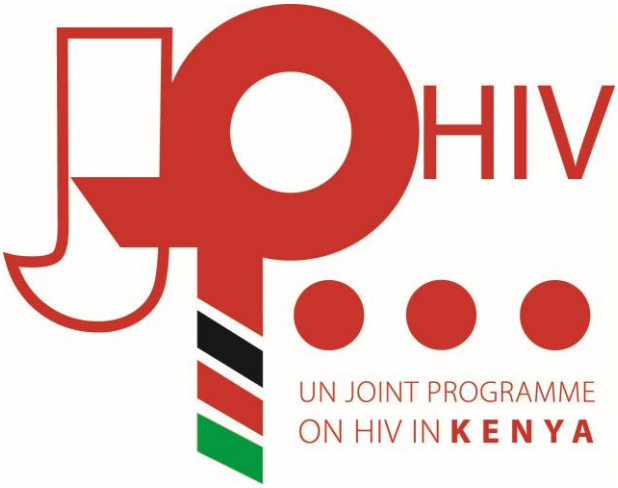

UN JOINT PROGRAMME ON HIV IN KENYA

NARRATIVE PROGRESS REPORT FOR DFID

JANUARY – MARCH 2013

30 September 2013

LIST OF ABBREVIATIONS

ACU	AIDS Control Unit
COTU	Central Organisation of Trade Unions
CSO	Civil Society Organisation
CT-OVC	Cash Transfer for Orphans and other Vulnerable Children
DFID	Department for International Development
EHRP	Emergency Humanitarian and Response Plan
eMTCT & KMA	Elimination of Mother to Child Transmission and Keeping Mothers Alive
FSW	Female sex worker
GBV	Gender Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoK	Government of Kenya
IASC	Inter-Agency Standing Committee
IDU	Injecting Drug User
JAPR	Joint Annual Programme Review
JP-HIV	The UN Joint Programme on HIV in Kenya
KAIS	Kenya AIDS Indicator Survey
KANCO	Kenya AIDS NGOs Consortium
KEWOPA	Kenya Women Parliamentary Association
KNASP	Kenya National AIDS Strategic Plan
M&E	Monitoring and Evaluation
MARPs	Most-at-risk Populations
MCH	Maternal and Child Health
MoGCSS	Ministry of Gender, Children and Social Services
MSM	Men who have sex with men
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NEPHAK	National Empowerment Network of People living with HIV and AIDS in Kenya
OVC	Orphans and other Vulnerable Children
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother to Child Transmission
UNDAF	United Nations Development Assistance Framework
VMMC	Voluntary Medical Male Circumcision

1. INTRODUCTION: OVERVIEW OF THE UN JOINT PROGRAMME ON HIV

The UN reform calls for increased Joint Programming to enhance the effectiveness of the UN System. The UN Joint Programme on HIV in Kenya (JP-HIV) provides a platform for UN agencies and national partners to work together to implement the national HIV response. The JP-HIV is anchored within the UN 'Delivering as One', and is aligned to the 2011 Political Declaration and the Kenya National AIDS Strategic Plan III (KNASP III). It responds to the UN system's commitment as outlined in the UN Development Assistance Framework (UNDAF 2007 – June 2014). The JP-HIV consists of 16 UN agencies and engages over 50 full and part-time staff working on HIV and AIDS.

The goal of the JP-HIV is to support an effective and efficient, multi-sectoral response to HIV in Kenya, within the framework provided by the KNASP III. The JP-HIV is organised and accountable to support the achievement of four outcomes:

1. Comprehensive and equitable health sector response to HIV
2. The multi-sectoral response: keeping human rights and gender at the forefront
3. Communities empowered in the fight against HIV and AIDS
4. Leadership, strategic information and accountability for a sustained response

The JP-HIV was originally developed to cover the period from July 2007 to December 2012. However, following the extension of the KNASP III and the UNDAF to June 2014, the JP-HIV has similarly been extended to June 2014 to ensure alignment.

2. PURPOSE OF THE NARRATIVE REPORT

Support from the Department for International Development (DFID) under the Harmonised HIV and AIDS Programme (2007-2012) has formed an essential part of the funding for the JP-HIV since the programme's inception in 2007. By the end of the DFID contract in September 2012, the JP-HIV had a balance of USD 879,640 from the final tranche received in March 2012. In order to allow the programme to complete the remaining activities, DFID subsequently granted the JP-HIV a no-cost extension until 31st of March 2013.

The purpose of this report is to provide a narrative account of the utilisation of the remaining DFID funds. The report covers the implementation period 1 January until 31 March 2013, thus complementing progress reported previously in the JP-HIV Annual Report for 2012. Responding to the list of outstanding areas of work as reported to DFID in November 2012 (see table 1 below), the report summarises the achievements and challenges in implementing the planned activities as well as highlights the main results. In addition, the report provides a summary of the main priorities for way forward in terms of the work areas concerned. The report is structured according to the four outcome areas of the programme.

Table 1: Main areas of work planned for January – March 2013

Outcome 1 – Comprehensive and equitable health sector response to HIV	**Outcome 2 – The multi-sectoral response: keeping human rights and gender at the forefront**	**Outcome 3 - Communities empowered in the fight against HIV and AIDS**	**Outcome 4 – Leadership, strategic information and accountability for a sustained response**
Develop IDU guidelines and validate size	Mainstream gender in the national response and build capacity of	Mobilise partnerships of PLHIV, FBOs and networks of key	Technical support and mobilise partners to advance the

estimations	civil society partners	populations to drive the advocacy campaign to achieve sexual transmission targets	Prevention Revolution Strategy
Develop strategy for Voluntary Medical Male Circumcision	Finalise national policy on HIV/AIDS in the world of work, mainstream HIV and AIDS in the informal sector		Strengthen political accountability for eMTCT at national and county levels
Develop condom strategy and training manual	Mainstream HIV in emergency preparedness activities and plans		Develop strategic information to inform the national response, including finalising the county HIV profiles to provide crucial county-specific information
Finalise national strategy on HIV/AIDS programming along transport corridors	Develop national guidelines for HIV interventions in emergency settings		
Finalise study on traditional circumcision practice	Mainstream HIV in the Ministry of Agriculture, allied ministries and key partners		
	Strengthen sectoral mainstreaming in education sector and Commission for University Education		

3. PROGRESS REPORTS PER OUTCOME AREA

3.1 OUTCOME 1 – COMPREHENSIVE AND EQUITABLE HEALTH SECTOR RESPONSE TO HIV

3.1.1 Highlights of key achievements

National guidelines for HIV interventions for injecting drug users developed

National guidelines for HIV interventions for injecting drug users (IDUs), as well as standard operating procedures and protocols, finalized and disseminated following wide stakeholder engagement and expert review. This signals that the long-term technical support and advocacy towards IDU programming is leading to increased acceptance and ownership by the government. Launch of documents to take place once principal secretary for health in place.

Consensus reached regarding MARPs size estimations to guide policy and programming

In March 2013, NASCOP, with support from the JP-HIV, convened a meeting to share existing data on MARPs population size estimates conducted in Kenya since 2006 and to build consensus among stakeholders regarding preliminary size estimates for MARPs in different geographic regions. The meeting was attended by 50 stakeholders from the government, implementing partners, development partners and MARPs representatives. The

deliberations resulted in Kenya's first consensus report providing credible size estimations for three key populations: sex workers, men who have sex with men, and injecting drug users. In addition to portraying regional distribution of the three key populations, the report presents strengths and weaknesses of different size estimation methods plus an inventory of available MARPs related data from surveys, surveillance and mapping studies conducted since 2006. It is anticipated that the report will enable the government to develop targeted programming for MARPs, examine program effectiveness and allocate human, infrastructural and monetary resources equitably.

New national strategy for voluntary medical male circumcision developed

End-term review of National Voluntary Medical Male Circumcision (VMMC) Strategy, 2008-2013, was undertaken and completed. Under this strategy, VMMC has been scaled up in Nyanza, Teso, Nairobi and Turkana regions with a total of 640,000 voluntary medical male circumcisions done. As per KAIS 2012, this has resulted in raising male circumcision rate in Nyanza from 48% in 2007 to 66% in 2012. A draft National Voluntary Medical Male Circumcision (VMMC) Strategy, 2013-2016 has been prepared. The strategy will focus on completing the catch-up phase and moving on to sustainability phase where infants will become the target group in traditionally non-circumcising communities. Furthermore, the new strategy aims to embrace use of male circumcision devices and implementation of VMMC traditionally circumcising communities focusing on surgical safety and HIV prevention messaging.

National strategy on HIV/AIDS and STI programming along transport corridors launched

The National strategy for HIV and AIDS and STI programming along transport corridors in Kenya has been finalised and launched, harmonizing the support for mobile, at-risk groups along transport corridors. The strategy aims to benefit mobile populations along transport corridors and border areas in Kenya, namely truckers, female sex workers, and men who have sex with men, along with the communities they interact with such as border officials, police officers and the general population. The strategy was developed in collaboration with the National AIDS Control Council (NACC) and the National AIDS and STI Control Programme (NASCOP), with technical support from the JP-HIV. The strategy provides a national framework within which HIV programming can be effectively coordinated among various stakeholders providing HIV services along the transport corridors in Kenya.

Study on traditional circumcision practice finalised

Medical male circumcision is promoted as one of the main prevention methods for reducing heterosexual transmission of HIV in Kenya. However, there is a need to better understand the socio-cultural meanings of male circumcision to address pertaining challenges in both traditional and non-traditional circumcising communities. Thus, the JP-HIV supported a study on the "State of Traditional Circumcision Practice as it relates to HIV Prevention and Care in Butere District, Western Kenya". The study found that while traditional male circumcision is central in the everyday life of the community, the link to HIV prevention is not well understood. Voluntary medical male circumcision services are not fully embraced and face stiff competition from traditional circumcision services. The recommendations of the study include further public health education and training to reduce the HIV transmission risks with traditional circumcision practices, awareness raising campaigns about the link to HIV prevention and incorporation of HIV and AIDS information into the education provided during traditional circumcision.

3.1.2 Summary of achievements

OUTPUTS	KEY ACHIEVEMENTS
1.1: Strategies and service delivery support systems are developed that facilitate **integrated delivery of HIV interventions with other health services** at all levels including community	Developed a concept note to review level of integration of tuberculosis and reproductive health services into HIV services and level of integration of HIV services into maternal and child health services. Consultant procurement in process.
1.2: Strategies that provide a coherent health sector framework **for reducing sexual transmission of HIV** through the adoption of innovative and evidence based approaches are advocated for, developed and rolled out	Condom strategy and training manual developed and disseminated in five regions.
	Completed end-term review of National Voluntary Medical Male Circumcision (VMMC) Strategy, 2008-2013. Under this strategy, 640,000 voluntary medical male circumcisions were done. Draft National Voluntary Medical Male Circumcision (VMMC) Strategy, 2013-2016 has been prepared.
	Finalised, printed and disseminated the study on the *State of Traditional Circumcision Practice as it relates to HIV Prevention and Care in Butere District, Western Kenya*.
1.3: Operational frameworks that facilitate delivery of targeted and integrated **Health/HIV services to IDUs, mobile populations and in special settings** are advocated for and developed	National guidelines for HIV interventions for injecting drug users (IDUs), as well as standard operating procedures and protocols, finalized and disseminated following wide stakeholder engagement and expert review.
	Consensus reached regarding MARPs size estimations to guide policy and programming for FSWs, MSM and IDUs. Report finalized and awaiting launch.
	Agreement reached on a framework for national integrated service delivery guidelines for SW, MSM, TGP and sex worker clients.
	Rapid assessment conducted at Taveta/Holili to determine whether a one-stop service point for mobile populations should be established at the location.
1.6: The **health sector is strengthened to convene, coordinate and monitor** health sector HIV response through KNASP Pillar 1 and health sector coordination mechanisms	Supported integration of HIV in health sector strategies and assessments
	HIV commodities F&Q plan revised and disseminated; monthly monitoring of commodities is on-going.

3.1.3 Main challenges

- Planned review of community strategy to deepen integration of HIV interventions has not been possible due to the general elections and the devolution process
- Development of DASCOs/county HIV coordinators manual and convening of NASCOP pillar 1 coordination meetings have had no support
- Planned activity of printing and distribution of the MARPs curriculum was cancelled by NASCOP
- Funding gaps, transition to county governance and slow policy review processes were identified as factors that may influence progress towards the priority areas.

3.1.4 Priorities for way forward

- Intensify advocacy and strengthen capacity for evidenced based planning at county level, particularly to improve PMTCT performance

- Strengthen integration of HIV into other health services, building on lessons learned to accelerate response
- Accelerate evidence-based interventions in harm reduction
- Strengthen continuum of care to community level

3.2 OUTCOME 2 - THE MULTI-SECTORAL RESPONSE: KEEPING HUMAN RIGHTS AND GENDER AT THE FOREFRONT

3.2.1 Highlights of key achievements

National policy on HIV and AIDS and the world of work developed

The JP-HIV supported the development of the national policy on HIV and AIDS and the world of work through a consultative and participatory process led by the Ministry of Labour, Social Security and Sevices (MOLSSS) – Directorate of Occupational Safety and Health Services (DOSHS) and a national steering committee comprising NACC, Federation of Kenya Employers (FKE), Central Organisation of Trade Unions COTU(K), NEPHAK, faith-based organizations and private sector members. The policy is anchored in the Occupational Safety and Health Act No. 15 of 2007. It was presented to the National Council of Occupational Safety and Health (NACOSH) and passed for presentation to the Cabinet Secretary and Principle Secretary MOLSSS in readiness for tabling it to the parliamentary committee on labour issues. Currently the policy is being finalized to incorporate high level comments and inputs as it is taken through the steps of approval.

Mainstreaming of HIV & AIDS in the informal sector expanded

The JP-HIV built the capacity of unions affiliated with the Central Organization of Trade Unions – Kenya (COTU(K)) on HIV mainstreaming in the informal sector and enhanced social dialogue between the affiliates and informal sector associations on the HIV response. COTU(K) is currently hosting the Micro and Small Enterprises Leadership Summit, integrating HIV and AIDS into other informal sector initiatives. The process has close linkages with the national informal sector HIV and AIDS steering committee coordinated by NACC. Together the initiatives have led to an increase in outreach and coverage of HIV and AIDS services among informal sector workers.

HIV activities mainstreamed in emergency preparedness

The JP-HIV coordinated the linkage between the government HIV response mechanism and the emergency response mechanisms to ensure inclusion of HIV activities in the contingency plans for the March 4 2013 elections. This included ensuring availability of adequate ARVs and other HIV commodities around violence hotspot areas in the country. Six out of eight humanitarian hubs were supported to include HIV issues in their contingency plans. The JP-HIV also facilitated inclusion of HIV indicators in the Kenya Food Security Assessment tools and ensured integration of HIV in the Kenya Initial Rapid Assessment tools for humanitarian partners and the Health and Protection sector contingency plans for 2013.

National guidelines for HIV interventions in emergency settings developed

The JP-HIV, in collaboration with the National AIDS Control Council (NACC), facilitated development of national guidelines for addressing HIV and gender-based violence (GBV) in humanitarian emergency settings in Kenya. The national guidelines are based on the Inter-Agency Standing Committee (IASC) guidelines and their objective is to provide a framework to assist local humanitarian and HIV/AIDS actors in integrating HIV into the humanitarian crises response at different stages of an emergency. A national stakeholder's workshop was held to review and consolidate input on the draft guidelines and to chart a way forward.

Once the guidelines are finalised, an end-user validation will be organised with ministerial level representation, followed by county level dissemination through county 'hubs'. In addition, the JP-HIV conducted trainings in Kisumu and Mombasa for national and county level stakeholders on minimum HIV interventions in humanitarian settings contextualizing the IASC guidelines.

Strengthened food security and livelihoods among vulnerable households

From 2009 to March 2013, the JP-HIV supported activities to strengthen food and nutrition security and livelihoods of the most vulnerable populations affected by HIV and AIDS. The activities focused on establishing and up scaling Junior and Adult Farmers Field and Life Schools, increasing the adoption of improved nutritional and care practices, building livelihoods and developing strategies for better food security response to HIV and AIDS among vulnerable households in the targeted communities, as well as on strengthening coordination among national, county and community level partners and stakeholders. Activities in 2013 enhanced HIV and AIDS coordination and use of evidence through training of the Kenya Food Security Steering Group (KFSSG), the Agricultural Sector working group (ASWG), Agricultural and Rural Development (ARD) Sector AIDS Control Units (ACUs) and District Steering Groups (DSGs) to mainstream gender and HIV into food security and agricultural livelihoods. Meetings were also held to identify and document best practices and lessons learnt from the project at national and local level with participants from the government, private sector and civil society organisations. Reported results of the project include improved nutrition intake due to increased agricultural productivity and diversification of enterprises among target communities and improved ability to identify and prepare for threats to livelihoods.

Sectoral mainstreaming strengthened in the Commission for University Education

The JP-HIV provided technical and financial support to the Commission for University Education (CUE) to strengthen HIV mainstreaming and mitigation through a number of activities. First, support was provided to develop practical guidelines for mainstreaming HIV and AIDS in universities in Kenya. The guidelines aim to ensure that universities provide adequate, accurate and factual knowledge and skills to students and staff and develop institutional competence to respond to HIV and AIDS. The guidelines underline that mainstreaming includes brining the issues around HIV and AIDS to policy formulation, strategic planning, day-to-day operations and programmes, and relations with stakeholders.

3.2.2 Summary of all achievements

OUTPUTS	KEY ACHIEVEMENTS
2.1: Ministry of Planning and NACC supported **to ensure all sectors have positioned, prioritized and financed HIV** within the context of the devolved policies, structures and MTEF process	Enhanced HIV and AIDS coordination and use of evidence through training of the KFSSG, ASWG, Agricultural and Rural Development Sector ACUs and DSGs to mainstream gender and HIV into food security and agricultural livelihoods.
2.2: GOK supported to develop and implement a **multi-sectoral framework for HIV preparedness and response in emergencies**	HIV issues included in the 2013 Emergency Humanitarian Response Plan (EHRP) under the Health and Protection cluster; HIV contingency plans developed and HIV integrated in the emergency rapid assessment tool and reports (KIRA)
	Contextualized guidelines for HIV and GBV in emergencies developed with strategic partners particularly NACC, NASCOP and Disaster management line ministries.
2.3: **Gender and Human Rights mainstreamed** and audited in the	Supported eight organisations to build the capacity of networks of WLHIV on gender mainstreaming and advocacy;

national HIV response	developing an advocacy brief and documentary based on achievements of the organisations.
	Strengthened the capacity of AIDS Control Units (ACU) on gender mainstreaming in the national response and supported the ACUs to develop an action plan for gender mainstreaming trainings in ministries.
2.4: Public, civil society organizations and private sector supported to develop and implement evidence-based **sectoral/workplace HIV and AIDS non-discriminating policies**	National HIV and AIDS and the world of work policy being developed; the Postal Sector HIV and AIDS policy is finalized and awaiting management approval.
	Consultative workshops held with the Swedish Workplace HIV/AIDS Programme (SWHAP) and the Central Organisation of Trade Unions (COTU) in Kisumu, Nakuru and Mombasa counties. New phase of SWHAP proposed to include joint initiatives with COTU to expand outreach of HIV response among workers based on the SWHAP model of implementation and ILO Recommendation No. 200.
	Built the capacity of Sony Sugar women support group on business skills, income generating activities and HIV and AIDS. Follow-up with groups on-going to offer technical support for their income generating activities with linkage and partnerships created with providers of financial services.
2.5: Mainstream **HIV interventions for young people**	Diary documenting impact of BCC programs on the YWLHIV in Kisumu county produced.
	Diary documenting experiences of university students and staff relating to HIV stigma and discrimination produced, CUE discussing with radio stations for airtime.
	Established a database with the CUE for reporting and uploading research findings on HIV and AIDS. The tool is available on the CUE website: http://www.che.or.ke.
	Revision of the education sector policy on HIV and AIDS finalised, awaiting authorization by cabinet secretary for education.
	Guidelines developed for mainstreaming HIV and AIDS in universities, draft guidelines on age appropriate comprehensive sexuality education under development

3.2.3 Main challenges

- Restructuring of government and ministries at national and sub national level, including the restructuring of the HIV and AIDS Equity Tribunal.
- Lack of accountability mechanisms for mainstreaming HIV in other sectors, such as food, nutrition, shelter, education.
- To mitigate challenges in the future it is important to re-align project implementation to new governance structures and to build stronger synergies among agencies when conducting activities due to reduced funding.

3.2.4 Priorities for way forward

- Develop sector specific minimum packages for mainstreaming HIV in emergencies.
- Present the national HIV and AIDS world of work policy to the National Labour Board and cabinet committee on Health/HIV.
- Assessment of bottlenecks for adolescents and young people to access and utilize SRH and HIV related services.

3.3 OUTCOME 3 - COMMUNITIES EMPOWERED IN THE FIGHT AGAINST HIV AND AIDS

3.3.1 Highlights of key achievements

Civil society partners mobilised to influence the Prevention Revolution Strategy
The JP-HIV supported the participation of civil society partners, including networks of PLHIV, networks of most-at-risk populations, discordant couples, young people, traditional leaders, the elderly and faith-based organisations, in the process of developing the Prevention Revolution Strategy for Kenya. As a result of the long-term advocacy and mobilisation efforts, the voices of these groups from across the country were taken into account when prioritising the prevention needs and approaches for the strategy. The JP-HIV also strengthened partnership-building and the active involvement of the PLHIV community in the national response through supporting the governance, resource mobilisation and programming capacities and activities of the National Empowerment Network of People living with HIV and AIDS in Kenya (NEPHAK).

3.3.2 Main challenges

- Ministry of Gender, Children and Social Services (MoGCSD) as co-convener for pillar three does not exist anymore as a result of changes in government structures.
- The unclear role of NACC within Ministry of Health affects coordination of the multi-sectoral response.

3.3.3 Priorities for way forward

- Review how coordination of pillar three (community) could be more efficient and effective in the extension period of the current KNASP.
- Review how the new AIDS governance architecture in the country can best mobilize community participation, civil society engagement and ensure multi-sectoral coordination.
- Technical assistance to networks of WLHIV and advocacy training for MARPs

3.4 OUTCOME 4 – LEADERSHIP, STRATEGIC INFORMATION AND ACCOUNTABILITY FOR A SUSTAINED RESPONSE

3.4.1 Highlights of key achievements

Technical support to advance the Prevention Revolution Strategy
Near final draft of the HIV Prevention Strategy produced and buy in received from key influential groups as a result of long-term technical support and mobilisation of interest groups. Plans are underway to launch the Strategy at the HIV Prevention Summit in September.

Political accountability for eMTCT strengthened
Political accountability for eMTCT was strengthened at the national level through successful meetings with the Parliamentary Health Committee. Engagement with implementers and civil society enforced the approach to devolution and established contacts with the county task force. In addition, the standard operating procedures for Option B+ were drafted and the first joint meeting of UN, Government of Kenya and the US Government implementing partners took place to review progress and challenges.

County HIV profiles near completion providing crucial county-specific information

The JP-HIV has collaborated with NACC to develop HIV county profiles for all the new 47 counties in the country. The profiles are soon to be finalised and disseminated. The profiles will be used at national level to influence distribution of resources for HIV and at county level for advocacy and capacity building work, such as to ensure that HIV is included in the County Development Plans. The activity has received praise from partners because it directly addresses the needs of the country.

Kenya AIDS Indicator Survey progresses as planned

Sustained technical and financial support for the second Kenya AIDS Indicator Survey (KAIS II) has ensured that the study has been carried out as planned and results are soon to be expected. The good progress so far can to a large part be attributed to the coordinated and consistent support from the side of the UN.

3.4.2 Summary of all achievements

OUTPUTS	KEY ACHIEVEMENTS
4.1: Strategy and capacity for **improved governance and pillar coordination** to review and report on KNASP III implementation progress	Preliminary discussions with Parliamentarians held on how to conduct capacity development on HIV with county level decision-makers.
	Continued advocacy provided the base for the decision to extend KNASP III with one year. The extension was important as it gives time for the on-going research activities to be completed and allows for a more informed and evidence-based strategic plan to be created.
4.2: The **multi-sectoral response maintained in the devolved system** with (i) implementation of institutional review recommendations and (ii) monitoring and evaluation and accountability improved through performance reviews including JAPR	Draft HIV county profiles produced and close to finalisation; initial feedback from partners and stakeholders indicate that the profiles are relevant and useful.
4.3: **Improved evidence into policy and practice** to guide KNASP III and development of KNASP IV made available	Modes of Transmission (MOT) study: task team established, concept note developed and procurement ongoing; results are expected in October 2013.
	Stigma Index study: a consultant firm has been assigned with the task; the report is expected by end of December 2013.
	Kenya AIDS Indicator Survey II (KAIS): preliminary analysis completed and final report expected in October 2013.
	National Nutritional Vulnerability Survey for PLHIV: survey has been conducted and data analysed by KEMRI, first draft report completed and currently being finalized for peer review.
	Kenya National AIDS Spending Assessment (KNASA): procurement process has begun and the report to be available by end August 2013.
4.4: **High-level leadership and advocacy for HIV prevention** strengthened	Political advocacy conducted with members of Kenya Women Parliamentary Association (KEWOPA) on how to advance the eMTCT, prevention revolution and sustainable financing agendas.
4.5: **National sustainable HIV financing** strategy developed and operationalised to coordinate HIV resources endorsed	Draft legal framework developed to operationalise the Trust Fund for HIV.

by cabinet and HIV Trust Fund established resulting in increased domestic resources	Development of the Investment Case and sustainable financing strategy progressing as planned.

3.4.3 Main challenges

- Work to integrate HIV into the Medium Term Plan II (MTP II) proved difficult despite significant support to the HIV Thematic Group.
- Finalisation of the HIV county profiles has been delayed due to difficulties in reaching consensus on which data to use.
- End-term review of the Kenya National AIDS Strategic Plan (KNASP) III has been slowed down due to delays in preparing background documents, insufficient planning and uncertainty of the position of NACC.
- Stigma Index study has been delayed due to limited funding.
- Assent of Executive Order for Trust Fund delayed due to changes in government.

3.4.4 Priorities for way forward

- Revise sessional paper on HIV
- Develop a clear road map for how to do capacity building for county decision-makers
- Finalise and disseminate HIV county profiles and organise consultative forums with county governance teams
- Support completion of KNASP III ETR and launch of KNASP IV development
- Complete and disseminate Stigma Index study