Kenya Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:
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Describe the process used for NCPI data gathering and validation:
The process of data gathering begun with Mapping of the organizations and desk review. After which the Director of NACC issued an official letter to all the organizations that had been preselected requesting them for the interview. The National Composite Policy key informants guide was used for sections A and B respectively. A total of 52 Key informants including 22 from Public Sector HIV and AIDS Focal points representing the various line ministries; and 30 from Civil Society representatives from Faith Based Organizations, Civil Society Organizations, International Non-Governmental Organizations, the private sector, MARPs, Civil Society Networks, UN bodies and Bilateral Agencies were interviewed respectively. The NCPI information provided by the key informants was first collated, analyzed and presented to a national consensus building meeting held on 23rd march, 2012 where 70 participants representing the Public Sector, Civil Society, the Bilateral Agencies and the UN went through a consensus building process. The final NCPI report together with the other components of the country report was validated in a validation meeting held on March 28, 2012. About 120 participants attended the validation meeting.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
During the consensus building workshop, in cases of any disagreement, the participants deliberated amongst themselves based on the sectors they represented and this was resolvedy by discussing the rationale for the response and using the majority rule policy. once all the areas were agreed they eventually endorsed the document unanimously.
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
This was not encountered.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
State Law Office	ACU Coordinator	Yes	Yes	No	No	No	No
UNAIDS	M&E Advisor	No	No	No	No	No	Yes
The judiciary-law court	ACU Coordinator	Yes	Yes	No	No	No	No
Ministry of Justice, National cohesion and constitutional Affairs	ACU COORDINATOR	Yes	Yes	No	No	No	No
Ministry of Agriculture	/Head ACU	Yes	Yes	No	No	No	No
Kenya Police	Deputy Head ACU	Yes	Yes	No	No	No	No
Ministry of Medical Services	Assistant ACu Head	Yes	Yes	No	No	No	No
Teachers Service Commission	Assistant ACU Head	Yes	Yes	No	No	No	No
Ministry of public health and sanitation	Assistant ACu Head	Yes	Yes	Yes	No	No	No
Ministry of Public works	Head ACU	Yes	Yes	No	No	No	No
Ministry of Fisheries and development	Accountant	Yes	Yes	No	No	No	No
Ministry of Corporation and Marketing	Program officer	Yes	Yes	No	No	No	No

Ministry of Education	Assistant Director of Education	Yes	Yes	No	No	No	No
Ministry of state for Public Services	Senior Assistant Secretary	Yes	No	Yes	No	No	No
NACC	Head M&E	No	No	No	No	Yes	Yes
NACC	M&E Officer	Yes	Yes	No	Yes	No	No
NACC	Legal Officer	No	No	Yes	Yes	No	No
NACC	Director	Yes	No	No	No	No	No
NACC	Head of Strategy	Yes	No	Yes	No	No	No
Teachers Service Commission	Deputy Director ACU	Yes	Yes	No	No	No	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
NEPHAK	Programme Officer	Yes	Yes	Yes	Yes	Yes
ICL	Program manager	Yes	Yes	Yes	Yes	Yes
PSI	Deputy director	Yes	Yes	Yes	Yes	Yes
CHF International	Senior Programme Manager	Yes	Yes	Yes	Yes	Yes
Nairobi Christian Church	District Coordinator	Yes	Yes	Yes	Yes	Yes
Health Option for young men on HIV/AIDS	Programme Coordinator	Yes	Yes	Yes	Yes	Yes
LICASU	Executive Director	Yes	Yes	Yes	Yes	Yes
LVCT	MSM Coordinators of program	Yes	Yes	Yes	Yes	Yes
KANCO	Programme Coordinator	Yes	Yes	Yes	Yes	Yes
Federation of Kenya Employees	Technical Advisors on HIV	Yes	Yes	Yes	Yes	Yes
LICASU	Executive Director	Yes	Yes	Yes	Yes	Yes
LVCT	MSM Coordinators of program	Yes	Yes	Yes	Yes	Yes
Okaalet & Associates	Executive Director	Yes	Yes	Yes	Yes	Yes
Help age Kenya	Ag.CEO	Yes	Yes	Yes	Yes	Yes
Bar Hostess, Employment and Support Programmme	Executive Director	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2009/10-2012/13
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 strategic plan is more evidence based to include the emerging issues such as human rights based approach and targeting of key populations. The plan also has supporting documents that include a HIV commodities plans, technical assistance plan , HIV and AIDS Monitoring and Evaluation plan and a biennial National Plan of Operation.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
National AIDS Control Council

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

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:
Local authority, Finance, Energy, Environment, Water, Agriculture, and Livestock
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
-

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

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
Transgendered people:
-
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:
Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
o sex workers, o Informal sector in rural areas o fishing populations, o long distance drivers o injecting drug users, o prisoners and Prison population , o schools, learning institutions o MSM o Refugees o IDPs, Discordant couples
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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

1.7

1.7. 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:
During the development of the strategic plan, the civil society were involved in all stages that included, vision setting, identification of outcome results and setting of targets. The strategy was divided into 4 pillars i.e Health service delivery, sectoral mainstreaming, community, governance and accountability where stakeholders were asked to participate in the respective pillars of their key competencies/involvement through stakeholder meetings and workshops at all levels. In implementation of the strategic plan, the civil society is actively involved during the joint annual HIV and AIDS Program review.

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

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, some partners
IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:
• Some development partners set their priorities without reference to the identified country gaps and priorities. • Some partners use their monitoring and reporting processes which do not feed to the national system.

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
Yes
National Development Plan:
Yes
Poverty Reduction Strategy:
Yes
Sector-wide approach:
Yes
Other [write in]:
Country's vision 2030 blue print,Sessional paper of 2005,MDGs

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

HIV impact alleviation:
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 security or other schemes):
Yes
Women's economic empowerment (e.g. access to credit, access to land, training):
Yes
Other[write in below]:
Greater involvement of People living with HIV and AIDS,Youth empowerment

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?:
3
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes
5.2. 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
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(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?:
Sex workers,Injecting drug users, discordant couples, men having sex with men, youth, children, women, prison population , migrant workers etc.
Briefly explain how this information is used:
• Targeting intervention programmes • Scaling up evidence based interventions • assessing effectiveness and efficiency of specific programmes • Resource mobilization
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
Provincial, district and constituency levels
Briefly explain how this information is used:
•annual program review and action planning Regional programming and interventions • Resource mobilizations • Knowledge and information sharing including sharing of best practices

5.4. Has the country developed 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:
• Strong linkage between service delivery outcomes and health systems. increase in health facilities providing specialized HIV services, reduced drugs and commodity stock outs • Easy access to treatment • Improved health care provider - patients ratio
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 the HIV programmes in 2011?:
8
Since 2009, what have been key achievements in this area:
• Engagement of all stakeholders in planning • Using evidence to inform planning process • Identification of the funding gap • joint annual program review. • mid term review of KNASP lll • Care and support for infected
What challenges remain in this area:
• Insufficient Sustainable financing • Lack of harmonization / alignment and planning– different players doing different things with no close monitoring • Duplication of services

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have

demonstrated leadership:
•The minister for special programmes spearheaded the development of the cabinet memorandum for the establishment of the AIDS trust fund as an innovative way of ensuring sustainable funding for HIV • Advocating for accelaration of Universal Access to HIV services during the last World AIDS day. The celebrations were officiated by the Minister for Cooperative Development. • The Launch of KNASP III by the prime minister. • The Prime minister has strongly talked about the benefits of male circumcision to the Nation.

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

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 – Chair, NACC Board
Have a defined membership?:
Yes
IF YES, how many members?:
17
Include civil society representatives?:
Yes
IF YES, how many?:
4
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 interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
• The NACC has established an advisory Committee of ICC comprising of government, development partners, private sector and civil society that meets monthly to discuss emerging issues and areas of collaboration. There is an open ICC forum with represention from Development partners, government, civil society, people living with HIV and the private sector held quarterly. This forum is chaired by Director NACC where emerging issues are discussed with stakeholders. There is an annual Joint program review that brings together the stakeholders named above. The forums are held at the provincial/regional level and nationally. The objective of these forums is to review progress made on the national HIV response with KNASP III as the reference document.
What challenges remain in this area:
• lack of Joint prioritisation by some development partners
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
75%

5.

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 below]:
-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
Yes
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
Yes
IF YES, name and describe how the policies / laws were amended:
• HIV prevention and control Act amended on contentious issues regarding confidentiality of HIV testing. • Sexual offences Act 2006.
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 2011?:
8
Since 2009, what have been key achievements in this area:
• Members of Parliament workshop that endorsed the proposal of having a AIDS Trust fund for sustainable AIDS funding • The frequent interaction by the NACC with the cabinet committee on health.
What challenges remain in this area:
-

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
Men who have sex with men:
-
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
-
Prison inmates:
No
Sex workers:
No
Transgendered people:
-
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

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:
o The constitution of Kenya , 2010 has very clear provisions on non-discrimination.
Briefly explain what mechanisms are in place to ensure these laws are implemented:
• establishment of State agencies like the Kenya National Human Rights Commission and National Gender and equality commission. • The current and ongoing judiciary reforms. • HIV and AIDS tribunal to handle cases related to HIV and AIDS discrimination.
Briefly comment on the degree to which they are currently implemented:
• The HIV tribunal was established in 2011 supported through National AIDS Control Council.
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?:
No

IF YES, for which subpopulations?

People living with HIV:
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
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in below]:
• There is no law which prevents people from accessing services regardless of orientation.

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?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
Yes
Avoid inter-generational sex:
Yes
Be faithful:
Yes
Be sexually abstinent:
Yes
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 below]:
-

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 age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
Yes
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 KNASP lll addressess all the above

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	No	General population
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	General population
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	General population
Yes	Yes	Yes	Yes	Yes	General population
Yes	Yes	Yes	Yes	Yes	General population
No	No	Yes	No	No	General population

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 2011?:
7
Since 2009, what have been key achievements in this area:
•Scaling of HIV prevention services and review anddevelopment of guidelines such as BCC, Male circumcision, PMTCT, HIV counseling and Testing guidelines
What challenges remain in this area:
• Human rights and issues of stigma and discrimination especially of key populations.
4. Has the country identified specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Through regular and periodic studies and assessment done to identify the HIV prevention gaps in the country. consultations facilitated by the HIV prevention task force and various Technical working groups Prioritization is done through the Joint AIDS Program Review that happens annually.

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Agree
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:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Disagree
Prevention of mother-to-child transmission of HIV:
Agree
Prevention for people living with HIV:
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:
Disagree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
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 2011?:
6

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:
HIV Care, Treatment and Support focuses on a holistic approach to care for the infected and affected. Key interventions include; prevention of opportunistic illnesses in persons living with HIV such as provision of clean water, hygiene, Nutrition support, Malaria prevention and Reproductive Health services including STI screening, prevention and treatment. These interventions are promoted through the provision of basic care kits that include an insecticide treated bed net, clean water containers and water purifying agents, Cotrimoxazole for prevention of opportunistic infections and condoms for the prevention of HIV and STI transmission.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
1. Decentralization of treatment services with more health facilities providing HIV services. 2. Increased capacity building of health workers and people living with HIV 3. Continuous community mentorship of health care workers to ensure provision of quality service delivery 4. Strengthening Longitudinal patient monitoring and follow up 5. Strengthening linkages at facility and community level with other relevant intervention areas 6. Engagement of private sector to provide HIV services Advocacy for increased resources 7. Advocacy for increased resources and sustainability of HIV Care and treatment program

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

Antiretroviral therapy:
Agree
ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
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:
Agree
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:
Agree
TB screening for people living with HIV:
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:
Under the national HIV strategic plan, communities are empowered to respond to HIV in their social context. Funding has been provided to support income generating activities through community based organizations. The government has a cash transfer program to assist poor families with orphans and vulnerable children. The government also supports education bursaries for poor families that cant afford school fees.
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
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 2011?:
8
Since 2009, what have been key achievements in this area:
• ART Guidelines revised. Scale up of adult and pediatric ART - over 540,000 people are currently on ARV. over 2000 sites are providing care and treatment to People living with HIV and AIDS. Review of ART guidelines in 2011 • Kenya Medical Supplies Agencies strengthened. Monthly Security HIV commodity meetings that have ensured no stock-outs of HIV commodities.
What challenges remain in this area:
• Scale up in that some patients who are eligible for treatment are not on treatment including children. • Efficiency in Logistical support. • Availability of 3rd line treatment.
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes
IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
Yes
IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
Yes
IF YES, what percentage of orphans and vulnerable children is being reached? :
50%
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 2011?:
6
Since 2009, what have been key achievements in this area:
Cash transfer program is in place targeting families with Orphans and vulnerable children.
What challenges remain in this area:

Insufficient funds to reach all deserving population

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:
Weak linkages with sector plans.
1.1 IF YES, years covered:
2009/10-2012/13
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:
o Most partners are aligned to the national reporting tools. However some partners have developed their own reporting tools making data management difficult

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
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? :
7.3%
4. Is there a functional national M&E Unit?:
Yes
Briefly describe any obstacles:
o Weak M and E subsystems.

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

In the Ministry of Health?:
Yes
In the National HIV Commission (or equivalent)?:
Yes
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Head M and E	yes	-	2005
Programme Officer- M&E Coordination	yes	-	2006
programme officer- M&E research	yes	-	2006
2-M&E officers	yes	-	2008
9- data entry clerks	yes	-	2010

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	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:
• All partners are required to use the national reporting tools through respective decentralized structures. The national tools have been rolled out and there is continuous capacity building carried out by the various M and E subsystems
What are the major challenges in this area:
• Failure by some of the implementing organizations especially for the community based programmes to report using the national tools. They use tools subscribed by their donors. • Lack of agreed MOU for data sharing. Poor quality data hence no incentive to sharing. • Lack of legal mandate for NACC to enforce compliance to reporting.
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.:
o Set up at NACC for key impact and outcome indicators o The other subsystems identified in the HIV framework also have databases accessible to NACC o NACC also houses the community based HIV program implementers databases and workplace based activities.
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?:
Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
Yes
IF YES, at what level(s)?:
National, Provincial and district levels The system is being rolled out to the health facility levels

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:
Yes

8. How are M&E data used?

For programme improvement?:
Yes
In developing / revising the national HIV response?:
Yes
For resource allocation?:
Yes
Other [write in]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
o Setting targets for HIV programmes. o Review of HIV Programmes annually. o Development of appropriate policies and strategies. o MTR uses M and E data. o NPO development used M and E data. o Annual work planning and prioritization uses M and E data

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

At national level?:
Yes
IF YES, what was the number trained:
3
At subnational level?:
Yes
IF YES, what was the number trained:
11
At service delivery level including civil society?:
Yes
IF YES, how many?:
Over 2000

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
o Face to face mentorship & supervision o Development of tools by NASCOP o Development of KNASP tracking tools o Procurement of equipment e.g computers
10. 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 2011?:
7
Since 2009, what have been key achievements in this area:
• Development of new HIV M and E framework aligned to KNASP III. • M and E drivers annual programme review done. • Biennial HIV national scientific conference held on May 2011. • Development of a decentralized M and E system. • Institutionalized systematic data use for decision making at decentralized levels. • Vibrant M and E tools. • Development of KNASP tracking tools.
What challenges remain in this area:
• Weak M and E systems.

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?:
3
Comments and examples:
• Strong advocacy by CSOs calling for leaders' commitment to HIV and AIDS response. • Involvement in the development and review of KNASP III. • Involvement in the establishment of the HIV prevention and control act 2006 and subsequent establishment of the HIV tribunal. • Engagement of the members of parliament of all the party parliamentary group on HIV (APPG-HIV) in raising questions in parliament on health. • NACC structure involvement of civil society when formulating and implementation policies towards increased response to HIV and AID
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)?:
4
Comments and examples:
• CSOs are involved in the entire process as members of all the pillars although they are majorly involved in Pillar III (Community Systems Strengthening) think tank and have also been involved in the development and review of National Plan of Operation (NPO). • They form Membership of the HIV oversight committee hosted by NACC. • Involved in costing, strategic planning processes but they felt that final products missed some of their inputs eg. The recommendation of the CSOs in the National budgeting process wasn't considered.

3.

a. The national HIV strategy?:
5
b. The national HIV budget?:
1
c. The national HIV reports?:
4
Comments and examples:
• Community Health Workers are not budgeted for in the community strategy. • NACC commended for M&E evaluation plan but the follow up on what the CSOs are doing still a challenge. • No institutionalized budget for HIV/AIDs and no constant allocation. • M&E is weak hence NACC and NASCOP need to harmonize and strengthen M&E. • Poor reporting by private sector due to lack of standard reporting tool. • Community Based Organizations report to donors and not the national system due to funding.

4.

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? :
4
c. Participate in using data for decision-making?:
3
Comments and examples:
• NACC operationalized the Strategic plan through pillars which include CSOs. • M &E at organizational level is week. • HIV surveys and other studies are well disseminated.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex

workers, and faith-based organizations)?:
4
Comments and examples:
• CSOs are included in planning meetings. • There is wide representation of many players including MSMs, SWs and IDUs, MARPs and people with disabilities. • NACC has recognized the need to work with networks. • There has been increased significance since the launch of KNASP III.

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?:
2
b. Adequate technical support to implement its HIV activities?:
2
Comments and examples:
• Limited technical support. • Most of the Funding is from the TOWA (Gok) and few organisation are supported financially. • Limited financial support for HIV activities as the funds are dwindling and sustainable financing plans have not been finalized.

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

People living with HIV:
>75%
Men who have sex with men:
-
People who inject drugs:
>75%
Sex workers:
>75%
Transgendered people:
>75%
Testing and Counselling:
25-50%
Reduction of Stigma and Discrimination:
>75%
Clinical services (ART/OI)*:
<25%
Home-based care:
>75%
Programmes for OVC:**
>75%

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 2011?:
8
Since 2009, what have been key achievements in this area:
• Involved in Joint Annual Program Review (JAPR) in 2010 & 2011. • Involved in operational and strategic planning processes at all levels. • Involvement of youth in ICASA and other high level meetings. • Focal point for CSOs involvement in most of the processes. •Mapping of the CSOs where the CSOs were involvement in HIV. • JAPR process decentralization to involve all the CSOs. • Programmes on HTC have been scaled up in the community. • Government is catching up very well in MSM coordination
What challenges remain in this area:
• Financial and technical support is inadequate. • Monitoring and evaluation needs to be strengthened at community level. • Most CSOs feel more obligated to report to their donors rather than the government. • Stigma and discrimination exists among some policy markers. • Private sector left out in some of the processes.

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:
• Involvement of people living with HIV, key populations and other vulnerable sub-populations Strategic planning and review. • involvement of PLWHIV in the NACC board of directors and also in the Consituency AIDS Control committees• Hosting of the Women Living with HIV national meeting that addressed issues of prevention and leadership of women at the national and developed structure. • The involvement of people with disabilities in policy formulation and programming. • Funding of CSOs to implement targeted community based interventions.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
Yes
Men who have sex with men:
No
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
Yes
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

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:
• HIV and AIDS Prevention and Control ACT 2006. • Constitution of Kenya 2010. The new constitution forbid discrimination based on gender, age and religious affliction.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
• Having them included in the National Strategic Plans for HIV. • Constitution Implementation Committee and Human Rights Commission are in place to oversee the implementation . Establishment of HIV tribunal
Briefly comment on the degree to which they are currently implemented:
• It's low due to inadequate funding. • 40% non discrimination for jobs still exists. • Members of the CSOs whose focus is providing legal services especially women and children available. • Inadequate awareness of the law
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?

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
Transgendered people:
Yes
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:
• Criminalization of sex workers, MSMs, IDUs and SWs • The penal code (-4b) • Homosexuality is Illegal • Criminalization of key populations in Islamic laws may hinder the development of some policies, hampering working with key populations in Muslim dominated religions.
Briefly comment on how they pose barriers:
• CSOs find it difficult to provide strategic information on MSMs as it is considered criminal for one to engage in homosexuality. • Prisoners are offenders and they are not expected to have sex within confinement which would be with members of the same sex. • It's is a crime to be an IDU or a Sex Worker so it's difficult to reach such populations due to the criminal nature of their behavior. • It creates stigma. • MARPs fear accessing services because of harassment or fear of stigma.
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:
• Sexual offence Act (2006). • Policies, law and regulations on human rights. • Ratified human rights convections. • Campaign to eliminate violence against women and children. • Penal code. • Criminal laws. • Kenya national campaign on disabilities and HIV/AIDs.
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:
• There is a right based approach to implementation of HIV programmes in National strategic plan III. • HIV prevention and control Act(2006) • Discrimination in access to services is addressed. • Protection, privacy and confidentiality of PLHIV are well addressed.
5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
Yes
IF YES, briefly describe this mechanism:
• HIV tribunal – aggrieved parties can document their own cases directly to the tribunal. • A specific body for PLWHA to report human rights abuses. • Through HIV/AIDS Act and the Kenyan Constitution. • KNHR address such issues at the national level.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:
• ART,HIV positive and low CD4 count • SWs - prevention • MSMs - prevention • IDUs - prevention • Married couples for HIV-prevention • Expectant mothers- aim at zero HIV infections to new born child -people living with disability
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?:
Yes
IF YES, Briefly describe the content of this policy/strategy and the populations included:
• GIPA • MIPA • Population MARPs and priority population • SW • MSM • IDUs • Alcohol and substance abuse programmes • Government provision of funding towards key populations through Global funds,TOWA,PEPFAR partnership framework(APHIA-plus)

8.1

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?:
Yes
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:
• Different strategies are used for different key populations in KNASP III and NPO • Working with national networks for key populations • Targeting of hot spots • Guideline for sex workers, IDUs ,MARPs and WHO on the service provision to MSMs

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:

• HIV Prevetion and control Act(2006) prohibits mandatory testing before employment and also prohibits non- voluntary counseling and testing.

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:

• KNCHR establishment part of Kenya law reform commission • Gender commission has been established establishment of HIV tribunal

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 enforcement on HIV and human rights issues that may come up in the context of their work?:

No

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]:

• Stigma Reduction initiatives amongst Faith Based Organisations and religion leaders • Programmes at the community level,police and key populations by community civil society and human rights agencies • Programmes for community gate keepers are inadequate.

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 2011?:

8

Since 2009, what have been key achievements in this area:

• implementation of HIV prevention and control Act • Policy and guidelines to protect PLWHA. • Review of pillar lll and support document. • Enactment of Sexual offences Act.

What challenges remain in this area:

• Limited programs for judicial officers. • Reinforcement of the laws, policies and guidelines is still poor. • Stigma and discrimination still exist. • Some sections of the HIV Act still contentious.

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 2011?:

2

Since 2009, what have been key achievements in this area:

• Education for PLWHA, Community and Health Workers and the rights of PLWHA. • Pushing for enablement of interventions for MSMs and CSWs, whose behavior is considered illegal.

What challenges remain in this area:

• Revision of the HIV/AIDS Act to remove discrimination clauses has not yet happened. • More coordinated implementation of these laws, policies and regulations. • HIV tribunal not fully operational due to limited funding. • Most PLWHA not aware of the existence of tribunal and HIV Prevention and control Act.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
• Through mapping of key population eg.sex workers and MSMs. • Consultative forms with PLHIW on identifying issues in prevention. • Surveys, desk surveys, programme surveys. • Consultation with CSOs and Communities. • Through JAPR process at all levels.

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Disagree
HIV prevention for out-of-school young people:
Agree
HIV prevention in the workplace:
Disagree
HIV testing and counseling:
Strongly Agree
IEC on risk reduction:
Strongly Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Agree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
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
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Strongly Agree
Other [write in]:
Risk reduction for the married and cohabiting in long term relationships

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 2011?:
7
Since 2009, what have been key achievements in this area:
• Key improvement in targeted interventions for MARPs. • Guideline and indicators for MARPS programs in place. • Increased access to condoms ,HCT, VMMC • Marked improvement in Media advocacy. • Reduction in number of new cases of HIV infections.
What challenges remain in this area:
• Policy and guideline to address criminalization of key populations. • Lack of IEC, BCC materials for the Key populations. • Poor funding. • Inadequate political will to address key populations

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
• Clean water. • Access to cotrimoxazole. • Use of ITNs. • Availability of ART care and use of condom. • Government has put place Comprehensive Care Centres at level 5,4 and 3.
Briefly identify how HIV treatment, care and support services are being scaled-up?:
• WHO revised threshold for CD4, increasing the number of people eligible for ARTs. • Ensuring those in need of ART are

initiated on treatment. • Government has increased the nember of health facilities offering care, treatment and support. • Through promotion of community involvement in home based care.

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

Antiretroviral therapy:
Agree
ART for TB patients:
Strongly 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):
Disagree
HIV testing and counselling for people with TB:
Strongly Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Agree
Paediatric AIDS treatment:
Disagree
Post-delivery ART provision to women:
Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Disagree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Strongly Agree
TB preventive therapy for people living with HIV:
Strongly Agree
TB screening for people living with HIV:
Strongly 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 2011?:
8
Since 2009, what have been key achievements in this area:
The government has scaled access for care and treatment among people living with HIV and AIDS
What challenges remain in this area:
-
2. Does the country have a policy or strategy to address the additional HIV-related 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
2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
Yes
2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :
50%
3. 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 2011?":
7
Since 2009, what have been key achievements in this area:
Conditional cash transfer for families supporting orphans and vulnerable children

What challenges remain in this area:
Insufficient funds

Source URL: http://aidsreportingtool.unaids.org/102/kenya-report-ncpi