



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

FEBRUARY 2018

HIV IMPLEMENTING PARTNERS ONLINE REPORTING SYSTEM (HIPORS)
ANALYSIS REPORT 2016/17

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

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

Main objective of the HIPORS

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

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

Specific objectives of the HIPORS

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

In the FY 2016/17, there were six (6) Implementing Partners in Kakamega County reporting a total of KES 575.8 Million through the HIPORS system.

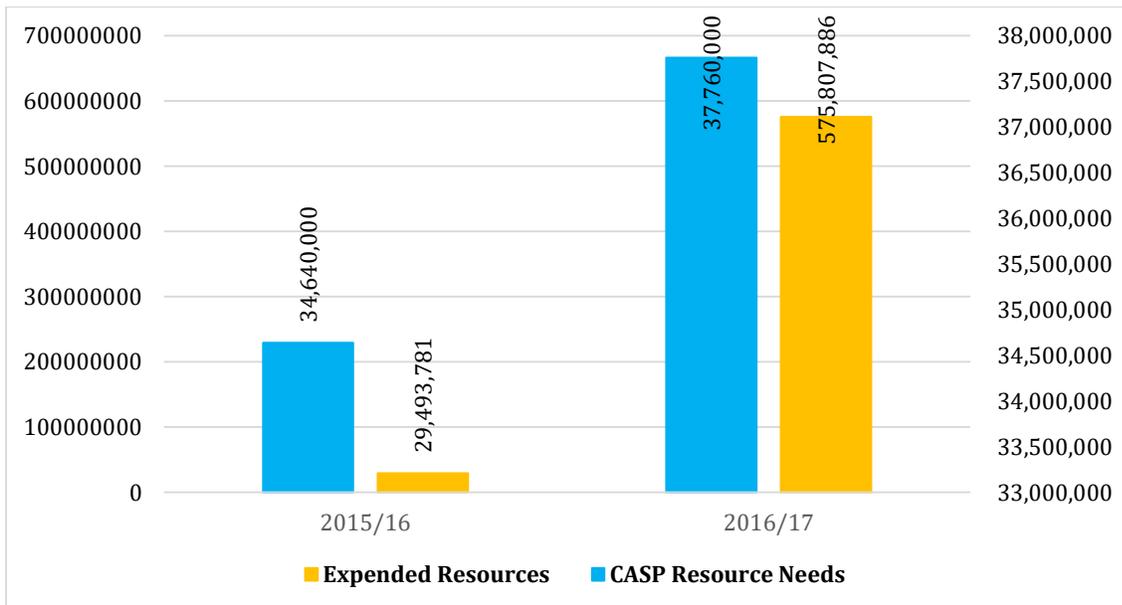
2. County HIV Background

Kakamega County has a population of 1,843,320, comprising of (49%) males and (51%) females. HIV prevalence in Kakamega (4.0%) lower than the National prevalence of 5.9% (Kenya HIV Estimates 2015). The county contributed 1.8% and 2.7% of the total new HIV infections in Kenya among children and adults respectively.

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

The expended resources on HIV programmes reported by NGOs operating in Kakamega County, increased from KES 29.5 Million in FY 2015/16 to KES 575.8 Million in the FY 2016/17, representing over 100% increase. Additionally, the number of NGOs who reported decreased from five (5) to six (6) in FY 2015/16 compared to FY 2016/17. The amount reported in HIPORS as having been expended by NGOs in the County, surpassed the County AIDS Strategic Plan (CASP) resource need for the same period by 100% (KES 575.8 Million vs 37.8 Million).

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



4. Number of programs per intervention area

The main intervention program implemented in the County by the partners was Bio-medical structural (Table 1).

Whereas majority of the NGOs reported to have implemented biomedical interventions with reported KES 575.8 Million expended by NGOs, there are still gaps in treatment coverages in the County particularly on adult ART coverage (83%). HIV testing services remains sub-optimal, while the number of condoms distributed per man per year (8.3) is lower than the Global target for Kenya at 40 condoms per man per year.

Table 1: Number of Implementing Partners per Intervention Area

	Sum of Programs
Behavioral Change Interventions	2
BCC	1
Home based Care and Support	1
Key population Program	0
Program to Reduce Gender Based Violence	0
VMMC	0
Biomedical Interventions	7
ART	2
HTC	3
PMTCT	2
Others (including Blood Safety, Needle and Syringe Exchange)	5
Research	0
Biomedical Research	0
Clinical Research	0
Epidemiological Research CDC	0
Operation Research	0
Social Research	0
System Strengthening	1
Inservice training	1
laboratory system strengthening	0
Grand Total	15

5. Conclusion

The report suggests that the resources expended by NGOs in the County are more than the estimated resource needs in the County AIDS Strategic Plan. Despite of this, the program targets as set out by the County remains unmet. Additionally, there are overlaps in service delivery, with NGOs implementing programs that are primarily delivered through the County infrastructure. Therefore, there is need for coordination of programs to effectively and efficiently align resources appropriately to realize significant progress in County's HIV and AIDS response.

Even with expended resources that surpass the resource needs, majority of the NGOs have focused on biomedical interventions, while giving less priority to non-biomedical interventions; which would likely lead to a setback to the HIV and AIDS response. Paradoxically, despite more resources allocated towards care and treatment, there is still a gap in achieving the 90-90-90 targets. There is need to harmonize service delivery between the County and the implementing NGOs to aggressively scale-up and prioritize prevention interventions to reduce transmission of new HIV infections and fill-in the gap in the care and treatment targets to reduce morbidity, and mortality.

With only about a tenth of the registered NGOs reporting nationally, it has been a challenge to get the remainder of the NGO's to report through the HIPPORs system. This essentially gives unsettled comparison of resources versus progress in the county. There is need for collaboration between the County government, National government (NACC, NGO Board) and Development Partners to demand compliance to HIPORS reporting by NGOs.

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