TAITA TAVETA COUNTY

HIV & AIDS STRATEGIC PLAN 2016-2020

Investing in our future

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2016-2020

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
CACC	County AIDS Coordinating Committee
CASCO	County AIDS and STI Coordinator
CBO	Community Based Organisations
CD4	Cluster of Differentiation 4
CECM	County Executive Committee Member
CHMT	County Health Management Teams
CHMIS	County Health Management Information Systems
CHRIS	County Health and Records Information System
CIDP	County Integrated Development Plan
COBPAR	Community Based Program Activity Reports
CSO	Civil Society Organizations
CUs	Community Units
DHIS	District Health Information System
EMTCT	Elimination of Mother to Child Transmission of HIV
FBO	Faith Based Organisations
FHOK	Family Health Options Kenya
HCBC	Home and Community Based Care
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information Systems
HTC	HIV Testing and Counseling
HRBAP	Human Rights Based Approach to Programming
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
TTASP	Taita Taveta County AIDS Strategic Plan
KNASP	Kenya National AIDS Strategic Plan
KNBS	Kenya National Bureau Statistics
KSPA	Kenya Service Provision Assessment
M&E	Monitoring and Evaluation
MAT	Medically Assisted Therapy
MCAs	Members of County Assembly
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health
MTCT	Mother to Child Transmission
NACC	National AIDS Control Council
NSP	Needle and Syringe Program
PEP	Post Exposure Prophylaxis
PrEP	Pre Exposure Prophylaxis
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PPP	Private Public Partnership
RCT	Reach out Centre Trust
SD	Strategic Directions
SRH	Sexual and Reproductive Health
TBD	To Be Determined
UNODC	United Nations Office on Drugs and Crime
WOFAK	Women Fighting AIDS in Kenya

Foreword

The County Government of Taita Taveta recognizes key challenges posed by HIV and AIDS. The impact of HIV epidemic continues to be felt across the entire socio-economic spectrum in the County. Even though the population is currently approximated to be 323,867 (KNBS, 2015), the HIV prevalence in Taita Taveta is 6.1 % higher than the national prevalence of 5.6 %(National HIV estimates 2014). The County epidemic is also highly feminized with two out of each three persons living with HIV being women. Youth, adolescents and young person continues to bear a disproportional effects of HIV. We are not oblivious of the fact that Taita Taveta County is the 'heart' of national main infrastructure. Main roads and highways such as the Mombasa-Nairobi highway (Northern Corridor) and Voi-Arusha road passes through the County. The ongoing national the Standard Gauge Railway (SGR) infrastructure, the northern power electricity grids also criss-cross our County. So does the Tsavo East and West National. We are proud of all this, but also note that such features and infrastructure result in the movement of people in and out of our County. It is this movement that increases HIV vulnerability and risks.

It is against this background that Taita Taveta County adopted a coordinated multi-sectorial approach in managing HIV epidemic. Development of Taita Taveta County HIV and AIDS Strategic Plan (TTASP 2016-2020) epitomizes the determination of the County Government of Taita Taveta in addressing the negative effects of HIV and AIDS. Through this Plan, the Government of Taita Taveta will continue scaling up on the combination prevention strategies in order to address new infections among targeted populations, ensure quality of care and treatment to those living with HIV and put measures to mitigate negative social economic impacts resulting from the epidemic.

Further, through the provisions of TTASP 2016/2020, my government will call upon all the Government agencies (both National and County) responsible for development of all infrastructures to take a keener responsibility in management of HIV and AIDS in the County. The County Government will continue promoting responsive leadership, ensure mainstreaming of HIV and AIDS across all sectors through multi sectorial approach, involvement of Persons living with HIV and AIDS, civil Society and other Key Stakeholders. My Government is committed to the implementation and the achievement of the results articulated in this Plan. Through the Health Department, all County and Sub- County sectors and units will be held responsible for this Plan's implementation. 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 in our County and the Country.

H.E Engineer John Mruttu
Governor, Taita Taveta County

Preface

The Government of Taita Taveta County continues to offer strong leadership across the entire health spectrum. Provision of quality health services to all residents is hallmark of the County Health Department. HIV and AIDS has been identified as the key public health challenge facing our population today. It is of concern to this Department that the prevalence of HIV currently stands at 6.1% which is higher than national prevalence of 5.6% (KAIS 2012). Further, we take into cognizance that annual new HIV infections have been increasing in our County. It is now estimated that 500 persons acquires HIV annually. Women are disproportionately infected and affected with HIV with two out of every persons living with HIV in Taita Taveta (approximately 12,000) being of female gender. This is in addition to the County Demographic trends that indicates that the number women is lower than of men in our County. Youth, adolescents and young person's continues to bear higher HIV burden in regards to prevalence and incidence.

We also recognize that there many gaps that needs to be bridged in management of HIV and AIDS within the cascade. We need to scale up counselling and testing, put and retain those in need in care and treatment while instituting behavioral and structural interventions that minimizes risks of acquisition and transmission to all populations, and especially to the key identified populations. Development of Taita Taveta HIV and AIDS Strategic Plan (TTASP 2016-2020) marks a milestone in the County's HIV prevention, treatment and related management. The Plan defines a paradigm shift towards County HIV response. It calls for utilization of social, behavioral, cultural, biomedical, scientific advances in addressing and managing HIV and AIDS. TTASP is not only a guiding plan of implementation, it is also an accountability and resource mobilization tool. All implementers in the County will be bound by this Plan. To achieve this, TTASP 2016/2020 has set four clear objectives which are aligned to the national HIV response. These are:-

I. Reduce new infection by 75%
II. Reduce AIDS related mortality by 25%
III. Reduce HIV stigma and discrimination by 50%
IV. Increase domestic financing of the HIV response to 50%

To attain these objectives, TTASP 2016-2020 has identified workable eight (8) strategic interventions and also spelt out the expected results. Let us all join hands as we strengthen our resolve in addressing HIV and AIDS and the related social and economic determinants in our County. We should continue seeking innovative ways to sustain HIV response, strengthen integration of both programs and resources and promote focused, cost effective and socially inclusive interventions to prevent and manage HIV&AIDS in our beloved County.

Dr. Gifton Mkaya
CEC – Health Services, Taita Taveta County

Acknowledgement

Taita Taveta HIV and AIDS Strategic Plan (TTASP 2016/2020) is as result of collaborative effort of many individuals and organizations- in and out of the County. The process started in 2014 when Taita Taveta County participated in the End Term Review of the Kenya National AIDS Strategic Plan (KNASP III) and later development and dissemination of Kenya AIDS Strategic Framework (KASF) which factors in the devolved system of governance. As such, a lot of effort has been directed to this process in terms of time, resources and technology. It's difficult to put value to all this support or mention each and every one who made this process a success. The Office of the Governor of Taita Taveta County, H.E. Engineer John Mruttu provided much needed overall leadership to the entire process.

Let me thank the entire Department Health where the entire process was domiciled for providing technical guidance, leadership and information that forms the bulky of this Plan. Worthy to mention here is the office of the County Health Directors, the County and Sub County HIV and AIDS Control Coordinators (CASCOs), the Sub County AIDS Community Coordinators (SCACS) and indeed the entire membership of the CHMT. In addition, we thank the Members of County Assembly (MCAs) and many other local leaders who contributed immensely to this process. Many thank National AIDS Control Council (NACC) national and regional Offices for providing technical and financial support during the entire process. To the members of various working committees who labored through drafting, review and validation processes, we say thank you.

I further acknowledge the participation of networks of People Living With HIV&AIDS (PLHIV), community and religious leaders, Persons living With Disability (PWDs), representatives of priority populations including women, adolescents and young people whose gainful insight enriched the process of development of KCASP 2016-2019. The Department of Health is committed towards implementation of this Strategic Plan in order to fulfill the wishes and aspirations of all Taita Taveta residents and the country at large.

Dr. John Logendi
Chief Officer of Health
Taita Taveta County.

Comments From NACC Director

Taita Taveta County has proudly developed and rolled her first ever HIV and AIDS Strategic Plan (TTASP 2016-2020). This great stride towards management of HIV response in the county is an indication of a county that is willing to take lead in ownership of her HIV response. National AIDS Control Council congratulates the Government of Taita Taveta County, implementing partners and stakeholders for this bold step.

The plan has been developed through a rigorous process involving a review and analysis of gaps within the current county HIV response, identifying programs and interventions that will guarantee maximum impact as set in the M&E Result Framework. A lot has already gone towards HIV management in Taita Taveta County. However, there is still more work to be done. With prevalence of 6.1%, Taita Taveta ranks among high HIV burdened counties in Kenya. NACC and other partners are concerned that the county's annual HIV incidence trend has shown some measure of marginal increase. All this ought to be reversed. Over 70% of the residents have not been tested for HIV, the treatment coverage for both adults and children remains low and risks and vulnerability among key and vulnerable populations have not been addressed fully. Mother to child HIV exposure remains high due to low uptake of PMTCT services and related high levels of unsafe deliveries among pregnant women.

TTASP 2016-2020 ensures that the county HIV&AIDS response remains a multi-sectorial function. As stated, this plan also serves as an accountability and resource mobilisation tool. NACC request all players to take advantage of this plan in order to better their programs and activities with the aim of attainment of set results.

Dr. Nduku Kilonzo
Director - National AIDS Control Council

Executive Summary

Taita Taveta County is classified as a high HIV epidemic county according to the National HIV and AIDS Estimates, 2014. With an estimated population of 323,867 persons, approximately 11,209 people were living with HIV in 2013. The county's HIV prevalence during the same period was 6.1 %, higher than the national prevalence of 5.6% (KAIS 2012). The county HIV epidemic is highly feminised with two out of every three persons living with HIV being women.

Youth, adolescents and young person continue to bear a disproportional effects of HIV, with vulnerability being higher among populations along the northern corridor and other main infrastructure. Data from all sources-Population Based Surveys(KAIS, KDHS) modeled estimates and even routine program data points to worrying HIV epidemic trends in Taita Taveta. Only 30% of the population in the county were tested and received their HIV results in 2013. This factor is attributed to high levels of HIV related stigma, unequal distribution of health and testing facilities and testing commodity shortages-among other factors.

The county HIV epidemic exhibits characteristics of generalised and concentrated epidemics in terms of geography and population clusters. HIV prevalence is two or three times higher among mainly the Sex Workers who are mainly found along the upcoming hot spots on the main highway (Nairobi-Mombasa-). Taita Taveta County is the 'heart' of national infrastructure. Main roads and highways such as the Mombasa-Nairobi highway (Northern Corridor) and Moshi-Taveta Road pass through the county. Others are the Standard Gauge Railway (SGR) and the northern power grids.

Related to infrastructural development are HIV vulnerabilities associated with long distance trucking and the increase in sex work along specific infrastructural sites (hot spots). Similarly, in spite of the gains made on ANC and PMTCT programs in the county, 35 new born were infected with HIV in the same period. To manage HIV and AIDS in the county, TTASP 2016-2020 sets out collaborative, multi-sectorial strategies based on the available evidence. Further, TTASP sets clear, measurable targets and identifies key structures that will enable the attainment of the set results. TTASP 2016-2020 sets out four major strategic objectives which are closely aligned to the objectives set in KASF. These are:-

- Reduction of new HIV infections by 75%
- Reduction of AIDS related mortality by 25%
- Reduction of HIV related stigma and discrimination by 50%
- Increase the county financing for the HIV response by 50%- to cover for structural and behavioural interventions.

The Plan clearly identifies eight strategic directions hinged under well-defined programmatic interventions to achieve the results. Targets are defined in an M&E framework which contains measurable and costed indicators.

01.

BACKGROUND OF TAITA TAVETA COUNTY

1.1 Location, position and size

Taita Taveta County is one of the six Counties in the Coastal region of Kenya. It is located approximately 200 Km northwest of the coastal city of Mombasa and 360 Km southeast of Nairobi, the capital city of Kenya. It borders Tana River, Kitui and Makueni Counties to the North, Taita Taveta and Taita Taveta Counties to the East, Kajiado County to the North-west, and the Republic of Tanzania to the South and South-west. The County covers an area of 17,084.1Km2 and lies between latitude 20o46' South and 40o10' South and longitude 370o36' East and 300o14' East. The County is characterized by a number of ecological regions based mainly on relief and different climatic conditions. The Taita Hills, which cover an approximate area of 1,000Km2, rise to a maximum elevation of 2,208m above sea level (Vuria peak). The indigenous cloud forests found there are home to varied flora and fauna. The mean annual rainfall in these hills ranges from 500 mm in the lowlands to over 1,200 mm in the upper mountain zone. These basically form the highlands. In the lowlands and transitional zone lies the vast rangeland which accommodates the Tsavo National Parks.

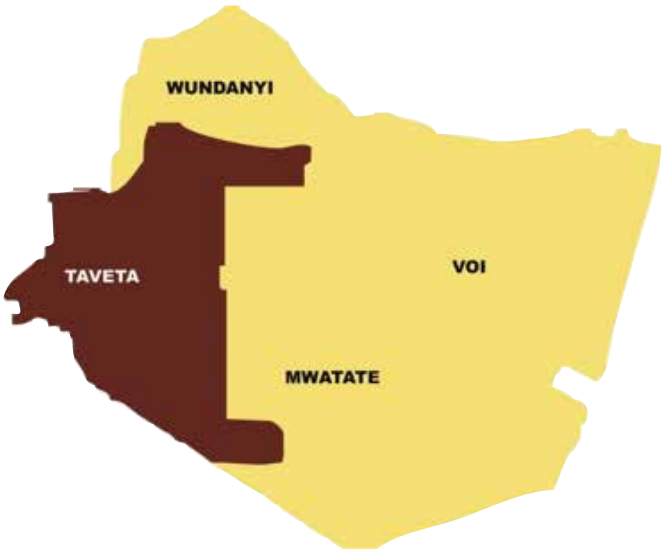
About 62% of the County area constitutes Tsavo National Park (Tsavo East and Tsavo West National Parks). These form the Tsavo ecosystem which comprises of distinct elements including rivers, springs, plains, plants and vegetation and wildlife. The park is an open savannah and bush woodland that supports elephants, buffaloes, lions, antelopes, gazelles, giraffes, zebras, rhinos and a wealth of birdlife.

About 62% of the County (Taita Taveta) area constitutes Tsavo National Park (Tsavo East and Tsavo West National Parks)- CIDP 2013/17)1.2 Administrative boundaries

1.2 Administrative boundaries

Taita Taveta County is divided into four administrative units known as the Sub-Counties. These are Taita, Mwatate, Voi and Taveta. These units also constitute the electoral units or the constituencies, however for electoral purposes, Taita sub- County is known as Wundanyi Constituency.

Figure 1: Administrative Map of Taita -Taveta County(CIDP 2013/18)



1.3 Population Size and Composition

Taita Taveta County is projected to have a population of 323,867 persons (KNBS, 2013). Unlike the national population trend, the number of male in Taita Taveta is higher than that of female giving the County a male to female ratio of 1.04. This means that for every 100 females, there are 104 males (KNBS, 2013).

Unlike the national population trend, the number of male population in Taita Taveta is higher than that of female giving the County a male to female ration of 1.04. This means that for every 100 females, there are 104 males (KNBS, 2009).

For the population below 15 years, the ratio is 1.02, which is the same as at birth (KNBS, 2013). For the population between 15 and 64 years the ratio increases to 1.08 while in the case of 30 years and above, the ratio is 1.05. The ratio gets smaller as the population advances in age. For those of 40 years and above, the ratio is 0.99. This indicates that adult males tend to have higher death rate than adult females. The inter-censal growth rate (IGR) for the County population is 1.6% which lower than the national average of estimated at 3%, (KNBS, 2009).

In terms of proportion, the youth comprise 26% of the County population and 48% of the County's total labour force. The County government is therefore faced with the challenge of putting in place sustainable targeted programmes and interventions in a holistic approach from the very beginning geared towards addressing the many complex issues that have for long been associated with Kenyan youth. Such issues revolve around unemployment, drug, substance and alcohol abuse, serious crime including terrorism, and irresponsible sexual behaviour. These factors are accentuated by high levels of poverty in the County.

1.4 Poverty

Poverty reduction in the County remains a challenge as the County has an absolute poverty level of 57.2% and contributes 1.1% to national poverty. The County is not self-sufficient in food. Food poverty is close to 50%. The worst affected by overall poverty in the County including the aged, the disabled, Persons Living with HIV(PLHIV), small farm holders (with less than 0.05 Ha), the landless and squatters, children, and female headed households. HIV has contributed to single household families affected by poverty.

It is estimated that 57.2% of the population in Taita Taveta is absolute poor living under KES 1,562 per month (CIDP 2013/17)

1.5 Economic Pillar of Taita Taveta County

Most residents depend on subsistence farming and small scale livestock keeping to earn their living. There are small scale business, often family business, especially involving shops and kiosks. Among the youth, Motorcycle transport (Boda Boda) is emerging as key deriver of both rural and urban economy, the sector is however largely unregulated and carries many associated risks and vulnerabilities. The County also boosts a strong mining base, with Gemstones forming the substantial mineral base. Taita Taveta County is also known for its wildlife conservation being home to Tsavo National park, one of the largest parks in Kenya. There

are sisal plantations dotting the entire County. The County also has a large proportion of the residents living as squatters, a factor that increases poverty and vulnerability to HIV&AIDS.

1.6 Infrastructural Projects and Related Vulnerabilities

Taita Taveta County is the 'epicenter' of national infrastructure. Main roads and highways such as the Mombasa-Nairobi highway (Northern Corridor) and Moshi-Taveta pass through the County. Others are the Standard Gauge Railway (SGR) and the northern power grids. Related to infrastructural development are HIV vulnerabilities associated with long distance trucking, the increase in sex work along specific infrastructural sites (hot spots) and migration of labour force from neighboring counties(immigrants workers).

1.7 Health System Delivery in Taita Taveta County

Delivery of health service still remains a challenge in Taita Taveta, according the County Integrated and Development Report (CIDP 2013/18) and the County Health Sector Strategic and Investment Plan (CHSSP 2013/18). Inadequate health facilities and staffing gaps continue to impinge delivery of quality health service to the residents. The County has five main public (Level 4) hospitals. These are Moi Hospital, Voi, Wesu Sub- County Hospital (Wundanyi) and Taveta Sub- County hospital. Other hospitals include Mwatate, Wundanyi Sub - District Hospital as well as 16 (level 3) Health Centers. The County has less investment in private health facilities with main private facility being the St. Joseph Shelter of Hope (a mission hospital) Riflot medical Centre.

HIV&AIDS is identified by CHHSP 2013/18 as leading cause of mortality and morbidity in Taita Taveta County.

02.

SITUATION ANALYSIS

2.1 HIV burden in the County

Taita Taveta County is classified as a high HIV epidemic County according to the National HIV&AIDS Estimates, 2014. With an estimated population of 323,867 persons, approximately 11, 209 persons were living with HIV in 2013. The County HIV prevalence during the same period was 6.1 % higher than the national prevalence of 5.6% (KAIS 2012). The County HIV epidemic is highly feminized with two out of each three persons living with HIV being women. Youth, adolescents and young person continues to bear disproportional effects of HIV, with vulnerability being higher among populations along the northern corridor and other main infrastructural projects.

Table 2: HIV burden in Taita Taveta County (National HIV Estimates, 2014)

INDICATOR	MEASURE	NATIONAL RANK
Total population(2014)	323,867	-
HIV adult Prevalence	6.1%	37
HIV prevalence among women	8.7%	-
HIV prevalence among men	3.7%	-
Number of adults living with HIV	9,800	15
Number of children living with HV	1409	15
Total number of people living with HIV	11, 209	15
% of people never tested for HIV by 2009	73%	-
% of HIV positive pregnant women who do not deliver in a health facilities	65%	-
New HIV infections annually	330	-

2.2 Emerging worrying trends

Data from all sources-Population Based Surveys(KAIS, KDHS) modeled estimates and even routine program data points to worring HIV epidemic trends in Taita Taveta

Table 3: Taita Taveta County HTC data (NASCOP, 2015)

DATA	VALUE
First testing HIV	10944
Female 15-24 yrs receiving HIV+ Results	116
Male 15-24 yrs receiving HIV+ Results	54
Discordant Couples Receiving Results (Couples Only)	59
Male above 25yrs Receiving HIV + results	447
Total Tested HIV	33971
Repeat Testing HIV	22678
Female above 25yrs Receiving HIV + Results	699
Female under 15yrs Receiving HIV + Results	34
Male under 15yrs Receiving HIV + Results	51

2.3 HIV Prevalence by Gender

The county HIV epidemic is highly feminised with two out of every three people living with HIV being women. HIV prevalence among women in Taita Taveta County stood at 8.7% as compared to that of men at 3.7%, in 2013, a trend that has been replicated for years.

Year of Survey	HIV Prevalence %	
	Male	Female
2003	5.9	7.8
2007	7.1	10.6
2009	7.3	10.6
2012	3.7	8.7

(KDHS, KAIS, Estimates)

The County HIV epidemic exhibits characteristics of generalised and concentrated epidemics in terms of geography and population clusters. HIV prevalence is two or three times higher among mainly the Sex Workers who are mainly found along the upcoming hot spots on the main highway (Nairobi-Mombasa Road). Other populations of concern in the county include Persons Who Inject Drugs (PWID) and Men who have Sex with other Men (MSM).

2.4 The Northern Corridor Factor

Taita Taveta County is the 'epicentre' of national infrastructural projects. Main roads and highways such as the Mombasa-Nairobi highway (Northern Corridor) and Moshi-Taveta Road passes through the county. Others are the Standard Gauge Railway (SGR) and the northern power grids. These infrastructural developments have seen the rise in the number of migrant populations and long distance truck drivers resulting in increased sex work along specific infrastructural sites (Hotspots)

2.5 New HIV infections in Taita Taveta County

In 2013, 330 people (adults) were infected with HIV, 40% of whom were estimated to be among the identified Key Populations, adolescents and young people. Similarly, in spite of the gains made on ANC and PMTCT programs in the county, 35 new born were infected with HIV in the same period.

2.6 Prevention of Mother to Child HIV Transmission (PMTCT)

There were about 360 pregnant women living with HIV in Taita Taveta County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery and breastfeeding. Breastfeeding is crucial for a child's survival, growth and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reduce mother-to-child HIV transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive. Notably, 65% of HIV-positive pregnant women in Taita Taveta did not deliver in a health facility in the same period while only 41 per cent of pregnant women attend the recommended four antenatal visits in Taita Taveta.

In 2013, 65% of HIV-positive pregnant women in Taita Taveta did not deliver in a health facility in the same period while only 41 per cent of pregnant women attended the recommended four antenatal visits.

2.7 HIV Testing Services

HIV testing and linkage to care and treatment are important steps in reducing sexual transmission of HIV. Taita Taveta County has scaled up HIV testing services and adapted a variety of innovative approaches in an attempt to reach various populations and hard to reach areas. In spite of this, only 30% of the population in the county was tested and received their HIV results in 2013. This is attributed to high levels of HIV related stigma, unequal distribution of health and testing facilities and testing commodity shortages- among other factors. TTASP 2016/2020 identifies and prioritises innovative counselling and testing strategies. The plan also seeks to ensure effective referrals and prompt linkage for those in need of care and treatment. TTASP 2016/2020 seeks to fast- track bridging of the gaps identified within the county's HIV cascade.

TTASP 2016/2020 seeks to fast- track bridging of the gaps identified within the County's HIV cascade.

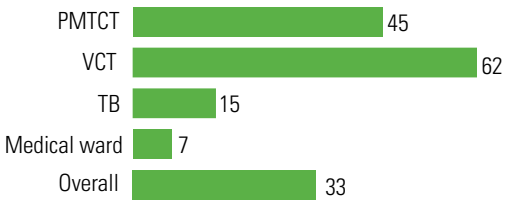
12,940

New Infections among Children (nationally)

35

of these comes from Taita Taveta County

Figure 2: Percentage of Adults Enrolling in Care by Point of Entry in Taita Taveta County



Source: DHIS

Consistent and proper use of condoms reduces risk of transmission and acquisition of HIV and other STIs. Whereas key populations have reported high condom use, this factor is low among general populations a factor that increases the risk of HIV transmission and acquisition.

2.8 Early sexual debut and vulnerability to the adolescents

According to the HIV County Profile Report 2014, approximately 55% of individuals in Taita Taveta County had their first sexual contact before the age of 15, an indication of early sexual debut.

2.9 HIV Treatment

Taita Taveta County Government and the National Government have continued scaling up prevention and treatment programs. Currently, the county boasts a treatment coverage of 71% among adult population with 9,884 persons put on ART. Treatment coverage among infants and children remains low at 42%.

Situation Analysis

TAITA TAVETA

County Adult HIV Treatment Access Annually	
Indicator	
Adults in need of ART	5,570
Adults receiving ART	2,903
County ART adult coverage	52%
National ART adult coverage	79%
AIDS related deaths among adults, 2013	410

Source: Kenya HIV Profiles 2014

Situation Analysis

TAITA TAVETA

County Children HIV Treatment Access Annually	
Indicator	
Adults in need of ART	5,570
Adults receiving ART	2,903
County ART adult coverage	52%
National ART adult coverage	79%
AIDS related deaths among adults, 2013	410

Source: Kenya HIV Profiles 2014

The County has been flagged by MOH as among the ones with huge treatment gaps for both adults and children. Further, the county is lagging behind in attainment of gaps under HIV cascade.

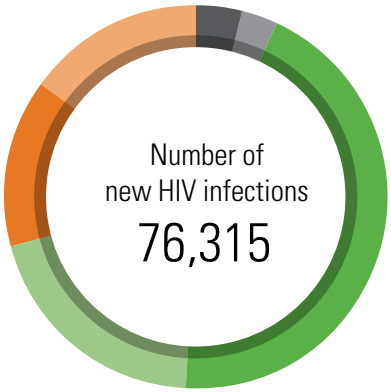
Table 5: Category A Counties, Gaps within HIV cascade 2015

Category A	Identification target		Treatment target		Viral Load Uptake Target	
County	Paediatrics	Adults	Paediatrics	Adults	Paediatrics	Adults
Baringo	463	2036	406	1852	121	1232
Bomet	1090	3603	1071	4591	181	2344
Elgeyo Marakwet	206	847	215	749	88	874
Garissa	219	164	200	242	23	402
Homabay	3723	13262	3062	11854	2657	24952
Kajiado	969	1868	957	2721	211	2114
Kakamega	699	5472	1204	4257	1383	13439
Kilifi	543	321	403	251	1410	12055
Kisii	2575	18203	2475	16165	144	2912
Kwale	1090	6669	1000	5829	618	5270
Lamu	22	259	16	187	98	583
Muranga	726	2891	580	2779	498	5150
Nakuru	2019	1479	1651	1292	1271	14392
Narok	1176	4677	1128	5720	53	932
Nyamira	783	4232	675	4396	687	5482
Nyandarua	76	317	64	152	198	2466
Samburu	365	2430	290	2079	118	477
Siaya	3391	12360	2671	10764	1316	20567
Taita Taveta	612	2490	571	2817	218	2239
Turkana	2554	14659	2273	13525	354	2496
West Pokot	426	2228	429	2251	70	575

2.10 The Key Population Factor in Taita Taveta County and Coast

Key Populations remain a crucial driving factor of new HIV infections in Taita Taveta County. Nationally, the Kenya Modes of Transmission Study (KMOT, 2009) estimated that 44% of new infections result from three sub-populations- Men who have Sex with Men (MSMs) and Prison Populations, the Sex Workers (SWs) and their clients and People who inject drugs (PWIDs). Reports indicate that HIV prevalence among these groups is two to three times the national prevalence. The Most at Risk Population (Marps) Size Estimates report of 2013 indicated that there are at least 5,000 individuals representing Sex Workers, MSM and PWID populations in Taita Taveta County. Although their overall population size may appear small, these sub-groups have increased the risk of transmitting HIV infection. Evidence shows that injecting with contaminated needles is the most efficient mode of transmission. NASCOP has identified many hotspots where key populations congregate-including those used as drug dens. While various civil society organisations are striving to deliver targeted HIV prevention interventions to reduce HIV transmission, unfortunately the package of services as well as the geographical coverage is quite limited.

National



44% Heterosexual sex with union/regular partnership

20% Casual heterosexual sex

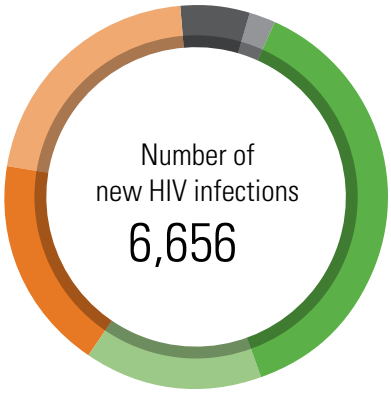
14% Sex workers and clients

15% MSM and prisons

4% Injecting drug users

3% Health facility related

Coast



38% Heterosexual sex with union/regular partnership

15% Casual heterosexual sex

18% Sex workers and clients

21% MSM and prisons

6% Injecting drug users

2% Health facility related

Table 6: Estimated Size of Key Populations at National, Coast and County (Source: Kenya MARPs Size Estimations Consensus Report, 2013)

KEY POPULATION	NATIONAL	COAST	TAITA TAVETA
Female Sex Workers	133,675	20,143	Data Gap
People Who Inject Drugs	18,327	8,500	Data Gap
Men Who Have Sex with Men	13,019	2,162 (UoM)	Data Gap

	NAIROBI	COAST	DATA SOURCE
Estimated number of PWID	6216	8500	Kenya Consensus Report
% Female	9%	9%	-
HIV prevalence total	**18**	**18-20**	**UNODC RSA, IBBS**
Female	40-60	49	UNODC RSA, IBBS
Male	16	15	UNODC RSA, IBBS
Sexual Risk	-	-	-
Condom use	low	Low	UNODC RSA, IBBS
Multiple partners	23	15	UNODC RSA, IBBS
Transactional sex	18	20	-
Injection behaviour	-	-	-
Daily injection	80-100	100	UNODC RSA, IBBS
Any unsafe injection	80%	47%+	UNODC RSA, IBBS
Shared needle	17%	17%	NASCOP PBS 2014

FACTS ABOUT KEY POPULATIONS

HIV Prevalence among the three main Sub Groups of KPs is two to three times higher than the national prevalence (15-20%). One out of every two females who inject drugs is HIV positive (50% prevalence),The three main sub-groups of KPs (MSMs, SWs and PWIDS) contribute 44% of new infection annually in Coast-(KMOT study 2009)

In spite of the above burden, programs targeting Key and Priority Populations in Taita Taveta County and Coast is limited or in some instances lacking. Most programs to these populations are undertaken by CBOs and CSOs with minimal involvement of government at all levels.

2.11 Vulnerable Populations

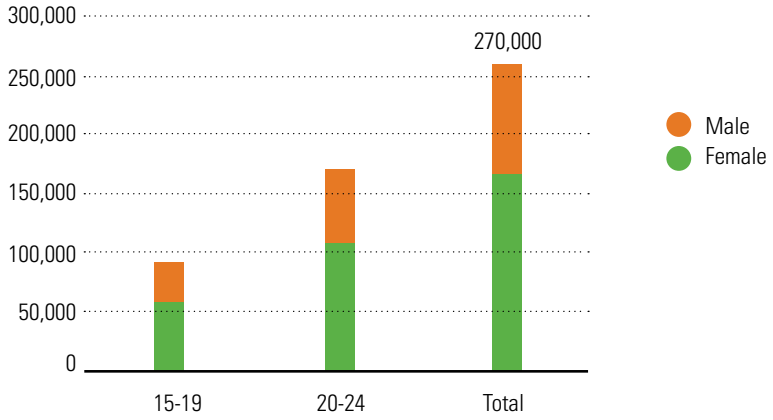
These are populations whose social contexts increase their vulnerability to HIV risk. In Taita Taveta County, identified vulnerable populations includes:-

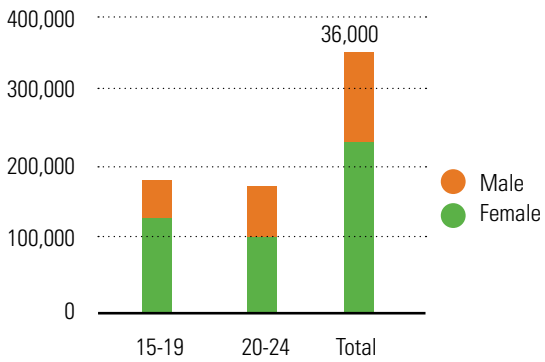
- Adolescents and young persons.
- Youth.
- Persons working in traditional brew settings (Mbagara).
- Fishing communities.
- Persons in mining and plantation set-up.
- Truck drivers.
- Persons living with disabilities.
- PLHIVs.

2.12 The Adolescents Factor

There has been a growing concern about HIV and AIDS among the adolescents and young persons in Kenya and by extension the rest of Sub- Saharan Africa. The 'All IN" campaign launched by the President of Republic of Kenya seeks to understand HIV epidemic among adolescents, avail data and tailor interventions that conform to their needs.

Young people living with HIV in Kenya





46%

of all new HIV infections in 2015 were among 15-24 year olds

97

young people get infected every day

The situation in the country is replicated in the Taita Taveta County where HIV vulnerability among young persons and youth is relatively high as table 7 illustrates:

Table 7: Taita Taveta County HTC data (NASCOP, 2015)

DATA	VALUE
First testing HIV	10944
Female 15-24 yrs receiving HIV+ Results	116
Male 15-24 yrs receiving HIV+ Results	54
Discordant Couples Receiving Results (Couples Only)	59
Male above 25yrs Receiving HIV + results	447
Total Tested HIV	33971
Repeat Testing HIV	22678
Female above 25yrs Receiving HIV + Results	699
Female under 15yrs Receiving HIV + Results	34
Male under 15yrs Receiving HIV + Results	51

TTASP 2016-2020 identifies specific strategies of reaching adolescents and young persons with appropriate friendly services.

2.13 The HIV&AIDS Related Stigma And Discrimination Factor

The UNAIDS (2007) defines HIV-related stigma as a process of devaluation of people living with or associated with HIV and AIDS. A person who is stigmatised is seen as having less value or worth to other people (International Planned Parenthood Federation (IPPF, 2008). Jones et al. (1984) also defines stigma as an attribute that links a person to undesirable characteristics.

Although different scholars have defined stigma differently, one idea is common in all the definitions: that the individual who is stigmatised is considered different, discounted as not being okay or of equal status as the "other people". This happens when the individual has attributes that are associated with what society considers improper.

Discrimination involves treating someone in a different, unjust, unfair or prejudicial way, often on the basis of their actual or perceived belonging to a particular group. It consists of actions or omissions that are a result of stigma and directed towards those individuals who are stigmatised.

Addressing stigma and discrimination (S&D) of People Living with HIV&AIDS (PLHIV), Key and other priority populations remains key to ensuring a successful HIV response in Kenya. According to the National HIV Stigma Index Report, 2014 (NACC), stigma impact on treatment, care and support of PLHIV and other priory populations. It alienates the PLHIV and denies them opportunities to get involved fully in societal issues like the "other people".

The deprivation is not only a human rights violation but has profound consequences on the physical and psychological wellbeing of the PLHIV and other priority populations, their families, care givers and society at large Stigma manifests in many forms at all levels.

Stigma alienates the PLHIV and other priority populations and denies them opportunities to get involved fully in societal issues like the "other people". S&D affects not only service uptake among beneficiaries, but also service delivery, and especially the health care-givers related stigma and discrimination.

HIV related stigma and discrimination is highly prevalent in Taita Taveta County-and indeed in the entire Coastal Region. The Stigma Index Report, 2014 (NACC) indicated a 50% stigma index in Coast compared to the national stigma index of about 45%. S&D affects not only service uptake among beneficiaries, but also service delivery and especially the health care-givers related stigma and discrimination. TTASP 2016-2020 has set an ambitious target of reducing the HIV related S&D by 50%. The Plan proposes the use of various strategies.

2.14 Cross border HIV interventions in Taveta

Taveta lies at the border with Tanzania, directly across from the town of Holili. This is approximately 111 kilometres, by road, west of Voi. The coordinates of the town are: 3°23'44.0"S, 37°40'34.0"E (Latitude:-3.395565; Longitude: 37.676113). The town enjoys proximity to Mount Kilimanjaro.

Taveta thrives as a point of commerce between Kenya and Tanzania, with a twice-weekly outdoor market especially large for a town of its size. Large numbers of people walk across the border in both countries to buy and sell wares. The interaction and movement between the two countries has occasioned HIV vulnerability with sex work thriving in this border town. Previously, efforts to address these vulnerabilities have been through initiative of regional blocks such as IGAD and EAC.

TTASP 2016-2020 proposes scaled up cross border interventions to respond to HIV&AIDS and the related vulnerabilities.

The interaction and movement between the two countries (Kenya and Tanzania) has increased HIV risks and vulnerability with sex work thriving in Taveta border town.

03.

RATIONALE, STRATEGIC PLAN DEVELOPMENT PROCESS, GUIDING PRINCIPLES AND PUBLIC PARTICIPATION

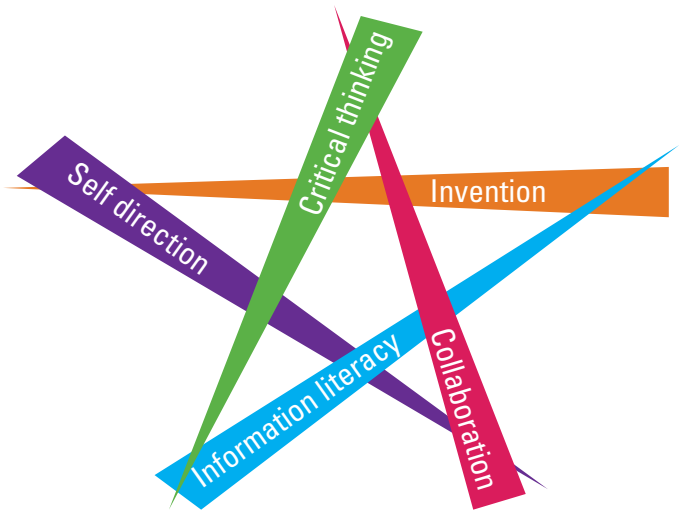
3.1 Rationale

Kenya has made several strides in managing HIV&AIDS epidemic. Three National HIV&AIDS Strategic Plans (KNASPs) have been successfully implemented. With introduction of the devolved system of the government, the country, through National AIDS Control Council (NACC) developed and adopted HIV&AIDS Strategic Framework (KASF) which guided HIV response at both national and county levels. Health is largely a county function, hence the need for the counties to come up with their customised plans of addressing the epidemic. The Bill of Rights in the Kenyan Constitution establishes right "to the highest attainable standard of health". Taita Taveta AIDS Strategic Plan (TTASP 2016-2020) is, therefore, a guide for coordination and implementation of the HIV response; a resource mobilisation and accountability tool for all players in the county. TTASP ensures that the HIV response remains a multi-sectorial function. The plan further defines working relationships between all agencies and organs at county, sub-county and community levels. TTASP 2016-2020 ensures that HIV response remains a multi–sectorial function as defined by the national HIV&AIDS policy of 1999. Through this plan, county and sub-county institutions will be held responsible for the achievements of the results.

3.2 Process of Developing Taita Taveta Strategic Plan

Development of Taita Taveta County AIDS Strategic Plan (TTASP 2016-2020) was initiated after the launch and dissemination of Kenya AIDS Strategic Framework (KASF) at the county level. TTASP was developed through in-depth analysis of available data and information and a highly participatory and consultative environment. The process was prompted by an end term review of the third Kenya National AIDS Strategic Plan III (KNASPIII), development of KASF and other key county government's plans and policies such as County Integrated and Development Plan and Taita Taveta County Health and Investment Plan.

Through technical assistance from the National AIDS Control Council and Partners, the County Department of Health initiated the process of TTASP (2015/16-19/20) development. The County Health Department took leadership of the process through formation of TTASP working committees. Development of TTASP 2016-2020 was a systematic and elaborate process that was informed by available evidences, extensive data and information and expert reviews and stakeholder participation. The process entailed the following key steps:-



1) **County HIV intervention gaps and priority identification.**

The step entailed participation by the Taita Taveta County teams in the process of end term review of KNASPIII. From the process, the gaps in county HIV response were identified and prioritised. The review report was instrumental in guiding the TTASP process.

2) **Development & dissemination of KASF to county players including health workers.**

Devolution ushered county governance in Kenya. Health function is largely a devolved function. To conform to the new reality, Taita Taveta County team participated in the development of KASF which took into consideration the new dispensation of health and HIV function. KASF further set new priorities guided by emerging evidences and HIV epidemiology. With assistance from NACC, NASCOP and other partners, KASF was disseminated widely among county players. Through a consensus, domestication of Taita Taveta County HIV response through a strategic plan was agreed.

3) **Training of KASF County TTASP Training of Trainers (TOTs).**

The step involved identifying and training of county teams in KASF priorities to enable them guide TTASP development process. A team of 20 persons drawn from various sectors was trained.

4) **Constitution of Working Groups and Technical Committees**

Three committees were identified and constituted to draft and manage the TTASP 2016-2020 process. These were the Management Committee domiciled in the office of the County Health Executive. This was an oversight committee that also provide linkage of the process to higher levels of the government. The Drafting or the Technical Committee undertook actual drafting together with organising peer and technical review sessions. This committee was supervised by the office of the County Health Director.

5) **Drafting process.**

The drafting process involved review of the county priorities and gaps, consultations with health care workers, PLHIVs, implementing agencies and other stakeholders and consolidation and prioritisation of the information gathered. Drafters were selected in line with their expertise on various strategic directions, M&E and costing framework and other sections of the TTASP.

6) **Expert/peer review of the TTASP Draft**

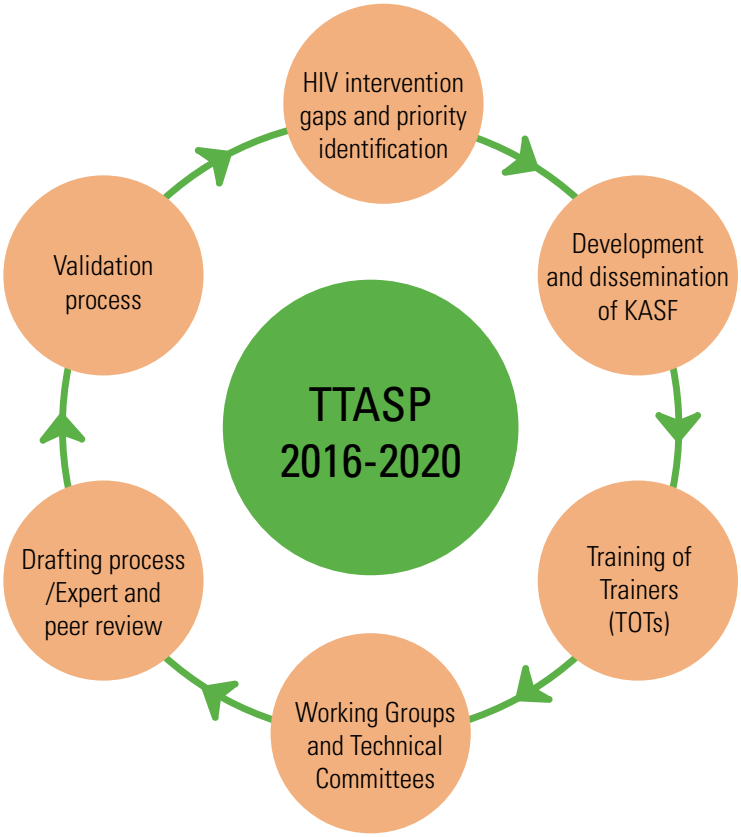
Sessions were held to review the draft document at various stages of development. This includes review and validation of data and the related technical information, indicators, targets and costing among others.

7) **Validation process:**

The draft document was subjected to validation by various groups and stakeholders including PLHIV, PWDs, religious & community leaders, youth groups, women groups, health care givers and representatives from public and private sectors. The views and recommendations were incorporated into the draft.

3.3 Public participation

The Kenya Constitution 2010 stipulates that one of the objectives of counties is "to encourage the involvement of communities and community organisations in the matters of county government". Article 105(1) subsection (d) and Article 106 section (4) of County Government Act 2012 provides for the issue of public participation in county planning. The preparation of this plan included pre-draft consultation with communities. Throughout,



sectorial groups, statutory agencies and adjoining local authorities participated. The consultation strategy included public information and workshops and focused group discussions to encourage as much public engagement as possible. TTASP draft was widely shared both in hard and soft to various stakeholders and players in the county for their inputs. This included: Persons living with HIV&AIDS, Persons Living with Disability, county and national government agencies, implementers and other players.

3.4 The TTASP 2016-2020 guiding principles

a) County ownership and partnership.
b) Rights based and gender transformative approach.
c) Multi-sectoral accountability.
d) Evidence and result based approach.
e) Efficiency, effectiveness and innovation.
f) Integration of services, activities and resources.

04.

VISION, MISSION, GOAL, OBJECTIVES AND STRATEGIC DIRECTIONS

The Constitution of Kenya 2010's Bill of Rights (article 43) establishes a right "to the highest attainable standard of health"). The resulting devolution of the responsibility for the implementation of most health services including the HIV response lies at county level. The Taita Taveta AIDS Strategic Plan provides guidance for coordination and implementation of the HIV response; resource mobilisation, allocation and accountability in the county. It ensures that the HIV response remains multi-sectorial and key institutions both at county and sub-county levels are synergised in response to achieve common results aimed at reducing new HIV infections, putting more people on treatment and mitigate the social economic impact to the most vulnerable members of the community.

4.1 Vision

A County free from new HIV infections, AIDS related death, Stigma and Discrimination.

4.2 Goal

Commitment to provision of comprehensive HIV prevention, treatment, care services and mitigation of negative social and economic impacts of HIV epidemic.

4.3 Objectives

- Reduce new HIV infections by 75%
- Reduce AIDS related mortality by 25%
- Reduce HIV related stigma and discrimination by 50%
- Increase Taita Taveta County financing for the HIV response by 50%

1 Reduce new HIV infections

2 Increase health outcomes and wellness of all people living with HIV

3 Using a human rights approach to facilitate access to services for PLHIVs, key populations and other priority populations in all sectors

4 Strengthening integration of health and community systems

5 Strengthening Research and innovation to inform the TTASP goal

6 Utilisation of strategic information for research, monitoring and evaluation (M&E) to enhance programming

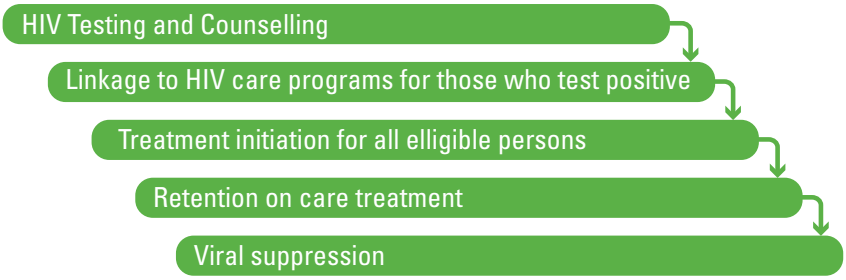
7 Increasing domestic financing for a sustainable HIV response

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

05.

STRATEGIC DIRECTIONS

Timely linkage to care and retention to care and treatment



5.1 SD 1: Reducing New HIV Infections

HIV incidence in Taita Taveta continues to be relatively high. In 2013, the County was estimated to have an incidence of 330 persons, a figure that currently stands at 550 persons, 35 of whom are children. Like in the rest of the country, persons in stable relationship and union continues to fuel new HIV infections a factor attributable to low use of condoms as an HIV preventive strategy within marriages and stable relationships. Key populations such sex workers are source of new infections especially among identified hot spots that are found especially within northern corridor highway. Low uptake of PMTCT and high levels of home delivery among pregnant mothers contributes to mother to child HIV transmission.

TTASP 2016-2020 seeks to adopt robust interventions of curbing HIV transmission among the various groups. The strategy proposes a scale up of HTS, treatment and retention to care which is aimed at ensuring viral suppression (steps under HIV cascade) which is the hinge to the treatment as prevention strategy. The following matrix identifies the key combination interventions and strategies (COMBO) that TTASP 2016/20 seeks to adopt and scale up in order to address HIV incidence in the county. Among the general population, the social determinants of health, such as early marriages, high school dropout, poverty and gender based violence continues to increase vulnerability towards acquisition and transmission of HIV.

EXPECTED RESULTS

- Increased uptake of HIV Testing Services to 90%
- Increased access to PMTCT
- Reduced risky sexual behaviour

PROGRAM GAPS

- Low uptake of HIV testing services especially among Key populations, adolescents and children.
- Low uptake of PMTCT services.
- Sexual behaviour change has been minimal.
- Low levels of implementation of combination prevention.

5.1.1: IMPLEMENTATION STRATEGIC DIRECTION 1- REDUCTION OF NEW HIV INFECTIONS

KASF Objective: Reduce New HIV infections by 75%			
TTASP Result	**Key Action**	**Target Population**	
Biomedical Interventions			
Increased uptake of HIV Testing Services to 90%	Develop and deliver innovative targeted and integrated HTS approaches and models	General population, Key Populations, Priority Populations	
Improved diagnosis and treatment of STI	Increased access to quality and affordable STI diagnosis and treatment services	General Population, Key Populations, Priority Populations	
Increased access to PMTCT	Offer Comprehensive eMTCT interventions integrated with MNCH services	Pregnant women and partners	
Increased availability and access to harm reduction commodities and programs	Scale up harm reduction interventions including, NSP, MAT, condoms, lubricants provision of PrEP, PEP etc.	General Population, Key Populations, Priority Populations	
Behavioural Interventions			
Reduced risky behaviours and factors	Scale up access to comprehensive sexuality education including sexual health (HIV prevention education)	General Population, Key Populations, Priority Populations	
	Design and implement peer education and outreach programs		
	Implement behaviour change communication (BCC)programs		
	Improve media communication to improve behaviour change		
Behavioural Interventions			
Reduced risky behaviours and factors	Offer harm reductions services to scale including risk reduction counselling & skill building and psychosocial support services	Key populations, Priority Populations	
Structural Interventions			
Increased access to PMTCT	Engage men in EMTCT programs	General Population	
Increased uptake of HIV Testing Services to 90%	Establish and strengthen Integrated youth friendly services	Adolescents and Young People	
Consistent supply and availability of male and female condoms	100% Condom Programming	General Population, Key Populations, Priority Populations	
Reduced vulnerability for HIV infection	Establish income generating supplementation programs	Sex workers, youth and women	

	Geographic areas by sub- county	Responsibility
	Taita, Mwatate, Voi, Taveta	County Health Department, MoH, NACC, NASCOP, implementing partners
	Taita, Mwatate, Voi, Taveta	County Health Department, MoH, NACC, NASCOP, implementing partners
	Taita, Mwatate, Voi, Taveta	County Health Department, MoH, NACC, NASCOP, implementing partners
	Taita, Mwatate, Voi, Taveta	County Health Department, MoH, NACC, NASCOP, implementing partners, UNODC
	Taita, Mwatate, Voi, Taveta	County Health Department, County Department of Community Development, culture and talent management, MoH, NACC, NASCOP, implementing partners
		CHD, MoH, NACC, NASCOP, implementing partners
	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, Implementing Partners
	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, implementing partners, UNICEF
	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, Implementing Partners
	Taita, Mwatate, Voi, Taveta	CHD, NACC, NASCOP, Implementing Partners

5.2 SD 2: Improve Health Outcomes and Wellness of Persons Living With HIV

There are 11,709 persons living with HIV in Taita Taveta. With the current annual HIV incidence of 500 persons, this number is bound to increase unless responsive preventive strategies are adopted and implemented. Taita Taveta County still lags behind as far as HIV treatment is concerned in both adult and paediatric. The treatment coverage for adult in 2015 was less than 50% while only 20% of the children in need of treatment were being reached. This prompted the county to be declared in the 'red zone' of MOH (NASCOP/ NACC) as far as ability to bridge identified gaps under the HIV cascade of care is concerned. The factors impinging access and uptake of treatment includes stigma and discrimination, especially among Key Populations, shortage of health facilities and poor health seeking behaviour among the community. TTASP 2016/20 puts in place robust interventions geared towards scaling up access and uptake of treatment through mobilisation to HIV testing, enrolment to care and treatment and defaulter tracing mechanisms. The plan further singles out and responds to the needs of various sub-populations such as children, adolescents, youth, persons living with disabilities, rural residents and key populations among others. For maximum impacts and efficacy, TTASP 2016-2020 identifies and recommends targeted interventions to the identified sub-groups.

EXPECTED RESULTS

- Improved quality of care
- Ensure 90% retention of PLHIV into care
- Increased ART uptake to 90%
- Increased linkage to care and treatment within 3 months of HIV diagnosis to 90%

PROGRAM GAPS

- Delayed linkage and enrolment to care after diagnosis.
- Limited capacity of patients to access services.
- Low uptake of ART among the PLHIV.
- Low retention rate of patients on ART.
- Inadequate monitoring of patients in care.
- Gaps related to quality of care and treatment services.
- Disproportionately lower coverage of ART in children and adolescents.

5.2.1: IMPLEMENTATION STRATEGIC DIRECTION 2- IMPROVE HEALTH OUTCOMES AND WELLNESS OF ALL PLHIV

KASF Objective: Reduce AIDS mortality by 25%

Biomedical Interventions	
TTASP Result	Key Action
Increased linkage to care within 3 months of HIV diagnosis to 90%	Improve timely linkage to care for persons diagnosed with HIV
Increased sustained ART coverage to 90%	Increase coverage of care & treatment and reduce loss in the cascade of care
Behavioural Interventions	
TTASP Result	Key Action
Increased sustained ART coverage to 90%	Scale up education on ART, treatment literacy, adherence and retention
Structural Interventions	
TTASP Result	**Key Action**
Increased sustained ART coverage to 90%	Integrating community strategy to HIV treatment, care and support
Improved quality of care and health outcomes	Scale up interventions to improve quality of care including consistent capacity building of county health workers

Target Population	Geographic areas by sub- county	Responsibility
PLHIV	Taita, Mwatate, Voi, Taveta	County Health Department, MoH, NACC, NASCOP, implementing partners
PLHIV	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, implementing partners

Target Population	Geographic areas by sub- county	Responsibility
PLHIV	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, implementing partners
Target Population	**Geographic areas by sub- county**	**Responsibility**
Community health workers, community members	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, implementing partners
County health workers and CHMT	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, implementing partners

5.3 SD 3: Using Human Rights Approach to Facilitate Access to Services

Stigma and discrimination continues to impede uptake of HIV related services among persons living with HIV and other priority populations in Taita Taveta. The National Stigma Index Report (NACC, 2015) ranked a stigma index of above 50% among coastal counties. This was above the national average of 42%. Further available evidence suggests that PLHIVs and other priority populations in stigmatising settings are consistently under-served. Low service coverage remains an important driver for HIV transmission. At the core of these inequities are the social and structural barriers of stigma and social discrimination, including discrimination in health care settings and the criminalisation of substance use, sex work and same sex relations. TTASP 2016-2020 seeks to reduce HIV related stigma and discrimination by 50% in four years. To achieve this, the plan underpins the rights based HIV programming for all interventions. This will enhance adherence to the provision of the Article 27 of the Constitution of Kenya 2010 that outlaws discrimination on the basis of one's health status. The county shall work with National AIDS Control Council, Judiciary, office of the prosecutor, Kenya Police and Prison Service, Kenya National Human Rights Commission, HIV&AIDS Tribunal and other human rights institutions to educate the public on human rights approach to HIV programming.

5.3.1: IMPLEMENTATION STRATEGIC DIRECTION 3- USING HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES		
KASF Objective: Reduce HIV & AIDS related stigma and discrimination by 50%		
Structural Interventions		
TTASP Result Reduced HIV&AIDS related stigma and discrimination by 50%	**Key Action**	
	Implement PHDP programs	
	Sensitise county health workers on provision of population friendly services	
	Design and implement stigma reduction programs	
Reduced levels of gender based violence, police harassment	Design and implement GBV education programs	
	Integration and mainstreaming of gender responsive programs	
	Strengthen referral and access to legal and health services for survivors of GBV	
	Establish and strengthen GBV survivor sub county centres	
Educate law enforcement agencies on HIV and Human Rights	General Population, key and priority populations	
County Health Department, police and prisons	Taita, Mwatate, Voi, Taveta	
Increased involvement and participation of key populations in decision making	Design and implement leadership development programs for KPs	
Strengthened engagement of PWDs in HIV programs	Develop and implement population specific programs leveraging on PWD networks	

The TTASP is, therefore, integrating human right norms and principles in the design, implementation, monitoring and evaluation of health related policies and programmes. These include; enhancement of human dignity, principle of equality and freedom from discrimination, attention to the needs and rights of participation in decision making processes

- Reduced stigma & discrimination related to HIV and AIDS by 50%
- Reduced levels of GBV by 50%
- Increased involvement and participation of KPs in decision making
- Strengthened engagement of PWDs in HIV programs

- HIV related stigma and discrimination against PLHIV and key populations
- High incidences of sexual and gender based violence against Key Populations, PLHIV and other priority populations.
- Negative provider attitudes that reduces access to care and affects disclosure and adherence.
- Insufficient programs designed to increase uptake of legal services and redress by KP and PLHIV.
- Inadequate interventions to address stigma and discrimination.
- Inadequate focus on SGBV and other gender based issues in the HIV programming-including low male involvement.

FOR PLHIVS, KP AND OTHER PRIORITY POPULATIONS IN ALL SECTORS

Target Population	Geographic areas by sub- county	Responsibility
PLHIV	Taita, Mwatate, Voi, Taveta	MoH, County Health Department, and MoH, NACC, NASCOP, implementing partners
County Health workers	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, implementing partners
General Population, Key and priority populations	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, implementing partners
General Population, key and priority populations	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, Implementing Partners
General Population, key and priority populations	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, Implementing Partners
General Population, key and priority populations	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, Implementing Partners
CHD, MoH, NACC, NASCOP, implementing partners		
Key and priority populations	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, implementing partners
PWDs	Taita, Mwatate, Voi, Taveta	CHD, MoH, NACC, NASCOP, implementing partners

5.4 SD 4: Strengthening Intergration of Community & Health Systems

A strong, well-functioning and sustainable health system capable of efficiently delivering and managing health care services is vital to improving the health status of Taita Taveta residents. Health systems in the county are constrained by insufficient financial resources, a shortage and un-even distribution of healthcare workers and weak health information management systems.

There is a need to strengthen linkages and referrals and integrate HIV services in primary health care. The TTASP 2016-2020 lays out concrete strategies of formation addition CUs, strengthening the existing ones and forging an integrated and sustainable links between the community and health systems.

5.4.1: SD 4 IMPLEMENTATION MATRIX: STRENGTHENING INTERGRATION OF COMMUNITY & HEALTH SYSTEMS	
KASF Objective: To build a strong and sustainable system for HIV service delivery	
Structural Interventions	
TTASP Result	**Key Action**
Strengthened health service delivery and community systems	Streamline commodity management through effective and efficient management of medical supplies and consumables
	Establish and strengthen effective community to facility referral and tracking of referral mechanisms
Increased number of health facilities providing KEPH integrated HIV services	Strengthen health service delivery systems for HIV services integrated in the essential health package
Improved community health workforce for the county HIV response	Formalise engagement of community health workers including recruitment, orientation, training, supervision and reporting

EXPECTED RESULTS

- Strengthened community health systems to deliver quality HIV services
- HIV services integrated into primary health care
- Improved management of community health workforce

PROGRAM GAPS

- Inadequate workforce, equipment, commodities and supplies.
- Weak coordination and linkage mechanisms between different community actors.
- Inadequate integration of HIV services in primary health care.
- Weak community mobilisation for HIV services.

Target Population	Geographic areas by sub- county	Responsibility
County Health Management teams, community units	Taita, Mwatate, Voi, Taveta	MoH, County Health Department, KEMSA, NACC, NASCOP, Implementing Partners
Community units, primary health facility heads	Taita, Mwatate, Voi, Taveta	MoH, County Health Department, NACC, NASCOP, Implementing Partners
Primary health facility heads CHD	Taita, Mwatate, Voi, Taveta	MoH, County Health Department, NACC, NASCOP, implementing partners
County health management teams	Taita, Mwatate, Voi, Taveta	MoH, County Health Department, NACC, NASCOP, implementing partners

5.5 SD 5: Strenghthening Research, Innovation and Information Management

There is increased need for new evidence and information to guide programming in both national and county levels. However, efficient translation of strong health research findings into policies and practices remains a challenge in Kenya. Gaps in understanding drivers of the epidemic by population and geography still exists. Data and research on social determinants of health and their impacts on incidence and mortality are scanty. Timely generation and translation of data and evidence is important in informing decision making and programming. Absence of a research agenda, lack of qualified research personnel with the requisite epidemiological and statistical skills and equipment for development of quality research proposals and protocols, field data and specimen collection and processing continue to be key impediments in HIV response in Taita Taveta County.

5.5.1: SD 5 IMPLEMENTATION MATRIX - STRENGHTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT

KASF OBJECTIVE: TO PROVIDE A MECHANISM FOR EFFECTIVE KNOWLEDGE GENERATION, INFORMATION SHARING AND MANAGEMENT THAT WILL INFORM THE COUNTY HIV RESPONSE		
TTASP Result	**Key Action**	**Target Population**
Increase capacity for conducting quality HIV-related research	Research capacity building through training and recruitment	County government, internal implementers & partners
Promote/ conduct targeted implementation research in priority areas	Identify and prioritise research themes and areas	County government, internal implementers & partners
Increase funding and resources for HIV-relevant research and evidence generation	Develop the county HIV research financing strategy	County government, partners
Increase capacity to monitor and regulate research in the county	Establish research approval procedures and structures in the county	County government
Strengthen usage of research findings and evidence in service delivery	Increase evidence-based programming/interventions.	County government, internal implementers & partners
Increase capacity for data demand and information use in HIV-related programming	Strengthen county health data analysis and management capacity	County government, internal implementers & partners
Increase production of knowledge products and information	Establish a multi-sectorial and interactive web based county HIV research hub /platforms	County government, partners
	Develop and disseminate regular review of papers on key research findings and local innovations	County government, Internal implementers & partners

EXPECTED RESULTS

- Increased capacity to monitor and regulate research in the county.
- Increased funding and resources for HIV-relevant research and evidence generation.
- Promote/ conduct targeted implementation research in priority areas.
- Increased capacity for conducting quality HIV-related research.
- Strengthen usage of research findings and evidence in service delivery.

PROGRAM GAPS

- Increase capacity for data demand and information use in HIV-related programming.
- Increase production of knowledge products and information.
- Increase capacity for conducting quality HIV-related research.
- Promote/ conduct targeted implementation research in priority areas
- Capacity to monitor and regulate research in the county.
- Usage of research findings and evidence in service delivery.

Geographic areas by sub- county	Responsibility
Taita, Mwatate, Voi, Taveta	County Health, universities and colleges, private institutions, NACC, NASCOP, partners
Taita, Mwatate, Voi, Taveta	County Government, NCPWD, NACC, NASCOP, MOH.
Taita, Mwatate, Voi, Taveta	County Health, Networks and Support Groups , NACC, NASCOP, Partners
Taita, Mwatate, Voi, Taveta	County Health, Universities, Youth Dept., and Colleges, NACC, NACADA, NASCOP, Partners
Taita, Mwatate, Voi, Taveta	County Health, Networks and Support Groups , NACC, NASCOP, partners
Taita, Mwatate, Voi, Taveta	County Health, Universities, Youth Dept., and Colleges, UNODC, NACC, NACADA, NASCOP, implementers, partners
Taita, Mwatate, Voi, Taveta	County Health, Networks and Support Groups , NACC, NASCOP, partners
Taita, Mwatate, Voi, Taveta	County Health, Networks and Support Groups , NACC, NASCOP, partners

5.6 SD 6: Promote Utilisation of Strategic Information for Research and M&E to Enhance Programming

A functional, integrated monitoring and evaluation system for HIV is vital for effective evidence-informed decision making at national and county levels. The Constitution demands for transparency, accountability and participation of people in order to assure good governance and stewardship of the HIV response. Over the past decade, the country has relied on quality national surveys (KAIS and KDHS); facility based HIV sero-prevalence surveys as well as bio-behavioural surveys to provide trends in HIV prevalence and incidence as well as HIV-related risk behaviours. Majority of these data sources are supported and maintained by various stakeholders. Both routine and non-routine M&E subsystems are in place with reasonable infrastructure and personnel. The Kenya AIDS Strategic Framework has a detailed M&E framework in place to guide and inform M&E activities. TTASP 2016-2020 seeks to strengthen all data and M&E systems in the county.

5.6.1: SD 6 IMPLEMENTATION MATRIX-PROMOTE UTILISATION OF STRATEGIC INFORMATION FOR RESEARCH AND M&E TO

KASF Objective: To facilitate the tracking of progress towards the KASF results and generation of strategic information to inform decision making

TTASP Result	Key Action
Established HIV information hub at the county level	Establish an integrated real time HIV platform to provide update data on HIV epidemic in the county.
	Taita, Mwatate, Voi, Taveta
Improved data use for decision making	Strengthening M and E capacity to effectively monitor the KASF/TTASP performance and HIV epidemics at all levels
Increased availability of quality and timely strategic information to inform HIV response at county level	Ensure harmonised, timely and comprehensive routine monitoring systems to provide quality HIV data as per national, county and sector priority information needs
	Taita, Mwatate, Voi, Taveta
Planned evaluations, reviews, surveys and implementation science on HIV response for general and key populations implemented and results disseminated in a timely manner	Strengthen county M&E capacity to effectively track TTASP performance and HIV dynamics at county and decentralised levels
	Taita, Mwatate, Voi, Taveta

EXPECTED RESULTS

- Planned evaluations, reviews, surveys and implementation science on HIV response for general and key populations implemented and results disseminated in a timely manner.
- Increased availability of quality and timely strategic information to inform HIV response at county level.
- Improved data use for decision making.
- Established HIV information hub at the county level.

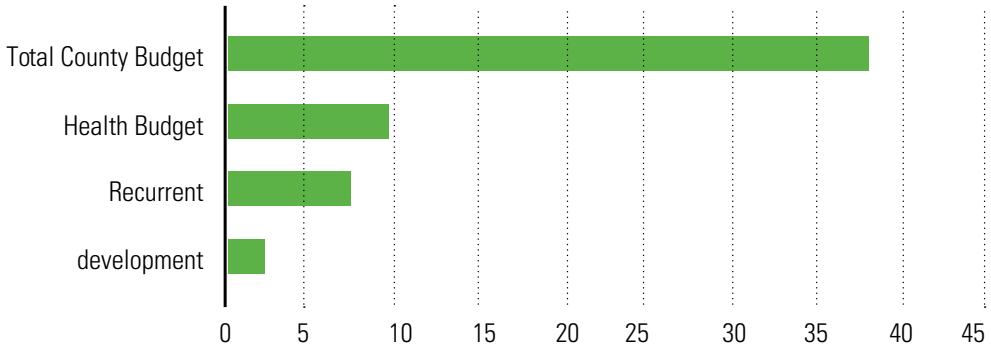
PROGRAM GAPS

- Lack of county HIV information hub.
- Inadequate data use for decision making in the county.
- Parallel data collection and reporting systems that are not interoperable
- Overdependence on external funding for M&E activities at county level.

ENHANCE PROGRAMMING

Target Population	Geographic areas by sub-county	Responsibility
County health department	Taita, Mwatate, Voi, Taveta	County Health Department, NACC, NASCOP, partners
County Health Department, NACC, NASCOP, partners		
County Health ADM, implementers		
HCWs, County Health Management		
County Health Department, NACC, NASCOP, partners		
HCWs, County Health Management		
County Health Department, NACC, NASCOP, partners		

Taita Taveta County Health Budget Allocation FY 2014-2015 (Ksh Billion)



5.7 SD 7: Increasing Domestic Financing for a Sustainable HIV Response

Health Sector is disproportionately underfunded across all counties in Kenya. HIV & AIDS being a sub-sector in health is highly affected. In 2015, Taita Taveta County allocated approximately KES 1.8 billion to the health sector-an allocation considerably low owing to the massive needs of the sector. Most of this allocation went to recurrent expenditure.

HIV&AIDS is a health function and, therefore, the allocation catered for the biomedical aspect of the epidemic. Allocation to structural and behavioural interventions such as stigma reduction was minimal or lacking.

6.7.1: SD 7 IMPLEMENTATION MATRIX- INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE	
KASF Objective: To increase domestic financing by 50%	
Structural Interventions	
TTASP Result	Key Action
15% of the county health budget allocated to the HIV programs annually.	Develop and implement a county HIV response funding advocacy strategy
Involvement and inclusion of Private sector in the HIV response	Establish and operationalise a county HIV response Public Private Partnership
	County private partners to formulate and implement workplace HIV policies and programs
Efficient utilisation of HIV program resources	
	Develop systems to track the HIV county investment
	Integrate HIV programs into other health programs including TB, malaria, non-communicable diseases.

EXPECTED RESULTS

- 15% of the county health budget allocated to the HIV programs annually.
- Involvement and inclusion of Private sector in the HIV response.
- Efficient utilisation of HIV program resources.

PROGRAM GAPS

- Low budgetary allocation to HIV interventions by the county.
- Inadequate funding for behavioural and structural interventions in favour of biomedical interventions.
- Inefficient use of existing HIV/health resources at facility and community levels.
- Inadequate alignment of HIV/Health resources by county partners and implementers due to poor coordination.
- Inadequate county mechanisms to tap resources from Private and key sectors.

Target Population	Geographic areas by sub- county	Responsibility
County government	Taita, Mwatate, Voi, Taveta	County Health Department, NACC, NASCOP, partners
County government	Taita, Mwatate, Voi, Taveta	County Health Department, NACC, NASCOP, partners
County government, workplaces and professional associations	Taita, Mwatate, Voi, Taveta	County Health Department, NACC, NASCOP, Partners, FKE, KEPSA
County Government	Taita, Mwatate, Voi, Taveta	County Health Department, NACC, NASCOP, Partners
County government	Taita, Mwatate, Voi, Taveta	County Health Department, NACC, NASCOP, Partners, NTLP

5.8 SD 8: Promote Accountable Leadership for Delivery of the TTASP Planned Results by All Sectors

Constitution of Kenya 2010 guarantees every Kenyan the right to the highest attainable standard of health. Health is a devolved function and, therefore, all counties are obliged to ensure all residents access quality healthcare services. The Constitution has provided for new legal and policy environment upon which all functions shall 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. Taita Taveta County Government continues to put into place responsive regulatory and service delivery policies and guidelines of ensuring efficient and effective delivery of quality health care. This applies to the HIV&AIDS sub-sector. Delivery of quality HIV&AIDS care, prevention and mitigation of social economic impacts of the epidemic is provided for in the county development policies including in the Taita Taveta County Health Strategic and Investment Plan 2013/18 and the County Integrated and Development Plan (CIDP 2013/18). Responding to HIV&AIDS will continue being a part of the county planning and budgeting process. The county government will continue promoting responsive leadership, ensure mainstreaming of HIV&AIDS across all sectors through multi sectorial approach, involvement of Persons living with HIV&AIDS, civil Society and other key stakeholders. The existing community, religious, social and cultural structures will provide leverage in the leadership on programs on HIV. In the context of the shrinking HIV&AIDS resource basket, Taita Taveta County Government will strength accountability within all systems and units responding to HIV&AIDS and also encourage Public Private Partnerships(PPP) investments on the entire health sector.

5.8.1: SD 8 IMPLEMENTATION MATRIX-PROMOTE ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE TTASP PLANNED RESULTS BY ALL SECTORS.

KASF Objective: Structural Interventions		
TTASP Result	**Key Action**	
Effective leadership mechanisms that ensure quality service delivery.	Institute and adhere to responsive results measurement mechanisms, supervision and controls to ensure efficient and effective quality service delivery	
County HIV multi-sectorial coordination structure established.	Establish and strengthen functional and competent HIV co-ordination mechanism	

EXPECTED RESULTS

- Leadership that seeks to leverage on the county public and private sector through PPP promoted.
- County HIV multi-sectorial coordination structure established.
- Effective leadership mechanisms that ensure quality service delivery.

PROGRAM GAPS

- Inadequate leadership to ensure effective delivery and quality of care.
- Gaps in implementation and adherence to county HIV Coordination Structures.
- Weak mechanisms to leverage on existing county strengths especially in public and private sectors.
- Weak mechanisms to ensure accountability in mainstreaming and other sectorial response (outside health sector).
- Weak coordination and supervision of partners and implementers.
- Inadequate political will to drive HIV agenda at the county policy bodies (County Assembly).
- Inadequate will to allocate resources to HIV structural and behavioural interventions.

Target Population	Geographic areas by sub- county	Responsibility
County Assembly, County Health Executive	Taita, Mwatate, Voi, Taveta	County Health Department, NASCOP, NACC
County Assembly, County Health executive	Taita, Mwatate, Voi, Taveta	County health Department, NASCOP, NACC

5.8.2 Leadership for Leveraging Other Sectors in the County HIV Response

There exists many opportunities in Taita Taveta County that can be tapped to leverage HIV response. Hotel and tourism industry, culture and entrainment, agriculture and emerging manufacturing sectors will promote HIV response. Under the principle of being multi-sectoral, the TTASP will create mechanisms of leveraging on these sectors, especially in bridging the resource gap.

Figure 6: KWS personnel during 2015 Word AIDS Day Celebrations in Wundanyi

COUNTY ENTITY / SECTOR	RECOMMENDED SECTORIAL FUNCTION	RESPONSIBILITY
County Executives	▪ Establishment of a robust Taita Taveta County HIV and AIDS Work Place Policy. Promotion of sectoral and departmental HIV advocacy by including targeted HIV messages in all county employee's pay slips, offer of appointment letters	County Secretary
Members of County Assembly	▪ Resource allocation across HIV intervention spectrum ▪ Provision of conducive legislative environment for HIV programming for all populations, for all development partners in the county	Clerk of the County Assembly
	▪ Mining and natural resources firms to contribute part of their proceeds to county activities aimed at HIV and AIDS interventions	
	▪ Increased oversight role on HIV program and project implementation status, resource utilisation accountability and service delivery	
Tourism and hotels	▪ Avail HIV prevention messages and preventive commodities in hotels, bars and lodgings. System referrals for PEP and health facility list put in all bars,	CEC Tourism, CASCO, Implementing partners/ CSOs
Transport (Public and Private)	▪ Transport vehicles and trucks to have prevention and awareness messages ▪ Condom dispensers must be installed in all public places. Innovative HTS and treatment campaigns for LDTDS to be availed to the community	CASCO, NTSA.
Private Sector associations	▪ Develop and operationalise HIV/ AIDS workplace policy in all factories/ industries.	CEC Health , Implementing partners
Education	▪ Collaboration with the national government to impart knowledge on HIV, STIs and reproductive health among teachers and students ▪ Address stigma in schools ▪ Improve access to accurate information on sexuality through introduction of age appropriate comprehensive sexuality education in school curriculum	CASCO, CED, MOEST, TSC, Teachers Unions, implementing partners.
Religious and faith sector	▪ Demystify HIV and AIDS using the strong religious and community leadership structures by recommending for appropriately designed and monitored HIV awareness messages forms part of religious sermons and preaching's	County government, NACC, Interfaith TWG

06.

IMPLEMENTATION ARRANGEMENTS

Achievement of set targets under TTASP requires committed leadership at all levels. The office of the Governor will provide overall political and administrative leadership to ensure a conducive environment for the programming. Technical leadership and management will be maintained by the health department. National government will be incorporated in and aligned to the Taita Taveta County HIV response through offices of County and Sub- County AIDS & STI Coordinators (CASCOs) while HIV community, Sectorial and mainstreaming functions shall be vested on the NACC county focal persons at county and sub- county levels. County and sub- county health teams will be required to oversee and report on the implementation of all health strategies including TTASP in their respective areas. Established County HIV and AIDS Committee (CHC) will advise CHMT on progress of TTASP implementation and also acts as technical arm of CHMT.

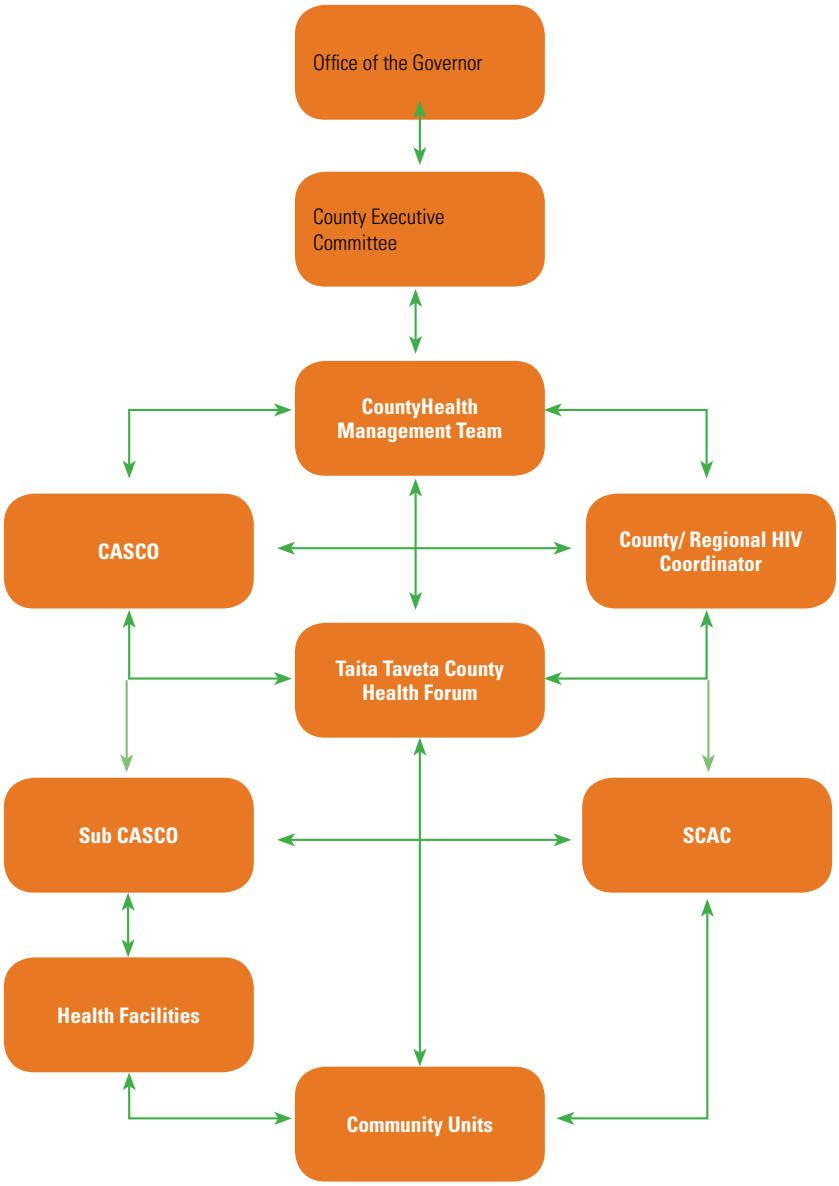
In order to attain the set objectives and targeting, responsive coordination mechanisms and structures are necessary. TTASP has clearly defined the county and sub-county structures that will work together, in a system model, to deliver on the plan.

1. Office of the Governor- This is the supreme office in the county. Headed by the Taita Taveta County Governor, this office will be responsible for provision of high level leadership, promotion of engagement with national government, inter-county or bilateral or even multi-lateral negotiations and relationship in the matters HIV. The office will be responsible for the overall TTASP results.
2. County Executive Committee: Made up of the entire County Executive Officers and other senior county officers. The office will provides a crucial link for HIV programs with executive arm of the government and the governor's office. The County Executive Officer in charge of Health will be the focal person. Further, this office will be a liaison point between HIV programs with other arms of the county government such as County Assembly and County Service Board among others.
3. County Health Management Team (CHMT) - Oversee direct implementation of Health and HIV programs. This office consists of among others, health officials, the Health CEC, Chief Officer of Health and County Health Director. The team backstops all HIV activities in the county.
4. County HIV and AIDS Committee (CHC) - Advises CHMT and County Executive on HIV matters. The unit advocate for HIV and AIDS issues and has a strong representation of persons living with HIV. CHC reflects a multi-sectorial coordination in Taita Taveta County.
5. County AIDS/STI Coordinating Office (CASCO-NASCOP) –As a member of CHMT, this office oversees all HIV and AIDS related activities and programs in the county. The office directly coordinates and supervises facility based HIV and AIDS programs.
6. County/Regional HIV Coordinating Office-C/RHC (NACC) - Coordinates community and sectorial based intervention (structural and behavioural interventions) in the county. The office further ensures that HIV and AIDS is mainstreamed in all county key sectors in line with principle of multi-sectorial programming. The office further works closely with CASCO to create and sustain demand and uptake of HIV and AIDS services in the county.
7. Sub County AIDS/STI Coordinating Unit (SUB-CASCO) - In charge of HIV health/ facility based interventions at sub- county level.

8. SUB County AIDS Community and sectorial and Mainstreaming Coordinating Unit SCACC) - Coordinates community and sectorial based intervention (structural and behavioural interventions) mainstreaming and foster demand creation for the health services at sub-county level.

9. Community Units- Ensures smooth coordination of activities and results delivery at community level. Headed by a CHEW in line with the County Community Health Strategy

Figure 7: TTASP County and Sub- County management Structure



07.

RESEARCH MONITORING & EVALUATION REPORTING FRAMEWORK

Taita Taveta County Government will strive to establish and strengthen one county health data architecture to manage health/ HIV related as stipulated by TTASP 2016-2020 and also KASF. One county HIV database will ensure that information is generated, managed and shared in a coordinated manner. The database will capture data on the core indicators outline in the TTASP and KASF M&E Framework, from routine programmatic data generated from all sectors-health, community, private and public sectors.

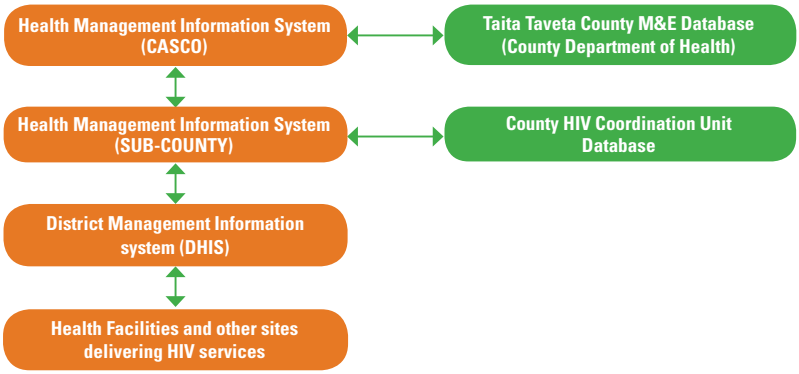
County M&E Health/HIV Framework

Figure 8: County M&E Health/HIV Framework

The database will also be made interoperable with the relevant national M&E data sub-systems to enable it gather and filter non-routine data from evaluations, surveys and surveillances (KDHS, KAIS, and KSPA among others). Department of Health will backstop the entire county HIV and health data systems-through the County Health and Record and Information system (CHRIS). Taita Taveta County will invest in resources and technology to bridge the existing gaps in terms of personnel, equipment's, technology and finances as far as Health and HIV M&E and Data system and sub-systems are concerned. The following are some of the identified data sub-systems that will be unified and inter-operable to serve as the Taita Taveta County M&E System:-

County Health Management Information System (HMIS)- managed by Department of Health and MOH.

All health facilities will be strengthened and supported to ensure regular quality data submission to the DHIS. The sub- county health data will be aggregated into county data- CHMIS, which will then be reported to the national HMIS managed by MOH.



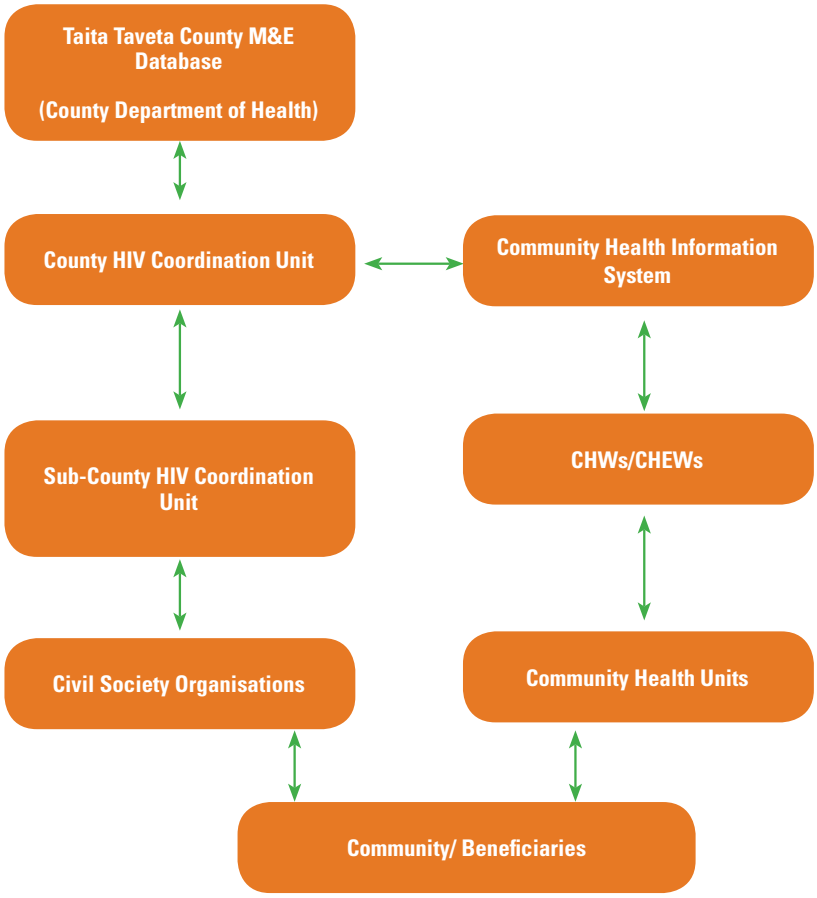
All TTASP/KASF health facility based and biomedical indicators from facility and community level will be tracked through this system.

County Logistics Management and Information System (LMIS) - managed by CDH and KEMSA

LMIS tracks supply of pharmaceuticals and other health commodities to the health facilities. The system is managed by KEMSA. Taita Taveta County will work closely with KEMSA to ensure that the data from LMIS is filtered and used at county level. This will strengthen commodity and resource accountability, forecasting and mitigating on stock outs as stipulated in the TTASP 2016/2020.

County Community Based Activity Reporting System (COBPAR) - Currently managed by NACC at national level.

COBPAR system will be strengthened and converted into a county system to track, especially the important, non-health facility data indicators generated by CSOs, CBOs, FBOs and private and public sector implementers at community and grassroots level.



COBPAR tool will be revised to ensure that there will be no duplication between the indicators tracked with those in other sub-systems. Taita Taveta County Government will liaise with NACC to ensure a continued support for SCACs. SCACs are expected to continue taking responsibility and ensuring compliance with set COBPAR reporting regulation maintenance of inventory community implementers-among other roles.

COBPAR will be converted into a county system. Taita Taveta County Government will liaise with NACC to ensure a continued support for SCACs who will be expected to ensure compliance with the County COBPAR regulations. A summary of the COBPAR will be done at the sub county and subsequently forwarded to the county.

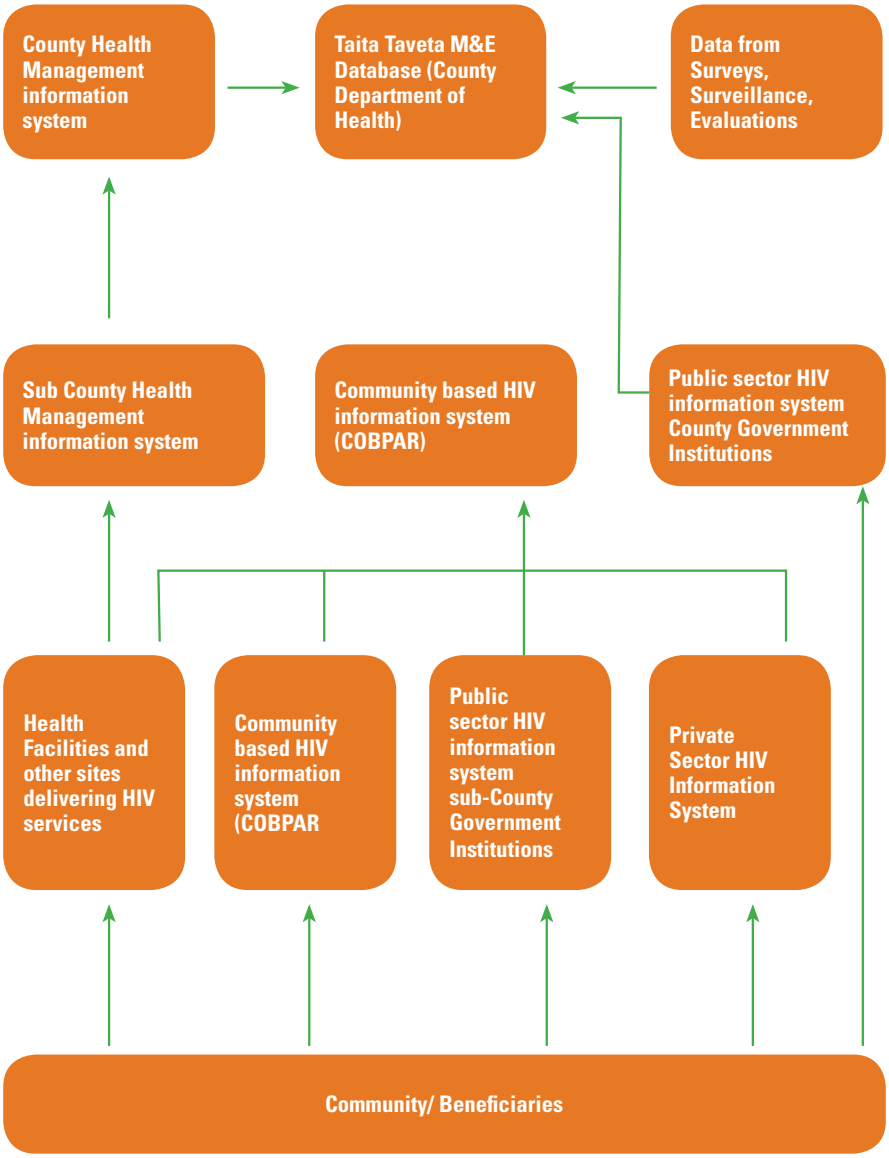
Public Sector HIV Response (online) Reporting system- to be managed by CDH and NACC (Regional/County Office, R/CHC).

The entire public sector in Taita Taveta County (both county and national government based)-government ministries, departments and agencies, will be required to report or avail information and data through the Public Sector Reporting System. Departments within the county government will be expected to comply with County Performance Contracting System that will incorporate HIV delivery as an indicator of performance.

Private Sector HIV Response system - to be managed by CDH and NACC (Regional/County office, R/CHC).

All private sector implementers, both formal and informal, will report on HIV and AIDS specific indicators through the Private Sector Reporting System. This will include small scale and micro enterprises undertaking HIV and AIDS activities and also medium and large scale and manufacturing firms. The latter (medium and large scale firms) will be expected to have HIV workplace policies which will effectively mainstream HIV in their daily operations.

Figure 11: Taita Taveta County Unified HIV Response Management System



08.

RISK ASSESSMENT AND MITIGATION PLAN

An assumption has been made that implementation of TTASP 2016-2020 will proceed without hitches. However, anticipated risks will be assessed and mitigated in a systematic and continuous manner as proposed in the TTASP Risk Matrix. The County HIV Committee (CHC) will be expected to report to the County

RISK CATEGORY	RISKS	STATUS
Social Cultural	Impinging programming HIV environment for PLHIV, Key and other vulnerable Populations due to high Society/Culture/Religious stigma and intolerance.	High
Financial Risks.	Inadequate prudent utilisation of available resources	Medium
	Low resources allocation to the HIV sub-sector especially for key structural and behavioural interventions such as stigma reduction.	High
Systems	Weak systems to address commodity stock-out and guarantee inter and intra-county redistribution	medium
	Weak service delivery supervision systems to guarantee quality, efficiency and effectiveness	Medium
	Weak, uncoordinated and irregularly updated M&E, Data systems that leads to poor quality or lack of data/strategic information	high
Human resource and staffing	Inadequate staffing at all cadres of HIV/Health service delivery.	Medium

Department of Health, NACC, NASCOP and the other partners on the status, possible effects of the identified risks and the necessary mitigation strategies.

MITIGATION	RESPONSIBILITY	WHEN
Enhanced community education and continuous engagement of community and religious leaders using the NACC Interfaith ad other committees.	County government, NACC, National Government and partners	Continuous
Initiate resource utilisation transparency, accountability mechanisms and enforce corruption eradication processes.	County Government, National Government.	Continuous
Lobby for an increased resource allocation to support implementation of targets set under TTASP 2016-2019.	County Government, County Assembly, NACC, NASCOP, CSOs	Continuous
Work with KEMSA, NASCOP, NACC and county health to strengthen HIV/Health commodity forecasting, supply and distribution to avert stock out	KEMSA, county government, MOH, NASCO, NACC	Continuous
Strengthened routine, non-routine and ad hoc supervision to all service delivery facilities.	County Health, NASCOP, MOH	Continuous
Strengthen Data/M&E systems	County Health, MOH, NACC, NASCOP	Continuous
Undertake staffing assessment and initiate process of ensuring minimum staffing at all cadres of health and HIV service delivery	County health, MOH, NASCOP, NACC, Partners	Continuous

A moment after presentation of the Beyond Zero van by H.E the First Lady of Kenya Mrs Margret Kenyatta to the Taita Taveta County Government led by H.E Eng. John Mruttu.

09.

ANNEXES

ANNEX 1: Result Framework

BIOMEDICAL INTERVENTIONS		
TTASP RESULT	**KEY ACTION**	**INDICATORS**
Increased uptake of HIV Testing Services to 90%	Develop and deliver innovative targeted and integrated HTS approaches	Percentage of people accessing HIV testing services
Improved diagnosis and treatment of STI	Increased access to quality and affordable STI diagnosis and treatment services	Percentage of PLHIV with access to affordable STI services
Increased access to PMTCT	Offer Comprehensive EMTCT interventions integrated with MNCH services	Percentage of policies and guidelines developed/improved institutionalising EMTCT in MNCH
Increased availability and access to harm reduction commodities and programs	Scale up harm reduction interventions including, NSP, MAT, consistent and correct condom use, lubricants provision of PrEP, PEP etc.	Percentage of KPs accessing harm reduction services
SD 1 BEHAVIOURAL INTERVENTIONS		
TTASP RESULT	**KEY ACTION**	**INDICATORS**
Reduced risky behaviours and factors	Scale up access to comprehensive sexuality education including sexual health (HIV prevention education)	Percentage of adolescents and young people accessing SRH-HIV services and information
	Design and implement peer education and outreach programs	
	Implement Behaviour change communication programs	
	Improve media Communication to improve behaviour change	
	Offer harm reductions services to scale including risk reduction counselling & skill building and psychosocial support services	Percentage of KPs accessing harm reduction services and information

SD1 STRUCTURAL INTERVENTIONS		
TTASP RESULT	**KEY ACTION**	**INDICATORS**
Increased access to PMTCT	Engage men in EMTCT programs	Percentage of men accessing HIV testing services in ANC, Maternity & PN department
Increased uptake of HIV Testing Services to 90%	Establish and strengthen Integrated youth friendly services.	Percentage of health facilities offering comprehensive YFS
Consistent supply and availability of male and female condoms	100% Condom Programming	Number of Condoms Distributed
Reduced vulnerability for HIV infection	Establish income generating supplementation programs	

BASELINE	MTT	ETT	RESPONSIBILITY
33%	55%	90%	County Health Department, MoH, NACC, NASCOP, implementing Partners
46%	66%	90%	County Health Department, MoH, NACC, NASCOP, Implementing Partners
50%	70%	90%	County Health Department, MoH, NACC, NASCOP, Implementing Partners
20%	55%	90%	County Health Department, MoH, NACC, NASCOP, Implementing Partners, UNODC

BASELINE	MTT	ETT	RESPONSIBILITY
10%	45%	70%	County Health Department, County Department of Community Development, Culture and Talent management, MoH, NACC, NASCOP, implementing partners
5%	30%	60%	CHD, Social & Gender Services, NASCOP, Implementing Partners

BASELINE	MTT	ETT	RESPONSIBILITY
6%	20%	50%	CHD, Social services, MoH, NACC, NASCOP, Implementing Partners
40%	60%	90%	CHD, Social services, MoH, NACC, NASCOP, Implementing Partners, UNICEF
200,000	400,000	600,000	CHD, Social Services, MoH, NACC, NASCOP, Implementing Partners
			CHD, NACC, NASCOP, Implementing Partners

STRATEGIC DIRECTION 2. IMPROVING HEALTH OUTCOMES AND WELLNESS FOR PLHIV
KASF OBJECTIVE: REDUCE AIDS MORTALITY BY 25%

TTASP RESULT	KEY ACTION	INDICATORS
BIOMEDICAL INTERVENTIONS		
Increased linkage to care within 3 months of HIV diagnosis to 90%	Improve timely linkage to care for persons diagnosed with HIV	Percentage of people diagnosed HIV positive linked to care within 3 months
Increased sustained ART coverage to 90%	Increase coverage of care & treatment and reduce loss in the cascade of care	Percentage of PLHIV initiated on ART
BEHAVIOURAL INTERVENTIONS		
Increased sustained ART coverage to 90%	Scale up education on ART, treatment literacy, adherence and retention	Percentage of PLHIV initiated on ART and retained in care
STRUCTURAL INTERVENTIONS		
Increased sustained ART coverage to 90%	Integrating community strategy to HIV treatment, care and support	Percentage of PLHIV initiated on ART and retained in care
Improved quality of care and health outcomes	Scale up interventions to improve quality of care including consistent capacity building of county health workers	Percentage of PLHIV initiated on ART and retained in care

STRATEGIC DIRECTION 3: USING HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KEY POPULATIONS AN

KASF OBJECTIVE: REDUCE HIV & AIDS RELATED STIGMA AND DISCRIMINATION BY 50%.

STRUCTURAL INTERVENTIONS

TTASP RESULT	KEY ACTION	INDICATORS
Reduced HIV and AIDS related stigma and discrimination by 50%	Implement PHDP programs	Percentage of PLHIV reached with PHDP programs
	Sensitise county health workers on provision of population friendly services	Percentage of county health workers sensitised on population friendly services
	Design and implement stigma reduction programs	Number or percentage of programs addressing stigma and discrimination developed and institutionalised under the Ministry of Education
Reduced levels of gender based violence, police harassment	Design and Implement GBV education programs	Number or percentage of GBV population specific programs developed and disseminated
	Integration and mainstreaming of gender responsive programs	Percentage of implementers integrating gender responsive programs
	Strengthen referral and access to legal and health services for survivors of GBV	Percentage of GBV survivors linked to care and legal aid

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS

KASF OBJECTIVE: TO BUILD A STRONG AND SUSTAINABLE SYSTEM FOR HIV SERVICE DELIVERY

STRUCTURAL INTERVENTIONS

TTASP RESULT	KEY ACTION	INDICATORS
Strengthened health service delivery and community systems	Streamline commodity management through effective and efficient management of medical supplies and consumables	Percentage of health facilities experiencing commodity stock out

	BASELINE	MTT	ETT	RESPONSIBILITY
	46%	70%	90%	County Health Department, MoH, NACC, NASCOP, Implementing Partners
	52%	68%	90%	CHD, MoH, NACC, NASCOP, Implementing Partners
	42%	60%	90%	CHD, Social Services, MoH, NACC, NASCOP, Implementing Partners
	38%	70%	90%	CHD, Social Services, MoH, NACC, NASCOP, Implementing Partners
	52%	72%	90%	CHD, Social Services, MoH, NACC, NASCOP, Implementing Partners

D OTHER PRIORITY GROUPS IN ALL SECTORS

	BASELINE	MTT	ETT	RESPONSIBILITY
	10%	40%	60%	MoH, County Health Department, County Department of Community Development, Culture and MoH, NACC, NASCOP, Implementing Partners
	30%	60%	80%	CHD, C, MoH, NACC, NASCOP, Implementing Partners
	TBP	40%	60%	CHD, MoH, NACC, NASCOP, Implementing Partners, MOEST, COE
	10%	40%	80%	CHD, CDCDCTM, MoH, NACC, NASCOP, Implementing Partners, Local Media(Sifa FM)
	20%	60%	80%	CHD, CDCDCTM, MoH, NACC, NASCOP, Implementing Partners
	10%	50%	70%	CHD, CDCDCTM, MoH, NACC, NASCOP, implementing partners, Sauti ya Wanawake

	BASELINE	MTT	ETT	RESPONSIBILITY
	80%	50%	30%	MoH, County Health Department, KEMSA, NACC, NASCOP, implementing partners

	Establish and strengthen community to facility referral and tracking of referral mechanisms	Percentage of health facilities with appropriate community referral systems
Increased number of health facilities providing KEPH integrated HIV services	Strengthen health service delivery systems for delivery of HIV services integrated in the essential health package	Percentage of health care facilities with integrated health care services
Improved community health workforce for the county HIV response	Formalise engagement of community health workers including recruitment, orientation, training, supervision and reporting	Percentage of health care facilities with appropriate number of health care workers at all cadres

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO MEET TTASP/KASF GOALS

KASF OBJECTIVE: TO PROVIDE A MECHANISM FOR EFFECTIVE KNOWLEDGE GENERATION, INFORMATION SHARING AND MANAGEMENT THAT WILL INFORM THE COUNTY HIV RESPONSE

TTASP RESULT	KEY ACTION	INDICATORS
Increase capacity for conducting quality HIV-related research	Research capacity building through training and recruitment	Number or percentage of county personnel including health workers trained on research methods
Promote/ Conduct targeted implementation research in priority areas	Identify and prioritise research themes and areas	Number or percentage of research themes based on TTASP conducted annually.
Increase funding and resources for HIV-relevant research and evidence generation	Develop the county HIV research financing strategy	Proportion of HIV funds utilised on county research.
Increase capacity to monitor and regulate research in the county	Establish research approval procedures and structures in the county	Percentage of research topics/themes approved by County approval Authority.
SD5: TTASP RESULT	**KEY ACTION**	**INDICATORS**
Strengthen usage of research findings and evidence in service delivery	Increase evidence-based programming/ interventions.	Number or percentage of Programs/interventions informed by the county own research
Increase capacity for data demand and information use in HIV-related programming	Strengthen data analysis and management capacity	Number or percentage of programs informed by the county data
Increase production of knowledge products and information	Establish a multi-sectoral and interactive web based county HIV research hub /platforms	Number or percentage of researches available on the County Research Hub.
	Develop and disseminate regular review of papers on key research findings and local innovations	Number or percentage of county based research papers/products disseminated in various forums

STRATEGIC DIRECTION 6: PROMOTE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMMING

KASF OBJECTIVE: TO FACILITATE THE TRACKING OF PROGRESS TOWARDS THE KASF RESULTS AND GENERATION OF STRATEGIC INFORMATION TO INFORM DECISION MAKING

TTASP RESULT	KEY ACTION	INDICATORS
Established HIV information hub at the county level	Establish a multi sectorial and integrated real time HIV platform to provide update on HIV epidemic response accountability	Number of planned M&E products generated at county/sub-county levels
Improved data use for decision making	Strengthening M and E capacity to effectively monitor the KASF/TTASP performance and HIV epidemics at all levels	Percentage of M&E performance reports generated by the system.

10%	50%	70%	MoH, County Health Department, NACC, NASCOP, Implementing Partners
50%	70%	90%	MoH, County Health Department, NACC, NASCOP, Implementing Partners
10%	30%	60%	MoH, County Health Department, NACC, NASCOP, Implementing Partners

BASELINE	MTT	ETT	RESPONSIBILITY
0	1	3	County Health, Universities and Colleges, private institutions, NACC, NASCOP, partners
0	1	3	County government, NCPWD, NACC, NASCOP, MOH.
0	1	3	County Health, Networks and Support Groups , NACC, NASCOP, Partners ,MOEST
0	1`	1	County Health, Universities, Youth Dept., and Colleges, NACC, NACADA, NASCOP, Partners
BASELINE	**MTT**	**ETT**	**RESPONSIBILITY**
0	1	3	County Health, Networks and Support Groups , NACC, NASCOP, Partners
0	1	3	County Health, Universities, Youth Dept., and Colleges, UNODC, NACC, NACADA, NASCOP, implementers, Partners
0	1	3	County Health, Networks and Support Groups , NACC, NASCOP, Partners
0	1	3	County Health, Networks and Support Groups , NACC, NASCOP, Partners

BASELINE	MTT	ETT	RESPONSIBILITY
0	1	1	County Health Department, NACC, NASCOP, partners
0	50%	80%	County Health Department, NACC, NASCOP, Partners

Increased availability of quality and timely strategic information to inform HIV response at county level	Ensure harmonised, timely and comprehensive routine monitoring systems to provide quality HIV data as per national, county and sector priority information needs	Percentage of planned M&E products generated and disseminated at county/sub-county levels
Planned evaluations, reviews, surveys and implementation science on HIV response for general and key populations implemented and results disseminated in timely manner	Strengthen county M&E capacity to effectively track TTASP performance and HIV dynamics at county and decentralized levels	Percentage or number evaluations undertaken based on TTASP

STRATEGIC DIRECTION 7 IMPLEMENTATION MATRIX: INCREASE DOMESTIC FINANCING BY 50%

KASF OBJECTIVE: TO INCREASE DOMESTIC FINANCING BY 50%

STRUCTURAL INTERVENTIONS

TTASP RESULT	KEY ACTION	INDICATORS
15% of the county health budget allocated to the HIV programs annually Involvement and inclusion of private sector in the HIV response	Develop and implement a county HIV response funding advocacy strategy	Proportion of county health budget allocated to HIV sub-sector including structural and behavioural interventions
	Establish and operationalise a county HIV response through Public Private Partnership	Proportion of HIV funding coming from the public and private sectors.
	County private partners to formulate and implement workplace HIV policies and programs	Number of county sectors that have developed and implemented HIV work place policies
Efficient utilisation of HIV program resources	Develop systems to track the HIV county investment	Total county funds invested on HIV from various sources
	Integrate HIV programs into other health programs including TB, malaria, non-communicable diseases.	Percentage of health and non-heath programs integrating HIV and AIDS in the county

STRATEGIC DIRECTION 8: PROMOTE ACCOUNTABLE LEADERSHIP FOR SERVICE DELIVERY OF TTASP RESULTS BY ALL SECTORS

STRUCTURAL INTERVENTIONS

TTASP RESULT	KEY ACTION	INDICATORS
Effective leadership mechanisms that ensure quality service delivery.	Institute and adhere to responsive results measurement mechanisms, supervision and controls to ensure efficient and effective quality service delivery	Proportion of HIV related indicators included and rated within the county performance contracting system.
County HIV multi-sectoral coordination structure established.	Establish and strengthen functional and competent HIV co-ordination mechanism	Number of HIV coordination meetings held and documented at county/sub-county and community levels annually.

0	20%	50%	County Health Department, NACC, NASCOP, Partners
0	1	1	County Health Department, NACC, NASCOP, Partners

BASELINE	MTT	ETT	RESPONSIBILITY
0	30%	50%	County Health Department, NACC, NASCOP, Partners
0	40%	70%	County Health Department, NACC, NASCOP, Partners
4	9	12	County Health Department, NACC, NASCOP, Partners , FKE, KEPSA
TBP	-	-	County Health Department, NACC, NASCOP, Partners
50%	70%	90%	County Health Department, NACC, NASCOP, Partners , NTLP

BASELINE	MTT	ETT	RESPONSIBILITY
3	6	6	County health Department, NASCOP, NACC
4	8	12	County health Department, NASCOP, NACC

ANNEX 2: TTASP 2016-2020 Costing Framework

The costing module adopted for TTASP 2016/2020 is based on the National AIDS Costing Plan (NACP) that uses activity and program costing. Where possible, the module attempts a unit cost approach for basic HIV items and services as defined in the KNASP III. Needless to say, the costing module is not exhaustive.

INTERVENTION	UNIT COST	SOURCE
BASIC PROGRAMMES		
ART	$561 per patient per year	NACP III
Care and support	$52 per patient per year	NACP III
PMTCT	$19 per mother-baby pair	NACP III
Condoms	$0.06 per condom distributed	NACP III
Male circumcision	$38.70 per circumcision	Kioko, 2010 [2]
Prevention for sex workers and clients	$70 per person per year	NACP III
Prevention for MSM	$42 per person per year	NACP III
Harm reduction counselling for PWID	$48 per person per year	NACP III
Special populations	$55 per person reached	NACP III
ENABLING ENVIRONMENT		
Provider initiated testing and counselling	$5.58 per person	Obdure, 2012 [1]
Workplace prevention	$24 per covered employee	International averages
Community mobilisation	$1.50 per population	NACP III
Mass media	$625,000 per campaign	NACP III
School-based programs	$120 per teacher trained	NACP III
Out-of-school youth	$7.44 per youth reached	NACP III
Program management	7.4% of direct costs	NACP III

1. Obure CD, Vassall A, Michaels C, Terris-Prestholdt F, Mayhew S, Stackpool-Moore L, Warren C, The Integra Research Team, Watts C. Optimizing the cost and delivery of HIV counseling and testing services in Kenya and Swaziland. Sexually Transmitted Infections. 2012; 88: 498-503.

2. Kioko U. Estimating the costs and impacts of male circumcision in Kenya, 2010, unpublished.

3. NACP III. Kenya National AIDS Strategic Plan, 2009/10 – 2012/13. Supporting Documents for the Plan, NACC. Unit costs calculated from number reached and total costs.

SUMMARY OF THE TTASP COST	
STRATEGIC DIRECTION	**ESTIMATED COST – KSHS**
STRATEGIC DIRECTION 1- REDUCTION OF NEW INFECTIONS	810,000,000
STRATEGIC DIRECTION 2. IMPROVING HEALTH OUTCOMES OF PEOPLE LIVING WITH HIV AND AIDS	1,005,000,000
STRATEGIC DIRECTION 3. USING HUMAN RIGHTS BASED APPROACH TO FACILITATE ACCESS TO SERVICES	824,000,000
STRATEGIC DIRECTION4: STRENGTHENING INTERGRATION OF COMMUNITY AND HEALTH SYSTEMS	1,890,000,000
STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION	231,500,000
STRATEGIC DIRECTION 6: PROMOTE UTILISATION OF STRATEGIC INFORMATION FOR RESEARCH, MONITORING AND EVALUATION TO ENHANCE PROGRAMMING	21,000,000
STRATEGIC DIRECTION 7: INCRREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE	10,500,000
STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR THE DELIVERY OF THE TTASP RESULTS BY ALL SECTORS	16,000,000
Total(four years)	4,808,000,000

STRATEGIC DIRECTION 1- REDUCTION OF NEW INFECTIONS				
Recommended Actions	Target Population	Targets (Numbers)	Cost per Person	
Innovative HIV testing and counselling (HTC) models	All populations	100,000	1,200	
Establish youth friendly HTC services.	Youth/Adolescents	60,000	1,500	
Initiate community stigma reduction strategies in order to create service demand for HTC	All populations	100,000	50	
Offer HTC to partners and families of all HIV positive clients	PLHIVs	20,000	1,500	
Regular outreach and contact with Key Population through peer based education, treatment and support	KPs	5,000	2,000	
Offer harm reduction interventions to PWIDS and PWUDs	KPs	1,000	10,000	
100% proper condom promotion among sexual active groups	KPs	5,000	1,000	
Total required resource for SD 1				

STRATEGIC DIRECTION 2. IMPROVING HEALTH OUTCOMES OF PEOPLE LIVING WITH HIV AND AIDS				
RECOMMENDED ACTIONS	**TARGET POPULATION**	**TARGETS (NUMBERS)**	**COST PER UNIT**	
Improve timely linkage to care for persons diagnosed with HIV	PLHIVs	550	10,0 00	
Strengthen facility and community linkages with inter- and intra-facility referral protocols and linkage strategies	HCW	500	20,000	
Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services	Health facilities	10,000	2,500	
Utilise peer support and networks of all and adolescents living with HIV	Youth/Adolescents	60,000	2,500	
Integrate alcohol and drug dependence reduction strategies in care services	PWUDS and Health Facilities	3,000	10,000	
Scale up key population friendly HIV care and treatment services with peer mobilisation and support	KPs and Health Facilities	3,000	10,000	
Purchase and installation of CD4 machine-Pima machine and of viral load machine	Health facilities	3	1,000,000	

STRATEGIC DIRECTION 3. USING HUMAN RIGHTS BASED APPROACH TO FACILITATE ACCESS TO SERVICES				
RECOMMENDED ACTIONS	**TARGET POPULATION**	**TARGETS (NUMBERS)**	**UNIT COST**	
Remove barriers to access of HIV, SRH and rights information and services to all populations	General Pop, Key Pops, adolescents, children	200,000	50	
Reduce levels of sexual and gender based violence for PLWH, key populations, women, men, boys and girls	Indicated populations	10,000	50	
Promote uptake of HIV pre and post-exposure prophylaxis among survivors of sexual violence and priority population	Indicated populations	5000	10,000	
Leverage on religious and cultural institutions to address HIV related stigma among PLHIVs and violence among Key Populations	Religious and Faith communities	5000	1,000	
Develop and disseminate population specific and user friendly information including Braille	PWDs, PLHIVs	4000	2,000	
Develop policies to protect priority populations when accessing HIV and health services	PWDs, vulnerable and marginalised populations	5000	2,500	
monitoring stigma and discrimination among health workers	Health facilities	1000	1 00,000	

	Years (3)	Total cost	By when	Responsibility
	4	480,000,000	2020	County Health, NASCOP, NACC Partners
	1	90,000,000	2017	County Health, MOEST, NACC, NASCOP, Partners
	4	20,000,000	2020	County Health, NASCOP, NACC Partners
	4	120,000,000	2020	County Health, NASCOP, NACC Partners,
	4	40,000,000	2020	County Health, NASCOP, NACC Partners
	4	40,000,000	2020	County Health, NASCOP, NACC, Partners
	4	20,000,000	2020	County Health, NASCOP, NACC, Partners
		810,000,000		

	YEARS	**TOTAL COST**	**BY WHEN**	**RESPONSIBILITY**
	4	22,000,000	2020	County Health, NASCOP, MOH
	4	40,000,000	2020	County Health, NASCOP, MOH, Partners
	-	100,000,000	2020	County Health, NASCOP, MOH, Partners
	4	600,000,000	2020	County Health, NACC, NASCOP, MOH, Partners, Youth Support Groups
	4	120,000,000	2020	County Health, NASCOP, MOH, Partners
	4	120,000,000	2020	County Health, NACC, NASCOP, MOH, Partners, KP Support Groups
	1	3,000,000	2017	County Health, NASCOP, MOH, Partners

	YEARS	**TOTAL COST**	**BY WHEN**	**RESPONSIBILITY**
	-	40,000,000	2020	County Health, NASCOP,NACC, Social Services
	4	2,000,000	2020	Law enforcement, NACC, NASCOP, Human Rights Organizations.
	4	200,000,000	2020	County Health, NASCOP, MOH, partners
	4	20,000,000	2020	County Health, SUPKEM, CIPK< KENERELA, NCCK, NACC, NASCOP, Partners
	4	32,000,000	2020	County Health, NACC, NASCOP, MOH, Partners, NCPWD.
	4	50,000,000	2020	County Health, NACC, NASCOP, MOH, Partners, NCPWD
	4	400,000,000	2020	County Health, NASCOP, NACC, MOH

Initiating Heath-setting stigma reduction campaigns	Health facilities	20	100,000	
Increased protection of human rights and access to justice for PLHIV, key populations, women, boys and girls	PWDs, vulnerable and marginalized populations	5000	2,000	
Improving access to legal and social justice and protection from stigma and discrimination in the public and private sector	All populations	100,000	100	
Total Estimated				

STRATEGIC DIRECTION4: STRENGTHENING INTERGRATION OF COMMUNITY AND HEALTH SYSTEMS				
RECOMMENDED ACTIONS	**TARGET POPULATION**	**TARGETS (NUMBERS)**	**UNIT COST**	
Increased number of functional community Units in the county	Communities	40	50,000	
Improve community and facility referral system	Communities	1	500000	
Scale up Community Health High Impact Interventions through integration, use of peer support networks and technology including socio media	Communities, youth, adolescents	60,000	100	
Improve procurement and management of medical products and technologies, with emphasis being placed on ensuring the commodities are	HCW	1000	400000	
Provide adequate and competent workforce to deliver integrated HIV services in the county	County	10	2000000	
Revitalise the Community Health Strategy (CHS), on how to realise its implementation with regard to establishment of CUs and the remuneration of CHVs	CUS	40	200,000	
Ensure firm leadership by the county (Department of Health) to guide the delivery of the health sector priorities	Facilities	40	400,000	
Improve community and facility referral system	facilities	40	400,000	
Establish minimal package/standards for guiding community and workplace health implementation and practice	Communities and facilities	40	400,000	
TOTAL ESTIMATED				

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT				
RECOMMENDED ACTIONS	**TARGET POPULATION**	**TARGETS (NUMBERS)**	**UNIT COST**	
Identify barriers to testing and access to interventions services by populations in the county	All populations	100,000	100	
Determine barriers to access among PWD and other populations of priority identified and addressed	PWID, Other priority populations	1000	2,000	
Determine impact of alcohol and drug use on HIV prevention by populations (young adolescent and Key Populations) and geography	General and specific populations, PLHIVs	60,000	2,000	
Identify and test interventions that address determinants and barriers to linkage into care for PLHIV	PLHIVs	20,000	2,500	
Determine outcomes and causes of loss to follow up among PLHIV on care and treatment.	PLHIVs	6000	2,000	
Single out, amend or repeal all health access disenabling laws at national and county assemblies	General population	1	1,500,000	
TOTAL ESTIMATED				

	4		2020	County Health, NASCOP, NACC, MOH
	4	40,000,000	2020	Law enforcement, NACC, NASCOP-TSU, Human Rights Organisations
	4	40,000,000	2020	Law enforcement, NACC, NASCOP-TSU, Human Rights Organizations
		824,000,000		

	YEARS	TOTAL COST	BY WHEN	RESPONSIBILITY
	4	8,000,000	2020	County Health, Partners
	4	2,000,000	2020	County health
	4	24,000,000	2020	County Health, NACC, Partners
	4	1,600,000,000	2020	County health, KEMSA, NASCOP,
		80,000,000	2020	County Government
	4	32,000,000	2020	County Health, Partners
	4	64,000,000	2020	County Government
	4	16,000,000	2020	County Government, MOH, Beyond Zero, Partners.
	4	64,000,000	2020	County health
		1,890,000,000		

	YEARS	TOTAL COST	BY WHEN	RESPONSIBILITY
	4	40,000,000	2020	County Health, Partners, NASCOP, MOH
	4	8,000,000	2020	County Health, Partners, NASCOP, MOH, NACC, UNODC
	1	120,000,000	2018	County Health, Partners, NASCOP, MOH, NACC, UNODC, NACADA
	1	50,000,000	2018	County Health, Partners, NASCOP, MOH, NACC
	1	12,000,000	2017	County Health, Partners, NASCOP, MOH, NACC
	1	1,500,000	2019	County Health, County Assembly, NACC, NASCOP
		231,500,000		

STRATEGIC DIRECTION 6: PROMOTE UTILISATION OF STRATEGIC INFORMATION FOR RESEARCH, MONITORING AND EVALUATION				
Recommended Actions	**Target Population**	**Targets (Numbers)**	**Unit Cost**	
Establish a multi-sectoral HIV programming web based data	County health system	1	1000000	
Establish and strengthen functional multi sectoral HIV M&E coordination structure and partnership at county level	Facilities, CUs	1	3000000	
Put in place sustainable financing for HIV M&E planning activities	County	1	1000000	
Strengthen routine HIV information management at county level	CHIMS, HMIS, Situation Room, HIPSOR	1	2000000	
Conduct regular M&E supervision, data quality audits and verification	County health	1	1500000	
TOTAL ESTIMATED				

STRATEGIC DIRECTION 7: INCRREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE				
RECOMMENDED ACTIONS	**TARGET POPULATION**	**TARGETS (NUMBERS)**	**UNIT COST**	
Developing and implementing a county HIV financing lobbying strategy.	County Health	1	1000000	
Ensure participation PLHIVs and other interested stakeholders in budget forums(citizen participation)	PLHIVs, Stakeholders, Wananchi	1	1000000	
Establish a framework for HIV Combination Prevention Strategy	County Health	1	1000000	
Institute corruption eradication strategy for health/HIV programmes at all levels	County	1	1000000	
Establish, operationalize a county HIV funding PPP.	Privates	1	500000	
TOTAL ESTIMATED				

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR THE DELIVERY OF THE TTASP RESULTS BY ALL SECTORS				
RECOMMENDED ACTIONS	**TARGET POPULATION**	**TARGETS (NUMBERS)**	**UNIT COST**	
Regular support supervision for health care givers.	County Health	500	5,000	
Establish and strengthen functional and competent HIV co-ordination mechanism at the county and sub-county level	County Health	1	1,000,000	
Establish and operationalize a HIV multi-sectoral Committee to oversee the HIV mainstreaming at county level	County	1	2,000,000	
Roll out Partner-Coordination online reporting platform	County	1	3,000,000	
TOTAL ESTIMATED				

TO ENHANCE PROGRAMMING				
	Years	**Total Cost**	**By when**	**Responsibility**
	1	1,000,000	2019	County Health, Partners, NASCOP, MOH
	3	9,000,000	2017	County Health, Partners, NASCOP, MOH
	3	3,000,000	2017	County Health, Partners, NASCOP, MOH
	1	2,000,000	2018	County Health, Partners, NASCOP, MOH, NACC
	4	6,000,000	2020	County Health, Partners, NASCOP, MOH,
		21,000,000		

	YEARS	**TOTAL COST**	**BY WHEN**	**RESPONSIBILITY**
	1	1,000,000	2017	County Health, County Assembly, Partners, NACC, NASCOP, MOH
	4	4,000,000	2020	County Health, Partners, CSOs, NACC,
	1	1,000,000	2018	County Health, Partners, NASCOP, MOH
	4	4,000,000	2020	County Government, County Assembly
	1	500,000	2018	County Health, KEPSA, FKE, Partners, Private Institutions,
		10,500,000		

	YEARS (3)	**TOTAL COST**	**BY WHEN**	**RESPONSIBILITY**
		10,000,000	2020	County Health, MOH
	1	1,000,000	2016	County Government, MOH, NACC, NASCOP
	1	2,000,000	2016	County Government, MOH, NACC, NASCOP
	1	3,000,000	2016	County Government, MOH, NACC, NASCOP
		16,000,000		

ANNEX 3: TTASP References and Operational Documents

1. The Kenya AIDS Strategic Framework (KASF) 2014/2015- 2018/2019 that seeks to reduce new HIV infections by 75% come 2019.
2. The Kenya HIV Prevention Revolution Road Map: Count Down to 2030 – that set out to reduce HIV incidence by 50% in 2015, by 75% by 2020 and zero new HIV infections by 2030.
3. The Kenya HIV County profiles 2014 – that analysed each county profile, established baseline programme data and made county-specific priority programme interventions.
4. The Monitoring and Evaluating Framework for KASF 2014/2015-2018/2019 – providing indicators for KASF strategic Direction's.
5. The Annual Kenya HIV Estimates – that provides an annual progress in HIV programming.
6. The Strategic Framework towards Elimination of Mother to Child Transmission of HIV and keeping Mothers Alive 2012-2015 – that aims to reduce MTCT rate to less than 5% and HIV-related maternal mortality by 50%.
7. A Strategic Framework for Engagement of the First Lady in HIV control and promotion of maternal, Newborn and child Health in Kenya 2013-2017- which seeks to provide guidance for the engagement of the First Lady on political championship towards elimination of new HIV infections among children and promoting maternal and child birth.
8. The National Guidelines for HIV Testing and Counselling, Couples and Prevention with Positives (positive Health, Dignity and Prevention).
9. Policy Analysis and Advocacy Decision Model for services for Kenya populations in Kenya.
10. Kenya's Fast – track Plan to End HIV and AIDS Among Adolescent and Young People 2015-2017 – which seeks to reduce among adolescents and young people HIV incidence, AIDS-related mortality and Stigma and discrimination by 40%, 15% and 25% respectively by 2017.
11. The Constitution of Kenya (2010).
12. The Kenya vision 2030.
13. The Adolescents and Youth Sexual Reproductive Health and Development Policy (2003) and its Plan for Action (2007).
14. Education Sector Work plan Policy on HIV and AIDS Second Edition (2013).
15. Eastern and Southern Africa Commitment on Comprehensive Sexuality Education and sexual and Reproductive Health Services for Adolescents and Young People.
16. The Kenya Guidelines for conducting HIV and Sexual Reproductive Health Research with adolescents.
17. The Kenya National Reproductive Health Policy (2007) and Strategy (1997 – 2010).
18. The Kenya National Maternal and Newborn Health (MNH) Road Map (2010).
19. Taita Taveta County Integrated and Development Plan 2013, 2018.
20. Taita Taveta County Health Strategic and Investment Plan 2013, 2018

ANNEX 4: TTASP Development Teams

1.1 PEER REVIEWERS

Dr Giftom Mkaya	County Health Executive
Dr John Logendi	Ag Chief Officer of Health
Mr. Fidelis Lagho	Ag. County Director of Health Services.

1.2 TECHNICAL REVIEWERS

Mr. Julius Koome	NACC
Mr. Innocent Mjomba	County Health Department
Mr. S. Mwadime Mbui	Department of Social Development
Ms. Linet Osore	Kenya Wildlife
Ms. Eddah Mwakina	SCAC Wundanyi
Mr. Arnold Mwakalindo	FHOK
Mr. Alex C. Ojango	Youth/Gender Affairs
Mr. Geoffrey Babashi	SCAC Taveta
Ms. Violet Mkamburi	MOH
Mr. Dominic Kitando	Scac Mwatate
Mr. Abdalla Mwachama	Scac Voi
Ms. Joyce Makaya	MOH
Dr. Wilson Charo	Taita Taveta University College
Harry Mwanjala	CACC Mwatate
Benjamin Mwawana	St. Joseph Shelter of Hope
James Kamau	KETAM

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1.4 COSTING

Mr. Omenge Momany

HARAMBEE

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