple sectors are responsible and accountability mechanisms will be established. This will serve to increase resources and accelerate results. For consistent and effective partnership and collaboration with development partners, the private sector, FBOs and CSOs, through harmonized and aligned ways of working to support the HIV and AIDS response at all levels. The CHAC, SCACS and SCASCOs will guide the coordination and implementation of the key HIV interventions in this Plan.

3.3.5 Results-based planning and delivery of the BCASP

HIV programming in Bomet County shall be linked to the KASF and demonstrate contribution towards results.

3.3.6 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 CASP is cognizant of this reality and is rooted in a rights-based approach.

3.3.7 Good practices

Stakeholders will be encouraged to replicate the practices that have proven effective such as the "Three Ones" principle. Bomet County will continue the application of the Three Ones principle of having one county coordinating authority, one county strategic plan and one monitoring and evaluation system.

3.4 National HIV testing guidelines

The policy document provides a framework for all HTC programmes in Bomet County and was developed in the context of existing laws and policies. The HIV Strategic Plan was developed through broad-based consultations with a wide range of stakeholders across the County. The process started with the training of the stakeholders at regional and county level on Kenya AIDS Strategic Framework (KASF) followed by the constitution of the County HIV and AIDS committees to spearhead the process at the County level.

CHAPTER 4

Vision, Mission, Objectives and Strategic Directions

VISION

A County free of new HIV infections, stigma and AIDS-related deaths

MISSION

A leading County in HIV prevention and management.

Broad Objectives

- Reduce new infections by 75%.
- Reduce AIDS-related mortality by 25%.
- Reduce HIV-related stigma and discrimination by 50%.
- Increase domestic financing of the HIV response by 20%.

STRATEGIC DIRECTIONS

- Reduce new HIV infections among adults by 75%.
- Increase PMTCT services among pregnant women from 26% to 80%.
- Increase proportion of eligible clients on ARVs from 32% to 75%.
- Increase proportion of HIV/TB patients completing treatment, from 85% to 90%.
- Reduce infant mortality rate (per 1,000 live births) from 60 to less than 50.
- Reduce maternal mortality ratio (per 100,000 births) from 258 to less than 100.

4.6 Strategic Directions, Interventions and Recommended Actions

4.6.1 Strategic Direction 1: Reducing new HIV infections

Bomet County, together with eight other counties contributes 65% of all new HIV infections in Kenya annually (Kenya County HIV profiles 2014). Overall, the County has been categorized as a medium-incidence epidemic with annual infections of 1,875 and a prevalence of 5.8% against the national average prevalence of 5.6%. Over 46% of people in Bomet County had never tested for HIV. HIV prevalence among women in the County is higher (8.2%) than that of men (4.9%). This indicates that there is still dismal performance in terms of uptake of HIV testing despite its overall contribution to prevention of new infections as well as in guiding access to care and treatment (KDHS 2008/9).

Key intervention 1: Granulate the HIV epidemic to intensify prevention efforts to priority geographies and populations

In Bomet County, high prevalence of HIV is noted among communities living along the hotspot areas of Chebilat, Sotik, Soymet, Bomet Town, Silibwet, Tea Estates, Chebole, Mogogosiek, Kaplong, Longisa, Kapkwen, Youth Farmers, Sigor, Siongiroi, Kimuchlum, Chebunyo and Mulot Sunset (DHIS report). These could be associated partly but not exclusively to cross-infection at the border regions. A joint inter-county effort should be put in place to sensitize the populations living at the border lines both within and without the County so as to reduce the high incidences seen at these regions. It is theorized that Key Populations such as Sex Workers and Priority Populations such as adolescents, single mothers, widows and young adults are among the drivers of the HIV epidemic in Bomet County. According to service delivery data, it is estimated that there are 1,600 FSWs in hotspots and their estimated HIV prevalence is 8.2%. (ICL 2016) The County should put more effort in geographical locations with high HIV prevalence as well as implement comprehensive package services for Key and priority populations.

Sub-county	Population (CIDP 2013-2017)	Estimated number of PLHIVs (DHIS)	HIV prevalence (Kenya HIV and AIDS Estimates 2014)
Bomet Central	146, 827	8,159	5.8%
Bomet East	154,573	11,916	
Chepalungu	194,293	4,576	
Konoin	168,005	2,619	
Sotik	208,973	2,887	
TOTAL	872,671	30,157	

Strategic Direction 1: Reducing new HIV infections

Key Intervention 2: Adopt and scale up effective evidence-based combination prevention

Table 4.2: Interventions for scaling up evidence-based combination HIV prevention

STRATEGIC DIRECTION1: REDUCING NEW HIV INFECTIONS								
KASF Objective	**BCASP Results**	**Target population**	**Key Activity**	**Sub activity/Intervention**			**Geographical areas by County/ sub-county**	**Responsibility**
				Biomedical	**Behavioural**	**Structural**		
Reducing new HIV infections by 75%	Reduced new HIV infections by 75%	General Population	Offer innovative and evidence-based HIV prevention and care activities	Innovative HIV testing and counseling models	Risk reduction counselling and skill building Initiate programs to address inter-generational sex	Establish youth friendly centers Commodity security(test kits and consumables	Bomet County (5 Sub-counties)	TWG CHAC Social services CASCO COAC
				Prevention and management of co-infections and co-morbidities	Male and female condom demonstration	Enhance condoms distribution and skill building		
				Support and ensure safe circumcision practices among the traditionally circumcising communities	Promote post-test HIV clubs and psychosocial support groups	Offer gender-based violence care services including post -exposure prophylaxis (PEP) for survivors		
Reducing new HIV infections by 75%	Reduced new HIV infections by 75%	Key Populations and Vulnerable groups	Roll out package of care for Key Populations and Vulnerable groups	Screening and management of HPV, Hepatitis B and C among FSW/ MSM	Regular outreach and contact with Key Populations through peer-based education, treatment and support	Provision of key commodities including lubricants and condoms	Bomet County (5 Sub-counties	COAC CASCO Partners
				Provide Pre-exposure prophylaxis services (Once approved by the Ministry of Health)	Offer harm reduction interventions to vulnerable populations	Scale up STI management in all health facilities	Bomet County (5 Sub-Counties	COAC CASCO Partners

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/Intervention			Geographical areas by County/ sub-county	Responsibility
Reducing new HIV infections by 75%	Reduced new HIV infections by 75%	Adolescents and young women (AGYW)	Implement package of services for adolescents and young women	Innovative HIV and STI testing	Offer harm reduction interventions to vulnerable populations	Offer age-appropriate contraceptives, condoms, and microbicides	Bomet County (5 Sub-counties)	CASCO CRHCO COAC Ministry of Youth Social services Partners
				Establish youth-friendly clinical services	HIV and RH-related education in school or in the community	Implement life skills programmes for youth in school and out of school		
				Offer HPV screening and education	Offer peer-to-peer outreach in school or outside school	Increase access to sexual and reproductive health services		
					Offer behaviour change interventions in order to delay early sexual debut	Increase access to sexual and reproductive health services		
Reduce new HIV infections by 75%	Reduced new HIV infections by 75%	PLHIV and Sero-discordant couples	Offer package of services for PLHIV and sero-discordant couples	Offer HTS to partners and families of all HIV-positive clients	Offer peer outreach and support services to create treatment and rights awareness PSSGs to enhance adherence	Monitor Viral load for the HIV + partners Condom distribution	Bomet County (5 Sub-counties)	Bomet County Government CASCO COAC CHAC Implementing Partners
				Provide pre-exposure prophylaxis once approved by MOH	Implement Positive Health dignity and Prevention (PHDP)	Provide ART to the infected partner and adherence support	Bomet County (5 Sub-Counties	CASCO COAC CHAC Implementing partners

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/ Intervention			Geographical areas by County/ sub-county	Responsibility
Reduce new HIV infections by 75%	Reduced new HIV infections by 75%	Children and Pregnant Women Living with HIV	Implement strategies to identify and retain HIV-positive pregnant and lactating women and their infants Adopt new national and WHO guidelines on eMTCT	Integrate early infant diagnosis of HIV with immunization services Initiate all pregnant, lactating women and HIV- positive children on ART Offer GBV services for post-rape and incest among children Treat all persons infected irrespective of CD4 levels and PrEP for those at high risk of transmission/ acquisition of HIV	Psycho-social and peer support services for pregnant women Infant and young child -feeding strategies Empowerment of caregivers and stakeholders of OVC Comprehensive interventions and FP to HIV -positive women	Deliver all 4 prongs of eMTCT in 100% of health facilities countrywide Integrate HIV testing in FP/ PN clinics Men involvement in eMTCT Integrate eMTCT with MNCH services	Bomet County (5 Sub-counties)	Bomet County Government-CASCO COAC Implementing partners

Table 4.3: Interventions for strengthening integration and linkages of services to catalyze HIV prevention outcomes		
Interventions Areas	**Recommended Actions**	**Responsibility**
Integrate HIV prevention into routine health care delivery mechanisms	Integrate comprehensive HIV prevention messages, condom distribution, pre-and post-exposure prophylaxis, GBV and fertility intention interventions into health services such as immunization, reproductive, maternal, neonatal and child health as appropriate Strengthen capacity of service providers and increase demand for delivery of HIV prevention services including active engagement of private sector for eMTCT	TWG CASCO CRHCO COAC CHAC
Strengthen community and health facility-level linkages	Equip and utilize peer educators, community health and outreach workers with commodities to effectively deliver stigma-free prevention and provide effective referral for services Strengthen engagement and leadership of faith communities, PLHIV, County/sub-county administrators, councils of elders and political leaders for HIV prevention knowledge and interventions	CCSC COAC TWG

Table 4.4: Interventions for increasing knowledge of HIV status and linkage to other services		
Interventions Areas	**Recommended Actions**	**Responsibility**
Adopt population and geographically appropriate HTC approaches	Strengthen facility-based PITC and ensure linkage to care Deliver routine community-based HTC for priority and key Populations Deliver door-to-door testing and community-based testing at population scale in high-prevalence areas Undertake high yield and effective strategies for HTC for targeted geographical areas and populations	Partners CASCO TWG CHAC
Strengthen HIV diagnostic infrastructure and system	Strengthen early infant HIV diagnosis and innovative diagnostics strategies Invest in adequately skilled staff, commodity security and quality assurance mechanisms	CACO Ppartners County pharmacist

Interventions Areas	Recommended Actions	Responsibility
Strengthen linkages to care and treatment	Obligate HTC points to account for linkage to prevention programmes, care and treatment Utilize community Link Persons/peer educators (CLPs) and Community Health Volunteers (CHVs) to link diagnosed individuals with facilities and support groups Strengthen engagement and leadership of people living with HIV to mobilize and facilitate HTC	CCSC COAC CASCO Implementing partners

Key Intervention 3: Maximize efficiency in service delivery through service integration

Table 4.5: Interventions targeting prevention of HIV in health care settings

Interventions Areas	Recommended Actions	Responsibility
Improve blood and injection safety	Capacity-build health care workers on infection prevention and implement PEP programme for health care workers Encourage blood donors to come for HIV results at regional blood transfusion centres Ensure quality assurance mechanisms for injection safety to eliminate HIV transmission in health care settings	CMLT TWG Ppartners
Medical waste and IPC management	Strengthen waste segregation and disposal at all levels of the health system to minimize risk of infection Improve the availability and accessibility of appropriate IPC equipment and infrastructure in all health care settings	CPHO CDoH Implementing partners

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

Bomet has an estimated population of 824,000. There are about 27,989 PLHIV and 3,589 of them are children. Because of the high numbers of mobile population and people working in Tea Estates, the need for HIV care and treatment is probably higher than it is estimated. Access to HIV care and treatment for Key Populations has remained low. The HIV prevalence among women in Bomet County is higher (8.2%) than that of men (4.9%). Over the years, the women living in the County have been more vulnerable to HIV infection than the men. HIV counseling, testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV

testing as a way to increase prevention and treatment, about 46 per cent of people in Bomet County had never tested for HIV by 2009. There is a need to scale up HIV testing, counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes. Approximately 1,393 adults and 195 children died of AIDS- related conditions in 2013 in Bomet County. Anti-Retroviral Therapy can substantially reduce ADIS-related deaths (Kenya HIV county profiles).

The County has identified the following as the key activities for improving health outcomes and wellness of PLHIV:

Strategic Direction 2: Improving health outcomes and wellness of all PLHIV

Strategic Direction 2: Improving health outcomes and wellness of all PLHIV						
Inadequate identification of PLHIV leads to low linkage to care and treatment. Therefore, targeted HIV testing and counselling strategies will be utilized 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	**BCASP Results**	**Target population**	**Key Activity**	**Sub activity/Intervention**	**Geographical areas by County/ sub- county**	**Responsibility**
Improving health outcomes and wellness of all PLHIV Improving health outcomes and wellness of all PLHIV	Increased linkage to care and treatment up to 90% within 3 months of HIV diagnosis Increased ART coverage to 90% for both adults and children	Children living with HIV	Intensify identification and retention in care of children living with HIV	Community mobilization and health education of care givers Intensified case finding by testing children in MCH, outpatients, special clinic and inpatients in wards with unknown status Improved identification follow-up of HEI such as in maternity wards, immunization clinics etc Age-specific psychosocial support group and activities Implement disclosure guidelines for children	Bomet County (5 Sub-counties)	CASCO TWG Implementing partners
		Adolescents and youth	Roll out adolescent's package of care	Provide youth-friendly services, psychosocial and peer support Utilize technology including social media for education, recruitment and retention in care Implement disclosure guidelines for adolescents	Bomet County	CASCO Youth department COAC Implementing partners

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/Intervention	Geographical areas by County/ sub- county	Responsibility
Improving health outcomes and wellness of all PLHIV Improving health outcomes and wellness of all PLHIV	Increased linkage to care and treatment up to 90% within 3 months of HIV diagnosis Increased ART coverage to 90% for both adults and children	Key and Vulnerable Populations	Roll out KP package of service for Key and Vulnerable Populations	Mainstream KP programming in health facilities Integrate care services in drop-off centres	Bomet County (5 Sub Counties)	CASCO TWG Implementing partners
		Adults	Intensify identification and retention in care for adults living with HIV	Targeted HIV testing models Improve referral and patient management system and infrastructure Implement patient retention strategies (treatment literacy sessions, peer and psychosocial support) Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategies Establish effective tracking system of the clients	Bomet County (5 Sub-counties	CASCO CCSC Implementing partners
		PMTCT mothers	Implement PMTCT guidelines on testing	Strengthened male involvement for PMTCT outcomes	Bomet County (5 Sub-Counties	CRHCO CASCO Partners

Table 4.7: 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 38% to 90% as well as improving the ART retention from 62% to 90% by 2019 in line with 90, 90, 90 targets (DHIS). This will be achieved through the proposed interventions tabled below:

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/Intervention	Geographical areas by County/ sub- county	Responsibility
Improving health outcomes and wellness of all PLHIV	Increased ART coverage to 90% for both adults and children	Children living with HIV	Decentralize HIV services for children to all health facilities including private and faith based facilities	Provide care givers with HIV education, literacy and empowerment Improve pediatric psychosocial support and disclosure Implement child-friendly services Capacity building of health care providers on management of HIV in children	Bomet County (5 Sub-counties)	CASCO TWG Implementing partners

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/Intervention	Geographical areas by County/sub-county	Responsibility
Improving health outcomes and wellness of all PLHIV	Increased ART coverage to 90% for both adults and children	Adolescents and youth	Roll out package of services for adolescents and youth	Decentralize HIV services for adolescents and youth to all health facilities including private and faith-based facilities Promote adherence and retention using strategies such as technology and social media Develop disclosure algorithm to standardize methodologies for disclosure by and to adolescents living with HIV	Bomet County	CASCO TWG Partners
		Key and Vulnerable Populations		Scale up key population-friendly HIV care and treatment services Demystify myths and misconception that fuel HIV-related stigma and discrimination Improve HIV services for people with disabilities, poor women and children	Bomet County (5 Sub Counties)	COAC CASCO Social Services Implementing partners
		Adults	Decentralization of ART services and ensuring commodity security	Capacity building of HIV service providers Infrastructure improvement (screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV) Improve management of NCDs among PLHIV 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)	Bomet County (5 Sub-counties)	CO Health CASCO CTBLC Implementing partners
		PMTCT mothers	Decentralization of PMTCT services to all health facilities	Implement BMMP intervention to improve retention of the mother/baby pair	Bomet County (5 Sub-Counties	CRHCO Implementing partners

Table 4.8: Key Intervention 3: Improve quality of care and treatment outcomes

The County will strengthen systems to improve quality of care and health outcomes through routine analysis and use of health and programme data as well as strengthening facility support and oversight for quality HIV services. The County experiences challenges such as HIV-related stigma, defaulting, poor adherence to medication, poor ART monitoring, and lack/poor dose adjustment for children as well as delays in switching clients to second line.

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/Intervention	Geographical areas by County/ sub- county	Responsibility
Improving health outcomes and wellness of all PLHIV	Increased ART coverage to 90% for both adults and children	PMTCT mothers	To improve quality of care and monitoring treatment outcomes	Strengthen capacity of facilities to monitor quality of care and utilize care data for decision making Scale up use of electronic medical records (EMR) Implement periodic surveys and cohort analysis Strengthen supply systems and ensure commodity security Implement periodic monitoring for adherence and disclosure	Bomet County (5 Sub-counties	CHAC COAC/NACC Implementing Partners
			To improve laboratory capacity and infrastructure	Strengthen laboratory networks Put in place systems to assure quality and monitor adherence to laboratory protocols Improve laboratory equipment, supplies, space, personnel	Bomet County	CO Health CMLT Implementing partners
			Support communit-based adherence	Promote age and population specific treatment education in community and other non-health facility-based settings Use innovative mobile and web-based technology to increase adherence and follow up options Scale up use of PLHIV peer support strategies Strengthen defaulter tracing mechanisms Implement community PHDP	Bomet County (5 Sub Counties)	CCSC CASCO Implementing partners

4.6.3 Strategic Direction 3:

Using a Human Rights-Based Approach to Facilitate Access to Services for PLHIVS, Key Populations and other Priority Groups in all Sectors and actors

Safeguarding human rights is an essential part of improving the quality of life for those infected and affected by HIV and AIDS. HIV hits the hardest where human rights are least protected. People have the right to know how to protect themselves; to know how to obtain treatment, care and support if infected, and to be educated on the treatments available to them

Article 27 of the Constitution of Kenya 2010 outlaws discrimination on the basis of one's health status, provides for equality between men and women and allows the use of affirmative action to redress past discrimination. Kenya's HIV and AIDS Prevention and Control Act 2006 provides the legal framework to address HIV; 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 the HIV and AIDS Tribunal.

According to the Constitution of Kenya 2010, Chapter 4 Article 43 a, 2 and 3 states that:

- Every person has the right to the highest attainable standard of health which includes to the right health care services including reproductive health care.
- A person should not be denied emergency treatment.
- The state should provide appropriate social security to persons who are unable to support themselves and their dependants.

County situation analysis

The Bomet County Stigma and Discrimination Index stands at 46% according to Kenya National HIV and AIDS Stigma and Discrimination Index Survey of 2014.The stigma situation can be attributed to the following:

- Barriers to access of HIV information in public and private facilities.
- Inadequate County legal and policy environment for protection and subsequent promotion of the rights of priority and Key Populations and PL HIV.
- Gender-Based Violence and social exclusion.
- Inadequate protection from stigma and discrimination in the public and private sector.

Key intervention areas

- 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 the rights of priority and Key Populations and PL HIV.
- Reduce and monitor stigma and discrimination, social exclusion and GBV.
- Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector.
- Enhancing access to HIV services.

Expected results by 2018/19

- Reduced reported stigma by 50 %.
- Reduced self-reported HIV-related stigma and discrimination by 50%.
- Reduced levels of sexual and gender-based violence for PLHIV, key Populations, women, men, boys and girls by 50%.

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 and actors

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 AND ACTORS

Table 4.9: Using a human rights-based approach to facilitate access to services for PLHIV, Key Populations and other priority groups in all sectors and actors

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/Intervention	Geographical areas by County/ sub- county	Responsibility
An enabling legal and policy necessary for a robust HIV response at the national and county level to ensure access to services for persons living with HIV	Reduced reported stigma by 50 %	Sensitization of general and targeted population with anti-stigma awareness messages	Sensitize health care workers on reducing stigmatizing attitudes in healthcare settings	Healthcare workers	Bomet County	CDoH CO Health County Assembly Health Committee
			Implement programmes aimed at reducing stigma and discrimination against priority populations	Priority populations	Bomet County	CHAC-CEC
			Encourage religious leaders to promote acceptance of priority groups as part of their community	Religious leaders	Bomet County	IRC
			Develop Community groups and forums and utilize persons living positively to campaign against HIV-related stigma and discrimination	General population	Bomet County	Implementing partners CGoB
	Reduced self-reported HIV-related stigma and discrimination by 50%	Implement structural interventions that empower PLHIVs	Promote the PLHIV to enroll in support groups and ensure they register with the Department of Social Services	PLHIV	Bomet County	CDGSD Support groups COAC

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/Intervention	Geographical areas by County/ sub- county	Responsibility
An enabling legal and policy necessary for a robust HIV response at the national and county level to ensure access to services for persons living with HIV	Reduced self-reported HIV-related stigma and discrimination by 50%	Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Develop policies to protect priority population when accessing HIV-related services	SGBV survivors	Bomet County	CRHCO COAC CDGSD CA-CEC
			Strengthen and establish more DICs to offer HIV services to the key populations	Key Populations	Bomet County	Implementing partners CRHCO
			The CEC health to formulate a policy to protect priority populations when accessing HIV and health services	Key and vulnerable populations	Bomet County	CEC Health CHAC CA on Health
			Empower communities through various fora and provision of IEC	General population	Bomet County	CHAC TWG Implementing Partners
			Promote use of peer counsellors/educators and mentor mothers to enhance uptake of HIV services	PLHIV	Bomet County	CHAC CASCO
			Male engagement in HIV, SRH programmes and interventions and offer them services	Male partners of women living with HIV and ANC clients	Bomet County	CRHCO
			Integrate HIV information and encourage service uptake in religious settings	Religious institutions	Bomet County	IRC
			Sensitize law makers on the need to enact non-discriminatory regulations and services	County Assembly members	Bomet County	CEC (Health) CHAC
			Develop and disseminate population-specific and user-friendly information including materials in braille, Kiswahili and Kipsigis languages	General population	Bomet County	CHAC TWG
			Work closely with regional religious leaders to integrate their religious teachings with HIV information and service uptake	General population	Bomet County	IRC
			Utilize County publications and local media channels to disseminate HIV information (County Journal, County News)	General population	Bomet County	CHAC

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/Intervention	Geographical areas by County/ sub- county	Responsibility
An enabling legal and policy necessary for a robust HIV response at the national and county level to ensure access to services for persons living with HIV	Reduced self-reported HIV-related stigma and discrimination by 50%	Reduced levels of sexual and gender-based violence for PLHIV, Key populations, women, men, boys and girls by 50%	Educate communities on gender and legal issues	Communities	Bomet County	Partners, CSOs, FBOs
			Educate communities on legal issues, rights and gender during barazas and social gatherings	General population	Bomet County	CCSC SCACs CHPO Social services
			Utilize community units to discourage negative traditional beliefs and practice.	General population	Bomet County	CCSC
		Improve county legal and policy environment for protection and promotion of the rights of priority and Key Populations and PLHI	Sensitize county assembly members and executives on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support.	County Assembly members and executives	Bomet County	CHAC CEC Health
			The County assembly to review the existing laws and execute the existing policies to ensure they impact the response to HIV positively. These should be consistent with the Constitution, national laws and policies	County Assembly members and executives	Bomet County	CHAC CEC Health
			Sensitize law makers and law enforcement agencies on HIV and consequences of their implementation and implementation of laws in the provision of HIV services to priority populations	CA on Health CEC Health	Bomet County	CHAC CEC Health COAC
			Enroll PLHIV, OVCs, Key Populations and other priority groups into the social protection programmes	PLHIV, OVCs, Key Populations and other priority groups	Bomet County	Social services department CSOs CACC

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/Intervention	Geographical areas by County/ sub- county	Responsibility
An enabling legal and policy necessary for a robust HIV response at the national and county level to ensure access to services for persons living with HIV	Reduced self-reported HIV-related stigma and discrimination by 50%	Improve county legal and policy environment for protection and promotion of the rights of priority and Key Populations and PLHI	Facilitate discussions and negotiations among HIV service providers, those who access services and law enforcement agencies to address law enforcement practices that impede HIV prevention, treatment, care and support services	General population	Bomet County	CHAC CSOs
			Ensure implementation of HIV workplace programmes for lawmakers and enforcers	General population	Bomet County	CHAC CSOs
			Sensitize individual healthcare workers, health care administrators and regulators on their own human rights and skill and tools necessary to ensure patient rights are upheld	Healthcare workers and administrators	Bomet County	CO Health
			Hold the County Government accountable for their constitutional and statutory obligations	County government administrators	Bomet Bomet County	CHAC CSOs
			Advocate for decentralization of HIV tribunal to the County	HIV Tribunal	CHAC	NACC/CACC
			In collaboration with other stakeholders, non-state actors to implement programmes aimed at upholding their rights of priority populations	General population	Bomet County	CHAC
			Sensitization of police, health care workers, Civil Societies and legal groups on SGBV support	Police, health care workers, Civil Societies and legal groups	Bomet County	CSOs and Public entities CRHCO
			Strengthen linkages with psychosocial support groups for SGBV survivors	SGBV survivors		CASCO COAC
			Link SGBV survivors to gender response units within the County	SGBV survivors		CACC CSOs

KASF Objective	BCASP Results	Target population	Key Activity	Sub activity/Intervention	Geographical areas by County/ sub- county	Responsibility
An enabling legal and policy necessary for a robust HIV response at the national and county level to ensure access to services for persons living with HIV	Reduced self-reported HIV-related stigma and discrimination by 50%	Improve county legal and policy environment for protection and promotion of the rights of priority and Key Populations and PLHI	The County Government to conduct measurement of HIV-related stigma through PLHIV Stigma Index including in health care settings and communities	PLHIV	Bomet County	CHAC Support Groups
			Conduct a county baseline survey to document the magnitude and nature of human rights violation and gender disparities in the context of HIV	PLHIV	Bomet County	CHAC
			Educate communities on gender and legal issues affecting HIV	Communities	Bomet County	CDGSS

4.6.4 Strategic Direction 4:

Strengthening integration of community and health systems

Provision of universal health coverage to all citizens by 2030, as articulated in its 2010 Constitution and further reaffirmed in Sessional Paper No. 7 of 2012 on Universal Health Care, is a key developmental commitment by the Government of Kenya. Currently, Bomet County has thirty nine (39) existing Community Units against the total one hundred seventy six (176) community units needed. Though the existing 39 CUs have been formed and are linked to 41 health facilities, they don't consistently execute their activities due to inconsistence financial support.

The County has a total of 250 registered Community-Based Organizations (CBOs) and Faith-Based Organizations (FBOs) as per NACC decentralized database, however this number is dynamic as it keeps changing. These groups are actively implementing HIV activities through self and donor funding. There are 14 community link persons / peer educators attached to GOK health facilities and FBO/

NGO in the County and 10 mentor mothers in all high volume health facilities. These structures support task-shifting activities as well as patient retention strategies.

The key gaps in community systems are low CU coverage, inadequate financing to support community health structures, weak community facility linkages, weak leadership and governance, weak planning and monitoring capacity and low capacity of community structures.

Key intervention areas

- Provide a competent motivated and adequately staffed workforce at County and Sub-County levels to deliver integrated HIV services at different Tiers.
- Strengthen health service delivery systems at County and Sub-county levels to deliver integrated HIV services at different Tiers.
- Improve access and rational use of quality essential products and technologies for HIV prevention, treatment and care services.

- Strengthen community service delivery system at the county and sub-county levels for the provision of HIV prevention, treatment and care services.

Expected results by 2018/19

- Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services
- Strengthened HIV supplies commodities through effective and efficient management of medicine and medical product.
- Improved health workforce for HIV response at county and sub-county levels.
- Strengthened Community-level AIDS competency.

Table 4.10: Intervention areas in integration of community and health systems

KASF Objective	BCASP Results	Sub-activity/ Intervention	Key Activity	Geographical areas by County/sub-county	Responsibility
Build a strong and sustainable system for HIV service delivery through specific health community systems approaches, actions and interventions to support the HIV response	Improved health workforce for HIV response at county and sub-county levels	Provide competent motivated and adequately staffed workforce at county and sub- county levels to deliver integrated HIV services at all levels	Strengthen capacity of facilities to monitor quality of care and utilize care data for decision making Scale up use of electronic medical records (EMR) Implement periodic surveys and cohort analysis Strengthen supply systems and ensure commodity security Implement periodic monitoring for adherence and disclosure	Bomet County	CGoB CO Health CPSB Partners
	Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services	Strengthen health service delivery system at county and sub-county levels to deliver integrated HIV services at different Tiers	Upgrade the infrastructure for all community units in the County to meet the basic standards for HIV service provision at level 1. Establish more community units Integration of HIV referral and linkages services into mainstream health services Improve accessibility to comprehensive HIV services to the key populations and vulnerable groups Mainstreaming of HIV in all sectors	Bomet County	CO Health Implementing partners

KASF Objective	BCASP Results	Sub-activity/ Intervention	Key Activity	Geographical areas by County/sub-county	Responsibility
Build a strong and sustainable system for HIV service delivery through specific health community systems approaches, actions and interventions to support the HIV response	Strengthened HIV commodity management through effective and efficient management of medicine and medical products	Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services.	Develop a HIV commodity management and supply chains monitoring at county level Capacity building of procurement staff to enhance efficiency in utilization of HIV commodities Distribution of adequate and functional HIV diagnostic equipment (VL) that are well maintained (service contracts) and adoption of new technologies in self-testing Introduction of facility-based IT systems to manage and monitor HPT supplies and link with national and County MoH Information System Review and strengthen laboratory systems for effective diagnosis and monitoring of ART, especially for early detection of toxicities and treatment failure Decentralization of comprehensive HIV services including laboratory networks to all health facilities, especially the lower level (Tier 2).	Bomet County (5 Sub Counties)	CO Health CCSC Implementing partners
	Strengthened Community-level AIDS competency	Strengthen community service delivery system at county and sub-county for the provision of HIV prevention, treatment and care services	Set aside a financial kitty for HIV & AIDS community services Empowering communities to ensure capability and capacity to take responsibility of their health. Monitoring community facilities to ensure that they adhere to laid-down standards on the implementation of HIV activities Conduct capacity building trainings to strengthen institutional capacity for implementation of community and workplace actions and services at all levels		CCSC, CO Health, Implementing partners

4.6.5 Strategic Direction 5:

Strengthening Research, Innovation And Information Management

Different national surveillance studies (KAIS, KDHS and KMoT) provide valuable information for programmes and research. However, there are still research gaps in understanding drivers of the epidemic by populations and geography and in evaluating effectiveness and efficiency of various interventions in addition to the effectiveness of proven efficacious biomedical interventions and technologies in the real world. Data and research on social determinants of health and their impact on incidence and mortality are scanty. There are limited studies on impact of stigma, discrimination, cultural practices, and gender norms on prevention, mortality and quality of life.

NGOs, hospitals and universities collect data and conduct research, which often is not captured in the national framework.

Timely translation of data and evidence for programming and policies are hampered by a multiplicity of data sources, disparity in methodologies and timeframes and user-friendliness of data collected and generated at facility and sub-county levels. A data revolution is needed to inform evidence-based programming, policy development and research priorities at county and country levels. HIV research is still largely dependent on donor-funding and sometimes not harmonized with national HIV research priorities.

Key intervention areas

- Resourcing and implementing HIV research agenda informed by the County Strategic Plan.
- Increase evidence-based planning and programming.

Expected results by 2018 / 19

- Increased evidence-based planning and programming by 20%.
- Increased capacity to conduct HIV research in the County by 50%.

Table 4.11: Intervention areas in strengthening research innovation and information management to meet the Bomet County HIV Strategic goals

KASF Objective	BCASP Results	Key Activity	Sub activity/Intervention	Target Population	Geographical areas by County/sub- county	Responsibility
Identification and implementation of high-impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Increased evidence-based planning and programming	Establish and operationalize Bomet County research Technical Working Group	Strengthen and expand the mandate and scope of the already existing ethics and research committee in the county	Research TWG	Bomet County	CEC Health CHAC NACC
		Organize scientific retreats for review of existing and concluded research	Conduct operational research in the County on various thematic areas of HIV	Bomet County	CO Health CMLT Implementing partners	
	Increased capacity to conduct HIV research in the County	Organize scientific retreats for review of existing and concluded research	Conduct operational research in the County on various thematic areas of HIV	Research stakeholders	Bomet County	CGoB Stakeholders Universities
			Conduct County dissemination forum of HIV research	HIV stakeholders	Bomet County	CGoB Stakeholders Universities

KASF Objective	BCASP Results	Key Activity	Sub activity/Intervention	Target Population	Geographical areas by County/sub- county	Responsibility
Identification and implementation of high-impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Increased capacity to conduct HIV research in the County	Organize scientific retreats for review of existing and concluded research	Strengthen County HIV research capacities including epidemiological surveillance, good laboratory, clinical practice and ethics	Research stakeholders	Bomet County	CGoB Stakeholders Universities
		Develop County HIV research agenda through consultative process by involving all the key stakeholders to compliment it	Identify County HIV and AIDS research priorities	Research TWG	Bomet County	CEC Health CA on Health
		Promote dissemination and utilization of research findings	Establish an interactive web-based County HIV research hub	Research stakeholders	Bomet County	CEC Health CHAC
			Hold bi-annual dissemination of research findings and quarterly review meetings by different actors including publication of abstracts	Research stakeholders	Bomet County	CEC Health
			Encourage research and utilization of its findings	Research stakeholders	Bomet County	CEC Health CHAC
			Increased utilization of research findings on the identified gaps and related priorities	Research stakeholders	Bomet County	CEC Health CHAC
		Mobilize resources for the HIV research agenda	Develop policies to attract public, private partnerships in HIV research	Research stakeholders	Bomet County	CEC Health CHAC CA
			Promote partnership with learning institutions to prioritize HIV sector research needs	Research stakeholders	Bomet County	CEC Health CHAC

4.6.6 Strategic Direction 6:

Promote Utilization of Strategic Information for Research and M&E

Situation Analysis

The County M&E system is aligned to the existing national M&E system which outlines the different monitoring and evaluation sub-systems: DHIS, LMIS, and Community-Based HIV Programme Activity Reporting (COBPAR) among others. Currently, Community Health Volunteers report to the link facilities, the link facilities submit to the Sub-County Health Information Officers (s) SCHRIO. The SCHRIOs and County Referral Hospital report to the CHRIO through DHIS. This enables all users including County, national and program officers at all levels to generate information to inform decisions and public health interventions.

However, the existing Health Information Systems are highly fragmented with weak linkages to other healthcare providers at various levels. The design and implementation of these systems do not facilitate integration of different sources of health information within the health system. There is poor integration of vertical programmes and administrative information into the routine Health Information System. Consequently, there is need to harmonize various reporting systems and strengthen the current DHIS.

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

Monitoring, follow-up and control systems will be established at all levels, including:

- Progress reports
- Review meeting
- Budgets and budgeting control systems and report forms

Challenges

The community-based HIV programme, being captured by the COBPAR system that is hosted by NACC, has not been easily accessed by the interested parties. Further, development partners, NGOs and some CBOs have developed their own parallel M&E systems which are not in the spirit of Three Ones principle.

Therefore County Monitoring and Evaluation systems will be characterized by the following;

- Clear and defined functional monitoring and evaluation framework.
- Sufficient monitoring and evaluation tools on HIV and AIDS at the County and sub-county levels will be established.
- Establishment of Monitoring and Evaluation Technical Working Groups (TWGS).
- Allocation of funds for Monitoring and Evaluation activities in the County and sub-county.

Expected results by 2019

- M&E Information Hubs integrated at County level and providing comprehensive information package for decision making.
- Increased utilization of strategic information to inform HIV programming at all levels.

Table 4.12: Interventions for Promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming						
KASF Objective	**BCASP Results**	**Key Activity**	**Sub activity/Intervention**	**Target Population**	**Geographical areas by County/ sub- county**	**Responsibility**
To improve data quality, demand, access and use of data for decision making at County and health facility levels	M&E Information Hubs integrated at County level and providing comprehensive information package for decision making	Strengthen the County HIV M&E system	Conduct M&E capacity assessment and development in the County	M&E system	Bomet County	CDoH TWG CHAC CHRO
	Increased utilization of strategic information to inform HIV response at all County level	Increase Access to a centralized M&E system in Bomet County	Establish functional multi-sectoral HIV M&E co-ordination structure and partnerships at County and sub-county level	Implementing partners	Bomet County	CHAC TWG
	Increased capacity to conduct HIV research in the County	Organize scientific retreats for review of existing and concluded research	Conduct periodic data quality audits, verification and support supervision	Implementers	Bomet County	CHAC TWG,
			Utilization of the HIV Situation Room for decision making	County Leadership	Bomet County	CEC Health CHAC CDoH
			Procure and distribute reporting tools to health facilities on timely basis	Research stakeholders	Bomet County	CGoB Stakeholders Universities
			Strengthen a county M&E Information Hub	Research TWG	Bomet County	CEC Health CA on Health
		Data management and reporting	Strengthen County M&E systems to the new governance structure with involvement of other implementing partners	Implementing partners	Bomet County	CDoH CHAC TWG
			Health department to establish M&E department to conduct capacity assessment and development at County level in terms of personnel, infrastructure , comprehensive County HIV M&E systems, guidelines, tools and SOPs	Health facilities and partners	Bomet County	CDoH CHAC TWG

KASF Objective	BCASP Results	Key Activity	Sub activity/Intervention	Target Population	Geographical areas by County/ sub- county	Responsibility
To improve data quality, demand, access and use of data for decision making at County and health facility levels	Increased capacity to conduct HIV research in the County	Data management and reporting	Develop, print and distribute M&E tools for collection of HIV data	Health Ministry and Partners.	Bomet County	CEC Health CHAC
			Strengthening on-line reporting and other data transmission technologies and utilization of electronic medical records	Implementing partners	Bomet County	CEC Health CHAC
			Improve data quality in terms of timeliness and completeness of M&E reports from various sub-systems	M&E department	Bomet County	CDoH CHAC
		Coordination of data flow	All actors to adhere to County HIV reporting obligations	Implementing partners	Bomet County	CDoH CHAC
			Enhance regular M&E supervision	Implementing partners	Bomet County	CDoH CHAC
			Promote routine and non-routine HIV information systems	Implementing partners	Bomet County	CDoH CHAC
			Scale up coverage of on-going HIV programmes surveillance and surveys	Implementing partners	Bomet County	CDoH CHAC
			M&E department to Strengthen periodic data quality audits and verify, harmonize and create linkage between data collection tools and databases	M&E department	Bomet county	CDoH CHAC
		Establish multi-sectoral and integrated real-time HIV platform to provide updates on HIV epidemic response accountability	Use HIV strategic information to inform policy and programming	Implementing partners	Bomet County	CDoH CHAC
			Harmonize M&E Information Hubs at County and sub-county levels	Implementing partners	Bomet County	CDoH CHAC
			Establish a multi-sectorial HIV programming web-based data management system	Implementing partners	Bomet County	CDoH CHAC

4.6.7 Strategic Direction 7:

Increasing domestic financing for a sustainable HIV response

Financing health care in Kenya remains an insurmountable challenge to the economy and hindrance to equal access to health services of high standards. Bomet County health services are financed through national government allocations, County revenue, health and medical insurance, facility improvement fund and development partner funding. The County does not have a HIV budget line in the overall Health budgetary allocation. This strategic direction aims to increase domestic financing for HIV response to 20% to ensure sustainability of the HIV response.

The diverse programmes have been implemented through a multi-sectoral approach in partnership with other stakeholders among them WRP, ICL and KRCs. Even with these minimal resources, the County has been able to realize meaningful results on active implementation of HIV interventions by all the actors in the third strategic plan (KNASP III). However, in the fourth era as counties devolve the health services including HIV response, the County Government is putting in place structures and strategies through the development and eventual launching of BCASP to guide programming.

NAME OF ORGANISATION	DONOR CONTRIBUTION TO HIV FIGHT IN BOMET COUNTY			KEY ACTIVITIES / INTERVENTIONS
	FY 2013/14 (Ksh. in millions)	FY 2014/15 (Ksh. in millions)	FY 2015/16 (Ksh. in millions)	
WRP	60	60	60	HIV Strategic information, H/F ARV trainings, HTC services, capacity building of staff on data tools, PMTCT services, mentor mother services, ART services, TB support supervision, etc
ICL	5	5	5	HTC services, Sister-to-Sister approach
KRCs	1	1	1	KPs identification

However, the above resources were not sufficient enough for the implementation of the HIV specific annual work plans for respective financial years. This strategic plan therefore, seeks to guide the County Government through different sectors to mobilize resources to help finance the various key HIV priorities in the County.

Key interventions

- Coordination of all resources available for the HIV response in Bomet County to avoid duplications of efforts.
- Innovative and sustainable domestic HIV financing options in the County
- Maximize efficiency of existing HIV delivery options for increased value and results within existing resources.
- Aligning HIV resources/investment to strategic plan priorities.

Expected results by 2018 /19

- Increased domestic financing for HIV response by 20%.
- Sustainable funding for HIV response.

Table 4.14: Interventions for innovative and sustainable domestic HIV financing options for Bomet County

KASF Objective	BCASP Results	Sub-activity/ Intervention	Key Activity	Geographical areas by County/sub-county	Responbility
Increase domestic financing by 50%	Increased county financing for HIV response by 20%	Innovative and sustainable domestic HIV financing options in the County	Participation in the Annual County budgetary making cycle to ensure resource allocation Strengthen public-private partnerships engagement at all levels at the County and sub-county through regular PPP forums Initiate an annual AIDS lottery programme. Organize high level engagement with the County stakeholders to advocate for domestic financing Build and enhance capacity of civil society organization to achieve self-financing and sustainability	Five sub-counties (All levels of the county and national governments)	Partners TWG CSOs County Assembly National Government
		Coordination of all resources available for the HIV response in the County to avoid duplication of efforts	Creation of an information hub for the County to track resources from all partners (Grand check system) Carry out cost-benefit analysis on the HIV and AIDS programmes		County Government through the health services sector

KASF Objective	BCASP Results	Sub-activity/ Intervention	Key Activity	Geographical areas by County/sub-county	Responbility
Increase domestic financing by 50%	Increased county financing for HIV response by 20%	Maximize efficiency of existing HIV delivery options for increased value and results within existing resources	Align the HIV and AIDS response within the local context Promote effective cost-saving models of HIV and AIDS service delivery..	Five sub-counties (All levels of the county and national governments)	CGoB Partners CHAC
		Aligning HIV resources/ investment to strategic plan priorities	Carry out a needs assessment on key priority interventions Consolidate and direct HIV resource allocations from different agencies		CGoB TWG CHAC

4.6.8 Strategic Direction 8:

Promoting accountable leadership for delivery of the bcasp results by all sectors and actors

The Constitution of Kenya 2010 provides a new legal and policy environment upon which the HIV response will be implemented. Articles 10(2) and 73 outline key defining elements of good governance and leadership while Article 21 (3) bestows on all State organs and all public officers the duty to address the needs of vulnerable groups within society. A high level of political goodwill is required to effectively address the impact of HIV in the County. Most importantly, there is the need to leverage on the Paris Declaration to Ending AIDS in Countries by 2020, signed by member countries on December 1, 2014.

Bomet County has sufficient political leadership in response to HIV and AIDS, especially the Office of the Governor. However, there has been insufficient political drive from the County Assembly to encourage and mobilize the population to take seriously the threat posed by this epidemic. HIV has been mainly seen as a health issue of the National Government; hence the County Government and other sectors have not been fully involved in addressing the epidemic. There is good evidence that an HIV epidemic can be contained with strong political will, with a pragmatic approach, and the effective mobilization of resources to succeed in dealing with the HIV pandemic, the County Assembly needs to have a political commitment by passing legislation and policies focusing on prevention and management of HIV and AIDS in the County leadership at all levels need to be encouraged to keep HIV high on the County agenda and share information about the epidemic with their wards and sub-counties. The capacity of the County structures need to be built to manage HIV programmes and resources need to be distributed equitably within the County. Many agencies and organizations are making valuable contributions to HIV prevention and control but their work is not well coordinated.

Due to the dwindling resources from donors and partners, there is increased call for ownership of the HIV response by the County Government. The implementation of BCASP will require good governance practices which will be responsible

and accountable in embracing multi-sectoral HIV and AIDS response. This will go a long way in ensuring effective and efficient resource allocation and subsequently create transparency and accountability. Setting HIV response as a County priority and a strategic development issue at all levels in the County, and enforcing its implementation, requires a sustained leadership, commitment and coordination from the executive and other governing bodies. The County embraces effective coordination throughout the implementation cycle of this plan.

Key interventions

1. Build and sustain high-level political commitment for strengthened county ownership of the HIV response
2. Entrench good governance and strengthen multi-sector and multi-partner accountability to delivery of BCASP results
3. Establish functional HIV co-ordination mechanism at county and sub-county levels

Expected results by 2018/19

- 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 operationalized at county and sub-county levels.

Table 4.16: Interventions for strengthening County HIV coordination mechanism

KASF Objective	BCASP Results	Key Intervention	Key Activity	Geographical areas by County/sub- county	Responsibility
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	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 CA Health 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 Gender mainstreaming in advocacy and program activities including youth, women and accelerated eMTCT strategies Institutional coordination and ownership of the Bomet county HIV strategic plan	Bomet County	Office of the Governor County executive Members of the county assembly

KASF Objective	BCASP Results	Key Intervention	Key Activity	Geographical areas by County/sub- county	Responsibility
Promote good governance practices	Good governance practices	Entrench good governance and strengthen multi-sector and multi-partner accountability to delivery of BCASP results	Joint BCASP annual implementation review meetings with the stakeholders ,implementers and partners involved in the HIV & AIDS response within the county Regular update meetings to Ensure accountability for performance and results by all implementing partners at the county	Bomet County	County Government-county health services NACC NASCOP
		Establish functional HIV co-ordination mechanism at county and sub-county levels	Hold regular county and sub-county stakeholders Fora 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		CGoB, NACC, NASCOP

4.7 Resource needs

The resource needs to fully implement the Bomet County HIV and AIDS Plan is estimated at USD. 97.59 million (Sh9.7 trillions) for the five-year period. The cost will rise from USD. 16.73 million in 2014/15 to USD. 21.53 million in the final year of the strategic plan due to scaling up of the key HIV interventions. In estimating the resource needs, a macro-costing (down up) approach was used. The resource needs was based on the current Bomet County HIV burden.

Table 4.16 Resources required for implementing BCASP (in USD Millions)

Strategic Directions	Specific BCASP Intervention Areas	Percentage of re-source dedicated for the strategy	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	Total
SD1	HIV Prevention	30.00%	5.01	5.71	6.44	7.20	7.80	32.16
SD2	Treatment and Care	45.00%	7.50	8.20	8.57	8.72	8.61	41.60
SD3	Social inclusion, human rights and gender	8.00%	1.37	1.78	2.21	2.69	3.19	11.24
SD4	Health systems	4.00%	0.67	0.61	0.50	0.45	0.23	2.45
	Community systems	4.00%	0.67	0.60	0.50	0.45	0.23	2.45
SD7 & SD8	Leadership, governance and resource Allocation	4.00%	0.67	0.68	0.66	0.62	0.56	3.20
SD6	Monitoring and evaluation	3.00%	0.50	0.51	0.49	0.46	0.42	2.38
SD5	Research	1.00%	0.17	0.19	0.21	0.23	0.24	1.04
	Supply chain management	1.00%	0.17	0.19	0.21	0.23	0.24	1.04
	Grand Total	100.00%	16.73	18.47	19.79	21.04	21.53	97.56

CHAPTER 5

Implementation Arrangements

5.1 Capacity Development Plan

The capacity development process will identify and outline the priorities to develop capacity for County programme and resource management for HIV to ensure quality implementation of the programmes. The purpose of the capacity development process is to enhance the skills and resources of the County Government and civil society organizations to fully and efficiently manage HIV programmes.

5.2 Strategic Level Capacities

A mapping exercise will be conducted in the County and key CSOs to identify the key capacities for County disease management for HIV. These are likely to consist of high level strategic capacities including; Policy, Strategy, Sustainable Financing, Coordination, County Government / CSO relationships and Communication. The strategic level capacities will require clear policies and strategies to be in place at the County Government level. These in turn will lead to effective County HIV response structures, clear roles and responsibilities, procedures, plans and resources to allow implementation. The capacity development plan will include strengthening the strategic capacities identified together with the advice and guidance to adapt best practice to the County context together with support and mentoring to put these in place.

5.3 Functional Capacities

At the implementation level, there are implementation / functional capacities required to ensure the continuity of services. The functional capacities consist of; Program Management; Financial Management; Procurement and Supply Chain Management; and Monitoring and Evaluation. The functional capacities require the County Government and key CSO systems to be strengthened to a level where the entities can manage the implementation of county and national disease programmes for HIV. The main focus of the capacity development plan is on strengthening the entities implementation systems. The systems will be reviewed and reformed, drawing on best practices and taking into account the context to result in 'best fit'. This organizational development will result in appropriate

integrated structures being in place, with clear roles, responsibilities and utilizing standard operating procedures, to deliver accessible and responsive services in a cost-efficient and effective manner. The systems will need adequate oversight put in place to increase accountability and mitigate risk.

5.4 Stakeholder Management and Accountability

Implementation of this plan will require stakeholder coordination, political leadership and accountability. The County HIV partnership office will register all the partners, sign a MoU on HIV service delivery and targets and ensure partners' accountability for results and reporting.

The County Executive Committee Member for Health will chair the County HIV Committee with County Commissioner being the co-chair. The County HIV Committee will provide leadership, mobilize resources, set the County HIV agenda, approve County HIV targets, approve County HIV Plans/Strategy and present County HIV budgets to the Health Sector Working Group and County Assembly. The Committee will also receive and approve reports on County HIV plan performance and routine M & E from County HIV Plan Monitoring Committee, receive reports from the County HIV ICC / Stakeholder Forum, and receive and approve work-plans and reports of sub-county HIV committees.

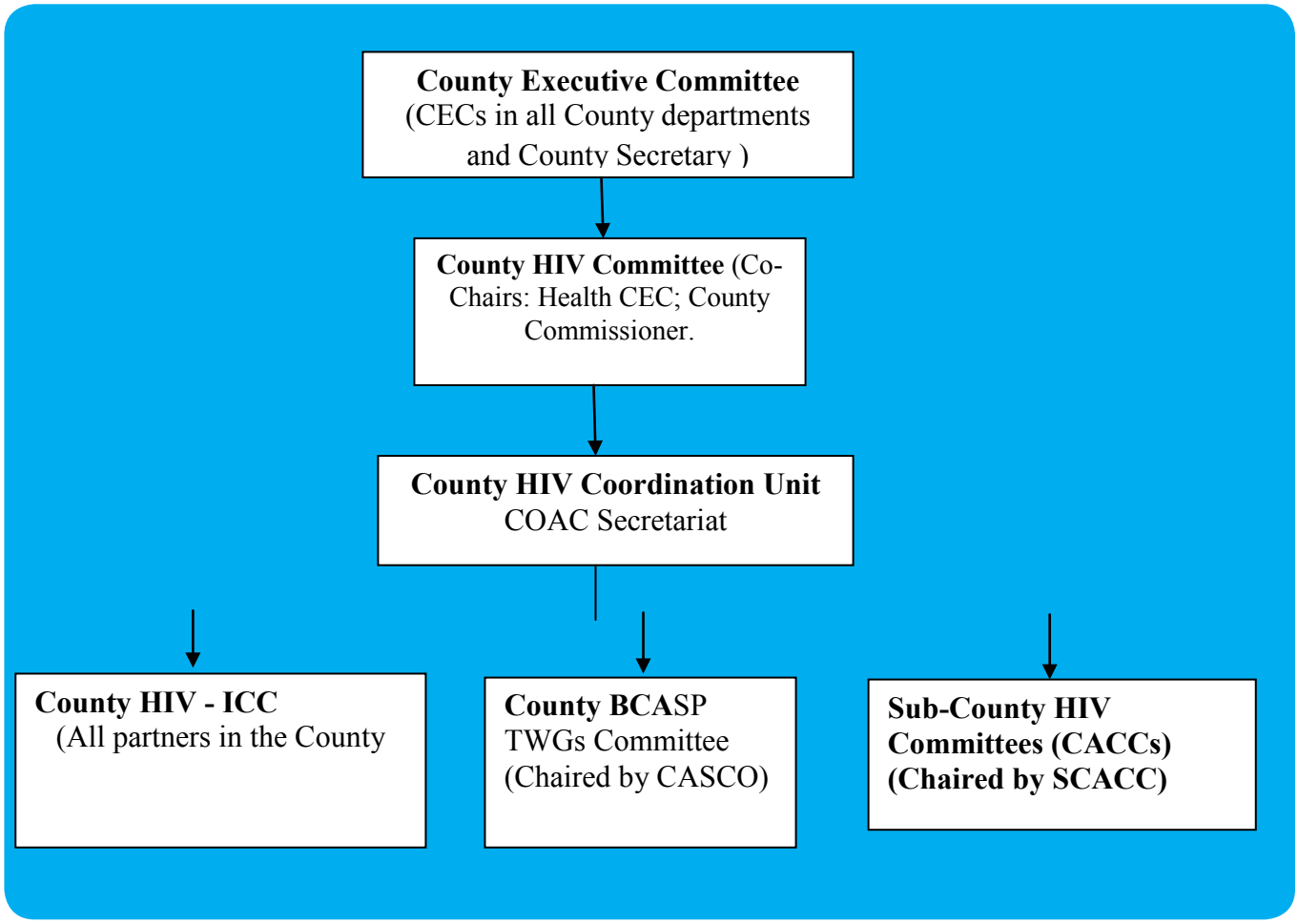


Figure 5.1: The HIV Coordination Organogram for delivery of the BCASP

The various stakeholders in the organogram shall have the following roles:

CEC Health Services

The CEC, Health Services will be:

- Chairing County executives meetings.
- Provide strategic leadership during BCASP implementation period.
- Budgeting and resource allocation to specific annual plans for HIV interventions.
- Accountable to the Governor in all HIV matters including performance and updating of the situation room.

CHC Unit of NACC

The Unit:

- Shall sit in the CHMT and update the Director of Health on all matters pertaining to coordination of HIV activities in the County.
- Support HIV stakeholders fora at county and sub-county levels.
- Oversee continuous monitoring and evaluation of all aspects of the BCASP.
- The Bearer shall be the secretary of the county HIV committee.

County HIV Committee (CHAC)

The Committee will be:

- Accountable to the Governor on its functions and performance.
- Co-chaired by the CEC health services and the County Commissioner and the sub-counties shall be represented in this committee.
- Create and strengthen partnership for an expanded response to HIV and AIDS in Bomet County.
- Formulate HIV agenda for the County

Sub-County/Constituency Aids Control Committees (SCACCs)

The committees will be responsible for:

- Coordination of HIV at the sub-county or constituency level.
- Receiving and disseminate BCASP to the community.
- The Coordinator shall be a member of the SCHMT.

The partners, CBOs, FBOs and the private sector forms part of the structure for management of HIV in communities, not leaving out the PLHIV and other vulnerable population such as PWDs and the youth.

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

HIV – ICC

- Annual Review of County achievements of the plan.
- Documenting of the emerging issues during the implementation period.
- Documenting of the best practices and lessons learnt during the implementation of the plan.

5.5 Sustainability

The cost of HIV and AIDS response in the County is escalating against a backdrop of declining international financial resources for HIV and

AIDS. The increase in cost is associated with the scale-up of services, adoption of the new ART treatment guidelines; test and start if positive start, and the expansion of the County response through sector mainstreaming of HIV. The County Government's commitment to address the issue of sustainable financing for HIV is demonstrated by the development of the Bomet County HIV and AIDS

During the implementation of BCASP, efforts to introduce and strengthen sustainable financing mechanisms (i.e. County HIV Levy, Enrolling PLHIV in NHIF scheme, CSR by multinational companies and direct County Government budget allocation) will be accelerated and new strategies developed.

As we develop a sustainable financing strategy, Bomet County will adopt a multi-pronged approach premised on the New Investment Framework for HIV as proposed by UNAIDS.

The strategy will focus on:

(i) Increasing domestic funding.

(ii) Strengthening effectiveness and efficiency in the use of financial resources, and in service delivery.

(iii) Prioritization of the national/county response strategies.

(iv) Cost-reduction in services delivery.

The launch of Beyond Zero in Bomet County.

CHAPTER 6

Monitoring and Evaluation Plan

6.1 County Monitoring and Evaluation plan

Monitoring and Evaluation of the Bomet HIV and AIDS multi-sectoral Plan will focus on tracking the progress on attaining results. A multi-sectoral HIV and AIDS monitoring and evaluation system will be strengthened to improve programme performance. Outcomes and impacts of the multi-sectoral response will be monitored and evaluated by conducting surveillances, surveys, and studies. Emphasis will be given to monitor the epidemic trends and to drive behavioural, socio-cultural and socio-economic factors to match the response to the epidemic. Moreover, appropriate indicators will be selected with clear targets for each thematic area for the whole implementation period.

A multi-sectoral response, monitoring and evaluation plan will be developed and implemented through joint efforts in a coordinated manner, in line with the principle of Three Ones. NACC is responsible for the coordination of the multi-sectoral monitoring and evaluation, and will convene quarterly through the County HIV Committee and annual joint review meetings, and conduct semi-annual and annual joint support supervision at County level. A mid-term review and final evaluation of BCASP will also be conducted.

Ministry of Health Data collection tool and reporting formats will be adopted and harmonized to facilitate data summarization and analysis.

A multi-sectoral response database will be established at the county level to enhance data storage and retrieval. Information dissemination will be strengthened through the established web-based data hub, report publications and review meetings. The county Data Hub will be linked to the National M&E Hub.

Monitoring and Evaluation Subsystems: These are the various sub-systems that will provide data to the NACC unified system.

Table 6.1: Monitoring and evaluation sub-systems

LEVELS	ROLES and RESPONSIBILITIES
Health Facilities	Health facilities will provide the routine service delivery data through the DHIS. This information will be feed to the County HIV hub.
Community Units	The Community Health workers will provide the routine service delivery and programming data through the CBHIS. This information will be feed to the County HIV hub.
Civil Society Organizations/ Private Sector	The Civil Society Organizations/Private Sector will provide the routine service delivery and programming data to their respective sub-counties, who will in turn feed this information to the County HIV hub.
Non-Routine Data(Surveys, Surveillances, Studies and Estimates)	The non-routine data sources; surveys, surveillance, estimates and studies, the findings will be fed into the County HIV hub directly after the findings are officially published.

6.2 Bomet County HIV and AIDS response

The following diagram depicts how data will flow from service delivery points through to County HIV Data Hub and eventually to the l unified M&E system at the national level.

NACC Unified M&E system created and is linked to County HIV Data Hub that receives information from:

1. CBHIS from DHIS that emanates from health facilities and CUs which communities utilized from,
2. NACC decentralized structures i.e CACCs that received COBPAR forms from CSOs, FBOs and Private sector;
3. County surveys, surveillance, Studies and Estimates; and
4. BCASP evaluations for mid and end term program Evaluations.

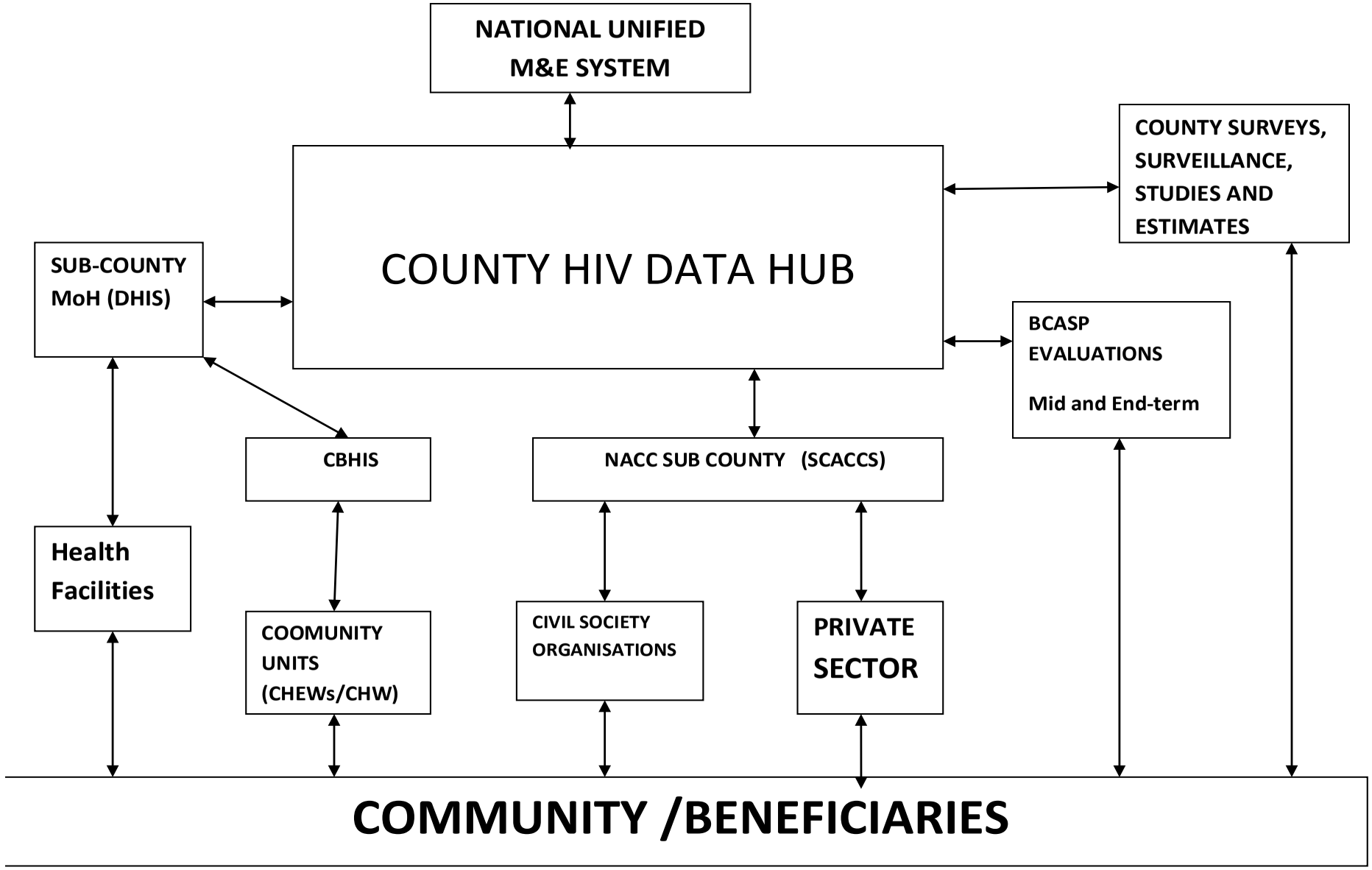


Figure 6.1: Data flow chart

CHAPTER 7

Risk and Mitigation Plan

The gap between resource needs and available funding continue to expand, raising concerns for overall sustainability of the response. The decline in resources has serious implications on the sustainability of strategic HIV and AIDS interventions including prevention of new infections and sustained provision of ART. The growing resource gap means that Bomet County will continue to face difficulties in financing the County response from donor resources. The consequence is the likelihood of compromising the health outcomes in prevention of new infections, ART, eMTCT and treatment of TB/HIV co-infections through service interruptions. This section shows the proposed interventions to be put in place to mitigate against foreseeable risks.

Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average Score	Response	Responsi-bility	When
Technological	Personnel lack capacity and skills to use equipment Inadequate equipment	Active - risk is being actively monitored	3/5	4/5		Mitigate - budget money for training and procure-ment of equipment		Y1
Political	Inconsistent and insufficient political goodwill	Passive risk - its being actively monitored	2/5	3/5	3	Reduce – By con-stantly engaging the political class. Sensitize the public to demand account-ability from elected leaders for their rights.	CEC Health CSOs and FBOs	Continuous
Operational	Inconsistent and inadequate supply of HIV commodities.	Active-being monitored	4/5	5/5	4.5	Reduce-Improved plan-ning and procure-ment of commodi-ties based on target population. Special emergency fund for HIV commodi-ties.	CEC Health AMPATH-PLUS. APHIA-PLUS PSI-Kenya	Continuous
Legislation	Absence of a legislation to demand the commitment of resources for HIV response and to protect KPs and vulnerable groups.	Active	5	4/5	4	Initiate and lobby for support for an HIV Act	CEC Health CSOs Key populations	Year 1

Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average Score	Response	Responsi-bility	When
Environmental	•Hard to reach areas. •Unfavourable weather conditions.	Passive	2	2/5	2/5	Mitigate-Procure transport facilities for special areas. Improve existing facilities for adverse weather services.	CEC Health CSOs and FBOs	Continuous
Social	• Stigma •Discrimination • Social exclusion • GBV	Active	4/5	4/5	4	Mitigate-Enhance campaigns to reduce social drivers of HIV.	CSOs MoEST Social Services FBOs	Continuous
Economical	• Poverty • Inadequate funds in the county HIV response	Active	3/5	3/5	3	Mitigate– Poverty alleviation measures among women, youths and other vulnerable groups. Prioritize activities.	Governor's office Partners CSOs and FBOs	Continuous
	Inadequate resources vs many health priorities.	Active	2/5	3/5	2.5	Forward planning.	CEC Health	

Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average Score	Response	Responsi-bility	When
Organizational /human factors	Inadequate staff	Active	2/5	4/5	3	Reduce – Hire ade-quate staff	County Director of Health	Continuous
	Insufficient task skills	Passive	3/5	3/5	3	Increased trainings. Place supervisory staff based on qualifi-cations		
	Poor leadership	Passive	2/5	3/5	3	Reduce-Promote good gover-nance and leadership. Demand account-ability from all partners and stake-holders.		
	Ineffective community systems in service delivery	Active	2/5	2.5/5	2.25	. Capacity develop-ment of CSOs and FBOs. Financial support to CSOs.	County Gov-ernment NACC Development partners	
	Conflicts and duplication of activities by CSOs	Active	2/5	3/5	2.5	Reduce-Improve on coordina-tion and M&E.	NACC	
Strategic/ commercial	High cost implementing the strategy	Active	4	3/5	2/5	Maximizing efficiency through integration and prior-itization of interven-tions.	County Director of HealthPart-ners CSOs	Continuous

Annexes

Annex 1

Results Framework

KASF Objective	BCASP Results	Key Activity	Indicators	Baseline	Mid Term Target	End Term Target	Responsibility
SD1	Reduced new HIV infections among adults by 75%	Implement programmes that reverse the trend	HIV incidence in the County	2095(2013)	40%	80%	CHAC
	Reduced HIV transmission rates from mother to child from 8.4% to less than 5%		Percentage of MTCT uptake rate	7.2 % (DHIS)	2%	<5%	CASCO
SD2	Increased enrolment to care within 3 months of HIV diagnosis to 90% for children, adolescents and adult		Percentage of newly diagnosed HIV infected persons linked to care within one year	38%	45%	90%	CASCO
	Increased ART coverage to 90% for children		Percentage of children 0-9 years on ART	16%	45%	90%	CASCO
	Increased ART coverage to 90% for adolescents		Percentage of adolescents 10-19 years on ART	24%	50%	90%	TWG
	Increased ART coverage to 90% for adults		Percentage of adults on ART	38%	60%	90%	TWG
	Increased HAART coverage among HIV-infected pregnant women to 90%		Percentage of identified HIV-infected pregnant women started on HAART	26%	40%	90%	CHAC
	Increased retention on ART at 12 months to 90% in children		Percentage of children 0-9 years retained on ART at 12 month	16%	32%	90%	TWG
	Increased retention on ART at 12 months to 90% in adolescents		Percentage of adolescents 10-19 years retained on ART at 12 month	24%	50%	90%	CASCO
	Increased retention on ART at 12 months to 90% in adults		Percentage of adults retained on ART at 12 month	32%	45%	90%	TWG

KASF Objective	BCASP Results	Key Activity	Indicators	Baseline	Mid Term Target	End Term Target	Responsibility
	Increased viral suppression to 90% in children	Implement programmes that reverse the trend	Percentage of children 0-9 years virally suppressed	0%	30%	90%	CASCO
	Increased viral suppression to 90% in adolescents		Percentage of adolescents 10-19 years virally suppressed	0%	30%	90%	CASCO
	Increased viral suppression to 90% in adults		Percentage of adults virally suppressed	0%	30%	90%	TWG CASCO
SD3	Reduced self-reported HIV-related stigma and discrimination by 50%		Number of HIV-related stigma discrimination reported	No Data	25%	50% reduction	CACC, CASCO
	Reduced levels of sexual and gender-based violence for PLHIV, Key Populations, women, men, boys and girls by 50%		Number of SGBV directed to PLHIV, KPs, women, men, boys and girls	No Data	25%	50% reduction	County Commisoner - CACC, CASCO
SD4	Strengthened community-driven HIV response		Number /percentage of CSO capacity in HIV response	60%	75%	90%	COAC, CCSC
	Establish more community units		Number /percentage of Community units established	22%	50%	80%	CCSC,COAC
	Improved health workforce for the HIV response in the County		Percentage of health workforce trained on HIV management	60%	80%	100%	CDoH
	Strengthened HIV commodity management		Number of months in which there is HIV commodity stock outs per year	No data	60%	10%	CASCO, County Pharmacist
SD5	Increased evidence-based planning and programming by 20%		Number of meeting programming held	30%	70%	100%	CHAC, TWG
	Increased capacity to conduct HIV research in the County by 50%		Percentage of county staff trained on operational research	No Data	25%	50%	NACC, MOEST
SD6	M&E Information Hubs integrated at county level and providing comprehensive information package for decision making		Number/percentage of HIV programme data reported in integrated M&E information hub	No Data	50%	90%	CHRIO

KASF Objective	BCASP Results	Key Activity	Indicators	Baseline	Mid Term Target	End Term Target	Responsi-bility
SD6	Increased utilization of strategic information to inform HIV response at all levels	Implement programmes that reverse the trend	Number of reports and data given by stakeholders on strategic information concerning HIV response	30	60%	100	CHAC, CHRIO
SD7	Established County-driven domestic financing for HIV response		Amount allocated County HIV response	Nil	20%	20%	CHAC
	Increased county-driven domestic financing for HIV response to 50%		County-driven domestic financing for HIV response	Nil	20%	20%	CHAC
SD8	Effective and well-functioning stakeholder co-ordination mechanisms in the County		Number of Functional County stakeholder coordination mechanism in place	Not functional	50%	100%	CHAC
	90% of HIV stakeholders in the County participating in quarterly stakeholder coordination forums		Proportion of stakeholders participating in quarterly coordination forums	Nil	10%	80%	CHAC

Annex 2

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Annex 3

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