Survey Response Details

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Response Details

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1) Country

Kenya (0)

2) 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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7) Date of submission:

Please enter in DD/MM/YYYY format

05/03/2010

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8) Describe the process used for NCPI data gathering and validation:

The National Composite Policy Index component of the UNGASS 2010 reporting has incorporated validated information provided by key informants on the NCPI data collection tools A and B. Key informants included: i) Public Sector HIV and AIDS Focal points representing the various line ministries; and ii) 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 respectively. The NCPI information provided by the key informants was first collated, analysed and presented to a national consensus meeting where participants representing the Public Sector, Civil Society, the Bilateral Agencies and the UN went through a consensus process, and agreed on the information to be presented. This was then followed by a validation workshop where participants representing the Civil Society, Public Sector, the development partners, the UN, NACC and the two ministries of Health validated information presented in the overall country UNGASS 2010 report.

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Each specific question was discused during the national consensus building workshop and with clear jusfication, the members agreed on the correct response.

10)

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

The quality of NCPI data was ensured through consensus building and indepth discussion and consultation that took place in the report development process.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	The Kenya Police	John Willis Okello/Assistant Commissioner of Police	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Provincial Administration and Internal Security	Daniel Bolo/Under Secretary	A.I, A.II, A.III
Respondent 3	Ministry of Planning	Meshek Ndolo/HIV/AIDS Coordinator	A.I, A.II
Respondent 4	National AIDS Control Council	Prof Alloys Orago/ Director, NACC	A.I, A.II, A.III, A.IV, A.V
Respondent 5	National AIDS Control Council	Dr. Sophie Mulindi/Deputy Director	A.III
Respondent 6	National AIDS Control Council	Dr. Patrick Muriithi/ acting, Head of Monitoring and Evaluation	A.V
Respondent 7	State Law Office – Office of the Attorney General	Irene Ogamba/Deputy Head of AIDS Control Unit	A.I, A.III
Respondent 8	Ministry of Agriculture	Alice Kinyua/Head of ACU	A.I, A.II

Respondent 9	Ministry of Education	Elizabeth Kaloki/Deputy Head of ACU	A.I, A.II, A.III
Respondent 10	Teachers Service commission	Oliver Munguti/Head of ACU	A.I, A.II, A.III
Respondent 11	Prisons Department	Mary Chepkonga/Head of ACU	A.I, A.III
Respondent 12	Ministry of Public Health and Sanitation/ Ministry of Medical Services	Anne Barsigo/Dr. Mukui-ART Manager,M&E Manager	A.IV
Respondent 13	Commission for Higher Education	Teresia Muthui/Acting Deputy Commission Secretary	A.I, A.III
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNAIDS Kenya	Girmay Haile/Institutional Development Advisor	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	KANCO – CSO network	Allan Ragi/Executive Director KANCO	B.I, B.II, B.III, B.IV

Respondent 3	KECOFATUMA	Dr. Tobias Gichari	B.I, B.II, B.III, B.IV
Respondent 4	KIRAC	Bishop (Dr) Stephen Muketha, KIRAC	B.I, B.II, B.III, B.IV
Respondent 5	Network of African People Living with HIV and AIDS – East African Region (NAP-EAR)	Joe Muriuki	B.I, B.II
Respondent 6	GESTOS & KAHII UNGASS Kenya Project	Dr. Kibe	B.I, B.II
Respondent 7	Global Child Hope	Hassan Osman. Executive Director	B.I, B.II, B.III, B.IV
Respondent 8	Life Care and Support Centre	Matiko Chacha	B.I, B.II, B.III, B.IV
Respondent 9	NEPHAK	Rahab Mwaniki. Project Coordinator	B.I, B.II, B.III, B.IV
Respondent 10	WOFAK	Hellen Otieno	B.I, B.II, B.III, B.IV
Respondent 11	NNEPOTER	Bethwel Nyangweso	B.I, B.II, B.III, B.IV
Respondent 12	NETMAT	Francis G. Apina	B.I, B.II, B.III, B.IV
Respondent 13	Provide inter	Allan M. Koigi	B.I, B.II, B.III, B.IV
Respondent 14	KAWCO	David Nderitu	B.I, B.II, B.III, B.IV
Respondent 15	LICASU	Matiko Chacha	B.I, B.II, B.III, B.IV
Respondent 16	LICASU	John Njuki Gachuku	B.I, B.II, B.III, B.IV
Respondent 17	WCC	Susan Muigu	B.I, B.II, B.III, B.IV
Respondent 18	NNEPOTEC	Peter Odenyo	B.I, B.II, B.III, B.IV
Respondent 19	NCC	Wilfred Mutiso	B.I, B.II, B.III, B.IV
Respondent 20	WOFAK	Dorothy Onyango	B.I, B.II, B.III, B.IV
Respondent 21	Nephak	Rahab Mwaniki	B.I, B.II, B.III, B.IV
Respondent 22	NCC	Elizerbeth W. Michire	B.I, B.II, B.III, B.IV
Respondent 23	KIRAC	Bishop Stephen Mukhetha	B.I, B.II, B.III, B.IV
Respondent 24	KIRAC	Jennifer W. Maina	B.I, B.II, B.III, B.IV
Respondent 25	KIRAC/ SUPKEM	Shaban Bakari	B.I, B.II, B.III, B.IV

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15)

Part A, Section 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 (0)

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16) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:

2004/5-2012/13

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

9

18)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

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19) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)
If "Other" sectors are included, please specify:

Provincial administration and internal security,prisons, physical infrastructure,Agriculture and rural development,Public adminstration, invironment,water and sanitation,Tourism,research innovation and technology.

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20)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

22)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2008

Page 11

23)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

women,youth,MARPS,mobile and migrant populations, OVC

24)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

25)

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?	Yes
e. A monitoring and evaluation framework?	Yes

26)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

27)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Involvement was organized through consultative and consusus bulding forums that were done from lower level to national level.Validation meetin was done at every stage. Out of the stakeholders involved in the development of the Kenya National HIV and AIDS Strategic Plan, 58% were the Civil society organizations. The are also involved in the KNASP III pillars and are actively involved in the Joint Annual HIV and AIDS Programme Review Forums.

28)

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

Yes (0)

29)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

Page 14

30)

Part A, Section I: STRATEGIC PLAN

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 (0)

Page 15

31)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify-District and constituency development plans and sectoral plan like; Vision 2030 and sector impact studies	Yes

32)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify-OVC support programme and widows support programme	Yes

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33)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

34)

Part A, Section I: STRATEGIC PLAN

3.1 *IF YES*, to what extent has it informed resource allocation decisions?

4 (4)

35)

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 (0)

Page 18

36)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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37)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

Counseling and testing is officially vountary; however, there cases of mandatory testing during recuitment. Each militaty service has health units in which VCT is available and some time outreach VCT compaigns are done.

38)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

No (0)

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39)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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40)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

41)

IF YES, briefly describe the content of these laws, regulations or policies:

MARPS activities are regarded as criminal in nature and unlawful.The law of succession states that a woman once a widow loses the right to her late husband's properties. This makes the woman more vulnerable, while for the man he does not lose right to his wife's property upon her death. The Kenya's marriage Act only recognizes a union between man and woman and not same sex. Therefore, the rights of MSMs and WSWs have not been articulated by Trade Union in Kenya (COTU), FKE etc. However, there are some organizations for expample CSOs that have articulated their issues. Prisons inmates-their issues are not articulated by the laws. Kenya Prisons have a workplace HIV/AIDS policy; however,it's not clear how the prisoners HIV/AIDS issues are being addressed by it.

42)

Briefly comment on how they pose barriers:

They have caused marginalization of these sub-pupulations and this has given rise to inaccessibility to HIV and AIDS services, and increases their risk to HIV infection.

Page 23

43)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

44)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

45)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

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46)

Part A, Section I: STRATEGIC PLAN

7.3 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 (0)

47)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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48)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

49)

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

Yes (0)

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50)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

Fishing communities, CSWs, IDU, MSM, Prisoners, PLHIV, people with disabilities, and OVCs

51)

Briefly explain how this information is used:

-For targeted interventions. -Planning services using information on levels of infection, progress made and what needs to be done differently

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52) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

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53)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Coverage is monitored nationally, regionally/provincial, rural/urban, and community levels.

54)

Briefly explain how this information is used:

-Regional planning and programming interventions -Information is used for planning intervention services; for increasing programme coverage, and planning for emerging challenges.

55)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

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56)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

7 (7)

57)

Since 2007, what have been key achievements in this area:

1.Raised level of resource allocation by the treasury by over 100% 2.Meaningful partnerships have been established. 3.Intervention programmes are now 'results focused'. 4.Interventions are based on cost-effectiveness and "value for money" 5.The KNASP III is evidence based. 6.There has been increased funding through call for proposals, 7.There is gender mainstreaming of HIV/AIDS in all sectoral activities/programmes. 8.There were indepth discussions and consensus during the development of KNASP III. 9.Activities have been costed and targets set in the National Plan of Operation. 10.KNASP III was PEER reviewed both nationally and internationally. 11.Rights and gender are adequately captured in all intervention strategies (engendered and rights based).

58)

What are remaining challenges in this area:

1.Governance issues such as accountability have not been resolved. 2.Weak systems for delivery of services. 3.Legal and ethical issues are still outstanding, they have not been finalized. 4.The country has not invested in ARV drugs and therefore is still highly donor dependent (sustainability is not established). 5.Concerns on whether commitments made by all partners will be translated into actual implementation to achieve set targets. 6.Issue of sustainability of targets in the KNASP III and NPO because of high donor dependability. Funding for HIV and AIDS is 81% by donors. 7.The legal aspects of HIV and AIDS have not been adequately addressed. There should be involvement of CSOs dealing with legal issues such as KENLIN who were involved in the drafting of HIV/AIDS Prevention and Control ACT. 8.There are glaring gaps in Universal Access.

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59)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

60)

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

Yes (0)

Page 32

61)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2000

62)

2.2 IF YES, who is the Chair?

Name	Prof. Mary Getui
Position/title	Chairman to the Board

63)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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64)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

17

65)

If you answer "yes" to the question "does the National multisectoral AIDS coordination

body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

3

66)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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67)

Part A, Section II: POLITICAL SUPPORT

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 (0)

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68)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

-The national AIDS Control Council has a stakeholder coordination desk that brings them together. -Stakeholder coordination requires further strengthening.

69)

Briefly describe the main challenges:

-Full engagement of CSOs. -Capacity building for CSOs. -Engagement of Local Authorities -Capacity building of Local Authorities.

70)

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

Please enter the rounded percentage (0-100)

70

71)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

72)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

No (0)

Page 38

73)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

8 (8)

74)

Since 2007, what have been key achievements in this area:

-Budgetary allocation to HIV/AIDS – Public Sector and Civil Society. -Sustaining of HIV/AIDS leadership. -The National Integrated Monitoring and Evaluation System (NIMES) has two HIV/AIDS indicators out of 66. This is a great achievement for Kenya. -Held workshop on HIV/AIDS for all members of Parliament in November 2008. -Continued interaction with Parliament Health Committee to appraise them on HIV and AIDS situation in the country. -Mainstreaming of HIV and AIDS in Private, Public and Civil Society Sectors.

75)

What are remaining challenges in this area:

- The Cabinet Committee on HIV/AIDS appointed about two years ago has become redundant. It needs to be revived. - The Civic government (Local Authority) is doing very little, this is mainly due to local authorities not having relevant capacity. - NACC has not engaged the Civic Government in HIV/AIDS interventions. -LATF has not been utilized because of lack of capacity. -95% of all HIV and AIDS activities are still donor funded. -The government should commit more funding locally for HIV and AIDS budget.

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76)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and

communication (IEC) on HIV to the *general population*?

Yes (0)

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77)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
h. Abstain from injecting drugs (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
m. Males to get circumcised under medical supervision (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

78)

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

Yes (0)

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79)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

80)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

81)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

82)

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes (0)

83)

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

No (0)

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84)

Part A, Section III: PREVENTION

Question 3 (continued)
IF NO, briefly explain:

The country has just developed the Third strategic plan which intends to address most at risk populations and other vulnerable sub-populations.

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85)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

86)

Since 2007, what have been key achievements in this area:

- There is continuing mapping of MARPs and involving them in the formulation of the HIV and AIDS policy and development of the strategic plan.

87)

What are remaining challenges in this area:

MARPs acceptance by the general public and policy makers.

Page 45

88)

Part A, III. PREVENTION

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

Yes (0)

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89)

4.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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90)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

91)

Since 2007, what have been key achievements in this area:

-Increased advocacy and media coverage and involvement as well as funding through call for proposals under Total War Against AIDS (TOWA) project. -Establishment of ACUs and sub-ACUs have increased since late 2008, and also the increased availability of financial resources has enabled development of work place policies.

92)

What are remaining challenges in this area:

Effective policies formulation and mapping of MARPs.

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93)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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94)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

95)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

96)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

97)

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

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

Page 51

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

99)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

No (0)

Page 53

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

101)

Since 2007, what have been key achievements in this area:

-Rapid scale up of antiretroviral therapy in the country reaching over 360,000 persons on ART both adult and paediatrics -Free ARVs provided in GOK, FBO facilities -Increase in numbers of those accessing nutritional support

102)

What are remaining challenges in this area:

-Sustainability of financing for treatment -Monitoring and evaluation including monitoring of quality of care

Page 54

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 55

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

105)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

106)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children

being reached by existing interventions?

Yes (0)

Page 56

107)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

6 (6)

108)

Since 2007, what have been key achievements in this area:

-Making available required resources. -Media highlighting the plight of OVCs

109)

What are remaining challenges in this area:

-Training and capacity building. -Mechanisms to collect data for purposes of planning. -Disaggregation of data into different categories of OVCs. -Inclusion in the HIV and AIDS Prevention and Control Act.

Page 57

110)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

Page 58

111)

1.1 IF YES, years covered:
Please enter the <u>end</u> year in yyyy format below

2013

112)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

113)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

114)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, most partners (0)

Page 60

115)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

116)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include <u>a data collection strategy</u>, then does this <u>data collection strategy</u> address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

117)

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

Yes (0)

Page 62

118)

Part A, Section V: MONITORING AND EVALUATION

3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

10

119)

3.2 IF YES, has full funding been secured?

No (0)

120)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

121)

Part A, Section V: MONITORING AND EVALUATION

Question 3.2 (continued)
IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:

Budgeting for M&E is done annually. There is a challenge because partners cannot commit themselves to the future yearly funding.

122)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

123)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

The M&E assessment is done yearly. During the reporting period, this was done prior to the new KNASP (III) and M&E Framework. The Global Fund M&E system strengthening tool was used. Also, adhoc M&E system strengthening assessments were carried out during the period for example strategic review of the previous M&E framework.

124)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

125)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes
in the Ministry of Health?
Elsewhere? (please specify)

126) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

14

127) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

9

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128)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of <u>all</u> the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Head Research, M&E	Full time	2006
Permanent staff 2	Programme Officers- Research	Full time	2007
Permanent staff 3	Programme Officers -M&E Coordination	Full time	2007
Permanent staff 4	11- Regional officers		2008
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			

Permanent staff 12
Permanent staff 13
Permanent staff 14
Permanent staff 15

129)

Please describe the details of <u>all</u> the temporary staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	9-Data entry clerks	Part time	2009
Temporary staff 2			
Temporary staff 3			
Temporary staff 4			
Temporary staff 5			
Temporary staff 6			
Temporary staff 7			
Temporary staff 8			
Temporary staff 9			
Temporary staff 10			
Temporary staff 11			
Temporary staff 12			
Temporary staff 13			
Temporary staff 14			
Temporary staff 15			

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130)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

131) **Part A, Section V: MONITORING AND EVALUATION**

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

There is an established data flow mechanism in place. All partners are required to submit data at agreed time-periods. Data submitted is on indicators in the national HIV/AIDS M&E framework. Submissions are done as follows -Through the COPBAR – the grassroots/community level implementers submit to the regional levels, who in turn submit to NACC. -The Public Sector line

ministries/departments/institutions submits directly to NACC through activity reporting tool. -The Ministry of Health collects data through its HMIS and submits relevant data to NACC. -National Blood Transfusion Center and National Leprosy and Tuberculosis Programmes both submit directly to NACC. -Reports received by NACC from stakeholders are reviewed and relevant data is extracted for the indicator reporting.

132)

What are the major challenges?

-Low compliance – some partners are not keen to report on the indicators to NACC; they instead report to the donors who fund them. -There is lack of understanding among partners on their obligation to report on indicator performance to NACC.

Page 70

133)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

134)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

135) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

These are PLHIV networks, CSOs networks and International NGOs as members of Technical Working Group (TWG), their role is to ensure that Civil Society rights are respected.

136)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

137)

Part A, Section V: MONITORING AND EVALUATION

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

This is managed by National AIDS Control Council. The database has all national indicators and it's web-based. There is data management information unit that ensures update and management of data.

138)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

139)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

140) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

1.Provincial level 2.District level 3.Community level (constituency)

141)

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

Yes (0)

142)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

5 (5)

143)

Provide a specific example:

The development of new KNASP III was informed by data and published reports. Baseline data for KNASP performance framework; national reports; KAIS; MOT studies all informed the

development of KNASP III

144)

What are the main challenges, if any?

none

Page 75

145) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

4 (4)

146)

Provide a specific example:

The KNASP III costing was based on different target populations identified through M&E data.

147)

What are the main challenges, if any?

Data and information on MARPs is not accurate.

Page 76

148)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

3 (3)

149)

Provide a specific example:

All Technical Working Groups and programmes receive information on regular basis to improve the programmes.

150)

What are the main challenges, if any?

none

Page 77

151) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and

service-delivery levels?:

Yes, at all levels (0)

Page 78

152)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79

153) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)
Please enter the number of people trained <u>at national level.</u>

Please enter an integer greater than 0

100

154) **Please enter the number of people trained <u>at subnational level.</u>**

Please enter an integer greater than 0

500

155) **Please enter the number of people trained <u>at service delivery level including civil society.</u>**

Please enter an integer greater than 0

8000

Page 80

156)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

157) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
IF YES, describe what types of activities:

Capacity building included: Improvement of infrastructures; procurement and supply of computers; internet connectivity; mentoring of staff; supervision of lower staff cadres and implementers; hiring of new staff; establishment of M&E units; and exchange visits.

Page 82

158) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

9 (9)

159)

Since 2007, what have been key achievements in this area:

-Building capacity of M&E in all sectors. -Development and harmonization of M&E tools. -Commissioning and finalization of major surveys: KAIS, MOT. -Development of robust M&E plan that is harmonized with KNASP III.

160)

What are remaining challenges in this area:

-Male medical circumcision randomized control trials 2006, provided data that guided policy development and scale-up of voluntary male medical circumcision. -Use of information from the MOT study, KNASP II implementation review, and reports to develop KNASP III.

Page 83

161)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

162)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 86

163)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

164)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

165)

IF YES, briefly describe the content of these laws, regulations or policies:

-Most at risk populations are still considered to be in conflict with law, while other groups like IDPs and mobile populations lack supportive policies. -There is an attempt to criminalize MSMs, IDUs and also generally the HIV infection. -Sex work is illegal. The law criminalizes IDUs, sex workers, and prison inmates. -Health insurance coverage for vulnerable populations is not explicit in the HIV and AIDS Prevention and Control Act. -Sex workers are prosecuted for “Loitering with intent” which is criminal by law. -There is a policy for implementation of substitution therapy for drugs users. - The laws and policies are silent on accessibility of accurate HIV information and services to older persons and persons with disabilities.

166)

Briefly comment on how they pose barriers:

-Affects access to prevention and promotive health care and support services provision; protection of human rights; resource allocation; and programme planning to vulnerable groups, and MARPs. - It is not allowed to distribute condoms to women, youth and prison inmates. -Cultural and religious values affect services provision to IDUs, MSMs, prisoners. -Women are highly affected by cultural, social and economic placement; denying them equal access to services compared to men (.Older carers who are mainly women lack adequate home based care and social protection services. (It is estimated that 40% of the 1.2 million children orphaned by AIDS in Kenya are cared by older carers, mainly older women). - The customary laws are contradicting the Act on inheritance (women and children). Additionally, the Act does not have a provision on property ownership by

young people, OVCs, and mentally challenged. -The confidentiality and disclosure sections of the HIV/AIDS Prevention and Control Act is hindering prevention interventions, spouses are not disclosing their status. -Police harassment of sex workers and IDUs

Page 88

167) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

168)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

-The new KNASP III is based on evidence that has highlighted the human rights aspects of MARPs, vulnerable populations and populations of humanitarian concern. -The KNASP III clearly identifies rights-based approach for implementation of the plan. -There is an emphasis for building capacity of the relevant CSOs and communities living with HIV in advocacy for their rights and relevant training documents are available for use. -HIV/AIDS prevention and control Act chapter 1 part 3b states: Extend to every person suspected or known to be infected with HIV & AIDS full protection of his/her human rights & civil liberties. -The Act further states that no person shall be denied access to any employment or have his/her employment terminated on the ground of only his/her actual, perceived or suspected HIV status. -GIPA principle and Gender Mainstreaming are in all KNASP III pillars. -Additionally, the HIV/AIDS Prevention and Control Act provides provision for: i) Rights to access information and services; ii) confidentiality under the Client Charter; and rights to a) manage family/child; b) be employed without prior testing; c) non-discrimination; and d) medical care/education.

169)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

No (0)

Page 90

170)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

171)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

-Involvement in NACC's planning and review processes. -PLHIV and MARPs participate in ICCs and MCGs (monitoring coordination groups); and are involved in NACC council meetings. -Through TOWA financial support the MARPs and other vulnerable populations have been involved in: i) GIPA principle, ii) Affirmative Action, and also through ACUs in line ministries/departments/institutions (external HIV/AIDS mainstreaming). -These groups of sub-populations have been involved in the development of KNASP III; and in UNGASS country reporting and JAPR.

172)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

Page 92

173)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

-Policy on Opportunistic Infections is not being followed. -It is difficult to separate HIV prevention services from other health related services at health facilities level. Therefore PLHIV have to pay the mandatory cost-sharing fee at the government health facilities. -ARVs are being distributed for free but not reaching 100% coverage. -PLHIV pay for nutrition support and other opportunistic infections (treatment). -The government and CSOs have established partnerships that have beefed up funding for HIV and AIDS services. -Bureaucracy is reducing accessibility to financial resources by CSOs. -Health facilities are inaccessible and health personnel are few causing congestion at health facilities. Additionally, there are inadequate medical personnel with skills of attending to special needs of older persons and people with disabilities. -Mechanisms have been established to ensure efficiency in the management of scarce financial resources. -The Public Procurement and Disposal Act of 2005 – has provisions for ensuring efficient management of resources.

174)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

175)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

176)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

No (0)

Page 95

177)

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

Yes (0)

178)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

179)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

180)

IF YES, describe the approach and effectiveness of this review committee:

It is effective but CSOs and PLHIV representation is questionable.

Page 97

181)

– 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 (0)

182)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

183)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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184)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

-ACUs are the government focal points in both internal and external HIV and AIDS mainstreaming. -Kenya National Human Rights Commission (KNHCR) has the mandate for ensuring there is compliance. -COPBAR captures information for reporting on human rights. -Human rights NGOs are advocating and ensuring adherence. -HENNET is carrying out capacity building for CSOs but its country coverage not known -There is the Human Rights Committee in NACC -FIDA assists women who have undergone GBV

Page 99

185)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

186)

– Legal aid systems for HIV casework

No (0)

187)

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

Yes (0)

188)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

189)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

190)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: please specify	

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191)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

4 (4)

192)

Since 2007, what have been key achievements in this area:

-Review of the HIV and AIDS Prevention and Control Act. -Development of new HIV and AIDS

policies. -HIV and AIDS Prevention and Control Act became operationized. -Integration of human rights in HIV and AIDS programs -There is increased government involvement and support for HIV and AIDS strategies. -Commencement of implementation of part of the HIV/AIDS Prevention and Control Act. -Engagement of CSOs in the dissemination of policies.

193)

What are remaining challenges in this area:

-There has been no protection of MARPs. -The Equity Tribunal has not been funded and hence the tribunal has not held a single meeting. -The existing need for an improved version of HIV and AIDS Prevention and Control Act; in its current state it has gaps and related emerging issues have developed. -Increasing numbers of sex workers, MSMs, and IDUs. -Lack of awareness on existing laws. -Lack of harmonization of existing laws with KNASP. -Lack of operationization of important sections of the HIV/AIDS Prevention and Control Act. -Documenting data and information on human rights needs of MARPs and vulnerable populations -Confusion created by the two ministries of health affecting implementation. -Lack of ministerial ownership of HIV. There are three ministries involved: MoPHS; MoMS; and MoSP) -Limited funds for human rights intervention activities.

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194)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

2 (2)

195)

Since 2007, what have been key achievements in this area:

-Strategic review of the NSP (KNASP II) and policy influence as a result of MOT study and KAIS results. -Mobilization of HIV and AIDS financial resources has been great. -Development of the costed KNASP III -Development of Code of conduct for Civil Society Organizations. -Success of PMTCT: There is increased HIV negative babies who have been born to HIV positive mothers. -Stigmatization has gone down. -Partial commencement of implementation of HIV/AIDS Prevention and Control Act. -M&E systems have been improved.

196)

What are remaining challenges in this area:

-There is still an existing need for continued influence for policy and drive to achieve Universal Access to all. -There is still existing need for intensified counseling and testing. -There is poor enforcement of the policies due to lack of awareness -Formulation of policies has applied up-bottom approach. -Governance issues – Global Fund and implementation of programmes. -No budget set aside for implementation of laws and regulations. -Dissemination of laws, policies not adequately done. -Emerging trends of high prevalence among an unusual sub-groups i.e. married couples and adults +50 years (KAIS 2007). -GIPA guidelines in NACC structures not adequate. -There is inadequate political will.

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197)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

198)

Comments and examples:

-CSOs in Kenya are one of the most engaged and vocal forces in the continent, and are usually participatory in keeping pressure on the political will – 60% -Enactment of the HIV/AIDS Prevention and Control Bill – 70%. -Development of KNASP III – 58% -Through advocacy and lobbying CSOs have managed to contribute towards i) availability of free drugs, ii) sexual offence Act, iii) HIV/AIDS prevention and Control Act – 70%. -FBOs have been disseminating and advocating in Mosques, Churches and Public Barazas by sensitizing political leadership to support effective policy formulations. -CSOs' contribution to development of KNASP III was 58% -Dissemination of policies to the communities – 50%. -CSOs engaged in forums with political leaders – 50%. -Private sector actively engaged in the development of work place policy and National Code of Conduct.

Page 104

199)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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)?

3 (3)

200)

Comments and examples:

-58% of total participation in KNASP II was from CSOs. -CSOs have been participating in budgeting processes. -There is need for a two-way feedback mechanism to be established between implementers and NACC. -Have been fully involved in planning and budgeting. -Participation of CSOs in the development of National Plan of Operation (NPO) was 68%.

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201)

a. the national AIDS strategy?

4 (4)

202)

b. the national AIDS budget?

3 (3)

203)

c. national AIDS reports?

2 (2)

204)

Comments and examples:

-Most of the activities are donor driven. -There is COPBAR reporting but not by all CSOs. -There is quarterly community programme activity reporting -There is no harmonized reporting by CSOs -COPBAR does not capture data on MARPs -COPBAR and existing VCT protocols do not disaggregate data for 50+ age cohorts (a short fall from KAIS).

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205)

a. developing the national M&E plan?

3 (3)

206)

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

3 (3)

207)

c. M&E efforts at local level?

2 (2)

208)

Comments and examples:

-The national M&E system is challenged by partners who control big resources and monitoring is not done at a uniform level and standard. -HMIS for Aga Khan Foundation and APHIA II was developed with participation of CSOs. -CSOs are represented in all M&E committees -Uptake of the COPBAR reporting is good. -Involvement of CSOs in M&E has been minimal. -Involvement in the JAPR that reviews progress is good. -There is lack of information on M&E -There is need to strengthen the JAPR at district/community levels -Lack of coordination of reporting and duplication of services. -Inadequate capacity in M&E among MARPs.

Page 107

209) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex

workers, faith-based organizations)?

4 (4)

210)

Comments and examples:

-FBOs are still reluctant to work with sex workers and MSMs. -CSOs are collaborating with different stakeholders and reaching the grassroots. -All CSOs are involved except the people living with disabilities. -Very few CSOs addressing issues of HIV and vulnerable populations

Page 108

211)

a. adequate financial support to implement its HIV activities?

2 (2)

212)

b. adequate technical support to implement its HIV activities?

3 (3)

213)

Comments and examples:

-APHIA II provides Technical Support to CSOs. -Capacity building has been inadequate. -TOWA has improved availability of financial resources. -There is no technical support at CACC level

Page 109

214) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	51-75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	25-50%
Home-based care	>75%
Programmes for OVC**	51-75%

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215)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

216)

Since 2007, what have been key achievements in this area:

- Increased participation in the development of KNASP III - Increased involvement for MARPs - Participation in JAPRs -Representation in CCM -CSO's Code of Conduct -Work Place Policy.

217)

What are remaining challenges in this area:

-Sustainability of civil society participation. -Representation of CSOs not good enough. -Two-way feedback to the grassroots level -Meaningful engagement of CSOs in planning and budgeting. -Unpredictable funding for CSO's activities in HIV prevention

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218)

Part B, Section III: PREVENTION

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

Yes (0)

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219)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

-Through emerging evidence -Through research and programme reviews. -Through baseline surveys -Through JAPRs -KAIS report -Through meetings at CACC level -Evaluation research -Consultation meetings -MOT study -Sentinel Surveillance

220)

1.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
Blood safety	Agree
Universal precautions in health care settings	Agree

Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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221)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

222)

Since 2007, what have been key achievements in this area:

-Increased awareness on HIV and AIDS prevention. -The advocacy and support for prevention programmes have been very good. -CSOs have started working with MARPs. -Development of prevention strategy and moonlight VCT. -Introduction of VMMC. -Availability of HIV prevalence data for older persons

223)

What are remaining challenges in this area:

-Education level (literacy level). -Cultural barriers. -Ignorance and self-stigma. -Stigma reduction. -Access to accurate HIV information/messages that are sensitive to prevention needs of older persons and people with disabilities. -Couples uptake of HIV/AIDS services. -Sex workers uptake of HIV/AIDS services. -Prohibitive laws for IDUs and MSMs make prevention efforts impossible.

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224)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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225)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

-Through baseline surveys. -KAIS 2007. -Research. -JAPR. -HIV and AIDS socio-economic impact studies. -M&E. -Consultations.

226)

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

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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227)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

228)

Since 2007, what have been key achievements in this area:

-There are more people on ARVs (scaling-up) -TB screening has been scaled up -There is improved uptake of counselling and testing -Partnership of government with FBOs. -There is availability of PEP

229)

What are remaining challenges in this area:

-Poor infrastructure -MDR-TB on the increase. -Genital Herpes on the increase -Food and Nutrition insecurity -Sustainability of funding -Integration of TB/HIV collaborative services. -Expensive drugs to treat OIs -Diagnosis of TB in PLHIV -Stigma and discrimination. -Non disclosure and the related treatment defaulting.

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230)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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231)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

232)

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

Yes (0)

233)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

Yes (0)

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234)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 2.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the percentage (0-100)

25

235)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

3 (3)

236)

Since 2007, what have been key achievements in this area:

-Cash transfer programme. -Improved coordination between government and CSOs -Increased support for OVCs -Development of Children's Policy -Development of OVC Policy -Bursary scheme -Costed KNASP III with an NPO addressing to needs of elderly and child headed households

237)

What are remaining challenges in this area:

-Duplication of resources -Lack of data -Inadequate coverage of the programme -Inadequate funding. - Accessibility of bursary scheme is a challenge because of corruption. -Data collection and reporting tools not harmonized. -No coordination of funding and implementation mechanisms; and also duplication of data. -Policy interpretation issues for example are street children under OVCs.