

Government of Kenya



VIHIGA COUNTY

DEPARTMENT OF HEALTH SERVICES

County Government of Vihiga



HIV & AIDS STRATEGIC PLAN

My County, My Responsibility



HIV & AIDS STRATEGIC PLAN

2015/16 – 2019/20

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome	COAC	County AIDS Coordinator
ANC	Antenatal Clinic	CASCO	County AIDS and STIs Coordinator
ART	Anti-Retroviral Therapy	CHIRO	County Health Information Records Officer
ARV	Anti-Retroviral Drugs	CO	Chief Officer
BCC	Behaviour Change Communication	CU	Community Unit
CCC	Comprehensive Care Centre	DICE	Drop-in Centre
CBO	Community Based Organization	eMTCT	Elimination of Mother-to-Child Transmission
CASF	County AIDS Strategic Framework	EMR	Electronic Medical Records
CDH	County Director for Health	EBI	Evidence-Based Intervention
CECM	County Executive Committee Member	EPHT	Environmental Public Health Tracking
CHASP	County HIV and AIDS Strategic Plan	FBO	Faith-Based Organization
CHMT	County Health Management Team	FSW	Female Sex Worker
CHV	Community Health Volunteer	GBV	Gender-Based Violence
CSO	Civil Society Organization	HTC	HIV Testing and Counselling
DHIS	District Health Information System	HTS	HIV Testing (and counselling) Services
CIDP	County Integrated Plan	HBTC	Home-Based Testing and Counselling
CHW	Community Health Workers	HRBA	Human Rights-Based Approach
CHV	Community Health Volunteers	HCBC	Home and Community-Based Care
CHU	Community Health Units	HCW	Health Care Worker
CDH	County Director of Health	HMIS	Health Management Information System
CACC	Constituency AIDS Coordinating Committee	HIV	Human Immunodeficiency Virus

HPV	Human Papilloma Virus
IEC	Information, Education and Communication
ICC	Interagency Coordinating Committee
IBBS	Integrated Biological and Behavioural Surveillance
IPV	Intimate Partner Violence
IDUs	Injecting Drug Users
KAIS	Kenya AIDS Indicator Survey
KNASP	Kenya National AIDS Strategic Plan
USAID	United States Agency for International Development
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic and Health Survey
KNBS	Kenya National Bureau of Statistics
KQMH	Kenya Quality Model for Health
KEMSA	Kenya Medical Supplies Agencies
KEPH	Kenya Essential Package for Health
M&E	Monitoring and Evaluation
MCA	Members of County Assembly
MoH	Ministry of Health
MOT	Modes of Transmission
MSM	Men who have Sex with Men
MNCH	Maternal Neonatal and Child Health
NACC	National AIDS Control Council
NASCOP	National AIDS & STI Control Programme

NGO	Non-Governmental Organization
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PITC	Provider-Initiated Testing and Counselling
PLHIV	Person Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
PwD	People with Disabilities
PWID	People Who Inject Drugs
PHDP	Positive Health, Dignity and Prevention
PSSG	Psychosocial Support Groups
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SGBV	Sexual and Gender-Based Violence
TOWA	Total War against HIV and AIDS
TOR	Terms of Reference
TB	Tuberculosis
TWG	Technical Working Group
VCHASP	Vihiga County HIV Aids Strategic Plan
VCT	Voluntary Counselling and Testing
VMMC	Voluntary Male Medical Circumcision
WHO	World Health Organization

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Message from the Governor



This Strategic Plan is a major step taken by the Health Department and County partners to map out a strategic direction towards making Vihiga free of HIV infections, stigma and AIDS-related deaths. The plan has been prepared in line with the principles outlined in Kenya's Constitution 2010, specifically the right to health and my manifesto. I am, therefore committed to seeing to it that Vihiga County HIV and AIDS Strategic Plan (VCHASP) 2015/16 – 2019/20 is implemented.

HIV and AIDs remain among the greatest public health concerns not only for the County of Vihiga but also in the entire country. The scourge has continued to cause death and suffering among residents; tearing the social and community fabrics apart and also decimating the workforce. However, it is not all gloom; Vihiga County has reduced HIV prevalence from 5.7% to the current estimated 3.8% in 2014. We

have scaled up HIV awareness, testing and counselling to over 70% and also ensured adult treatment coverage of over 90% of those in need of ARVs (KAIS/KDHS).

Even though the County HIV prevalence currently stands at 3.8%, more work still needs to be done. We have a Constitutional obligation of attending to and ensuring that the 11,829 people living with HIV are granted the highest quality of care, treatment and support.

In Vihiga, HIV epidemic brings forth varying dynamics in respect to the modes of transmission and population demographics. The drivers of the epidemic in the County include Key Populations (KPs) such as sex workers and vulnerable groups including young girls and women. The Strategic Plan envisages a multi-sectoral approach towards the HIV response, coupled with increased County financing of sustainable interventions/programs, and increased involvement by the County leadership and agencies. It provides guidance as to how the County can scale up on interventions which are geared towards achieving the County's set objectives and also Kenya's Vision 2030.

We, as the County Government of Vihiga, therefore reaffirm our commitment of getting to zero in terms of HIV new infections, stigma and HIV-related deaths.

A handwritten signature in black ink, appearing to read 'Moses Akaranga', written over a horizontal line.

H. E. (REV.) MOSES AKARANGA
GOVERNOR, VIHIGA COUNTY

Foreword

Vihiga County is one of the 47 counties and part of a dynamic region experiencing economic growth and recently categorized as a low-middle income County. The Constitution of Kenya 2010 reflects this changing context with health being a priority because improving development is particularly essential to building a skilled and competitive workforce and raising people's living standards.

Progress has been made with HIV prevalence dropping by 2 percentage points in the last 5 years and new infections among children almost halved. HIV, however, continues to contribute to the high mortality rates, burdening households and straining County health systems. With this understanding, the Vihiga County HIV and AIDS Strategic Plan exemplifies the firm commitment by key stakeholders to support County governments to deliver better health for all, with a focus on cost-effective and socially-inclusive interventions to prevent and manage HIV and AIDS.

This Strategic Plan is aligned to the Constitution of Kenya, Vision 2030, and the African Union goals on HIV control. It recognizes the centrality of a multi-sectoral response to the HIV epidemic and outlines roles and expected actions from different sectors and actors. A coordination and governance structure, led by the National AIDS Control Council (NACC), takes cognizance of devolution and functions of different levels of government, roles of other government ministries and agencies and the need for strengthened stakeholder accountability for results. Increasing domestic and sustainable financing for HIV response is a priority for the County Government. The VCHASP outlines an innovative leverage funding approach based on implementation of the HIV fund. This will increase resources, access to universal healthcare for those living with HIV and AIDS, and ultimately subsidize Vihiga's future liability for HIV prevention and treatment.

In this regard, therefore, my ministry is committed to facilitating achievement of the results articulated in this Strategic Plan. In doing so, we will build on the progress made so far through decades of hard work; unity of purpose, courage and commitment to step up the momentum towards ending the AIDS pandemic.



A handwritten signature in black ink, appearing to read 'Zilpah Kageha Andiva'.

HON. ZILPAH KAGEHA ANDIVA

COUNTY EXECUTIVE COMMITTEE MEMBER- HEALTH

Preface

The VCHASP 2015/16 – 2019/20 is the latest move by the County Department of Health Services to provide direction for the implementation and coordination of HIV and AIDS response in the County.



In developing this Strategic Plan, the county relied on the Kenya AIDS Strategic Framework (KASF) and Vihiga County Health Sector Strategic and Investment Plan, Vihiga County Integrated Development Plan and Kenya HIV Profile, Vihiga County Chapter, among other documents. In addition, it reflected its structure in line with the devolved system of governance by giving the County Government under the leadership of the Governor greater ownership and coordination in the control of HIV in the County.

The strategic framework provides direction on the implementation, coordination and monitoring of HIV prevention, care and treatment services in Vihiga. The VCHASP's vision is "A County Free from New HIV Infection, Stigma and AIDS-Related Deaths," and it has an overall goal of providing a lead role in HIV and AIDS prevention, care and treatment while mitigating its socio-economic impacts in Vihiga County.

This plan is guided by the following key strategic objectives for the next five years:

- Reducing new HIV infections by 75%.
- Reducing AIDS-related mortality by 25%.
- Reducing HIV-related stigma and discrimination by 50%. Increasing domestic financing of the HIV response to 50%.

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



LUCY IJAI SIMIYU

CHIEF OFFICER FOR HEALTH

Acknowledgements

VCHASP 2015/16 – 2019/20 will provide direction to all stakeholders in the HIV and AIDS response. It draws on our past successes and lessons learnt, to give us the opportunity to provide the direction for our future. It emphasizes a multi-sectoral approach and accountability among partners. This plan has been developed through the efforts of a large number of stakeholders as espoused in the Constitution of Kenya 2010. In particular, we thank the County Executive Member for Health and the Chief Officer for Health in providing the necessary leadership in this process.



We also acknowledge the enabling environment that was provided by the County Assembly Committee for Health. We thank development partners, public sector institutions, private sector players, civil society organizations, faith-based organisations, key populations representatives, People Living with HIV (PLHIV), Persons with Disabilities (PwD), the elderly and the community who put in their efforts on this consultation. We also acknowledge government agencies led by NACC and NASCOP and Vihiga County Department for Health for the technical support. It is from these engagements that we have put forth a vision, setting us on a trajectory that will assure the achievement of our County HIV and AIDS goals.

We are grateful to the Technical Working Group members, including Patrick Lutta, Sammy Sande, Sebenzia Ulwenya, Victor Ijaika, Jualet Shitote, George Odunga, Emily Ogwang, Gevonce Ooyi, Leah Jebiwott and Festo Kihima, whose tireless efforts and dedication helped us to come up with this important document.

The Department of Health is committed to strengthened coordination, fostering collaboration and facilitating delivery of a successful HIV response.

A handwritten signature in black ink, appearing to read 'QUIDO AHINDUKHA', written over a light blue horizontal line.

DR. QUIDO AHINDUKHA
COUNTY DIRECTOR FOR HEALTH

Executive Summary

The VCHASP 2015/16-2019/20 is the guide for response to HIV at county level. The plan addresses the drivers of the HIV epidemic and builds on achievements of the previous Country strategic plans to achieve its goal of contributing to the country's Vision 2030 through universal access to comprehensive HIV prevention, treatment and care. This 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 national response to HIV and AIDS, but also presents a major paradigm shift in the governance framework for response.

This Strategic Plan, premised on the Vihiga County Integrated Development Plan (CIDP) and Kenya's Vision 2030 description of HIV and AIDS as "one of the greatest threats to socio-economic development in Vihiga", marks a change in the approach of managing the County response from doing business as usual to evidence and results-based multi-sectoral and decentralized planning. The Plan has also mainstreamed gender and human rights in all aspects of the response planning and service delivery. The VCHASP 2015/16 – 2019/20 is the first County-specific plan that succeeds the Kenya National AIDS Strategic Plan (KNASP III) that came to an end in June 2014. It builds on past KNASP successes, partnerships, leadership and legislations.

The VCHASP 2015/16 – 2019/20 also provides strategic policy, planning and implementation guidance and leadership for a coordinated multi-sectoral response to HIV and AIDS in the County. The plan is aligned to the "Three Ones" Principles that guide the County authorities and their partners on investment case approach with emphasis on geographical, population and intervention prioritization, feasibility and sustainability for impact. Moreover, VCHASP is aligned with national and regional obligations, commitments and targets related to HIV and AIDS. It is driven by Vihiga County's long-term vision for HIV control by 2030, in line with Kenya's economic and development vision of creating a globally competitive and prosperous Vihiga County with a high quality of life by 2030.

Chapter 1

Background on the County

Vihiga County is one of the 47 counties in Kenya. It is made up of five sub-counties/constituencies which are: Emuhaya, Luanda, Hamisi, Sabatia and Vihiga. It borders Nandi County to the west, Kisumu County to the south, Kakamega County to the north and Siaya County to the south-west.

The County's 2015 total projected population is 591,138 people from 554,622 according to the 2009 census (CIDP, 2013-2017)

population is projected to grow to 653,529 by 2017 with a density of 1,231 persons per square kilometre. The high population density is likely to put pressure on existing health services and in particular HIV testing services. The County has one of the highest fertility rates in the country of 5.1 hence the need to scale up reproductive health and rights services. According to 2015 projections, there are 280,013 males and 311,125 females in the County. Of the total population, 69% is

Table 1: Population Projections by Constituency

CONSTITUENCY	Area Km ²	Pop 2009	Density 2009	Pop 2012	Pop 2015	Density 2015	Pop 2017	Density 2017
Hamisi	156.4	148,259	948	156,594	165,399	1058	174698	1117
Emuhaya	94.5	89,147	944	94150	99453	1052	105044	1112
Vihiga	90.2	91,616	1016	96767	102208	1133	107954	1197
Sabatia	110	129,678	1169	136,968	144670	1305	152804	1377
Luanda	85	95,923	1132	101316	107012	1259	113029	1329
County	531	554,662	1044	585795	618742	1165	653529	1231

Source: KNBS Vihiga 2013 (CIDP, 2013-2017)

According to the table above, Sabatia has the highest population density of persons per square kilometre, followed by Luanda, Vihiga, Hamisi and Emuhaya respectively. The County has an annual population growth rate of 2.54% (KNBS, 2009), and with an average population density of 1,044 persons per square kilometre. The County

below 30 years (KNBS Vihiga, 2013). Young people remain more vulnerable to new HIV infections, and experience barriers to accessing HTS service.

The County poverty level is estimated at 41% compared to the national average of 45.9%. There is an increasing poverty situation in the County which has a bearing on HIV-related service uptake.

Chapter 2

Situational Analysis

2.1 HIV Epidemiology

Vihiga County, like most parts of the country, has made several gains in HIV and AIDS response. According to Kenya AIDS Strategic Framework 2014/2015-2018/2019, the County has listed a low incidence cluster to imply high burden with a low incidence of HIV. Vihiga County has a prevalence of 3.8 percent with 9900 adults and 1929 children living with HIV by the year 2014 (NACC, 2014). More females (4.7%) were living with HIV than the males (2.8%) as per the NACC 2014 County profile estimates. The incidence for the County stood at 66 persons annually for both the adults and children (adults 31 and children 35). Approximately 328 adults and 94 children died of HIV-related ailments in 2014.

The biomedical, structural and behavioural interventions undertaken have resulted into a decrease in prevalence from estimated 5.7% in 2007 (KAIS) to the current 3.8% (Kenya HIV Estimates, 2014). Other gains included a scale-up of ART coverage to about 97 percent adults against a national average of 79 percent and 57 percent for children against national coverage of 42 percent. HIV sero status awareness has moved to 70 percent and PMTCT coverage to 78% (NACC, 2014). Support structures for persons infected and affected by HIV and AIDS have been established and community response strengthened through

funding of grassroots organisations and establishment of community units. The County Government, through Vihiga County Health and Investment Plan (2014/15 – 2018/19) continues to strengthen the entire spectrum of health service delivery through equipping health facilities and addressing human resource gaps.

Table 2.1: Summary of HIV situation in Vihiga County

Indicators		County Ranking
HIV adult prevalence (overall)	3.8%	19
Number of adults living with HIV	9,900	16
Number of Children Living with HIV	1,929	19
Total number of people living with HIV	11,829	16
New Adult Infections annually	31	2
Adults in need of ART	6,511	
Adults receiving ART	6,324	
County Adult ART coverage	97%	9
Children in need of ART	1,357	
Children receiving ART	769	
County ART Children coverage	57%	13

In spite of the mentioned gains, the HIV and AIDS scourge remains a challenge for the County. Despite the fact that PMTCT services have been scaled up,

only 41 percent of pregnant women attend the recommended antenatal visits in the County with only 68 percent of HIV positive pregnant women in the County not delivering in health facilities. The County also had 19,628 households with Orphaned and Vulnerable Children (OVC). Out of this number, 9,618 households were poor and only 769 benefited from the cash transfer programmes. The National HIV/AIDS Stigma and Discrimination Index 2014 study report ranked Vihiga County at a high of 47%. High Stigma is a barrier to accessing HIV and AIDS-related services.

The state of HIV/AIDS situation for Key Populations (KPs) in the County remains unclear. However, indicative figures from the Liverpool Voluntary Counselling and Testing (LVCT) programme, Sabatia and Vihiga sub-counties shows that there are a total of 652 KPs (314 Men who have Sex with Men (MSM), 338 Female Sex Workers (FSW). Of the KPs, 85% enrolled within the LVCT programme tested HIV positive (LVCT reports, 2015). The national HIV prevalence among KPs is Injecting Drug Users (IDUs) 18.3%, MSM 18.2%, and FSW 29.3% (KAIS, 2012).

The key drivers of HIV epidemic identified during the KASF development stakeholder's forum include: KPs, especially FSW and MSMs, risky sexual behaviour among the youth and cultural practices, especially unsafe circumcision (KASF stakeholder's report 2015). According to KASF 2014/2015- 2018/2019, low incidence counties need to prioritize efforts in key populations, structural interventions, and stigma and discrimination reduction among others. The framework further recommends surveillance interventions to track new emerging hot spots.

2.2: HIV Policy, Coordination and Financing in the County

National HIV and AIDS response has undergone tremendous growth in form of planning and policies. The development of the 5-year medium-term plan gave rise to the establishment of the National AIDS Control Council (NACC) and, subsequently, the National AIDS and STI Programme (NASCOP).

The first Kenya National AIDS Strategic Plan 2000 - 2005 was developed to guide the implementation of all HIV/AIDS activities by different stakeholders. The activities were coordinated by Provincial AIDS Control Councils (PACCs) and District AIDS Control Committees (DACCs). The Kenya National AIDS Strategic Plans II and III were developed, covering up to the year 2013. Following the promulgation of the Constitution in 2010, the Kenya AIDS Strategic Framework (KASF) was developed to guide response at national and county levels.

In Vihiga County, HIV and AIDS control activities were under the leadership of the defunct District Technical Committees (DTCs) chaired by District Commissioners, four Constituency AIDS Committees (CACCs), patronized by the area Member of Parliament and technically supported by the District AIDS and STI Coordinators. The key HIV prevention activities in the County include increasing community engagement and awareness creation on HIV and AIDS, condom distribution. The biomedical HIV services include counselling, testing and treatment are being offered in 31 public facilities and complimented by private health facilities. It is important to scale up HIV/AIDS interventions to evidence-based combination HIV prevention.

Financing of HIV and AIDS control activities in Vihiga has largely been from the Central Government. The County has been receiving support mainly through

the NACC for community-based activities, Ministry of Health through NASCOP for commodities (HIV testing kits, condoms and medicines) and technical support through capacity-building and human resources that have since been taken over by the County Government. NGOs and CBOs have also been active in the County through donor-funded projects in different locations of the County. With the devolved system of governance, the County Government is now supporting HIV and AIDS control services through integration of health care services.

2.3: Strength, Weakness, Opportunity and Threat Analysis

In developing this strategy, a strength, weakness, opportunity and threat analysis was undertaken to re-examine the status of the past HIV and AIDS control activities in the County and outline the achievements and challenges in order to chart the way forward.

2.3.1 Strengths

The fact that HIV control activities have been on-going was noted as a strength, coupled with the support of the County Government that has retained the previous functional structures at county and sub-county level, and the presence of trained staff. CBOs and FBOs whose capacity was built through the Total War against HIV and AIDS (TOWA) funds and supportive partners offer a good entry point for scaling up on HIV activities in the County. Implementation of the community strategy also offers an opportunity to scale up community-based HIV interventions.

2.3.2 Weaknesses

A challenge in coordination of HIV activities was a key weakness to the program and was manifested by insufficient partners reports, lack of technical working groups and skewed partner presence in the County (either over or under representation in some locations). Erratic supply of HIV commodities, inadequate infrastructure such as Comprehensive Care Clinics (CCCs), youth-friendly clinics, inadequate skilled staff, especially counsellors, are other weaknesses. All these are coupled with inadequate funding that has largely been activity based. Lack of documented HIV information based on county-specific research is also hampering targeted interventions and innovations on new emerging trends. All these, coupled with inadequate funding and weak public participation policy in the budget-making process, has denied HIV programming enough financing.

2.3.3 Opportunities

Devolution has offered a perfect opportunity for HIV prevention and treatment as it brings the control of resources closer to the community and shortens the lengthy decision making processes. The presence of institutions of higher learning within the County is a guarantee for potential increased capacity to conduct HIV-related research.

2.3.4 Threats

Traditional cultural practices such as polygamy, poor health-seeking behaviour, gender-based violence and high poverty and literacy levels remain major threats to HIV control.

Chapter 3

Rationale & Strategic Plan Development Process

3.1 Purpose of the County HIV and AIDS Strategic Plan

The Constitution of Kenya 2010 defines the policy environment for HIV response in the country. The Constitution guarantees the right, “to the highest attainable standard of health”. The Constitution provides a legal framework for all sectors including the field of healthcare to design and implement policies and procedures in accordance with its provisions. The Constitution provides a framework for devolution and the responsibility for County Governments towards implementation of health services including the HIV response at county level. The strategic plan is aligned to Vision 2030, which underscores the importance of health as a key building block, transforming Kenya into a successful middle-income country; the HIV policy of 1999, which defines HIV and AIDS as a disaster and provides a framework for a multi-sectoral response; and the Kenya Health Policy that prioritizes the elimination of communicable diseases.

VCHASP defines the results to be achieved in the next five years and offers broad strategic guidance to the County on the coordination and implementation of the HIV response, and resource mobilization, allocation and accountability tool, it ensures that HIV response remains multi-sectoral, key institutions at the county level play their critical mandate synergistically to achieve common results; and that there is flexibility to address micro effects of the HIV epidemic at the county level.

3.2 The Process of Developing Vihiga County HIV and AIDS Strategic Plan

This plan was developed through in-depth analysis of available data and a highly participatory process involving a wide range of stakeholders from County, civil society organisations, private sector networks of people living with HIV and KPs among others. This is in line with the provisions provided in Kenya Constitution 2010, which provides a legal

basis for engaging the public on issues that affect them. Articles 10(2) (a) 174(c) and 232(1) (d) of the Constitution make public participation central to the policy-making process and governance.

The process of developing the Vihiga County HIV and AIDS Strategic Plan (VCHASP) commenced with:

1. The dissemination of Kenya AIDS Strategic Framework (KASF) to the key actors in the County, followed by the development of zero draft of VCHASP.
2. Terms of References and formation of Technical Working Group were developed.
3. De-briefing and consultation with County Health Management (CECM & CHMT) followed henceforth.
4. Meetings were held to compile and review the zero draft, through consultative process with stakeholders.
5. There were subsequent technical review and validation by County and National HIV Technical Working Group, which was summed with printing, launching and dissemination of the final document, VCHASP

3.3 The VCHASP Guiding Principles

- **County Ownership and Partnership:** All HIV and AIDS stakeholders including the county, CSOs, development partners, private sector, faith-based organisations and communities of people living with HIV and AIDS shall align their efforts towards the results envisioned.
- **Rights-Based and Gender Transformative Approaches:** The VCHASP promotes HIV and AIDS programmes that promote respect for human rights and advocates eradication of Sexual and Gender-Based Violence.
- **Multi-Sectoral Accountability:** The VCHASP provides guidance for interventions and results for which multiple sectors are responsible and accountability mechanisms will be established through Vihiga County. This will serve to increase resources and accelerate results.
- **Efficiency, Effectiveness and Innovation:** The VCHASP promotes the design and implementation of innovative HIV and AIDS programmes that are efficient and effective (value for money).
- **Integration:** The VCHASP promotes integration efforts in HIV and AIDS programming.
- **Prioritization** of evidence-informed, result-oriented and scalable interventions with clearly defined targets

Chapter 4

Vision, Mission Goals, Objectives Strategic Objectives

Vision

A County free from New HIV Infection, Stigma and AIDS Related Deaths.

Goal

To provide a leading role in HIV and AIDS Prevention, Care, Treatment while mitigating its Socio-Economic Impacts.

Objectives

1. To reduce new HIV infections by 75% in Vihiga County.
2. To reduce AIDS related mortality by 50%
3. To reduce HIV related stigma and discrimination by 50%
4. To increase HIV response financing in Vihiga County to 50%

County Strategic Directions

- 1 Reducing new HIV infections
- 2 Improving health outcomes and wellness of all people living with HIV
- 3 Using a human right approach to facilitate access to services for PLWHIV, key populations and other priority groups in all sector
- 4 Strengthening integration of health and community systems
- 5 Strengthening research and innovation to inform the VCHASP goals
- 6 Promoting utilization of strategic information for research and monitoring and evaluation (M&E) to enhance programming
- 7 Increasing domestic financing for a sustainable HIV and AIDS response
- 8 Promoting accountable leadership for delivery of the VCHASP results by all sectors and actors

4.1 Strategic Direction 1: Reducing new HIV infections

Vihiga County aims to reduce annual new HIV infections among adults by 75% and HIV transmission rates from mother to child from 8.2% to less than 5%. In the year 2014, Vihiga County had 31 adults 35 children getting newly infected with HIV. About 73 percent of people in Vihiga County had never tested for HIV by 2009. Most communities in Vihiga County circumcise traditionally, thereby raising the risk of HIV infection, and the practice should be carried out in a safe and hygienic way before the age of sexual debut. Other drivers of the HIV epidemic in the County are risky sexual

behaviour among FSWs and MSM. The County will prioritize the following key interventions to reduce new HIV infections.

- Increase coverage of evidence-based combination HIV prevention.
- Population-targeted intervention and sub-county geographical prioritization.
- Leveraging on sectors and emerging technologies.
- Maximizing on the efficiencies and effectiveness

Reduce New
HIV
Infections



Table 4.1: Interventions towards reducing new infections

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS

KASF objective	VCHASP Results	Key Activity	Sub-Activity/ Intervention			Target Population	Geographic areas by County/sub-county	Responsibility
			Biomedical	Behavioral	Structural			
Reduce new HIV infections by 75%	Increased uptake of HTC service to 90% from 73% in Vihiga county	Increase coverage of evidence based combination HIV prevention	<p>Innovative HIV testing and counselling (HTC) models</p> <p>Prep programme for selected priority populations</p> <p>Scale up STI management in all facilities</p> <p>Offer HTC service provision in community and facilities</p> <p>Screen and manage HPV among FSW/MSM and Hepatitis B and C for PWID</p> <p>Provide key commodities</p>	<p>Behavior change programme using specific interpersonal tools and techniques e.g. Brail</p> <p>Peer to Peer outreach in school and out of school</p> <p>Implement Evidence Based Intervention</p> <p>Intensify condom programme</p>	<p>Engage men on their role in HIV prevention and EMTCT</p> <p>Use CHWs to increase access to HTC services</p> <p>Capacity building for staff on provision on Key Population friendly services.</p> <p>Implementation of stigma reduction campaigns through local structures.</p>	Vihiga, Emuhaya, Sabatia, Luanda and Hamisi Sub Counties	County Health Department, KEMSA, NASCOP, NACC, Partners	
		<p>Promote linkages for HIV prevention through integration with other routine health service delivery/areas</p>	<p>Link comprehensive HIV prevention messages, HTC, Prep, pep, condoms services with immunisation, reproductive health, maternal, neonatal and child health</p> <p>Offer appropriate comprehensive information on family planning and services to women of reproductive age living with HIV</p>	<p>Engage community leaders, religious leaders, HIV networks, political leaders for HIV prevention knowledge interventions</p>	<p>CHWs, community based leaders, peer educators private sector</p>			

KASF objective	VCHASP Results	Key Activity	Sub-Activity/ Intervention			Target Population	Geographic areas by County/sub-county	Responsibility
			Biomedical	Behavioral	Structural			
		Increase knowledge of HIV status and linkage to other services	Scale up facility based PITC and ensure linkage to care Ensure HTC and TB service points account for linkage to prevention care and treatment	Identify and retain high risk individuals for regular HTC and screening	Deliver door to door and community based testing .	Key and vulnerable populations	Vihiga, Emuhaya, Sabatia, Luanda and Hamisi Sub Counties	Department, NASCOP, NAACC, FBOs, CSOs, Private Partners
	90% from 60% positive pregnant mothers access PMTCT	Ensure all pregnant women attend ANC services interlinked with HTC Enrol and retain all HIV positive lactating women/ children on ART Deliver all 4 prongs of eMTCT at 100% in health facilities in the County.	Monitored ART/ ANC service delivery programme Integrate early infant diagnosis of HIV with immunisation Offer comprehensive HIV services to young women, provide family planning services to all women of reproductive age Integrate eMTCT with MNCH	Male involvement in ANC services. Roll out mother mentor programmes in the County Empower Community Units (CUs) with reproductive health messages on PMTCT. HIV and RCH education in schools and community Establish support groups of pregnant women and other psychosocial support services.	Advocate on early antenatal clinic attendance Engage men in HIV prevention and eMTCT.	Pregnant women, men and children	Vihiga, Emuhaya, Sabatia, Luanda and Hamisi Sub Counties	

4.2 Strategic Direction 2: Improving Health Outcomes and Wellness of all People Living with HIV

Introduction

Vihiga County has embraced the UNAIDS 90:90:90 ambitious treatment target to help end the AIDS epidemic which states that by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people diagnosed with HIV infection

will receive sustained ART and 90% of all people receiving ART will achieve viral suppression. A total of 6,511 adults and 1,357 children are in need of ART.

Approximately 328 adults and 94 children died of AIDS-related conditions in 2013. To significantly reduce AIDS-related deaths, achieve viral load suppression and prevent onward transmission of HIV, Vihiga County will prioritize the following interventions as detailed on Table 4.2.



Table 4.2: Interventions for improving health outcomes and wellness of all PLHIV

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF PEOPLE LIVING WITH HIV								
KASF Objective	VCHASP Results	Key Activity	Sub-activity/Intervention			Target Population	Geographical areas by county/sub-county	Responsibility
			Biomedical	Behavioral	Structural			
Reduce AIDS related mortality by 25%	Increase the percentage of children ART coverage from 57% to 90%	Integrate HTC and care treatment services in maternal, neonatal and child health settings	Provide ART services to all the infected children.	Strengthen nutritional support.	Provide care givers /CHWs with education on ART	Children Adolescents	Vihiga Hamisi Sabatia, Emuhaya Luanda	County Government and Partners
			Provide ART services to the infected adults	Implement/ strengthen PSSGs for Key Populations	Health system strengthening for Public private sector referrals	Adults Key populations PwDs	Vihiga Hamisi Sabatia, Emuhaya Luanda	County Government, NASCOP, NACC, Partners
	To scale up adult ART treatment from 97% to 100% percent.	To put 6511 adults on ART treatment	Continuous training of HCWs on patient management Training of health workers on EMR				Health workers	Vihiga Hamisi Sabatia, Emuhaya Luanda
Strengthen the capacity of 70 % CHWs to monitor quality of care			Health system strengthening					

4.3 Strategic Direction 3

Using a Human Rights Approach to Facilitate Access to Services for PLWHIV, Key populations and other priority groups

Introduction

Article 27 of the Constitution of Kenya (2010) outlaws discrimination on the basis of one's health status. The Kenya Stigma Index Survey (2013) reported stigma and discrimination at over 45%.

An estimated 15% of PLHIV reported discrimination by a health professional through disclosure of their sero-status without their consent. Kenya expects to reduce self-reported stigma and discrimination related to HIV and AIDS by 50%.

It also expects to reduce sexual and gender-based violence for PLHIV, Key Populations, women, men, boys and girls by 50% by 2019. Vihiga County will contribute to achievement of this target by prioritizing the following interventions as detailed on Table 4.3.



HIV & AIDS advocacy

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

SD 3: USING A HUMAN RIGHTS BASED APPROACH TO FACILITATE SERVICES FOR PLHIV, KEY POPULATIONS AND OTHER PRIORITY GROUPS IN ALL SECTORS						
KASF objective	VCHASP Results	Key Activity	Sub-Activity/ Intervention	Structural	Target Population	Geographic areas by County/ sub- county
		Biomedical	Behavioral			Responsibility
Create an enabling legal and policy environment necessary for a robust HIV response at the national and county levels to ensure access to services by persons living with HIV	HIV-related stigma and discrimination reduced from 47% to 24%	All sectors to review and adopt existing policies to protect PLHIV, Vulnerable and Key Populations 50 support groups of different interest groups established and supported TWG on the Human Right Based Approach to HIV services established Strengthen capacity of health workforce on right-based approach to HTS Roll out media campaigns Address harmful community gender norms and negative stereotypes that are a barrier to addressing HIV, SRH, and rights information	Condom distribution Promote education and sensitization within sectors Implement Positive Health Dignity and Prevention Support groups through Psychosocial support services and use Prevention with positives approach Promote evidence based interventions	Sensitize law and policy makers on need to come up with policies that prohibit stigma and discrimination and support access treatment and care Implement stigma reduction campaigns Sensitize and engage communities in stigma reduction awareness Mid-term and end term review of policies that impact on HIV The TWG to establish contact with the HIV tribunal in order to replicate the same at the county level Protect rights and empower Key and Vulnerable Populations Provide friendly HTS services Promote uptake of HIV PrEP and PEP among survivor of SGBV and rape	County Government Public and private sector Education intuition CSOs Communities Key population	Vihiga, Emuhaya Luanda Hamisi Sabatia
						County Government Partners

KASF objective	VCHASP Re-sults	Key Activity	Sub-Activity/ Intervention			Target Population	Geographic areas by County/ sub-county	Responsibility
			Biomedical	Behavioral	Structural			
Create an enabling legal and policy environment necessary for a robust HIV response at the national and county levels to ensure access to services by persons living with HIV	548 health workers trained on HRBA to HIV services	Training of health workers	Training of Health workers on HRBA to HIV services		Implement innovative approaches to provide PLWD with HIV services and programs including access to IEC materials	Health workers, CHVs	Vihiga, Emuhaya, Luanda, Hamisi Sabatia	National Police Service, Ministry of Interior, Civil Society, County Government
	HIV programme for PLWD established							
	5 county health facilities offering child friendly services.	Build the capacity of the AAC, teachers and community leaders on stigma reduction and non-discrimination.		Sensitize the AAC on HRBA to HIV services	Improve the existing paediatric facilities to make them child friendly	AAC members, General public, schools	Vihiga, Emuhaya, Luanda, Hamisi Sabatia	County Government and Partners
	Percentage of head teachers trained on stigma reduction and non-discrimination.			Sensitization of community leaders and stakeholders on stigma and non-discrimination				
				Sensitize schools heads on stigma reduction and non-discrimination.				
	5 Model youth friendly services established.	Establish youth friendly services			Establish youth friendly HIV services including the integration within the youth empowerment centres	Health workers, CHVs, Partners working with youth	Vihiga Emuhaya Luanda Hamisi Sabatia	County Government and partners
	Vihiga County HIV prevention and control policy in place.	Drafting and enactment of HIV policy			Domesticate the national policies and legal framework for county specific policies and laws	MCA's Law enforcement agencies Opinion leaders PLHIVs	Vihiga, Emuhaya, Luanda, Hamisi and Sabatia	National Police Service, Ministry of Interior, Civil Society, County Government.
	Local arbitration mechanism in place				Establish a local arbitration mechanism within the ICC	Paralegals Counsellors Survivors of violence	Vihiga Emuhaya Luanda Hamisi Sabatia	County Government and Partners

4.4 Strategic Direction 4

Strengthening Integration of Community and Health Systems

By 2019, Vihiga County is expected to achieve the HIV response as follows: Improved health workforce for the HIV response by 40% both at County and National levels, Increased number of health facilities from 67% to 90% ready to provide KEPH defined HIV and AIDS services and strengthened HIV commodity management through effective and efficient management of medicine and medical products including strengthened community level AIDS competency.

The Vihiga County HIV and AIDS Strategic plan intend to build strong, robust and sustainable systems for HIV and AIDS service delivery at the County level through promotion of specific health and community system approaches, actions and recommended interventions that greatly support HIV response. The clear objective of the strategic

plan is to improve both health and HIV response outcomes because HIV and AIDS response services are provided in the existing health and community systems.

The County health systems have an acute shortage of qualified and competent human resource for health resulting from inadequate employment of health personnel, uneven geographical distribution of health workers, high levels of attrition and unfavourable working conditions. Other problems in the health systems are lack of adequate functional structures to support performance, weak staff performance appraisals, weak linkage mechanisms between training institutions offering pre-service training with the services and requisite updates at the facility levels, inadequate policy guidelines on ideal competencies and skills required for specific cadres and lack of training facilities for in-service training.

The Vihiga County HIV and AIDS Strategic Plan aims to improve the health service delivery workforce to stabilize HIV response at County and health facility levels by the following interventions as detailed on Table 4.4.

Table 4.4: Interventions for strengthening integration of health services and community systems

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH SERVICES AND COMMUNITY SYSTEMS							
KASF Objective	VCHASP Results	Key Activity	Sub-activity/ Intervention		Target Population	Responsibility	
			Biomedical	Behavioral	Structural	Geographical areas by county/sub-county	
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	100% of CHU integrating HIV services.	Integrated comprehensive HIV testing services in Community Health Units	Provide home based care for HIV through Community Units	Develop a HIV communication guidelines for Vihiga County	Support innovative approaches for increasing access to skilled birth attendants to improve Maternal and Infant Child Health. Improve on staff competency and skills of CHU on HIV and AIDS	Vihiga Emuhaya Luanda Hamisi Sabatia	County Government and Partners
	Vihiga County HIV Communication Strategy in place and in use.						
	75% of Vihiga County population reached through mobile outreach	Conduct regular integrated HIV outreach services for the hard-to-reach PLHIV.	Provide regular outreach HIV services for the hard to reach PLHIV		Establish 46 more community health units	Vulnerable Key population Women and men 15-49 years Youth and adolescents	Vihiga Emuhaya Luanda Hamisi Sabatia
	More than 50% in and out of the schools in Vihiga County having HIV programmes	Build the capacity of the AAC, Teachers and community leaders on stigma reduction and non-discrimination.			Strengthen HIV information and education as part of the school health programme	Vihiga. Emuhaya, Luanda, Hamisi Sabatia	County Government and Partners
	Increase ratio of technical health personnel to patients by 20%	Establish youth friendly services			Advocate for employment of more technical health personnel	Vihiga. Emuhaya, Luanda, Hamisi and Sabatia	County Government and Partners

4.5 Strategic Direction 5 Strengthening Research, Innovation and Information Management to Meet VCHASP Goals

By 2020, Vihiga County is expected to have delivered increased evidence-based planning, programming and policy changes by 50%, increased implementation of research on the identified VCHASP related HIV priorities by 50% and increased capacity to conduct HIV research at country and county levels by 10%.

Vihiga has conducted ground-breaking socio-behavioural and epidemiological studies among different populations at risk and evaluations of structural interventions. However, efficient translation of strong research findings into policies and practices remains weak. Research is dependent on donor funding and not harmonized with national and County HIV and AIDS research priorities. Table 4.5 details the priority intervention areas.

Table 4.5: Interventions for strengthening research, innovation and information management to meet the VCHASP goals

SD 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO MEET THE VCHASP GOALS								
KASF Objective	VCHASP Results	Key Activity	Sub-activity/ Intervention		Target Population	Geographical areas by county/sub-county	Responsibility	
			Biomedical	Behavioural	Structural			
Identify and implement high impact research priorities, innovative programming and capacity strengthening to conduct research	Vital data on HIV/AIDS situation in Vihiga County is available by 2018	Undertake operational research and information management	To contact research on alcohol and drug use and its impact on HIV/AIDS	Map the Key and Vulnerable Population ins in different sub counties for appropriate prevention and treatment services	Establish a Research Evaluation and Monitoring Unit (REMU)	Health workers	Vihiga, Emuhaya, Luanda, Hamisi and Sabatia	County Government, research institutions and partners
				Study human rights-related barriers to accessing HIV,TB,SRH services by key populations and by sub-counties	Conduct operational research on available data from DHIS and partners	Health facilities	Vihiga, Emuhaya, Luanda, Hamisi Sabatia	County Government, Research institutions Partners
					Determine impact of stigma and discrimination HTS, Increased evidence based programming for ART services	Community	Vihiga, Emuhaya, Luanda, Hamisi Sabatia	County Government and Partners
					Undertake a study on cultural factors that influence spread of HIV in the county	Community	Vihiga, Emuhaya, Luanda, Hamisi Sabatia	County Government, research institutions and Partners
					Undertake costing and expenditure analysis for HIV programming by different stake holders and sectors			

4.6 Strategic Direction 6

Promote Utilization of Strategic Information for Monitoring and Evaluation

Vihiga County's response to the evolving HIV epidemic is largely influenced by strong commitment to availing quality data in a timely manner for effective evidence-informed decision making. The Constitution of Kenya requires participation of the people in decision making; transparency and accountability as recognized by this strategic plan. This plan will be informed by various data sources which will provide trends in HIV prevalence and incidences. This document will strengthen coordination, ownership and data use for evidence-based planning and decision making.

The Vihiga County HIV and AIDS Strategic plan expects to contribute to achievement of the following results by 2020:

- Increased availability of strategic information to inform HIV response at national and county level.
- Planned evaluations, reviews and surveys implemented and results disseminated in timely manner at county level.
- M&E information hubs established at county Level and providing comprehensive information package on key VCHASP indicators for decision making.

These results will be tracked by a national M&E framework. To achieve these results, the following key M&E intervention areas have been proposed.

Priority Intervention Areas

1. Implement a unified and functional M & E framework.
2. Strengthen M&E capacity to effectively track VCHASP performance and HIV dynamics in the County.
3. Strengthen synergies between HIV research and other disease and development areas.
4. Ensure harmonised, timely and comprehensive routine and non- routine monitoring systems to provide quality HIV data as per county and sector priority information needs
5. Establish multi-sectoral and integrated real-time HIV platform to provide updates on HIV epidemic response accountability at county and national level.

Table 4.6: Interventions for promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming

STRATEGIC DIRECTION 6: PROMOTING THE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH, MONITORING AND EVALUATION TO ENHANCE PROGRAMMING						
KASF Objective	VCHASP Results	Key Activity	Sub-activity/ Intervention	Target Population	Geographical areas by County/ Sub- County	Responsibility
			Structural			
To improve data quality, demand, access and use of data for decision making at the county and national levels	HIV County data is available for programming and informed decision making	Enforce timely comprehensive routine and non-routine monitoring systems for quality HIV data	Undertake routine supervision and monitoring Print and distribute M&E tools for collection of HIV data Disseminate and build capacity of the M&E framework and evaluation agenda to relevant staff according to local context	Health facilities Implementing partners Private sector	Vihiga, Emuhaya, Luanda, Hamisi Sabatia	County Government CDH ACCS COAC CASCO
	Quality data is available.	Implement the KASF evaluation agenda and monitoring and evaluation framework 2014/2015 – 2018/2019		CHIRO Programme officers HTS counsellors CHU Laboratory Research centres Sentinel surveillance centre Implementing partner	Vihiga, Emuhaya, Luanda, Hamisi Sabatia	County Government, CACCS, COAC, CASCO

4.7 Strategic Direction 7

Increasing Domestic Financing for Sustainable HIV and AIDS Response

The dwindling of resources for HIV response demands smarter investments for every shilling to priority areas that produce efficiently high impacts. The VCHASP will contribute to increased domestic financing for HIV and AIDS response to 50% by 2020 through the following priority interventions.

Priority Intervention Areas

1. Maximize efficiency by refocusing our existing efforts to deliver better results to Vihiga County residents within current funding levels and align the HIV and AIDS response with local situation.
2. Align current HIV investment to VCHASP priorities as follows: Vihiga County will optimize HIV and AIDS investment by aligning government and development partners funding to VCHASP priorities. Domestic investment will be in the form of allocation from the national level towards the HIV and AIDS sector at the County. Mechanisms shall be put in place to collate the investments from the government and development partners at the County level to realize value for money invested. Components in the health sector and other key sectors in the County such as education, agriculture, social development and youth affairs shall ensure that HIV and AIDS activities are incorporated in their plans and budgets. The allocation will also be used for HIV and AIDS research and coordinating HIV and AIDS at the national and county levels.

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

STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE						
KASF Objective	VCHASP Results	Key Activity	Sub-activity/Intervention	Target Population	Geographical Areas by county/sub-county	Responsibility
Increase domestic financing of the HIV response to 50%	Policy on HIV financing is put in place	Review existing health policies to align to HIV financing agenda and provide recommendation	Structural Policy paper on increasing domestic funding of HIV activities approved and implemented by the County Executive Committee Undertake a mapping of HIV partner's representation in Vihiga and lobby for support Develop a web platform within Vihiga County portal Strategically position NACC within the county resource mobilization committee and investment committee Generate donor data base	Policy makers, Finance department	Vihiga, Emuhaya, Luanda, Hamisi Sabatia	Implementing partners County Government
	Increased domestic financing	Roll out fund raising campaign drives		Implementing partners Donor County budgeting committee National Government NASCOP Health research institutions	Vihiga, Emuhaya, Luanda, Hamisi and Sabatia	County Government, CASCO, COAC

4.8 Strategic Direction 8

Promote Accountable Leadership for Delivery of the VCHASP Results by all Sectors

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. The expected VCHASP

results by 2020 are: 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 level; and 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.

The Governor's commitment to increased sustainable financing provides an opportunity to accelerate establishment and operationalization of HIV and AIDS fund and take a leading role in building partnerships in HIV financing as articulated in the domestic financing section and provided for in the Vihiga CIDP.

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

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE VIHIGA COUNTY HIV STRATEGIC PLAN						
KASF Objective	VCHASP Results	Key Activity	Sub-activity/Intervention	Target Population	Geographical areas (county)	Responsibility
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response	VCHASP is in place and being implemented	Disseminate and roll out the VCHASP	Structural			
			Print 1000 copies of the VCHASP	Vihiga Health departments Partners	Vihiga. Emuhaya, Luanda, Hamisi Sabatia	National government, County Government, Partners
	County HIV and AIDS committee in place	Formation of the relevant county HIV coordinating committee	Disseminate VCHASP to the Vihiga County Executive Committee and other stakeholders in the County	Vihiga Health departments, partners	Vihiga. Emuhaya, Luanda, Hamisi and Sabatia	County government, partners
	Constituency AIDS control committees enhanced	Constituency committee meet regularly and report	County HIV oversight committee and hold quarterly meetings	Vihiga Health departments, Partners	Vihiga. Emuhaya, Luanda, Hamisi Sabatia	National Government, County government, partners
			Support Constituency AIDS Committees	Vihiga Health departments, Partners	Vihiga. Emuhaya, Luanda, Hamisi Sabatia	National Government, County government, partners

Chapter 5

Implementation Arrangements

The KASF recognizes that counties are responsible for implementation of HIV services and programmes across different sector and has within its coordination structure singled out the county governments to provide the link with the sub-counties, HIV committees, implementers, PLHIV and special interest groups hence the need to provide a strategic communication framework to coordinate the efforts of all stakeholders.

5.1 Roles and responsibilities

5.1.1 Governor

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

5.1.2 County HIV Committee

The committee shall be accountable to the Governor of Vihiga County for the performance of

their functions and the exercise of their powers on matters relating to HIV.

Membership

The committee shall be co-chaired by the County Chief officer Health and the County Director of Health with membership from the sub-county HIV committee, HIV partners, implementers, PLHIV and other special interest groups in Vihiga.

Roles of the County HIV Committee

- The committee shall be the custodian of the VCHASP.
- The committee will hold meetings on a quarterly basis to review implementation of the plan.
- It shall be responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the VCHASP.
- It shall approve the County HIV targets and plan.
- It shall review and present County HIV Budget.
- It shall set the County HIV agenda.

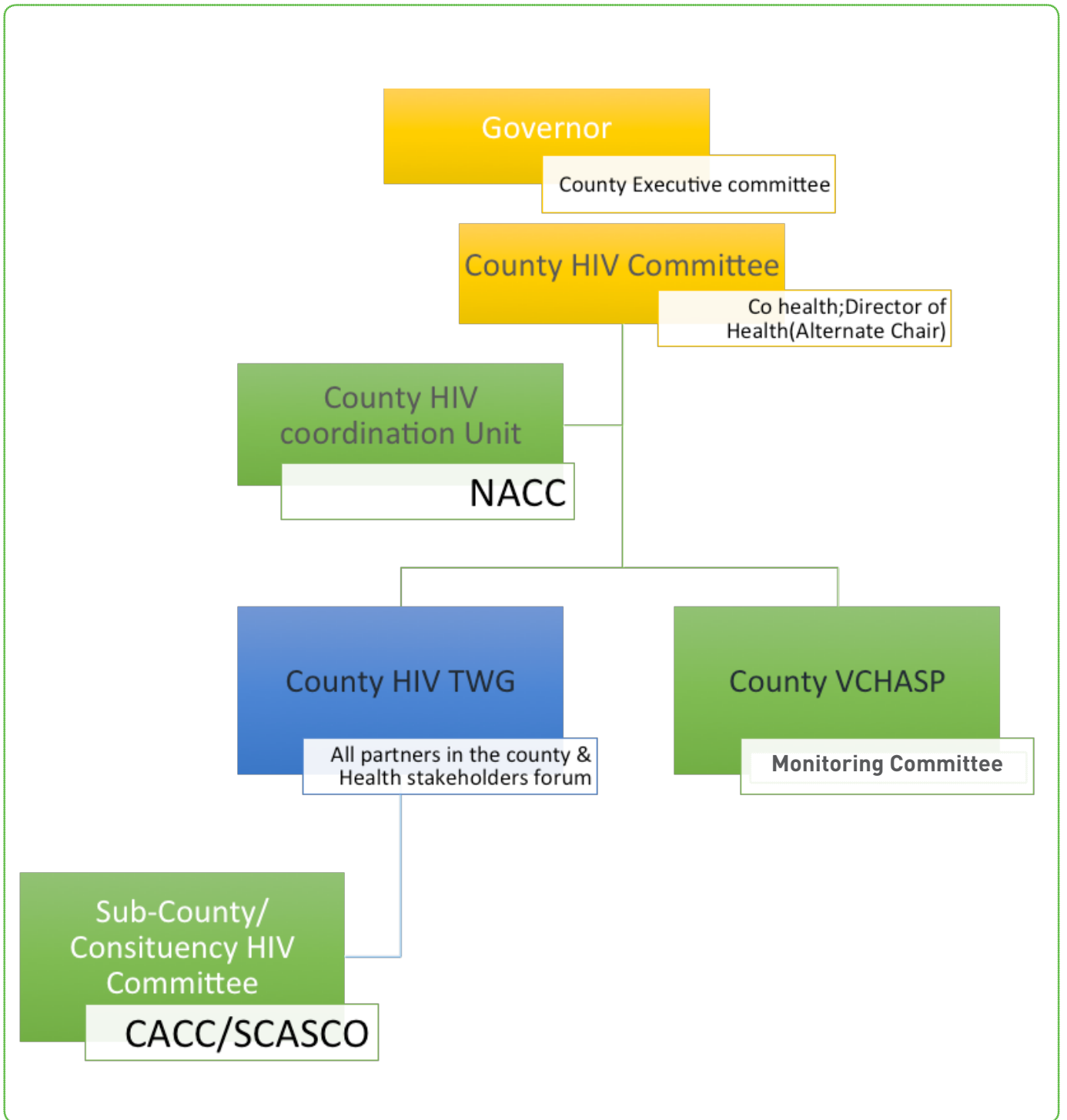


Figure 4.3: The HIV Coordination Organogram for delivery of the VCHASP

- It shall receive reports on VCHASP progress from the monitoring committee.
- It shall form sub-TWG to review and advice on emerging issues on HIV.
- It shall receive reports from County routine Monitoring Committee.

5.1.3 County HIV Coordination Unit

The County Coordination Unit will be the responsibility of the NACC Secretariat at the county level. The unit shall coordinate the day-to-day implementation of the strategic framework at county level, working closely with the County Health Management Team and the various line ministries department at the county level with a direct link with the NACC secretariat at the national level.

Roles of the Coordination Unit

- The County HIV Coordination Unit shall ensure Quarterly County ICC HIV meetings are held and follow through on County ICC HIV actions.
- The unit shall ensure HIV agenda is active in the CHMT
- It shall ensure regular engagement of all state and non-state actors within the county in planning, prioritization, implementation, monitoring, and evaluation of HIV and AIDS programmes.
- It shall ensure strengthening of linkages and networking among stakeholders and providing technical assistance, facilitation and support for KASF delivery.
- It shall monitor County Legislation to ensure all Bills are HIV discrimination- compliant.

Chapter 6

Monitoring & Evaluation of the Plan

The County M&E system is aligned to the existing national M&E system which outlines the different M&E sub-systems: DHIS, LMIS, and community systems among others. Currently, reports from Community Health Volunteers from Community Units are forwarded to the link facilities who then compile the reports at Level 2 facilities (dispensaries) and report to the Sub-County Health Information Officers (SCHRIO) on a monthly basis. Level 3, 4 and 5 facilities (health centres, sub-county hospitals and the County Referral Hospital) report to the same officer for data entry into DHIS which provides further analysis. This enables all users including the County and National governments and program officers at all levels to generate information for decision making and public health interventions.

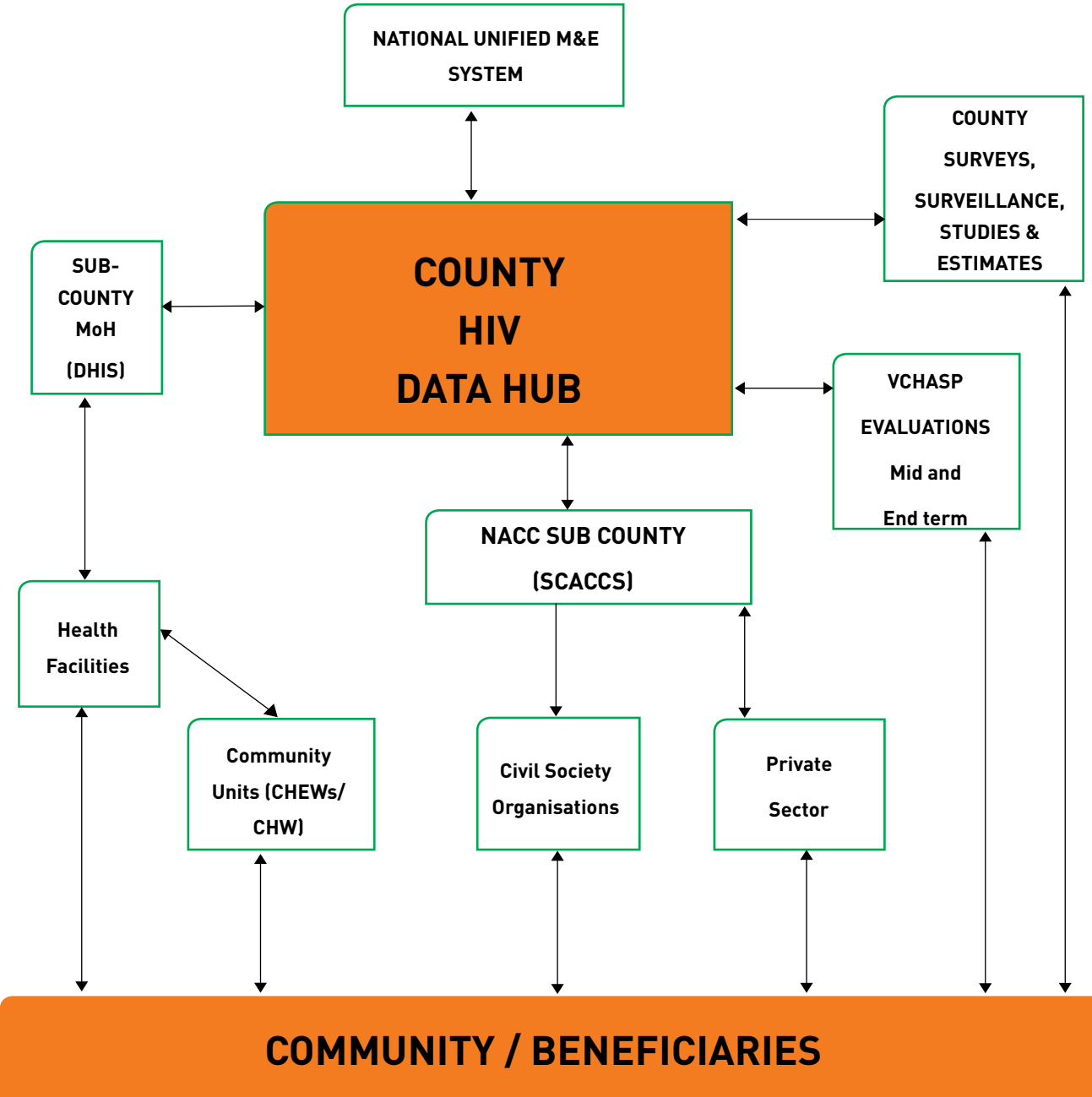
However, the existing Health Information Systems are highly fragmented with no linkages with other healthcare providers at various levels. The design and implementation of these systems do not facilitate integration of different sources of health information within the health system.

There is poor integration of vertical programs and administrative information into the routine Health Information System. Consequently, there is no sharing of information among healthcare providers in the health system. Hence, there is need to harmonize various reporting systems and strengthen the current DHIS.

Research is a critical component for effective delivery of the VCHASP 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.

Figure 6.1 shows how data will flow from service delivery points through to County HIV data hub and eventually to the National unified M&E system at the national level.

Figure 6.1: Vihiga County HIV & AIDS Response Data Flow Chart Diagram



Chapter 7

Risk, Assumptions and Mitigation Plan

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

HIV Coordinating Unit will be responsible for this and will be expected to report to the county department of health.

Table 7.1: Risk Management Matrix

Risk Category	Risks	Status	Probability	Impact	Mitigation	Responsibility	When
Technological	The VCHASP would not be implemented through the proposed technological support	The VCHASP has just been developed	High	High	Training of the existing staff and recruitment of new staff	County Government	Year 1
Political	Implementation will be disrupted	Implementation of the various interventions ongoing	Medium	High	Put in place sustainability strategies for HIV interventions such as enough stock of ARVs and other commodities	County Government	Year 1
Operational	Inefficient implementation of the plan	Efficiency and Effectiveness studies are yet to be undertaken	Medium	High	Continuous monitoring, training and capacity building	County HIV oversight committee	Year 1
	Non-utilization of evidence-based programming approach	Most of the evidence is available to inform programming. There are, however, some gaps in the information use and management	Low	High	Implement HIV research agenda	County Government	Year 2
Legislation	Delay or non-implementation of the VCHASP due to lack of ownership by the county leadership	The document is yet to be tabled in the County Assembly	Medium	High	Seek more external funding, lobby the County Assembly	CECM- Health	Year 2
Financial	The plan will not be resourced	There is inadequate funds and the resource needs as projected have not been factored in the County Integrated Plan or Investment Plan	Low	High	Lobby partners for funding Increase visibility of the plan	County HIV Coordination Unit	Year 1

7.2: Assumptions Matrix

Table 7.2: Assumptions matrix

Category	Assumptions	Status	Impact	Mitigation	Responsibility	When	When
Technological	There is enough technical capacity in the county	The county is currently embracing technology in the service delivery	High	Training of the existing staff and recruitment of new staff.	County Government	Year 1	Year 1
Political	2017 General Election will be peaceful	So far the situation is peaceful	High	Put in place sustainability strategies for HIV interventions such as enough stock of ARVs and other commodities.	County Government	Year 1	Year 1
Operational	All the logistical support and staff are in place	Not all required logistical support and staff are in place	High	Continuous training and capacity building	County HIV oversight committee	Year 1	Year 1
	Surveys and operation research will be undertaken to provide data for programming	Some study results have not been well disseminated to inform programming. County-specific population-based surveys have not been undertaken	High	Implement HIV research agenda	County Government	Year 1	Year 2
Legislation	All HIV-related bills will be passed in good time	Review of the existing policies and laws at the county level has not been done	High	Review the existing policies laws and formulate as planned; lobby the County Assembly to pass the laws	CECM- Health	Year 2	Year 2
Financial	Funds will be available	The available funds are inadequate	High	High	Lobby partners for funding. Increase visibility of the plan	County HIV Coordination Unit	Year 1

Annexes

Annexe 1: Results Framework

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS							
KASF objective	VCHASP Results	Key Activity	Indicators	Baseline	Mid Term Target	End Term Target	Responsibility
Reduce new HIV infections by 75%	Increased percentage of persons with knowledge of their HIV status from 27% to 90%	Provide HIV testing services to the general population	Percentage increase of people that know their HIV status.	27%	70%	90%	County Government Partners (Private clinics and hospitals)
	Establish 2 DICEs in the county	Establish 2 DICEs to offer HIV services to the key population in urban centres	Number of established and functional DICEs.	0	1	2	County Government Partners
	Increased percentage of HIV-exposed infants with negative result	Provide PMTCT in all health facilities	Percentage of pregnant and lactating mothers receiving HAART.	34%	70%	90%	County Government Partners
	Increased number of positive pregnant mothers delivering in hospitals	Sensitize the community on facility deliveries through CHUs, strengthen community outreaches, use of digital platform, maternity-friendly and affordable services and continuous capacity building for health personnel	Percentage of sensitization outreaches conducted	50.2%	65%	80%	County Government & Partners
	Reduced high-risk behaviour	Reduce GBV and Alcoholism	Number of outreaches conducted % reduction in GBV cases reported		20	40	County Government & Partners

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS FOR ALL PLHIV

KASF Objective	VCHASP Results	Key Activity	Indicators	Baseline	Mid-Term Target	End-Term Target	Responsibility
Reduce AIDS related mortality to 25%	Increased number of health facilities offering ART	Provide ART through all the health facilities.	Number of facilities offering ART services	24	29	33	County Government Partners
	Increased number of PLHIV on ART	Increase the enrolment of PLHIV on ART	Number of persons receiving ART	7093	7493	7868	County Government Partners
	80% of health care workers trained on paediatric HIV management	Build the capacity of health care workers on paediatric HIV management	Percentage of health workers trained on providing paediatric HIV services	-	60%	80%	County Government Partners
	One referral laboratory established	Upgrade and equip a HIV referral laboratory in Vihiga County	Number of referral laboratory established and fully functional	0	0	1	County Government & Partners
	Installed and functional electronic medical record system in all ART sites	Upgrade medical records system from paper to electronic format	Number of ART sites that have installed EMR	-	-	33	County Government Partners

STRATEGIC DIRECTION 3:

USING A HRBA TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KEY POPULATIONS AND OTHER PRIORITY GROUPS IN ALL SECTORS

KASF Objective	VCHASP Results	Key Activity	Indicators	Baseline	Mid-Term Target	End-Term Target	Responsibility
Create an enabling legal and policy environment necessary for a robust HIV response at the national and county levels to ensure access to services by persons living with HIV.	At least 2 support groups attached to every ART site supported	Build the capacity of HIV support groups on preventions with positives (PwP)	Number of support groups supported and active.	-	30	60	County Government Partners
	60 health workers trained on HRBA to HIV services	Training of Health workers on HRBA to HIV services	Number of health workers trained and offering HRBA to HIV services.	-	40	60	County Government Partners
	30% teachers trained to support ART adherence, stigma reduction and non-discrimination	Train teachers on supporting adherence to ART among pupils LHIV, stigma reduction and non-discrimination.	Percentage of teachers trained and offering support to HIV services in schools.	-	15%	30%	County Government Partners
	Five model youth friendly services established.	Establish youth friendly HIV services including integrating HIV services to youth empowerment centres	Number of health facilities offering youth friendly services	0	5	5	County Government Partners
	Five county health facilities offering child friendly services.	Establish child friendly services in health facilities.	Number of health facilities offering child friendly services.	0	5	5	County Government Partners
	Five county facilities offering HIV services for PLWD	Establish HIV services for PLWD	Number of health facilities offering HIV services for PLWD.	0	5	5	County Government Partners

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS

KASF Objective	VCHASP Results	Key Activity	Indicators	Baseline	Mid- Term Target	End- Term Target	Responsibility
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	70% of CU integrating HIV services	Provide home based care for HIV through Community Units	Percentage and number of CUs offering HIV services including HBCH	50	60	70%	County Government Partners
	80% of the community reached with a key HIV message	Develop and implement a HIV communication strategy for Vihiga.	Percentage of the population reached through HIV advocacy, communication and social mobilization activities	-	50%	80%	County Government Partners
	80% of all schools having HIV programmes	Implement HIV information and education as part of the school health programme	Percentage of schools implementing a school health programme on HIV	-	40%	80%	County Government Partners, schools

STRATEGIC DIRECTION 5:

STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO MEET THE VCHASP GOALS

KASF Objective	VCHASP Results	Key Activity	Indicators	Baseline	Mid-Term Target	End-Term Target	Responsibility
Identify and implement high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Vital data on HIV in Vihiga is available	Form the County Monitoring Unit to coordinate research, monitoring and evaluation activities.	Number of key recommendations from the CMU used to inform the VCHASP.	0	0	1	County Government Partners
		Conduct operational research on available data from DHIS and partners	Number of report of operational research available and used to inform on the HIV programme	0	0	1	County Government Partners
		To conduct study to monitor the levels of stigma and underlying causes	Number of report on stigma levels, its causes and recommendation on local evidence based interventions to address the situation.	0	0	1	County Government Partners
		Undertake a study on cultural factors that influence spread of HIV in the county	Number of report on cultural factor influencing spread of HIV available and used to inform on HIV programming.	0	0	1	County Government Partners

STRATEGIC DIRECTION 6:

PROMOTING UTILISATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMMING

KASF Objective	VCHASP Results	Key Activity	Indicators	Baseline	Mid- Term Target	End -Term Target	Responsibility
To improve data quality, demand, access and use of data for decision making at the county and national levels	Available data for programming and resources are well utilised	Undertake quarterly supervision and monitoring	Number of supervision and monitoring reports generated and disseminated.	0	10	20	County Government Partners
	100% health facilities providing quality data on HIV.	Print and distribute M&E tools for collection of HIV data	Percentage of health facilities submitting timely quality data on HIV on a regular basis.	-	-	100%	County Government Partners, HRIO's
	Progress report on achievements of the VCHASP	Undertake a mid-term review of the VCHASP	Mid-term review report.	0	1	0	County Government Partners
	Information for review of the next strategic plan available	Undertake an end term review of the VCHASP	End term review report	0	0	1	County Government Partners
	Widely disseminated HIV information	Prepare and publish County HIV newsletters.	Number of HIV newsletters disseminated.	0	5	10	County Government Partners

STRATEGIC DIRECTION 7:

INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE IN VIHIGA COUNTY

KASF Objective	VCHASP Results	Key Activity	Indicators	Baseline	Mid- Term Target	End- Term Target	Responsibility
Increase domestic financing of the HIV response to 50%	Policy on HIV financing is put in place.	Prepare and present a session paper on increasing domestic funding of HIV activities and submitted to the County Executive Committee for approval	County Sessional paper on HIV/ AIDs developed and approved.	-	-	1	County Government Partners, CEC
	50% increase in domestic financing for HIV	Influence the County Government to increase the allocation of HIV funds allocation	Amount of money allocated for HIV activities from the County Health Budget in Vihiga County. [% increase in HIV/AIDS County Health Budget Allocation	5, 000,000	15,000,000	30,000,000	County Government Partners, Private Sector,
	Equitable distribution of resources in the county.	Undertake a mapping of HIV implementing partners in Vihiga County to identify programming gap areas.	A HIV implementing partner's inventory developed.	0	1	1	County Government Partners

STRATEGIC DIRECTION 8:

PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE VCHASP RESULTS BY ALL SECTORS AND ACTORS

KASF Objective	VCHASP Results	Key Activity	Indicators	Baseline	Mid Term Target	End Term Target	Responsibility
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response	80% of partners and stakeholder reached with the VCHASP.	Print 2000 copies of the VCHASP and disseminate to the Vihiga County Executive Committee and stakeholder	Percentage of partners and stakeholder implementing VCHASP.	0	60%	80%	NACC, County Government Partners
	County HIV oversight committee in place and meeting regularly	Form the County HIV coordination unit	Number of meetings held and key resolution made by the County HIV coordination used to deliver the VCHASP.	0	10	20	County Government Partners
	Sub-County AIDS control committees enhanced.	Support sub county / constituency HIV committees	Number of sub counties reporting to the County HIV coordination units.	0	5	5	County Government Partners, Members of Parliament.

Annexe 2: Resource Needs

Strategic Directions	Specific VCHASP Intervention Areas	Percentage of Resource Dedicated for the strategy	2015/2016	2016/2017	2017/2018	2019/2020	2020/2021	Total
SD1	HIV Prevention	25.99%	25.99%	2.09	2.36	2.64	2.86	11.80
SD2	Treatment and Care	53.37%	53.37%	4.13	4.31	4.39	4.33	20.93
SD3	Social inclusion, human rights and gender	4.00%	4.00%	0.37	0.46	0.55	0.66	2.32
SD4	Health systems	6.35%	6.35%	0.41	0.33	0.30	0.16	1.64
	Community systems	3.65%	3.65%	0.23	0.19	0.17	0.09	0.94
SD7 & SD8	Leadership, governance and Resource Allocation	3.94%	3.94%	0.28	0.28	0.26	0.23	1.33
SD6	Monitoring and evaluation	1.84%	1.84%	0.13	0.13	0.12	0.11	0.62
SD5	Research	0.49%	0.49%	0.04	0.04	0.05	0.05	0.21
	Supply chain management	0.37%	0.37%	0.03	0.03	0.03	0.04	0.16
	GRAND TOTAL	100.00%	100.00%	7.71	8.13	8.52	8.53	39.96

Annexe 3: Operational Document

- Kenya AIDS Strategic Framework
- Vihiga Health Strategic Plan
- Vihiga CIDP
- Annual county budgets
- County governor manifesto
- HIV and AIDS Profile 2014
- KDHS 2014
- KAIS 2012

Annexe 4: References

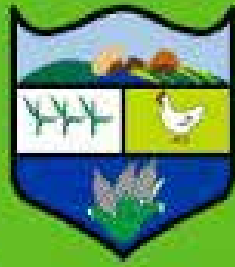
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Annexe 5: List of Drafting and Technical Review Team

S No.	NAME	TITLE	ORGANIZATION
1.	Sammy Sande	COAC	NACC
2.	Patrick Luttah	County Public Health Officer	MoH
3.	George Odunga	County Health Promotion Officer	MoH
4.	Sebenzia Ulwenya	CASCO	MoH
5.	Emilly Ogwang	Program Officer	LVCT
6.	Festo Kihima	Program Officer	PLHIV
7.	Jualet Shitote	CACC	MoH
8.	Victor Ijaika	Coordinator	CSO
9.	Gevonce Ooyi	RHC	NACC

Technical Review Team

SNo.	NAME	ORGANIZATION
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2.	Lilian Kayaro	FHOK
3.	Steve Oyugi	NACC
4.	Bryan Ibrahim Okiya	Programme Officer, NACC



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