

Kenya Report NCPI

Header

is indicator/topic relevant?: Yes

is data available?: Yes

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any: Patrick Muriithi kaburi

Postal address: P.O BOX 2152 NAIROBI

Telephone: +254722864580

Fax:

E-mail: pkabugi@nacc.or.ke

Describe the process used for NCPI data gathering and validation: Part A was administered to key informants while Part B was administered to a Focus group comprising Civil society, Bilateral Partners and UN. The data was then presented to members of HIV/AIDS Inter agency Coordinating Committee for further consensus. amendments were made accordingly during ICC meeting.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: In case of disagreements between Part A and B they were left as they are. Responses on Part B were through consensus among the group.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

NCPI - PART A [to be administered to government officials]

| Organization | Names/Positions | Respondents to Part A |
|---|--|-----------------------|
| National AIDS Control Council | John Kamigwi, Acting Director/Deputy Director-Policy, Strategy and Communication | A1,A2 |
| National AIDS Control Council | Regina Ombam, Head Strategy | A1,A2 |
| National AIDS Control Council | Dr Patrick Mureithi, Head M&E | A6 |
| National AIDS Control Council | Bathseba Osoro, Head Stakeholders Coordination | A4 |
| National AIDS Control Council | Eunice Odongi, Gender Specialist | A4 |
| National AIDS Control Council | Njeri Kimuri, Legal Officer | A3 |
| Ministry of Health, National STI/AIDS Control Programme | Joyce Wamicwe, M&E Manager | A4,A5,A6 |
| Ministry of Health, National STI/AIDS Control Programme | Irene Mukui, ART Manager | A5 |
| Kenya Prisons Service | Mary Chepkonga | A4 |

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

| Organization | Names/Positions | Respondents to Part B |
|---|------------------------|-----------------------|
| Technical Support Unit/ NASCOP | Parinita Bhattacharjee | B3 |
| KETAM | James Kamau | B1,B2,B3,B4,B5 |
| United National Population Fund (UNFPA) | Geoffrey Okumu | B1,B2,B3,B4,B5 |
| UNAIDS | Mercy Mwangeli | B1,B2,B3,B4,B5 |
| Liverpool VCT | Ann Rita | B1,B2,B3,B4,B5 |
| Kenya AIDS NGOs Consortium (KANCO) | Onesmus Mlewa | B1,B2,B3,B4,B5 |
| International Labour Organisation (ILO) | Hellen Magutu Amakobe | B1,B2,B3,B4,B5 |
| UNESCO | Jane Kamau | B1,B2,B3,B4,B5 |

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2009/10-2013/14

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: The current strategy is result oriented, costed and organized along four pillars and focuses more on the decentralized structures . It is informed by the mode of transmission survey and therefore in prevention it looks at the risk of HIV among various populations. It is also by the WHO treatment guidelines. There is major on community empowerment to address HIV.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: National AIDS Control Council

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other:

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: No

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Long distance drivers and fisherfolk

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Civil society organizations were involved from constituency, regional up to the national level. The CSOs were involved in the review of the older strategic plan. They participated in development of the new strategic plan by thematic area. They also participated as per the populations groups e.g. youth, PLHIV.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

: N/A

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: N/A

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:

5. Are health facilities providing HIV services integrated with other health services?

- a) HIV Counselling & Testing with Sexual & Reproductive Health: Many
- b) HIV Counselling & Testing and Tuberculosis: Many
- c) HIV Counselling & Testing and general outpatient care:
- d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many
- e) ART and Tuberculosis: Many
- f) ART and general outpatient care: None
- g) ART and chronic Non-Communicable Diseases: Few
- h) PMTCT with Antenatal Care/Maternal & Child Health: Many
- i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 9

Since 2011, what have been key achievements in this area: Since 2011, the country conducted a mid term review of the strategic plan, strengthened the pillar coordination, reviewed the national plan of operations, assessed the financing gaps and strengthened communities through training and strengthened M&E processes and developed county profiles as part of the new devolved government structure.

What challenges remain in this area:: The challenge is in redefining the structures and processes of coordination of HIV in a devolved system of government and the financing of the response. County specific data and plans are have not been developed.

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: The First Lady has accepted to be a champion for HIV and AIDS. She has launched a strategy for her engagement and is mobilizing funds for integrated eMTCT/MNCH programme.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Prof. Mary Getui - Chairperson, National AIDS Control Council

Have a defined membership?: Yes

IF YES, how many members?:

Include civil society representatives?: Yes

IF YES, how many?: 15

Include people living with HIV?: Yes

IF YES, how many?: 1

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: There is an inter-agency coordination committee, stakeholder forums at decentralized levels for all partners and Constituency AIDS Control Committee which are multi-sectoral that coordinate all sectors. For both private and public sector, work place policies and code of conduct for HIV are in place. M&E tools for all the sectors have been developed and are in use.

What challenges remain in this area:: Capacity for coordination at all the levels is weak and non available of adequate resources for coordination.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 8

Since 2011, what have been key achievements in this area:: The cabinet approved the memo on sustainable financing for HIV programs; support for full implementation of HIV and AIDS ACT of 2006 which facilitated the establishment of the HIV Tribunal. HIV has also been taken as one of the thematic areas in the national planning and budgeting process (Medium Term Expenditure Framework) and all public institutions have HIV as one of the areas in the performance contracts.

What challenges remain in this area:: The challenge is to ensure that political support is also demonstrated at county government levels under the new government system and that it translates into resource allocation.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: Article 27 of the Kenya Constitution on equality and freedom from discrimination. Article 28 on human dignity - every person has right to dignity

Briefly explain what mechanisms are in place to ensure these laws are implemented:: Article 20 of the Constitution on application of bill of rights and enforcement generally Article 21 on implementation of rights and fundamental freedoms (specific) Article 22 on enforcement of bill of rights which confers on every person the rights to institute court proceedings claiming that a right or fundamental freedom in the bill of rights has been denied, violated or infringed, or is threatened. Section 25 of the HIV and AIDS Prevention and Control Act, 2006 which establishes the HIV and AIDS tribunal which offers legal redress for HIV related stigma and discrimination complaints.

Briefly comment on the degree to which they are currently implemented:: HIV and AIDS Tribunal is established and has received over 200 and determined more than 40. The Kenyan Judiciary has been sensitized on adjudicating on HIV related cases and have determined some of the cases. People infected and affected by HIV have been sensitized on their rights under the HIV and AIDS Prevention and Control Act, 2006 and the Constitution.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: No

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]:

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: No

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: No

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: The strategy explicitly outlines the key populations as men having sex with men, sex workers, injecting drug users as well as truck drivers, fisherfolk and informal private sector. Vulnerable populations include girls and women, adolescents and youth and persons of humanitarian concerns.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]::

:

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area:: During this period, the country developed key policies and strategies for HIV prevention to enable key populations to access HIV services. These policies and strategies include the national action plan for gender mainstreaming in HIV and AIDS, national action plan for effective engagement of the faith sector, draft MARPs policy, draft guidelines for HIV mainstreaming within county governments and community AIDS competency guidelines. The country is shifting to age appropriate sexuality education led by Ministry of Education, UNESCO, UNFPA, and UNICEF.

What challenges remain in this area: The dissolution of the Ministry of Gender and Ministry of Youth presents a challenge in coordinating some of these strategies. There are also human resources capacity gap within NACC to coordinate HIV prevention focusing on youth which is currently filled with support from the UN. Resources are also not adequate to support prevention of HIV among the youth. Advocacy needs to be done to finalize some of the policies and for implementation of the finalized policies.

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: The country has developed the HIV prevention road map that was developed through wide stakeholder consultations. Youth, elderly persons, discordant couples, and key populations pre-summits were held to identify needs and fed into the main prevention summit for validation. The specific needs for HIV prevention are identified in this road map. The road map will inform the development of National HIV and AIDS Strategic Plan

IF YES, what are these specific needs? : The specific needs for HIV prevention identified in the road map include behavior change targeted at population and key populations, HIV counseling and testing, condom promotion and distribution, life-skills programme of young people in and out of school, voluntary medical male circumcision and ART to prevent MTCT.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Disagree

Harm reduction for people who inject drugs: Disagree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Strongly agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Disagree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized: The country has a minimum package of treatment and care for HIV infected adults and children. It defines all preventive and treatment services that should be provided to a HIV infected person including the facility support services should in place. Prioritised elements include (i) HIV testing, (ii) cotrimoxazole preventive therapy, cervical cancer screening, TB screening, Isoniazid preventive therapy and nutritional supplementation, (iii) ART, management of TB in HIV infected persons, treatment of malnutrition and management of there OIs.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Scale up aims at increasing access of PLHIV to treatment and care. Guidelines to be used at the lowest level of health facilities have been disseminated, focus is on decentralization of services at the lowest level to increase ART sites and integration of ART with TB and MNCH, training of service providers to support the scale up.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Agree

Paediatric AIDS treatment: Disagree

Palliative care for children and adults Palliative care for children and adults: Disagree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: Cash transfer support to OVCs and elderly; IGA programs,

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?: No

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 6

Since 2011, what have been key achievements in this area?: The country adopted the WHO 2010 HIV treatment guidelines which have been well implemented especially among adults. Adult treatment and care coverage is over 80%; screening of PLHIV for TB is over 90%; ART for TB/HIV co-infected is over 80% coverage; and OI prophylaxis coverage is also over 80%. HIV treatment and care and RH have been integrated in either settings.

What challenges remain in this area?: The community social support, economic support and palliative care components are relatively weak. The treatment coverage for children is less than 50%. The country is yet to roll out the TB preventive therapy among PLHIV nationally.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:

Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:

Since 2011, what have been key achievements in this area::

What challenges remain in this area::

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation:: No dedicated human resource for collecting data and reporting at health facility level Some partners still have M&E plans which are not fully aligned to the national M&E plan

1.1. IF YES, years covered: 2009/10 - 2013/14

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, some partners

Briefly describe what the issues are:: Some partners run parallel M&E systems to meet donor information needs

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: To get information from NASA

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: The M&E unit does not have all the staff required and financial resources

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

| POSITION [write in position titles] | Fulltime or Part-time? | Since when? |
|--------------------------------------|------------------------|-------------|
| Head, M&E Division | Full-time | 2005 |
| Programme Officer - M&E Coordination | Full-time | 2007 |
| Programme Officer - M&E and Research | Full-time | 2007 |
| 11 Regional M&E Officers | Full-time | 2009 |
| Database Administrator | Full-time | 2006 |
| 9 Data Entry Clerks | Full-time | 2010 |

| POSITION [write in position titles] | Fulltime or Part-time? | Since when? |
|-------------------------------------|------------------------|-------------|
|-------------------------------------|------------------------|-------------|

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: For health sector, data flows from the health facilities to the national health information system from where the national M&E system drawn the data. Private and civil society community based programmes reports to the national M&E system using the Community Based Programme Activity Reporting system Public sector reports to national M&E system using the public sector mainstreaming tool There is a multi-agency technical working group chaired by the national bureau of statistics overseeing HIV population based survey

What are the major challenges in this area:: Programme reports are not submitted in timely manner and they are sometimes not complete. There is no adequate data quality assurance mechanisms. The rate of reporting on community based and private programmes is low.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.:

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?:

Briefly explain how this information is used::

(c) Is coverage monitored by geographical area?: No

IF YES, at which geographical levels (provincial, district, other)?:

Briefly explain how this information is used::

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: No

9. How are M&E data used?

For programme improvement?: No

In developing / revising the national HIV response?: No

For resource allocation?: No

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any::

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained:: 25

At subnational level?: Yes

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: M&E Best practice forum conducted in October 2013. This was attended by over 500 participants largely from government.

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?:

Since 2011, what have been key achievements in this area?:

What challenges remain in this area?:

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples:: Integration of HIV in political parties manifestos Deliberate effort to include CSOs in key Inter-Agency Coordinating Committee (ICC) which is a platform where policy is formulated CSOs actions have captured attention of political leaders e.g. establishment of sustainable financing fund discussed in parliament (advocacy for domestic financing); inclusion of gvt and politicians in pushing political agenda at AU and EAC. 1. CSOs have heavily influenced gvt adopt new treatment guidelines 2. MARPs/ Key populations - greatly influenced the direction (which is acceptance of HIV service provision to IDUs, Sex workers) the country has taken. 3. Initial advocacy work on eMTCT for government commitment 4. cso engagement with parliamentary health committee led to budget line for ARVs 5. Advocacy on the establishment of HIV tribunal and sensitisation of the Judiciary on adjudication on violation of rights of PLHIV

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 5

Comments and examples:: There is active involvement of CSOs in the national planning and budgeting process. The national planning and budgeting process is open and inclusive to all stakeholders including CSOs.

3. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 2

c. The national HIV reports?: 4

Comments and examples:: Most of the key population and community based programmes data is provided by CSOs to the national report. There is a modality for issuing grants to CSOs by NACC, however, government has no specific budget line from the consolidated fund to support the CSOs. The national strategic plan is currently being reviewed and CSOs are actively involved.

4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 5

c. Participate in using data for decision-making?: 5

Comments and examples: CSOs are involved in developing indicators for the national M&E plan; CSO representatives participate in the M&E technical working group and also participate in the Inter-Agency Coordinating Committee and Advisory Group where they use the data to make decisions.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 5

Comments and examples: CSOs representatives are drawn from network of PLHIV, local NGOs, FBOs, CBOs and private sector.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 3

b. Adequate technical support to implement its HIV activities?: 2

Comments and examples: CSOs are funded from several sources but it is not adequate.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: >75%

Men who have sex with men: >75%

People who inject drugs: >75%

Sex workers: >75%

Transgender people:

Palliative care : >75%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: >75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): <25%

Home-based care: 51-75%

Programmes for OVC: 25-50%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 7

Since 2011, what have been key achievements in this area?: The process for developing the national strategic plan has been inclusive; consensus building of priority areas, national consultations on the youth, discordance, women, religious leaders and network of people living with HIV. Guidelines for MARPs have been developed with involvement of CSOs. Advocacy has resulted in people acknowledging the magnitude of HIV epidemic.

What challenges remain in this area?: Inadequate funding of CSOs programmes; the country is transitioning to the devolved system of government that poses a challenge to CSO participation. Implementation of guidelines for MARPs are likely to face challenges due to legal implications. Inadequate coordination of CSOs.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened?: The PLHIV and vulnerable populations were given political and financial support to participate in the design of the HIV policy; CSOs are also supported to participate in the development of the national strategic plan. Government support to some extent depends on the level sensitisation of policy makers.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: Old people living with HIV

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws: The Kenya Constitution, 2010 (bill of rights) and Employment Act, 2007 and various policies

Briefly explain what mechanisms are in place to ensure that these laws are implemented: The HIV and AIDS Tribunal has been established under the HIV and AIDS Control Act of 2006 to address cases of discrimination and violation of rights of people infected and affected by HIV, the Judiciary (Industrial Court).

Briefly comment on the degree to which they are currently implemented: The HIV and AIDS Tribunal is being funded by government and is functional, the Judiciary has adjudicated on several cases of HIV discrimination.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies: Sex work, people of same sex having sex and use of drugs are criminalized in the penal code.

Briefly comment on how they pose barriers:: The criminalization of these lifestyles makes it difficult for sex workers, MSMs and IDUs to access health services and for the service providers to reach these populations. However, the interventions for these key populations are being scaled up.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: The Sex Offenses Act seeks to protect women against gender based violence.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: The Kenya National HIV and AIDS Strategic Plan has adopted a human rights based approach in the implementation of the national response and interventions to promote and protect the rights of people affected and infected by HIV are specifically outlined in the plan.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism:: The HIV and AIDS Tribunal documents and adjudicate all cases of discrimination reported. The National Network of PLHIV (NEPHAK) is also documenting cases of discrimination.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?:

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: No

IF YES, Briefly describe the content of this policy/strategy and the populations included::

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: Yes

IF YES, briefly describe the content of the policy or law:: The Kenya Constitution, HIV and AIDS Prevention and Control Act and Public Service Work Place Policy and Employment Act prohibits discrimination of persons on the basis of gender, race, sex and health status among others.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

IF YES on any of the above questions, describe some examples:: Examples of independent commissions include Kenya National Commission on Human Rights and Gender and Equity Commission.

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]: Sector based policies

: Yes

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 7

Since 2011, what have been key achievements in this area: The Constitution of Kenya has a robust bill of rights that can be used to protect the rights of persons affected and infected by HIV irrespective of lack of specific strategies and policies. High level advocacy has been conducted targeting policy makers and politicians to establish an enabling environment for providing health services to the key populations - sex workers, men having sex with men and IDUs.

What challenges remain in this area: Strategies and policies to enhance health service provision to the key populations had not been developed.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 7

Since 2011, what have been key achievements in this area: HIV and AIDS Control Act has been operationalised through establishment of the HIV and AIDS Tribunal. Through sensitization of people living with HIV, rights violation cases are being filed at the tribunal and in the courts. The Judiciary has been sensitized on adjudication of cases violation of rights of PLHIV.

What challenges remain in this area: Resources allocated to the HIV and AIDS Tribunal are inadequate and awareness on the existence of this tribunal is low.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: Use of Modes of Transmission study and other surveys that have been carried in the past

IF YES, what are these specific needs? : Condom promotion, Male circumcision, behavior change, PMTCT, Needle and Syringe programs, HIV counseling and Testing, etc.

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Strongly agree

IEC on stigma and discrimination reduction: Strongly agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Strongly agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: HIV prevention summit; HIV prevention road map, advocacy on eMTCT, advocacy on prevention among key populations establishing enabling environment, initiation of NSP, education sector policy on HIV has a component of prevention among young people up to tertiary institutions.

What challenges remain in this area:: Inadequate funding for prevention programmes for key populations (such as prison inmates etc); social cultural norms that lead to unsafe sex still persist; structures for reaching the informal private sector have weak capacity; this is a difficult population to reach. Inconsistency between legislation where on one hand the legislation criminalizes and a policy allows services to be provided to key populations.

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: Prioritized elements include ART, Laboratory monitoring, prophylaxis, home based care, counselling and testing, prevention with positives and nutrition.

Briefly identify how HIV treatment, care and support services are being scaled-up?: ART sites have been increased, HTC has been accelerated through multiple approaches appropriate for various groups, integration of HIV in community strategy, procurement of HIV commodities and integration of nutrition in ART.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Disagree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Disagree

Paediatric AIDS treatment: Disagree

Post-delivery ART provision to women: Disagree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Disagree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]:

:

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area: Increased coverage of the ART programme and integration of HIV treatment and care with other health services

What challenges remain in this area: There is a high proportion of HIV positive people who do not know their status. The government funding to HIV treatment and care is still low.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: See question 1.2

What challenges remain in this area:: See question 1.2