



MINISTRY OF HEALTH
National AIDS & STI Control Programme

Kenya Framework for Elimination of Mother-To-Child Transmission of HIV and Syphilis 2016-2021

Every life counts! Tulinde Kizazi



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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART.....	Antiretroviral Therapy
ARV.....	Antiretroviral drugs
CHV	Community Health Volunteer
EBF	Exclusive breastfeeding
EID.....	Early Infant Diagnosis
eMTCT.....	Elimination of Mother-to-Child Transmission
FP	Family Planning
HCW.....	Healthcare Worker
HIV.....	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team
KMMP	Kenya Mentor Mother Program
MCH	Maternal and Child Health
MNCH.....	Maternal, Neonatal and Child Health
MOH.....	Ministry of Health
MTCT.....	Mother-to-Child Transmission
NACC.....	National AIDS Control Council
NASCOP.....	National AIDS and STI Control Programme
NEPHAK	The National Empowerment Network of People living with HIV/AIDS in Kenya
PCR.....	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV.....	Persons/People living with HIV
PMTCT.....	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
PPP.....	Private-Public Partnerships
RMNCAH.....	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SRH	Sexual and Reproductive Health
TWG	Technical Working Group
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA.....	United Nations Population Fund
UNICEF.....	United Nations Children's Fund
WHO.....	World Health Organization
WLHIV	Women Living with HIV
WOFAK	Women Fighting AIDS in Kenya

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PREFACE



Kenya committed to drastically reduce the rate of HIV transmission from mother to child, from as high as 16 percent in 2012 to less than 5 percent by the end of 2015, as outlined in the 2012-2015 Framework on Elimination of Mother-To-Child Transmission of HIV' and 'Keeping Mothers Alive. As a result of concerted efforts, we reduced the transmission rate of HIV to 8.3 percent as well as the number of children born with HIV from 12,826 to 6,613 in just three years. We also increased the coverage of HIV treatment by one-third for children living with HIV and halved the number of AIDS-related deaths among children.

This progress was mainly achieved through an increase in the number of women accessing antiretroviral treatment to prevent transmission of HIV during pregnancy, delivery, and breastfeeding. In addition, we reduced the unmet need for family planning among women, especially those living with HIV and increased access to delivery by skilled birth attendants.

The Framework for Elimination of Mother-To-Child Transmission of HIV and Syphilis 2016-2021 will build on our successes and continue to address our challenges. We are committed to end AIDS and Syphilis among mothers and their children in Kenya. Every mother and child living with HIV must have access to treatment to remain free of AIDS-related illnesses and live to their full potential.

Kenya has chosen to be validated for the pre-elimination of mother-to-child transmission of HIV and Syphilis by 2021. We are committed to reduce HIV and Syphilis incidence and keeping adolescents, mothers and children alive. We strive towards fewer than 50 per 100,000 live birth cases of mother-to-child transmission of HIV and Syphilis.

A handwritten signature in black ink, reading "Cleopa Mailu". The signature is fluid and cursive, with a prominent initial "C".

Dr. Cleopa Mailu, EGH
Cabinet Secretary, Ministry of Health

ACKNOWLEDGEMENTS



This Framework was developed in consultation with citizens and technical experts from different organizations' across the country.

We wish to thank the National AIDS and STI Control Programme for leading the multi-partners technical working group and steering the consultations at the national and county government levels to develop this framework.

The Ministry of Health wish to thank technical staff from National AIDS Control Council, Division of Reproductive Health and Division of Child and Adolescent Health for their dedication and commitment during the development of this framework.

Special thanks to the Joint United Nations Programme on HIV and AIDS represented by UNAIDS, UNPFA, UNICEF, WHO, UNDP and ILO, US Government Agencies and their implementing partners, the Network and empowerment of people living with HIV in Kenya, the AIDS Healthcare Foundation, Women fighting AIDS in Kenya and other partners for their technical and financial support.

We also thank the elimination of Mother-To-Child Transmission Inter Agency Technical Team at local, regional and global level for their technical guidance.

To all individuals who participated in this exercise, your contributions are highly appreciated.

Asanteni Sana!

A handwritten signature in black ink, appearing to read 'Julius Korir', written over a horizontal line.

Mr. Julius Korir, CBS
Principal Secretary, Ministry of Health

MESSAGE FROM THE DIRECTOR OF MEDICAL SERVICES



Kenya has made significant progress on the elimination of Mother-To-Child Transmission of HIV and Keeping Mothers Alive, through universal access to comprehensive HIV, and maternal and child health services. The country has effectively scaled up access to HIV treatment, improving the health and well-being of women and children living with HIV.

In 2015, approximately sixteen children acquired HIV through Mother-To-Child Transmission everyday. This situation is an improvement when compared to close to 66 children who got infected daily in 2009. While we celebrate this success, we are concerned about the increase of new HIV infections among girls and young women, many of whom unknowingly pass on the virus to their children during pregnancy, delivery or breastfeeding. Similarly, our success to stem mother-to-child transmission of HIV, depends on control of sexually transmitted infections especially Syphilis.

We are therefore committed to fast track our efforts and be validated for elimination of mother-to-child transmission of HIV and Syphilis by 2021. Our devolved systems of health which take services closer to mothers and their children will play a critical role to achieve this ambitious goal.

A handwritten signature in black ink, appearing to read 'Dr. Kioko Jackson K.', written in a cursive style.

Dr. Kioko Jackson K., OGW
Director Medical Services

EXECUTIVE SUMMARY



Globally there has been major successes noted after the implementation of the plan to focus on 22 countries which collectively accounted for 90% of women living with HIV in 2012. The global super-fast-track framework launched in 2016 aims at ending new HIV infections among children (Start Free) and keeping their mothers alive, adolescents (Stay free) and end paediatric and adolescent AIDS (AIDS free) by 2020. In addition, a criteria to validate countries for pre-elimination and elimination of MTCT of HIV and Syphilis has been put in place.

During the 2012-2015 period, Kenya implemented the first eMTCT strategic framework and successfully halved mother- to-child transmission of HIV from 16% to 8.3%. This second eMTCT framework for elimination of mother-to-child transmission of HIV and Syphilis 2016-2021 commits the country to be validated in 2021. A mid-term target for 2019 is to achieve <5% MTCT rates and 90% coverage for ANC attendance, HIV and Syphilis testing and treatment among pregnant women. The end-term goal will be achieved by sustaining the mid-term targets for at least two subsequent years.

This framework signifies the Government's commitment to maternal and child health towards the achievement of the Sustainable Development Goals 3 and 5. Developed through a national and county consultative process, it brings together critical analysis of the lessons learnt during the implementation of the first framework and seven focus areas towards achievement of pre-eMTCT validation by 2021.

“ The prevention of mother-to-child transmission of HIV and Syphilis is an excellent example of building the ship as it sails in the high sea. Our current success is a testimony of the hard work and determination of the Kenya Government, the health sector, and citizens. NASCOP will continue to spear-head the national evidence-based eMTCT programme, and lead the policy development, in continued partnership with counties, development partners, and communities

Focus Areas

- i) Sustained leadership, Advocacy and Coordination;
- ii) Equitable and quality prevention and treatment services;
- iii) Diagnostic Systems, Commodity Security and Health workforce;
- iv) Elimination of HIV and Syphilis related stigma and discrimination;
- v) Community empowerment partnerships and system strengthening;
- vi) Public private partnerships;
- vii) Progress monitoring towards validation.

Strategic shifts in the framework

- Shared responsibility of parents in elimination of new HIV infections and Syphilis in children
- Focus on adolescent girls and young women
- Syphilis diagnosis and treatment
- Intensified response to address HIV stigma and discrimination
- Strengthened community responsive programming, accountability and partnerships
- Intensified private sector partnerships for service delivery and financing
- Strengthened coordination mechanisms and programming driven by county governments
- Robust strategic information systems and processes granulated to the ward and facility levels
- Increased decentralization of diagnostics and treatment sites
- Swift adoption of emerging technologies for diagnosis and treatment

The implementation of this framework at a cost of KES 43.6 billion (US\$ 430.2 million) over the 5 years will avert 13,500 new child HIV infections, and 4,500 deaths saving the country about KES 62,000 (USD 620) per every child infection averted per year. In addition, the framework contributes to the reduction of maternal mortality, new HIV infections and deaths among adolescents and young people.



Dr. Martin Sirengo
Head National AIDS and STI Control Programme

Kenya is one of the 22 priority countries focused for reduction of Mother-to-Child Transmission (MTCT) of HIV. The global super-fast-track framework launched in 2016 aims at ending new HIV infections among children (Start Free) and keeping their mothers alive, adolescents (Stay free) and end paediatric and adolescent AIDS (AIDS free) by 2020. In 2014, standardized protocol and a set of impact criteria to validate pre-elimination and elimination of both paediatric HIV infections and congenital Syphilis¹ was developed by the United Nations. Cuba became the first country to receive validation of eliminated mother-to-child transmission of HIV and congenital Syphilis as a public health problem. While none of the 22 priority countries have been validated for elimination, the validation protocol provides for pre-elimination validation as a verifiable mark of concerted efforts towards validation for these high burden countries in the near future.

The country has developed the 2016-2021 Framework for elimination of Mother-To-Child-Transmission of HIV and Syphilis developed through a national and county consultative process. In particular, inputs from representatives of women living with HIV, young people, national, county and sub county leadership and implementers have shaped the strategic approaches to accelerate eMTCT of HIV and

Syphilis. It brings together critical analysis of the lessons learnt during the implementation of the first framework and seven focus areas towards achievement of pre-eMTCT validation by 2021.

The framework is grounded in the Kenya AIDS strategic framework 2014/2015 – 2018/2019, the Kenya health policy 2012-2030 and will contribute to the country's 2030 vision and sustainable development goals 3 and 4.











CONTEXT

Globally, in 2015, an estimated 1.4 million women living with HIV become pregnant. Without antiretroviral treatment the risk of transmission during pregnancy, labour, delivery or breastfeeding is 15-45%, however when treated this risks declines to just about 1%. At the same time, nearly 1 million pregnant women worldwide are infected with Syphilis which can result in early fetal loss and stillbirth, neonatal death, low-birth-weight infants and serious neonatal infections. Maternal Syphilis is also associated with increased risk of MTCT of HIV during the pregnancy, delivery and breastfeeding. Simple, cost-effective screening and treatment options during pregnancy can eliminate most of these complications.

¹ WHO, 2014. *Global guidance on criteria and processes for validation: elimination of mother-to-child transmission (EMTCT) of HIV and Syphilis.*

National Progress Towards Elimination of Mother to child transmission of HIV

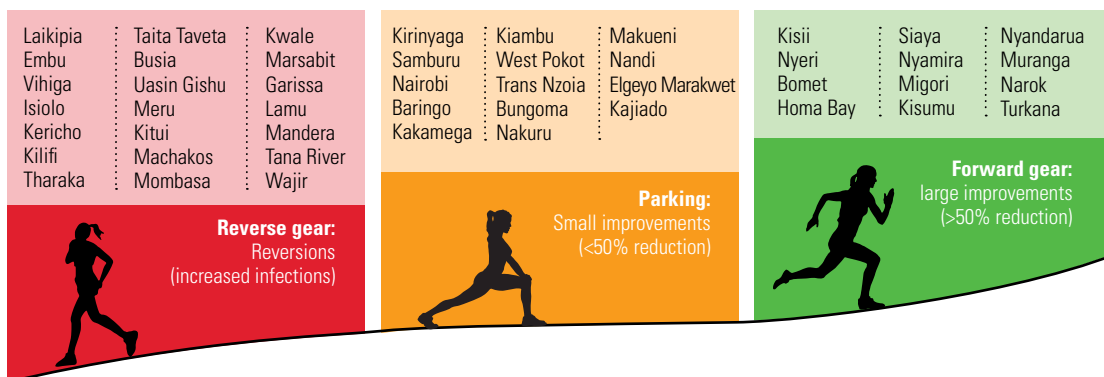
At national level, between 2013 -2015, Kenya reduced the number of new infections among children by 49% from 12,826 to 6,613, as well as increased access to paediatric treatment from 32% to 76%, resulting in a reduction of AIDS-related deaths. This reduction in absolute numbers was noted in 24 of the 47 counties.

Intervention Area	2013	2015
 Reduce of mother to child transmission rates	16%	8.3%
 Reduce number of new child HIV infections	12,826	6,613
 Reduce HIV-attributable deaths among children 0-14yrs	10,393	5,004
 Reduce HIV incidence in women of reproductive age (15-49)	79,036	39,090
 Eliminate unmet FP need among all women (especially HIV positive women)	27%	17.5%
 Identify HIV positive pregnant women for PMTCT services	76,074 (96%)	63,778 (81%)
 Increase provision of ARVs to pregnant women living with HIV	52,180	59,253
 Increase skilled birth deliveries	44%	62%
 Increase the coverage for early infant diagnosis for HIV	51,758 (65%)	54,242 (68%)
 Access to paediatric ART	71,547	60,141

County Progress Towards Elimination of Mother to child transmission of HIV

County performance was evaluated based on changes in new infections per 100,000 live births. Twelve counties showed impressive results with more than 50% reduction in new infections among children in three years. Despite the overall performance of the country in reducing new HIV infections among children by close to half from 13,000 to 6, 613, there were 21 counties that recorded an increase in new infections for the period 2013-2015.

CHANGE IN NEW HIV CHILD INFECTIONS PER 100,000 LIVE BIRTHS BY COUNTY, KENYA, 2013-2015



RECOMMENDATIONS DERIVED FROM THE REVIEW OF THE KENYA 2012-2015 EMTCT FRAMEWORK

The review of the Kenya 2012-2015 eMTCT Framework provides valuable lessons and best practices. Consultative meetings were organized with close to 1500 representatives from the 47 counties and 300 subcounties. Participants reflected on country performance during the three-year period and identified the following key recommendations for the post 2015 eMTCT agenda.

1 Strengthen leadership at all levels for coordination, advocacy and quality service delivery

2 Target hard to reach vulnerable key and priority populations that are often stigmatized and left behind

3 Address gaps in service delivery to scale up and retain pregnant, breastfeeding mothers and infants in the in the continuum of care

4 Identify opportunities to advocate for elimination of stigma at the community and health facilities

5 Address bottlenecks in diagnostics and laboratory services for effective identification and linkage to care

6 Use strategic information to set targets and monitor progress at all levels

02

FRAMEWORK



2.1 VISION, MISSION AND GOAL

Vision

Ending AIDS and Syphilis among mothers and their children in Kenya

Mission

To eliminate new HIV infections and Syphilis among children

Goal

To validate pre-elimination of Mother to Child Transmission of HIV and Syphilis

2.2 PRINCIPLES

The principles upon which this framework is based are:

- Greater involvement of people living with HIV
- Rights and gender based
- Inclusiveness
- Integration
- Multi-sectorality
- Sequentiality

2.3 FOCUS AREAS

This framework identifies seven focus areas to catalyze achievement of the pre-elimination targets of MTCT of HIV and Syphilis. The focus areas provide a comprehensive approach to decrease the incidence of HIV and syphilis

among women of reproductive age including adolescents, ensure quality care for pregnant and breastfeeding women who are at risk of, or living, with HIV and prevent transmission of HIV and Syphilis to exposed infants.



FOCUS AREA 1

Sustained leadership, Advocacy and Coordination



FOCUS AREA 2

Equitable and quality prevention and treatment services



FOCUS AREA 3

Diagnostic Systems, Commodity Security and Health workforce



FOCUS AREA 4

Elimination of stigma and discrimination



FOCUS AREA 5

Community empowerment, partnerships and system strengthening



FOCUS AREA 6

Public private partnerships



FOCUS AREA 7

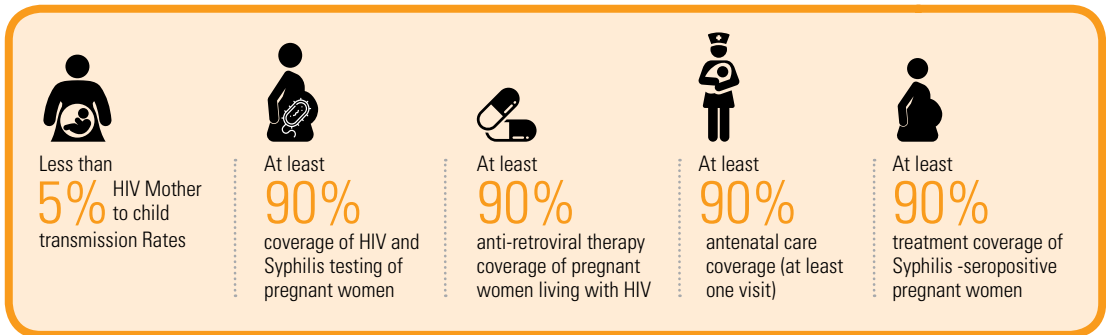
Progress monitoring towards validation

2.4 TARGETS

Kenya aims to achieve the pre-elimination targets of mother-to-child transmission of HIV and Syphilis by 2019, towards validation of elimination of Mother-To-child Transmission (eMTCT) of HIV and Syphilis. National and County programme targets are outlined in Annex 1.

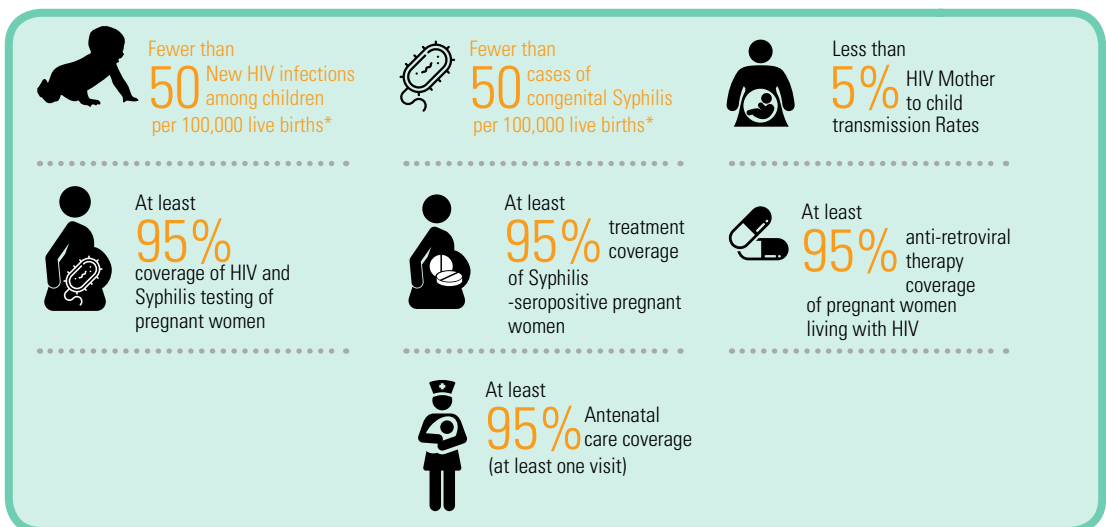
“Pre-elimination” is an attempt to specifically recognize this progress towards eMTCT in high burden countries, such as Kenya. The term “validation” is used to attest that a country has successfully met criteria for eMTCT of HIV and/or syphilis and maintained achievement of the targets for two years, including its sub- national units.

Mid-term targets (2019): Pre-elimination of Mother-to-Child transmission of HIV and Syphilis



Elimination aims to reduce incidence of disease or infection in a defined geographical area to zero. Given the fact that both HIV and syphilis remain a public health issue, the goal of eMTCT is to reduce MTCT of HIV and syphilis to a very low level, such that it is no longer a public health problem.

End-term targets (2021): Validation of Pre-elimination of Mother-to-Child Transmission of HIV and Syphilis



*The reduction of case rates targets are not expected to be achieved within the lifetime of the Framework due to high burden generalised epidemic

VALIDATION OF PRE-ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS

95% COVERAGE OF MATERNAL INTERVENTIONS*

LESS THAN 5% MOTHER-TO-CHILD TRANSMISSION RATE

PRE-ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS

90% COVERAGE OF MATERNAL INTERVENTIONS

LESS THAN 5% MOTHER-TO-CHILD TRANSMISSION RATE

6,613 NEW HIV INFECTIONS AMONG CHILDREN

8.3% TRANSMISSION RATE

75% COVERAGE FOR MATERNAL PROPHYLAXIS

12,940 NEW HIV INFECTIONS AMONG CHILDREN

16% MOTHER-TO-CHILD TRANSMISSION RATE

59.9% COVERAGE FOR MATERNAL PROPHYLAXIS

* Maternal interventions - Antenatal Care, HIV and Syphilis Testing, Antiretroviral Treatment for HIV positive pregnant women, Treatment for Syphilis sero-positive pregnant women

TARGETS

2019

- Kenya commits to achieve and sustain less than 5% HIV mother to child transmission rates.
- Achieve and sustain 90% coverage for ANC attendance, HIV and Syphilis testing and treatment among pregnant women.

2021

- Kenya commits to be validated for elimination of mother-to-child transmission of HIV and Syphilis.

Validation of eMTCT is dependent on

- Performance across each of the 47 Counties.
- System wide quality reporting and accountability.
- Sustained positive service delivery and outcome data from both the public and private health sectors.

“We must galvanise the momentum built by the Global Plan to eliminate new infections among children and ensure that the mothers’ health and wellbeing is sustained. Validation of elimination of mother to child transmission of HIV and Syphilis is not a distant dream – we can make it a reality.”

Jacobi Jantine UNAIDS Country Director



SUSTAINED LEADERSHIP, ADVOCACY AND COORDINATION

- Strong multilevel transformational leadership, advocacy and partnerships between health and non-health actors at the national, county, sub-county and community levels.
- An enabling policy environment that address obstacles in delivering equitable and comprehensive access to maternity.
- Sustained effective communication through champions, partners and icons to build a movement around eMTCT.



“ We have not completed our mission until we ensure that every mother and child has been reached with services. I urge fellow Kenyans to individually and collectively pursue the goal of eliminating mother-to-child transmission of HIV and Syphilis in every part of this country. Let us harness the goodwill and commitment of individuals living with HIV, medical providers, institutions, communities, and all state and non-state actors to make elimination happen. Every mother and child counts.”

Her Excellency Mrs. Margaret Kenyatta



FOCUS AREA 1

Sustained Leadership, Advocacy and Coordination

OBJECTIVE

To create an environment that equitably meets the needs of vulnerable populations at risk of HIV and Syphilis including HIV-positive women and their infants and HIV-positive children.

CONTEXT

The ambitious goal of Kenya being validated for pre-elimination of mother-to-child transmission of HIV and Syphilis by 2021 will require strong multilevel leadership, advocacy and resilient programming at the national, county, sub-county and community levels.

STRATEGIES

1.1

Strengthen institutional platforms for inclusive multisectoral dialogue and partnerships

- Advocate among influential leaders for their commitment to achieve eMTCT targets.
- Establish and operationalize technical working groups and steering committees on eMTCT of HIV and Syphilis at various level of leadership.
- Build partnerships between health and non-health sectors to achieve eMTCT targets.

1.2

Promote sustained and effective advocacy and communication at all levels

- Develop contextual messages to be disseminated through appropriate communication channels.
- Adopt systematic approach to identification and sustenance of champions to advance the eMTCT of HIV and Syphilis response.
- Engage non-traditional partners of influence for eMTCT of HIV and Syphilis messaging.
- Establish an icon to symbolize validation of eMTCT as an advocacy tool.

1.3**Promote a conducive regulatory and policy environment**

- Expand free maternity services to include antenatal profiling at ANC entry and post-natal services in support of eMTCT of HIV and Syphilis.
- Develop policy for the provision of equitable services, including eMTCT of HIV and Syphilis, to leave no one behind.
- Identify and address legal and policy obstacles to eMTCT of HIV and Syphilis.
- Develop and disseminate in country policy guideline and toolkits for validation of pre-elimination of HIV and Syphilis in Kenya

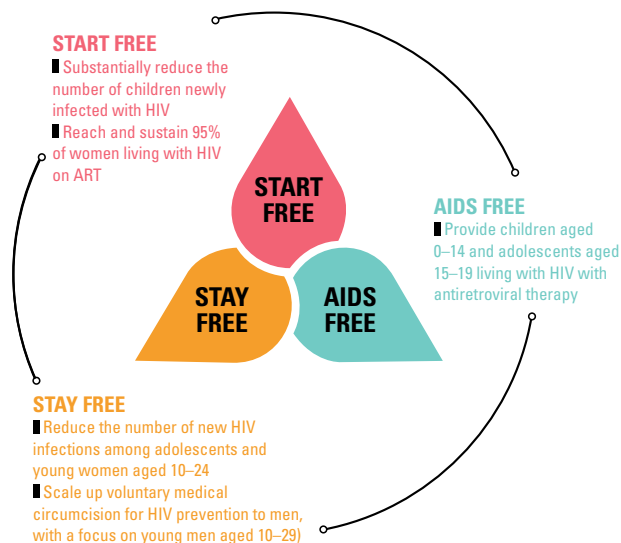
1.4**Strengthen National and County leadership capacity for sustained resilient response towards eMTCT of HIV and Syphilis**

- Identify innovative approaches to mobilize additional resources.
- Build capacity for transformational leadership among political and technical leaders for increased accountability.
- Strengthen micro level contingency planning to address stock outs, strikes, humanitarian and other emergencies for sustained service delivery.
- Create and operationalize a system and platform for recognition



EQUITABLE, QUALITY PREVENTION AND TREATMENT SERVICES

- Primary HIV prevention especially among key populations, adolescents, young women, HIV negative pregnant mothers, breastfeeding women and their partners
- Enhanced integration of delivery of HIV, sexual and reproductive health and TB services to reduce missed opportunities.
- Identification, retention and care and support for HIV positive and Syphilis sero-positive pregnant and breast feeding women and their family.



“ We must take into account, and address the growing needs of children and adolescents to ensure that children, adolescents and young people are protected against HIV infection and all people living with HIV must have access to life-saving treatment”

Dr. Werner Schultink - UNICEF Kenya Representative



FOCUS AREA 2

Equitable, Quality Prevention and Treatment Services

OBJECTIVE

To obtain equitable, quality prevention and care services for those at risk of and living with HIV and Syphilis.

CONTEXT

Optimal delivery of the four PMTCT prongs focusing on primary HIV prevention among young women, elimination of unmet need for Family Planning, management of HIV positive pregnant and breast feeding women and Care and support of the family of the PMTCT clients and their children.

Despite marked progress in eMTCT of HIV, there is unequal access to services among infants, key populations, adolescents, young women, geographically and economically marginalized populations. In the case of eMTCT of Syphilis, less than half of all pregnant women are reached with testing and a sub-optimal number offered treatment. Other overarching gaps include persisting unmet family planning need and low skilled delivery rates amongst HIV infected women. Prevention and treatment services for men as partners and mother-infant pairs needs in the post-natal period are notable gaps.

This focus area seeks to improve the delivery of equitable and quality prevention and treatment services to fast track the achievement of the eMTCT targets.

STRATEGIES

2.1

Strengthen prevention of new HIV and Syphilis infections especially among key populations, adolescents, young women, HIV negative pregnant mothers, breastfeeding women and their partners

- Maximize access to health information and education on HIV and Syphilis, sexual and reproductive health and prevention of sexual and gender-based violence.
- Implement HIV and Syphilis combination prevention strategies.
- Leverage multiple platforms such as school health programs, reproductive, maternal, neonatal, child and adolescent health (RMNCAH) programs.
- Engage and facilitate non-traditional actors in HIV and Syphilis prevention including; community health volunteers, guardians and caregivers, teachers, religious and administrative leaders.
- Optimize use of data for advocacy, policy and programming shifts.

2.2

Scale up the identification, engagement and retention of all HIV and Syphilis sero-converted pregnant and breastfeeding women with their infants in the continuum of care

- Operationalize innovative approaches to increase identification, engagement and retention of key populations, adolescents, young women, HIV negative pregnant mothers, infants, breastfeeding women and their partners.
- Address bottlenecks in service delivery that lead to loss-to-follow-up of mother-infant pairs.
- Standardize multidisciplinary medical and psychosocial care for pregnant and breastfeeding women and children including scale up of Kenya Mentor Mother program (KMMP).
- Strengthen the capacity of health care providers to provide quality care and treatment.

2.3

Optimize quality of care through integrated service delivery models within routine SRH/ TB/ HIV and reproductive, maternal, neonatal, child, and adolescent health (RMNCAH) platforms

- Reinforce quality of care improvement of HIV and Syphilis services to reduce missed opportunities, improve service uptake and health outcomes.
- Adopt emerging technology and patient centred care such as child friendly drug formulations and delivery.
- Scale up implementation of child and adolescent-friendly models to deliver eMTCT of HIV and Syphilis at facility and community level.
- Evaluate physical and human resource capacity to strengthen MNCH service delivery.

2.4

Promote access to nutrition counseling and support services for all pregnant, breastfeeding women and their infants

- Scale up implementation of High Impact Nutrition Intervention and best practices.
- Establish and strengthen nutritional demonstration centers and model sites within facilities and communities for women living with HIV.
- Optimize generation and use of data linking nutrition and eMTCT for advocacy, policy and programme optimization.



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KEY INDICATORS ON eMTCT OF HIV AND SYPHILIS, KENYA, 2015

Number of HIV positive pregnant women identified (63,778)

81%

HIV-positive pregnant women who receive antiretroviral drugs (59,253)

75%

Skilled delivery among HIV positive women

37%

HIV testing for male partners

4%

Antenatal clinic attendance (at least once)

77%

Early infant diagnosis

52%

Source: District Health Information System

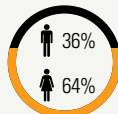
Unmet need for Family planning for women living with HIV

17.5%

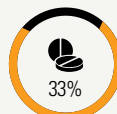
Source: KAIS 2012

NEW HIV INFECTIONS AMONG YOUNG PEOPLE 15-24 IN 2015

268,586
living with HIV



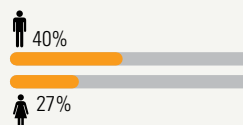
87,942
on antiretroviral treatment



51% of new adult HIV infections occurred among young people 15-24

Source: Kenya HIV Estimates 2015

Never tested for HIV



40% of adolescent girls have no knowledge of MTCT during pregnancy and breastfeeding

11% of Kenyan women married by age 15-19

Source: Kenya Demographics Health Survey 2014

CONGENITAL SYPHILIS INDICATORS 2015



Testing Pregnant women for Syphilis treatment

54%



Partners screened and treated for Syphilis

No available Data



Pregnant women with Syphilis receive treatment

No available Data

Source: District Health information System 2015

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DIAGNOSTIC SYSTEMS, COMMODITY SECURITY, AND HEALTH WORKFORCE

- Effective adoption of emerging technologies and innovations in HIV diagnosis such as dual testing for HIV and Syphilis, co-packaging of HIV and pregnancy test
- Optimized use of routine data systems, research and surveillance.
- Enhanced access, reach and accountability for HIV and Syphilis commodities for public and private sector providers.
- Operationalized national human resource for health strategic plan to ensure the availability of sufficient, quality human resources for existing and emerging needs



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“ Prevention of Mother-to-Child Transmission of HIV and Syphilis is a time sensitive intervention. Swift adoption of emerging technologies and diagnostics will deliver optimal treatment options. We call upon all leaders to allocate resources to translate research into practice and deliver on the promise of eMTCT of HIV and Syphilis by 2021.”

Prof. Ruth Nduati - University of Nairobi



FOCUS AREA 3

Diagnostic Systems, Commodity Security, and Health Workforce

OBJECTIVE

To develop and maintain an effective and efficient laboratory diagnostic system, commodity management, and a skilled health workforce to deliver quality care.

CONTEXT

Human resources for health, commodity security and laboratory and diagnostic systems are pivotal in the agenda to eliminate MTCT of HIV and Syphilis. This agenda is premised to on the MNCH platform which is susceptible to human resource disruptions, inadequate essential cadres and inability to retain and attract health care workers¹.

There is significant investment and capacity in forecasting, quantification, procurement and management of HIV related commodities at national level. Substantial gaps at county, sub-county and facility level exist hindering service delivery and contingency response for HIV. Furthermore, across all levels, sub-optimal commodity security is noted for Syphilis testing and treatment and other non-HIV related commodities that are core to the eMTCT interventions.

HIV testing services for adults is available through point of service within all health facilities through a broad scope of health care providers beyond laboratory specialists.

¹ Review report eMTCT framework 2012-2015 & The national human resource for health strategic plan 2015-2020

However, confirmation of HIV status in infants, Syphilis testing, viral load and CD4 measurement as well as other biochemistry tests require skilled personell to test in a laboratory setting. This poses a challenge in timely access to diagnosis and decision making at decentralised facilities. Addressing this challenges will be core to delivering interventions towards achievement of the targets.

STRATEGIES

3.1

Enhance effective and effecient laboratory and diagnostic systems

- Expand HIV/Syphilis diagnostics (including Early Infant Diagnosis and Viral Load) through point-of-care technology and upgrading of decentralized laboratories.
- Adopt emerging technologies and innovations such as dual testing for HIV and Syphilis, co-packaging of HIV and pregnancy test
- Enhance utilization of mobile and electronic systems to improved diagnostic services, capacity building and laboratory information management.
- Strengthen strategic information through optimization of routine data systems, robust research,surveillance and implementation science to improve services and innovation.
- Expand human resource gaps and effeciencies for HIV and Syphilis diagnostic services

3.2

Enhance the commodity security at all levels

- Operationalize county-level commodity security coordination, planning and response.
- Promote and scale up procurement and management of non-HIV commodities such as syphilis drugs, pregnancy test kits, dual test kits and point of care diagnosis.
- Reinforce patient safety and quality management through institutionalizing post-market surveillance and pharmacovigilance at all levels.
- Expand access and accountability for HIV and Syphilis commodities for players in public and private sector

3.3

Build and maintain a competent health workforce

- Operationalize commitments outlined in the National Strategic Plan for Human Resources in Kenya
- Expand human resource for existing and emerging competencies at each level.
- Strengthen policy and planning with regard to human resource management in context of devolution.
- Scale up innovative and adaptive capacity building initiatives for human resource
- Operationalize sustainable technical assistance approach for counties, sub counties and facilities



ELIMINATION OF STIGMA AND DISCRIMINATION

- Meaningful engagement and partnerships with women living with HIV in decision making, coordination and implementation of the eMTCT programme.
- Scale up and institutionalization of the mentor mother programme and celebrations with mothers for completing PMTCT cascade to counter community level stigma.
- Know your rights and access to justice campaigns for of communities including adolescents and young people, key populations and PLHIV.



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“ People living with HIV look forward to the full implementation of this Framework to reach the end of pediatric AIDS. We join this effort and commit to eliminate stigma and discrimination that prevents our mothers and children from accessing services even when they are readily available. We must account for every mother and child.”

Nelson Otwoma - National Coordinator NEPHAk



FOCUS AREA 4

Elimination of Stigma and Discrimination

OBJECTIVE

To create an environment that is free from HIV and STI-related stigma and empower vulnerable populations at risk to seek prevention and treatment services for HIV and Syphilis

CONTEXT

Kenya has an enhanced legal environment that protects the rights of client. Elaborate mechanisms exist to address and provide remedial measures for those whose rights have been violated. Nonetheless, the country has a high HIV stigma index with low acceptance of people living with HIV. HIV-related stigma and discrimination is attributed to many factors, including incorrect messages on HIV and STI, and weak enforcement of the legal and policy frameworks.

Addressing bottlenecks that drive stigma and discrimination require a focus on the individual, family, society, and communities. One of the successful strategies implemented in Kenya is the Mentor Mother programme (KMMP). Implementation of KMMP significantly shaped the progress witnessed in the first eMTCT

framework. Additionally civil society through networks of people living with HIV have had a tremendous role in the eMTCT progress in Kenya. People living with HIV and communities have to be at the center of eliminating stigma and discrimination.

STRATEGIES

4.1

Establish partnerships with women living with HIV for stigma-free eMTCT response

- Promote representation of Women Living with HIV (WLHIV) in key decision-making and coordination structures.
- Engage state and non-state actors to scale up effective interventions such as the Kenya Mentor Mother Programme.
- Establish partnerships with different stakeholders to develop context-specific strategies that deal with HIV and STI-related stigma.
- Institutionalise community led HEI graduations for mother infant pairs to acknowledge survival milestones to counter stigma and discrimination.



4.2

Address community information gaps in HIV, STI, and Maternal and Child Health

- Develop and disseminate context-specific messaging and advocacy on key issues related to eMTCT of HIV and Syphilis.
- Engage community gatekeepers, such as religious communities, politicians, mothers-in-law, and local administrative leaders to address HIV and STI-related stigma.
- Adopt emerging platforms to provide stigma-mitigation information and services.
- Develop and implement a community engagement participatory practice guidelines to address HIV and STI-related stigma.

4.3

Increase access to justice against stigma and discrimination

- Build capacity of communities including adolescents and young people, key populations and PLHIV, to know their rights and access justice when needed.
- Raise awareness on the availability of elaborate mechanisms that exist to address and provide remedial measures for those whose rights have been violated.
- Build the capacity of health and other multisectoral service providers on needs and rights of people living with HIV.



COMMUNITY EMPOWERMENT, PARTNERSHIP AND SYSTEMS STRENGTHENING

- A community owned and driven response linked to health system.
- Operationalized community-led accountability and recognition system.
- Scale up of community led service delivery models such as community-based HIV and or Syphilis education and testing, care and support, sexual and gender based violence prevention community action groups.



Photo © NACC

“ It is vital for people living with HIV to stay in care and adhere to treatment. We need to support young women living with HIV to access eMTCT services. We call upon our partners to work together with communities to ensure every pregnant woman can access HIV prevention and treatment services irrespective of the geographical location.”

Dorothy Onyango - Executive Director WOFAK



FOCUS AREA 5

Community empowerment, partnership and systems strengthening

OBJECTIVE

To empower communities to own and fast track eMTCT of HIV and Syphilis.

CONTEXT

Community participation and ownership are regarded crucial for the achievement of eMTCT. Strategic community engagement promotes awareness, reduces stigma, creates an enabling environment for eliminating new HIV infections and adherence to interventions for those living with HIV.

This framework calls on meaningful engagement of communities to improve access to quality services, including referrals and linkages, as well as to plan and monitor programmes and to address stigma and discrimination.

STRATEGIES

5.1

Strengthen community coordination and partnership mechanisms

- Engage and partner with other line ministries to operationalize community owned response and epidemic monitoring plans.
- Empower communities to demand quality and accountable health service delivery.
- Reinforce close collaboration between various actors in the community linked to the health system.
- Integrate the eMTCT agenda into community dialogues through leveraging on existing platforms in the community.
- Foster facility-community dialogue and linkage.
- Empower and facilitate communities to participate and fast track achievement of eMTCT agenda.

5.2

Reinforce role of communities in service delivery and demand creation

- Build capacity of communities including networks of PLHIV to provide education, advocacy, and social mobilization.
- Integrate resource mobilization and utilization from community actors and stakeholders to support outreach and referral mechanisms independent of facility funding.
- Optimize innovative service delivery models such as community-based HIV and / or Syphilis testing, care and support, community SGBV watch and maternal shelters.
- Develop and operationalize guidelines and SOPs on functional facility into community referral for interventions.
- Expand and empower workforce of community health volunteers and other relevant players to provide services within the community.

5.3

Optimize community strategic information and accountability for eMTCT agenda

- Reinforce the generation and use of local contextual social cultural perspectives to health evidence and information to promote transformative approaches to delivery of service.
- Update and operationalize monitoring and reporting tools to capture relevant eMTCT of HIV and Syphilis indicators.
- Establish and operationalize community-led accountability and recognition systems.
- Document, disseminate and scale up successful community practices.
- Set up and operationalize standards for identification and facilitation of community led champions.





PUBLIC PRIVATE PARTNERSHIPS

- Optimize public-private coordination, collaboration and accountability for elimination of MTCT of HIV and Syphilis.
- Engage and improve health care services within the private sector in eMTCT implementation.



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“ The path to achieving validation of elimination of mother to child transmission of HIV and Syphilis requires continuous partnering with all stakeholders at national and county level, to create an enabling environment for state-of-art policy development, technical excellence and sound health investment. The Private sector remains a critical partner in delivering a Kenya free of children newly born with HIV and Syphilis.”

Dr. Rudolf Eggerts WHO Country Representative



FOCUS AREA 6

Public Private Partnerships

OBJECTIVE

To harness private sector for improved public-private coordination, collaboration and accountability for results.

CONTEXT

The private sector in Kenya is a major partner in the delivery of health services. Strategic public-private partnership is key in the achievement of the Sustainable Development Goals, in particular universal health coverage and well being of communities. Social corporate engagement would be a key element in the response towards eMTCT.

There are challenges in coordination and alignment to national standards and reporting through the national information systems in most of for profit private health facilities.

The success of the 2016-2021 eMTCT Framework relies on harmonized efforts from public and private sector. Public and private actors will collectively need to finance, monitor and deliver equitable, quality services in support of eMTCT of HIV and Syphilis interventions.

STRATEGIES

6.1

Enhance public-private partnership models to increase coverage of eMTCT of HIV and Syphilis services

- Optimize investment in public-private partnership models to bridge resource and service gaps.
- Adopt and leverage private sector led and tested innovative technologies
- Identify areas and models of resource transfer between the private and public sectors
- Expand dedicated workplace interventions for eMTCT of HIV and Syphilis.

6.2

Enhance quality of care in private sector

- Reinforce the capacity of health care providers and managers in private sector.
- Operationalize and interphase laboratory diagnostic systems, commodity security and health workforce quality management between public and private sector.
- Strengthen the implementation of regulatory requirements for comprehensive quality healthcare provision in private sector.
- Establish and implement mechanisms for continued quality improvement focused to private sector.
- Enhance equitable access to critical commodities in private sector including test kits and ARVs

6.3

Reinforce private sector strategic information and accountability for results

- Expand strategic private sector involvement in planning and coordination to increase ownership, mutual accountability, and resource allocation.
- Establish and implement private sector to private sector self-coordination mechanisms towards meeting eMTCT targets.
- Promote enforcement of policy guidelines for renewal of privately-held health-facility licenses based on quality of service delivery and timely reporting to district health information systems.
- Engage private sector in progress monitoring for enhanced accountability towards the validation of eMTCT of HIV and Syphilis.
- Collaborate with the private sector on the mobilization and efficient use of resources for eMTCT of HIV and Syphilis.
- Establish and implement a responsive reporting system from private sector linked to the routine national health management information system.



PROGRESS MONITORING TOWARDS VALIDATION

- Inclusion of critical sub-sets of data from the private sector and other non-health sectors.
- Standardization and implementation of a national unique identifier and electronic medical records.
- Maximize and Scale up generation and utilization of strategic information.

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“ **Building on the efficiency gains made through the successful implementation of the 2012-2015 eMTCT Framework, this new framework will help us move towards an AIDS-free generation. The PEPFAR Team remains committed to the partnership with the Government of Kenya, at national and county levels, and will work with key stakeholders in achieving the ambitious goal to achieve validation of the pre-elimination of mother-to-child transmission of HIV and Syphilis.**”

Dr. Tamu Daniel - PEPFAR Coordinator



FOCUS AREA 7

Progress Monitoring Towards Validation

OBJECTIVE

To monitor and fast track progress towards eMTCT of HIV and Syphilis targets for Kenya to qualify for validation of pre-elimination status

CONTEXT

Kenya has a robust routine data monitoring system, the district health information system (DHIS) whose utilization has greatly facilitated the country to measure its progress over time. This strategic information has been used to support advocacy efforts, decision-making and programming of eMTCT at all levels. Key challenges in the routine system relate to the exclusion of critical subsets of data from the private sector and other non-health sectors, bulky manual system of documentation, lack of unique identifiers and lastly sub-optimal human resource capacity. There is need to optimize this routine national system to meet the validation requirements.

STRATEGIES

7.1

Reinforce generation and use of strategic information on eMTCT of HIV and Syphilis

- Promote use of technology in service delivery and reporting.
- Optimize integration of data systems from various players within the health sector and other multisectoral responses.
- Foster private sector and community level involvement in eMTCT reporting and data utilization.

7.2

Establish and operationalize an in-country mechanisms to monitor and fast track progress towards validation

- Strengthen the policy and regulatory environment towards eMTCT validation.
- Advocate for standardization and implementation of a national unique identifier system for clients.
- Establish and operationalize M&E validation task teams at various levels to provide oversight and standardize in-country validation processes.

- Establish and disseminate in-country platforms and mechanisms for periodic monitoring and evaluation of progress towards targets.
- Optimize tracking of process, outcome and impact indicators at all levels and incorporation of new child HIV/Syphilis infection into the routine MOH disease surveillance reporting.
- Strengthen the capacity to monitor and track progress at both national and county level.
- Optimize routine continuous data quality improvement and use for decision making.
- Create recognition systems for achievements, identification and scale-up of best practices to catalyze achievement of validation targets.

7.3

Strengthen surveillance and research to inform eMTCT programming

- Build strategic partnerships between government institutions and other sectors to develop country-based operational research.
- Strengthen research and surveillance in priority and emerging areas such as drug-resistance, safety, adolescents and young people and prevention interventions in the context of eMTCT.
- Scale up generation and utilization of strategic information from operational research to inform policy and programming.
- Maximize the generation and use of programme evaluation data to supplement routine data.



IMPLEMENTATION PLAN



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“ *Great things are accomplished by those people whose thinking is active in one direction, who employ everything as material, who always zealously observed their own inner life and that of others, who perceive everywhere models and incentives, who never tire of combining together the means available to them.*

Nietzsche



Implementation plan

OBJECTIVE

To steer the delivery of a coordinated approach and accountability across multiple levels towards a validation of eMTCT of HIV and Syphilis

CONTEXT

The coordination of implementation of the framework will be done through technical working groups and a national validation steering committee.

Technical Inter-governmental eMTCT Validation Advisory Team

- Act as the national link between the global and regional validation committees
- Domesticating international and national policy directions
- Provides oversight of the national processes and progress towards validation
- Responsible for ensuring accountability and ownership of the eMTCT targets at the national and county governments
- Monitor the progress of targets in line with commitments

Joint National eMTCT/MNCH steering committee meeting

- Advocate for political support, mobilise resources and strengthen partnerships to achieve validation
- Sustain leadership advocacy and momentum at national and county levels to achieve validation targets.
- Galvanize efforts of county and national level champions.
- Strengthen national ownership, coordination and harmonization among partners and stakeholders
- Provide strategic leadership to unblock policy, financial and programme bottlenecks.
- Monitor the progress of targets in line with commitments

EMTCT/Maternal, Neonatal and Child Health Technical working Groups

Technical Working Group (TWG) for eMTCT/MNCH will be established and strengthened at the National county and sub-county levels.

- Provide platforms to inform programming.
- Develop operational plans and budget
- Routinely monitor progress through dashboards, stock taking meetings and programme audits
- Identify best practices for scale up based on value for money



FINANCING

- The Cost of implementation of 2016-2021 framework KES 43.6 billion (US\$ 430.2 million).
- Estimated Available funds KES 35.2 billion (US\$347.3 million).
- Financial gap of KES 8.4 billion (US\$82.8 million).



Photo © Shutterstock

“ We have the vision to end AIDS and Syphilis among all mothers and their children in Kenya. We have what it takes to reach this vision, working with all sectors to reduce HIV and syphilis incidence and related deaths among adolescents, women and children. We will jointly deliver on the validation of elimination of Mother to Child Transmission of HIV and Syphilis in Kenya.”

Dr. Nduku Kilonzo - Director of National AIDS Control Council



Financing

OBJECTIVE

To provide cost of implementation, available resources and gaps to support resource mobilization

CONTEXT

The cost to implement the eMTCT framework interventions outlined in the seven focus areas over the next 5 years will be KES 43.6 billion (US\$ 430.2 million). The programme has a financial gap of KES 8.4 billion (US\$82.8 million). This financial

gap is based on the assumption that funding levels of KES 35.2 billion (US\$347.3 million) from major donors and government will remain constant over the 5 years implementation period. The costed interventions also applies the National HIV programme targets for proportion of pregnant and breastfeeding women living with HIV.

The cost of implementation includes procurement of eMTCT commodities such as infant diagnosis/ infant PCR test and prophylaxis; rapid HIV testing for pregnant mothers and renovation of 75 % all level 2 to 4 hospitals physical space to basic standards. Other costed elements include data review meeting, programme audits and community advocacy meetings.

SUMMARY OF COST OF IMPLEMENTING EMTCT FRAMEWORK BY FOCUS AREAS IN US\$, MILLIONS

	Cost	%
Focus Area 1: Leadership, advocacy and coordination	20,414,082.83	4.7%
Focus Area 2: Equitable and quality prevention and treatment services	227,057,864.74	52.8%
Focus Area 3: Strengthening of diagnostic systems, commodity security and health workforce	132,579,275.32	30.8%
Focus Area 4: Elimination of HIV and syphilis-related stigma and discrimination to increase access to services	7,092,618.16	1.6%
Focus Area 5: Community empowerment and systems strengthening towards elimination of mother- to-child HIV transmission and syphilis	9,165,752.71	2.1%
Focus Area 6 : Leverage public-private partnerships for eMTCT of HIV and Syphilis	12,241,888.12	2.8%
Focus Area 7: Progress monitoring towards validation of eMTCT of HIV and Syphilis	21,630,799.48	5.0%
Total Funding need	430,182,281.37	100.0%
Funding available	347,343,297.05	81%
Funding Gap	82,838,984.32	19%

Source: Summary Cost estimates by focus Area; Kenya PMTCT Programme gap analysis - Global fund application-May 2017

To address this financial gap of Ksh 8.4 billion (US\$82.8 million) over the five year period, the programme recommends increase of domestic resources through the Medium Term Expenditure Framework at the national and county level

FUNDING OPPORTUNITIES AND SUSTAINABILITY PLANS

To address this financial gap of Ksh 8.4 billion (US\$82.8 million) over the five year period, the programme recommends increase of domestic resources through the Medium Term Expenditure Framework at the national and county level. In the 2015/16 fiscal year, Kenya dedicated a budget line of KES 1.2 billion (12 million USD) for procurement of commodities, which was increased by Ksh 2.8 billion (US\$ 28million) in the fiscal 2017/18. This budget line is projected to double in the next 4 years¹. The Kenya Health Financing Strategy (KHFS 2017-2030) provides a framework for the country to achieve universal health care which will significantly contribute to the achievement of eMTCT targets. This strategy focuses on raising domestic resources for health, targeting 83% of total health expenditure from local sources; to increase efficiency in the health sector; and aims to reduce resource wastage to below 20% of total health expenditure by 2030.

¹ Refer to the Sustainability, Transition and Co-Financing Policy, and Global fund application 2017, National/county health account.

At the county level, efforts to secure resources for eMTCT are ongoing. This framework proposes advocacy activities with Members of County assemblies and other stakeholders to increase local financing for eMTCT programme.

Other resource mobilization efforts targeting external resources include a submission to Global fund in May 2017 worth Ksh 21.93 billion (216.34 million USD) of which Ksh 1.06 billion (10.48 million USD) will support eMTCT programming for the period 2018-2020. The global fund support if secured will contribute efforts to bridge the financial gaps of implementing this framework.

COST BY FOCUS AREAS

Description	Frequency	Lead	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Focus Area 1: Sustained leadership, Advocacy and Coordination								
Objective 1: To create an environment that equitably meets the needs of vulnerable populations at risk of HIV and Syphilis including HIV-positive women and their children								
Strategy 1.1: Strengthen institutional platforms for inclusive multisectoral dialogue and partnerships								
Activity 1.1.1 Convene bi-annual joint national eMTCT/MNCH steering committee meeting	Biannual	National MOH	1,815.04	1,815.04	1,815.04	1,815.04	1,815.04	9,075.22
Activity 1.1.2 Conduct quarterly eMTCT national technical working group	Quarterly	National MOH	26,278.67	26,278.67	26,278.67	26,278.67	26,278.67	131,393.33
Activity 1.1.3 Conduct quarterly eMTCT County level technical working group	Quarterly	County MOH	611,985.16	611,985.16	611,985.16	611,985.16	611,985.16	3,059,925.79
Activity 1.1.4 Conduct annual inter-county forums for performance review, bench marking and accountability	Annual	National and County	244,794.06	152,996.29	152,996.29	152,996.29	152,996.29	856,779.22
Activity 1.1.5 Conduct biannual national eMTCT stock taking meeting	Biannual	National MOH	-	129,233.04	-	-	129,233.04	258,466.07
Activity 1.1.6 Facilitate a validation and accountability intergovernmental core team operations	Annual	National, County	20,961.77	20,961.77	20,961.77	20,961.77	20,961.77	104,808.87
Activity 1.1.7 Hold monthly sub-county coordination working groups	Monthly	Sub-County	1,835,955.47	1,835,955.47	1,835,955.47	1,835,955.47	1,835,955.47	9,179,777.37
Activity 1.1.8 Recruit/facilitate community champions for eMTCT and facilitate annual ward level community -MOH performance review meetings towards validation	Annual	National, County and Civil society	271,417.00	100,616.52	280,363.97	-	-	652,397.49
Activity 1.1.9 Develop and disseminate terms of reference, training packages and working tools relevant for the different teams and platforms	one off	National	-	8,286.07	-	-	-	8,286.07
Strategy 1.2: Promote sustained and effective advocacy and communication at all levels								
Activity 1.2.1 Develop and disseminate electronic and non electronic communication messages and platforms	Annual	National MOH	4,932.18	26,633.78	26,633.78	26,633.78	26,633.78	111,467.32
Activity 1.2.2 Conduct annual consultative meeting between MOH and other key ministries (Gender and social services, culture and sports, Security and administration) on progress on eMTCT and gaps in mitigating new infections among young women	Annual	National MOH	16,167.69	10,249.07	10,249.07	10,249.07	10,249.07	57,163.99
Activity 1.2.3 Develop and disseminate biannual progress bulletin on the eMTCT validation implementation progress including sub national progress	Biannual	National MOH	3,156.60	1,676.94	838.47	838.47	838.47	7,348.95
Activity 1.2.4 Develop and launch a monumental icon to signify validated milestones of elimination of Mother to child transmission in communities to be reminders of history of the HIV infection	one off	National MOH and Civil society	88,779.28	-	-	-	-	88,779.28
Activity 1.2.5 Conduct strategic meeting for religious and cultural leaders to influence for eMTCT of HIV and syphilis messaging	Biannual	National MOH	143,270.03	143,270.03	143,270.03	143,270.03	143,270.03	716,350.13
Strategy 1.3: Promote a conducive regulatory and policy environment								
Activity 1.3.1 Advocate for comprehensive maternal child health funding including universal health coverage, expansion of free maternity services to include postnatal care, syphilis testing and coverage and other emerging needs to accomplish targets	Annual	National MOH	41,647.35	41,647.35	41,647.35	41,647.35	41,647.35	208,236.73
Activity 1.3.2 Conduct an assessment of the legal and policy environment to identify obstacles to eMTCT of HIV and Syphilis and conduct high level advocacy on the issue	one off	National MOH	231,220.70	-	-	-	-	231,220.70
Activity 1.3.3 Develop and disseminate National Syphilis and other STI prevention, treatment and control policy	one off	National MOH	36,577.06	-	-	-	-	36,577.06
Activity 1.3.4 Develop and disseminate guidelines and toolkit on validation of eMTCT of HIV and Syphilis in Kenya	Once	National MOH	-	199,319.34	-	-	-	199,319.34
Activity 1.3.5 Develop and disseminate National PMTCT of HIV guidelines	Once	National MOH	121,607.88	-	-	-	-	121,607.88
Activity 1.3.6 Develop and disseminate guidelines on PMTCT of Syphilis in Kenya	Once	National MOH	-	121,607.88	-	-	-	121,607.88
Activity 1.3.7 Develop and disseminate guidelines and toolkit on integrated service delivery & support for HIV prevention, SRH and GBV among adolescents and young people	Once	National MOH	-	123,580.76	-	-	-	123,580.76
Activity 1.3.8 Develop and disseminate county eMTCT of HIV and Syphilis business plans	Once	County MOH	62,954.37	239,881.61	-	-	-	302,835.98

Description	Frequency	Lead	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Strategy 1.4: Strengthen National and County leadership capacity for sustained resilient response towards eMTCT of HIV and Syphilis								
Activity 1.4.1 Conduct annual resource gap analysis for county business plans	Annual	National MOH and County MOH	330,564.71	330,564.71	330,564.71	330,564.71	330,564.71	1,652,823.55
Activity 1.4.2 Conductive biennial National leadership and recognition summit	Biennial	National MOH	-	777,252.72	-	777,252.72	-	1,554,505.43
Activity 1.4.3 Develop and disseminate operational guide on microlevel contingency response plans to address commodity stock outs, health workforce strikes, humanitarian and other forms of emergency for sustained service delivery	Once	National MOH	-	35,284.83	-	-	-	35,284.83
Activity 1.4.4 Recruit and mentor 10 county leadership through strategic leadership mentorship program	Annual	National MOH	10,357.58	187,916.14	187,916.14	187,916.14	10,357.58	584,463.58

Focus Area 2: Equitable and quality prevention and treatment services

Objective 2: To obtain equitable, quality prevention and care services for those at risk of and living with HIV and Syphilis

Strategy 2.1: Strengthen prevention of new HIV and Syphilis infections especially among key populations, adolescents, young women, HIV negative pregnant mothers, breastfeeding women and their partners

Activity 2.1.1 Develop and disseminate practical handbook and info packs for HCW , community health care workers, education sector, community champions and Programmers on preventions of new HIV and Syphilis infections including ; SGBV , SRH needs for priority needs for men, adolescents and young people	Continuous	National MOH	392,197.26	359,309.47	359,309.47	-	-	1,110,816.19
Activity 2.1.2 Scale up access to friendly services to improve uptake of HIV prevention and treatment services including Sexual and Gender Based Violence (SGBV) in facilities and community service points	Continuous	National MOH, County MOH	1,781,915.03	1,781,915.03	1,781,915.03	1,781,915.03	1,781,915.03	8,909,575.17
Activity 2.1.3 Develop and disseminate a minimum package of care for HIV-negative pregnant women/couples in discordant partnership , Key populations that are pregnant or breast feeding.	Once	National MOH	-	-	72,473.48	-	-	72,473.48
Activity 2.1.4 Expand access to social protection and cash transfer programs for OVCs , adolescents and young people	Continuous	National MOH	177,558.56	177,558.56	177,558.56	177,558.56	177,558.56	887,792.78
Activity 2.1.5 Develop and disseminate updated package for Syphilis and other STI diagnosis and treatment including IEC materials	one off	National MOH	-	-	67,265.10	-	-	67,265.10
Activity 2.1.6 Develop and disseminate annual fact sheet on the state of new HIV infections and vulnerability for adolescents girls and young women to learning institutions , religious bodies and other relevant sectors such as tourism , youth and gender	Annual	National MOH/ County MOH	16,414.30	16,414.30	16,414.30	16,414.30	16,414.30	82,071.51
Activity 2.1.7 Conduct annual mapping of populations that contributors of mother-to-child transmission of HIV, including people who inject drugs, sex workers, and men who have sex with men , adolescents and young women as well as geography and social economic ramifications	Annual	National , County and Subcounty MOH	22,826.14	22,826.14	22,826.14	22,826.14	22,826.14	114,130.69
Activity 2.1.8 Conduct biennial recency studies focusing on adolescents and young women within MNCH platforms or learning institutions	Biennial	National MOH	-	83,738.59	-	83,738.59	-	167,477.18
Activity 2.1.9 Expand access to pre exposure prophylaxis and evidence based behavioural interventions through sensitization of existing health care workers	Annual	County MOH	51,009.26	29,514.70	29,514.70	-	-	110,038.67
Activity 2.1.10 Develop and disseminate integrated packages patient material within SRH/PMTCT adolescents (married, non married/ in school and out of school/ HIV positive or HIV negative at risk or not) for both adolescents and care givers	One off	National MOH	139,740.56	-	-	-	-	139,740.56
Activity 2.1.11 Conduct and disseminate an assesment of state of HIV prevention including PMTCT , GBV and SRH programing for adolescents, young women and men in Key populations service delivery points, learning institutions and religious organizations	One off	National and County MOH	-	-	24,266.34	-	-	24,266.34
Activity 2.1.12 Review integrated capacity building materials for HCWS and plan for integrated SRH/HIV/GBV and TB (Curriculum and Job Aids)	Biennial	National MOH	-	90,554.86	-	90,554.86	-	181,109.73

Description	Frequency	Lead	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Strategy 2.2: Scale up the identification, engagement and retention of all HIV and Syphilis seroconverted pregnant and breastfeeding women with their infants in the continuum of care								
Activity 2.2.1 Develop and training of health care workers based on the integrated SRH/HIV/TB/SGBV curriculum both in the Public sector and private sector	Quarterly	County MOH	4,899,284.47	7,537,360.72	1,733,592.97	-	-	14,170,238.16
Activity 2.2.2 Recruitment and remuneration of mentor mothers to standardise and strengthen facility patient support through the cascade of care	Continuous	County MOH	923,304.49	2,343,772.95	2,343,772.95	2,343,772.95	2,343,772.95	10,298,396.28
Activity 2.2.3 Recruitment and remuneration of CHVs - community mentor mothers and CHWs to strengthen facility community linked patient support and referral through the cascade of care	Continuous	County MOH	478,914.88	957,829.77	957,829.77	-	-	2,394,574.42
Activity 2.2.4 Set up private sector mini referral and linkage systems for commodity access, documentation and follow up of the enrolled HIV positive pregnant and breast feeding women in the cascade of care for PMTCT to ensure no defaulters or missed opportunities.	one off	County MOH	102,983.96	-	-	-	-	102,983.96
Activity 2.2.5 Conduct further decentralize PMTCT along MNCH service to ensure on site HIV and Syphilis testing, ART and EID and viral load collection) through annual mapping, tools distribution and mentorship to at least 3,4 ratio	Continuous	County MOH	4,179,535.87	4,179,535.87	4,179,535.87	4,179,535.87	4,179,535.87	20,897,679.34
Activity 2.2.6 Set up and implement models sites for integrated service delivery in each of the 47 counties for eMTCT for each of the priority populations - AGYW, Key populations and men	Annual	County MOH	842,712.64	961,400.67	961,400.67	961,400.67	961,400.67	4,688,315.31
Activity 2.2.7 Advocate and facilitate the engagement of men in HIV and SRH /MNH services as agents of change, clients and facilitative partners through IEC materials and tools for integrated service delivery	Once	County MOH	-	56,789.14	-	-	-	56,789.14
Activity 2.2.8 Set up and implement an Adverse Drug Reaction and teratogenicity monitoring system among HIV positive pregnant women and their infants	one off	National and County MOH	155,172.00	67,412.00	67,412.00	67,412.00	67,412.00	424,820.00
Activity 2.2.9 Recruit and facilitate 5 TA to be stationed at NASCOP to provide TA to the counties on eMTCT	Continuous	National MOH	196,261.39	196,261.39	196,261.39	-	-	588,784.17
Strategy 2.3: Optimise quality of care through integrated service models within routine SRH /TB/HIV and Maternal and child health platforms for PMTCT mothers and infants								
Activity 2.3.1 Scale up quarterly CQI implementation including site engineering, data review mentorship and client perspective incorporations	Quarterly	County MOH	12,496,650.12	12,496,650.12	12,496,650.12	12,496,650.12	12,496,650.12	62,483,250.62
Activity 2.3.2 Introduce and monitor innovative approaches to diagnosis at POC and POS including Dual HIV /Syphilis testing / self testing	Continuous	NHRL	1,448,921.82	2,617,917.64	2,039,724.44	-	-	6,106,563.89
Activity 2.3.3 Introduce and monitor innovative approaches to ART linkage and delivery to infants exposed and infected including at POC /TAB for EID scale up, advocacy for child friendly formulation and schedule of ARVs	Continuous	County MOH	591.86	591.86	591.86	591.86	591.86	2,959.31
Activity 2.3.4 Review and adopt integrated EID/ Immunization integrated schedules (stakeholder consultations, Develop service delivery SOP, M&E tools printing, sensitization of health care workers and communities)	Quarterly	National MOH	88,374.84	91,334.15	91,334.15	88,374.84	88,374.84	447,792.82
Activity 2.3.5 Assess, review and define basic standards for MNCH service delivery setting physical and human resource space to deliver the targets	Once	National MOH	-	-	444,882.83	-	-	444,882.83
Activity 2.3.6 Renovate 75 % all level 2 to 4 hospitals physical space that does not meet the basic physical standard defined	Annual	County MOH	13,810,109.95	13,810,109.95	13,810,109.95	13,810,109.95	13,810,109.95	69,050,549.76
Activity 2.3.7 Conduct biennial national assessment of the status of SRH/HIV/SGBV and TB integration and implementation	Biennial	National MOH	-	43,114.67	-	-	-	43,114.67
Activity 2.3.8 Conduct focused interventions (RRI on integrating pregnancy assessment and FP in CCC /TB service delivery integration and PMTCT clients in MNCH and VL testing in MNCH for different levels of care annually	Annual	County MOH	984,641.11	984,641.11	984,641.11	-	-	2,953,923.33
Activity 2.3.9 Support integrated out-reach community MNCH services (ANC, EID, Immunization and Postnatal care including FP) - outreach tools, fuel, lunches and facilitation)	Annual	County MOH	-	2,406,904.88	2,406,904.88	2,406,904.88	2,406,904.88	9,627,619.51

Description	Frequency	Lead	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Activity 2.3.10 Standardise and scale up use of technology (mobile phone) for client support in the MNCH platform including automation of MNCH booklets, patient reminders for appointment/ interventions and inter facility / facility community referral	One off	National MOH	-	-	3,752,404.16	-	-	3,752,404.16
Activity 2.3.11 Model and roll out integrated (SRH, HIV, SGBV and TB) facility and regional mentorship systems on the MNCH platform (SOP, TORs and Tools development and facilitation)	One off	National and County MOH	-	515,570.86	-	-	-	515,570.86

Strategy 2.4: Promote access to nutrition counseling and support services for all pregnant, breastfeeding women and their infants

Activity 2.4.1 Develop and disseminate annual infopack on the state of eMTCT and the role of nutrition diagggregated by food security geographical disparity , social economic and age groups	Annual	National MOH	17,454.99	17,454.99	17,454.99	17,454.99	17,454.99	87,274.96
Activity 2.4.2 Recruit and sensitize health care workers and CHWs on Integrate nutritional services at all clinics to provide for pregnant and breastfeeding women and HIV-exposed/ positive infants.	Biennial	County MOH	-	1,200,946.30	-	1,200,946.30	-	2,401,892.60
Activity 2.4.3 Review and roll out routine data systems for nutrition services in eMTCT at all levels from community to National level	annual	National and County MOH	-	1,224,340.23	1,224,340.23	-	-	2,448,680.46
Activity 2.4.4 Conduct annual advocacy and evidence dissemination forum on High Impact Nutrition Intervention (HINI) and best practices for effective eMTCT	annual	National MOH	58,101.11	58,101.11	58,101.11	58,101.11	58,101.11	290,505.53
Activity 2.4.5 Establish nutritional demonstration centers and model sites within facilities and communities.	annual	County MOH	303,847.08	303,847.08	303,847.08	-	-	911,541.24

Focus Area 3: Diagnostic Systems, Commodity Security and Health workforce

Objective 3: To develop and maintain an effective and efficient laboratory diagnostic system, commodity management, and a skilled health workforce to deliver quality care

Strategy 3.1: Enhance effective and efficient laboratory and diagnostics systems

Activity 3.1.1 Develop and disseminate national package of care for HIV/Syphilis diagnostics and POCT implementation guideline	Biennial	National MOH	59,916.15	-	46,106.04	-	46,106.04	152,128.23
Activity 3.1.2 Establish the infrastructure for POCT commodity security and supply chain management and referral networks	Annual	National MOH	13,898.89	16,236.74	16,236.74	27,778.05	-	74,150.43
Activity 3.1.3 Upgrade existing EID/VL database to include real time reporting, e-procurement and laboratory information management systems modules from POCT service delivery points into the central EID/VL database	Biennial	National MOH	23,674.47	-	591.86	-	591.86	24,858.20
Activity 3.1.4 Capacity building of super users and end users on POCT service delivery, commodity management and reporting	Annual	National MOH	6,959.31	448,846.33	448,846.33	463,325.24	-	1,367,977.21
Activity 3.1.5 Carry out service quality and data quality audits for POCT service delivery points	Annual	County MOH	16,236.74	16,236.74	-	-	-	32,473.49

Strategy 3.2: Enhance the commodity security at all levels

Activity 3.2.1 Develop and fully implement the F&Q guideline	Annual	National and County MOH	1,092.97	1,092.97	1,092.97	1,092.97	1,092.97	5,464.86
Activity 3.2.2 procurement of PMTCT commodities (ARVs, test kits,Blood collection Kit, PCR test etc)	Annual	National and County MOH	26,127,223.08	26,157,247.22	26,139,378.77	26,164,738.22	26,164,738.22	130,753,325.51

Strategy 3.3: Build and maintain a competent health workforce

Activity 3.3.1 Review , advocate for implementation and disseminate HR. norms and standards guidelines	one off	National MOH	-	-	-	14,796.55	-	14,796.55
Activity 3.3.2 Finalize and disseminate task shifting guideline	Once	National MOH	-	-	14,796.55	-	-	14,796.55
Activity 3.3.3 Disseminate eMTCT guidelines and training curriculum for eMTCT	Annual	National MOH	80,611.35	25,400.74	11,097.41	11,097.41	11,097.41	139,304.32

Focus Area 4: Elimination of HIV and Syphilis-Related Stigma and Discrimination

Objective 4: To create an environment that is free from HIV and STI -related stigma and empower vulnerable populations at risk to seek prevention and treatment services

Strategy 4.1: Establish partnerships with women living with HIV for stigma-free eMTCT response

Activity 4.1.1 Support networks of women living with HIV to conduct know your rights, anti-stigma education, role modeling and address self stigma and establish mother to mother support groups	Annual	National MOH	463,625.12	463,625.12	463,625.12	463,625.12	463,625.12	2,318,125.60
Activity 4.1.2 Conduct a women PLHIV networks led advocacy to increase visibility and engagement of women PLHIV	Annual	PLHIV	148,684.58	148,684.58	148,684.58	148,684.58	148,684.58	743,422.88

Description	Frequency	Lead	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Activity 4.1.3 support WLHIV and young people to attend key eMTCT coordination and accountability meetings.	Annual	PLHIV	3,709.00	3,709.00	3,709.00	3,709.00	3,709.00	18,545.00
Strategy 4.2: Address community information gaps in HIV, STI, and Maternal and Child Health								
Activity 4.2.1 Conduct systematic engagement, capacity building, and empowerment of the leaders in each sector including gatekeepers such as religious communities, politicians and local administrative leaders.	Quarterly	NACC	211,413.05	211,413.05	211,413.05	211,413.05	211,413.05	1,057,065.27
Activity 4.2.2 Develop and disseminate targeted messages in community and school health programs and liaise with other sectors such as the Ministry of Education and Ministry of Social Services to integrate HIV information.	Annual	NASCOP	6,214.55	6,214.55	6,214.55	6,214.55	6,214.55	31,072.75
Strategy 4.3: Increase access to justice against stigma and discrimination								
Activity 4.3.1 Set up and implement a know your rights campaign including the role of HIV tribunal, right holders and duty bearers to facilitate access to dignified services, support clients and provider rights	Year 1 and 2	NACC	15,782.98	1,030,618.91	-	-	-	1,046,401.90
Activity 4.3.2. Develop a policy guidelines on PMTCT friendly workplace policies for mothers in casual work	Annual	NASCOP/NACC	9,864.36	7,023.43	7,023.43	7,023.43	7,023.43	37,958.07
Activity 4.3.3 Sensitise health care workers on existence of HIV tribunal and consequences of violations of rights.	Annual	NACC/ HIV Tribunal	94,461.15	94,461.15	94,461.15	94,461.15	94,461.15	472,305.76
Activity 4.3.4 Develop and disseminate "PMTCT with dignity" short course for private ,public , providers and programmers.	Annual	NASCOP	94,461.15	94,461.15	94,461.15	94,461.15	94,461.15	472,305.76
Activity 4.3.5 Develop and disseminate "PMTCT with dignity" short course for private ,public , providers and programmers.	Annual	NASCOP	-	359,661.81	-	-	-	359,661.81
Activity 4.3.6 Develop and disseminate a rights violations and redress opportunities booklets and online information for SRH and PMTCT clients	Annual	NASCOP, DRH	43,639.95	14,046.85	14,046.85	14,046.85	14,046.85	99,827.37
Activity 4.3.7 Carry out PMTCT legal environment assesment and disseminate finding in advocay platforms	One off	National MOH and Civil society	-	435,925.99	-	-	-	435,925.99
Focus Area 5: Community empowerment, partnership and systems strengthening								
Objective 5: To empower communities to own and fast track eMTCT of HIV and Syphilis								
Strategy 5.1: Strengthen community coordination and partnership mechanisms								
Activity 5.1.1 Develop a communication tailored strategy targeting communities to take action,	Once in year 2	National MOH	-	53,533.90	-	-	-	53,533.90
Activity 5.1.2 Support the networks of people living with HIV to conduct advocacy, provide information and referrals for eMTCT of HIV and Syphilis	Annual	National MOH	463,625.12	463,625.12	463,625.12	463,625.12	463,625.12	2,318,125.60
Activity 5.1.3 Support targeted rapid results community-based testing and moonlight testing for tertiary institutions	Annual	County MOH	70,907.52	70,907.52	70,907.52	70,907.52	70,907.52	354,537.58
Activity 5.1.4 Develop standard operating guidelines on strengthening facility and community linkages	Annual	National MOH	23,595.56	23,595.56	23,595.56	23,595.56	23,595.56	117,977.80
Strategy 5.2: Strengthen outreach referrals, and linkage of systems to involve all community actors								
Activity 5.2.1 Engage communities in monitoring and accountability through review meetings with relevant actors	Quarterly	County MOH	18,545.00	18,545.00	18,545.00	18,545.00	18,545.00	92,725.02
Activity 5.2.2 Hold annual wards level communities - MOH data review meetings	Annual	County MOH	423,753.36	423,753.36	423,753.36	423,753.36	423,753.36	2,118,766.80
Strategy 5.3: Engage community health volunteers in community monitoring and reporting								
Activity 5.3.1 Review reporting tools used in the community strategy to capture eMTCT indicators and encourage use of reporting tools.	Quarterly	National MOH	-	28,448.83	-	-	-	28,448.83
Activity 5.3.2 Recruit and remunerate additional community health worker and mentors linked to PMTCT programme	Annual	County MOH	177,558.56	355,117.11	532,675.67	710,234.23	710,234.23	2,485,819.79
Activity 5.3.3 Develop guidelines and microplans to address health care worker attitude and promote trans formative approaches to the provision of services.	One off	National MOH	-	-	28,409.37	-	-	28,409.37
Activity 5.3.4 Orient selected mentor mothers and community health workers linked to PMTCT on legal issues and Develop on-ground community awareness plans communicating available legal services	Annual	County MOH	46,638.71	46,638.71	46,638.71	46,638.71	46,638.71	233,193.57

Description	Frequency	Lead	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Strategy 5.4: Scale up community based reproductive rights services in support of eMTCT of HIV and Syphilis								
Activity 5.4.1 Develop guidelines and microplans to address health care worker attitude and promote trans formative approaches to the provision of services.	One off	National MOH	-	-	-	26,535.14	-	26,535.14
Activity 5.4.2 Mobilize resouces for SGBV services as well as ensuring all health facilities have capacity to deal with SGBV	Once in year 3	National and County MOH	-	-	15,329.22	-	-	15,329.22
Activity 5.4.3 Document and disseminate successful practices in the provision of reproductive and rights-based approaches in the community.	Annual	National and County MOH	-	23,871.76	422,826.11	422,826.11	422,826.11	1,292,350.09
Focus Area 6 : Public-private partnerships								
Objective 6: To harness private sector resources for improved public-private coordination, collaboration and accountability for results								
Strategy 6.1: Optimize public-private partnership models to increase coverage of eMTCT of HIV and Syphilis services								
Activity 6.1.1 Conduct focused consultation and resource mobilization with private sector including corporates and philanthropists for eMTCT of HIV and syphilis interventions.	Annual	National and County MOH	5,938.35	5,938.35	5,938.35	5,938.35	5,938.35	29,691.74
Activity 6.1.2 Model numbers of women seeking eMTCT care in the private sector(as a proportion of the whole)	Annual	National and County MOH	21,528.97	21,528.97	21,528.97	21,528.97	21,528.97	107,644.87
Activity 6.1.3 Develop advocacy messages targeting different private sector levels		National and County MOH	70,747.22	35,373.61	35,373.61	35,373.61	35,373.61	212,241.66
Activity 6.1.4 Conduct private-private and private-public annual best practices and stakeholder's forums to review innovative service delivery models, m-health platforms, workplace interventions and resource mobilization mechanisms.	Annual	National and County MOH	141,908.74	141,908.74	141,908.74	141,908.74	141,908.74	709,543.72
Activity 6.1.5 Establish eMTCT model private facility and inter-facility peer-learning and knowledge sharing in 47 counties	Annual	County MOH	842,712.64	961,400.67	961,400.67	961,400.67	961,400.67	4,688,315.31
Activity 6.1.6 Conduct Service Quality Assessment across the spectrum of care	Quarterly	County MOH	122,061.64	122,061.64	122,061.64	122,061.64	122,061.64	610,308.22
Strategy 6.2: Build capacity of health care providers in the private sector for quality care provision								
Activity 6.2.1 PMTCT Curriculum review and/or development of training curricula for Health care workers and community health workers including mentor mothers	Quarterly	County , Sub county	636,340.27	-	636,340.27	-	636,340.27	1,909,020.82
Activity 6.2.2 Strengthen coordination of private sector mechanisms for equitable eMTCT interventions	Quarterly	County MOH	14,145.50	14,145.50	14,145.50	14,145.50	14,145.50	70,727.49
Strategy 6.3: Reinforce public-private accountability for results								
Activity 6.3.1 Develop an M&E strategy for private sector	Annual	National MOH	148,675.70	297,351.40	297,351.40	297,351.40	297,351.40	1,338,081.28
Activity 6.3.2 Develop reporting and accountability dashboards for use across private-public partners	Annual	National and County MOH	513,262.60	513,262.60	513,262.60	513,262.60	513,262.60	2,566,313.00
Focus Area 7: Progress monitoring towards validation								
Objective 7: To monitor and fast track progress towards eMTCT of HIV and Syphilis targets for Kenya to qualify for validation of pre-elimination status								
Strategy 7.1: Reinforce generation and use of strategic information on eMTCT of HIV and Syphilis								
Activity 7.1.1 Review immunization, birth registration, laboratory , commodity and available community data systems to identify areas to optimise and intergrate data to suport eMTCT	One off	National MOH	-	53,533.90	-	-	-	53,533.90
Activity 7.1.2Conduct Service quality Audits	Annual	County MOH	4,932.18	4,932.18	4,932.18	4,932.18	4,932.18	24,660.91
Activity 7.1.3 conduct periodic data quality assessments	Annual	County MOH	324,498.13	324,498.13	324,498.13	324,498.13	324,498.13	1,622,490.63
Activity 7.1.4 Conduct annual positive mother to child transmission outcomes at the county level	Annual	County	204,014.78	188,231.80	188,231.80	188,231.80	188,231.80	956,941.98
Activity 7.1.5 Expand EMR coverage in MNCH sites to reach at least 75 %	Annual	National and County MOH	324,823.65	324,823.65	324,823.65	324,823.65	324,823.65	1,624,118.25
Activity 7.1.6 Develop and disseminate an adapted tool for private sector eMTCT data reporting tool	Annual for first 2 years	National and County MOH	11,837.24	213,618.73	-	-	-	225,455.96
Activity 7.1.7 Review, design and disseminate routine service delivery and monitoring tools	Annual	National MOH	-	209,124.52	197,287.29	197,287.29	197,287.29	800,986.38
Activity 7.1.8 Print mother-Child hand books	Annual	National MOH	887,792.78	887,792.78	887,792.78	887,792.78	887,792.78	4,438,963.91
Activity 7.1.9 Conduct routine cohort review for HIV infected women and HIV exposed infants	Biennial	National MOH	-	23,674.47	-	-	-	23,674.47

Description	Frequency	Lead	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Activity 7.1.10 Conduct biannual mapping, networking and inventory review of PMTCT service delivery points	Annual	County MOH	263,369.65	235,197.02	235,197.02	235,197.02	235,197.02	1,204,157.74
Strategy 7.2: Establish and operationalize an in- country mechanisms to monitor and fast track progress towards validation								
Activity 7.2.1 Develop and disseminate a county eMTCT indicator scorecard that utilizes visual color coding	One off	National and County MOH	-	15,782.98	-	-	-	15,782.98
Activity 7.2.2 Advocate and facilitate for use of PMTCT clients' national unique identifier systems.	Annual for first 2 years	National MOH	1,578.30	29,810.11	-	-	-	31,388.41
Activity 7.2.3 Train and facilitate a national validation committee and team	Annual	National MOH	287,270.02	261,484.57	261,484.57	261,484.57	261,484.57	1,333,208.29
Activity 7.2.4 Set up and implement a unique longitudinal client support and tracking system up to 24 months of all HIV positive pregnant / breastfeeding women and their HIV exposed infants	Annual first 3 years	National MOH	544,967.85	123,433.97	254,777.98	-	-	923,179.81
Activity 7.2.5 Develop and disseminate in country scorecards , dashboards and monitors on eMTCT indicators using color coding (Red list approach)	Annual	National MOH	23,595.56	23,595.56	23,595.56	23,595.56	23,595.56	117,977.80
Activity 7.2.6 Recruit and facilitate strategic information specialist/epidemiologist to support County progress monitoring	Annual	County MOH	1,460,419.13	1,460,419.13	1,460,419.13	1,460,419.13	1,460,419.13	7,302,095.64
Strategy 7.3: Strengthen surveillance and research to inform eMTCT programming								
Activity 7.3.1 Conduct an impact and economic evaluations to provide information on eMTCT basic dividends.	One off	National MOH	-	-	-	221,948.20	-	221,948.20
Activity 7.3.2 conduct mid-term and End term evaluation of the 2016-2021 eMTCT Framework	Annual last 2 years	National MOH	-	-	182,490.74	-	182,490.74	364,981.48
Activity 7.3.3 Develop and impliment a multi-sectoral protocol of MTCT and vulnerabilities drivers for priority populations biennially	Biennial	National MOH	-	24,660.91	-	24,660.91	-	49,321.82
Activity 7.3.4 conduct an active surveillance of HIV positive infants at community and health systems level	One off	National MOH	-	-	-	98,643.64	-	98,643.64
Activity 7.3.5 conduct an active surveillance of drug resistance within PMTCT programme	One off	National MOH	-	-	197,287.29	-	-	197,287.29
Grand Total			83,175,479.90	97,321,261.43	91,354,032.64	80,272,242.10	78,059,265.30	430,182,281.37

We must sustain our efforts. Kenya is on the run to achieve elimination of mother-to-child transmission of HIV and Syphilis

“ Every life counts; our intentions when aligned with dedicated action achieves the best for mothers and children. This framework spells our intention; it is each and every ones dedicated actions towards implementation that will deliver the promise for validation. Tulinde kizazi.”

Dr. Rose Wafula - National PMTCT Programme Manager



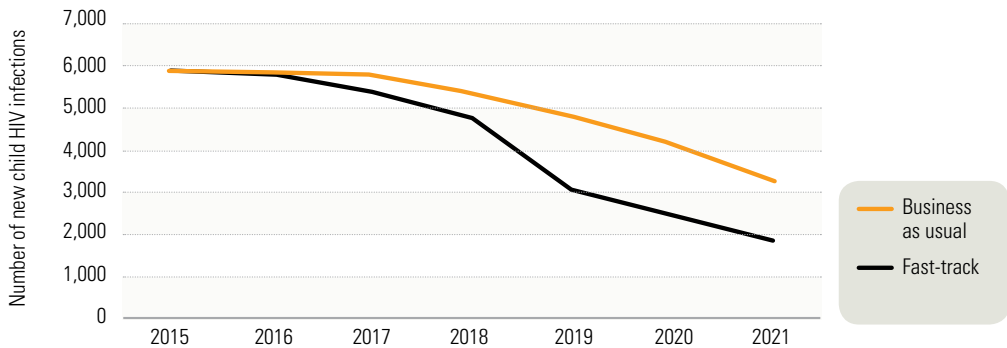
ANNEXES

ANNEX 1: KENYA PRE-ELIMINATION TARGETS

Rationale

The Spectrum mathematical model projects that Kenya requires concerted effort at all levels to achieve the pre-elimination targets on MTCT of HIV and Syphilis. Based on a projected lowered incidence among adults and 95 percent coverage among women living with HIV by the end of 2021, the model estimates that Kenya will avert 13,500 new child infections and 4,500 deaths. This would save the country about KES 62,000 (USD 620) per every child infection averted per year, resulting in fewer children in need of treatment.

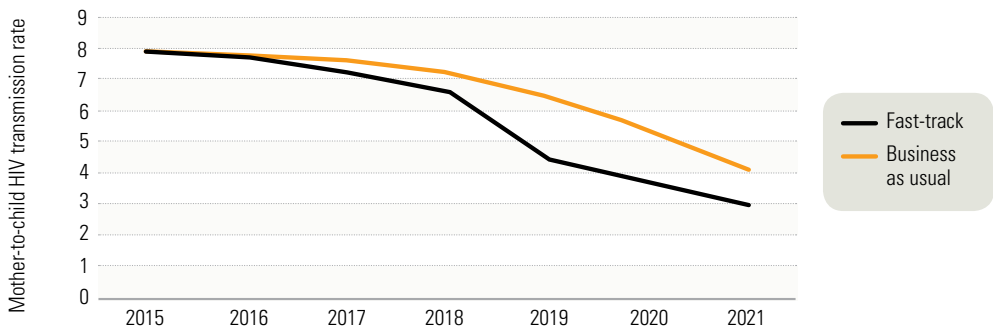
Number of new child HIV infections in Kenya scenario 2015-2021



Source: Stover et. al 2016

Projected scale-up of PMTCT coverage and ART initiation will reduce the MTCT of HIV rate to approximately 3% in 2021, well below the global threshold of 5%.

Mother-to-child HIV transmission rate in Kenya scenario 2015-2021



Source: Stover et. al 2016

NATIONAL TARGETS

AREAS TO MONITOR	Baseline 2015	2016	2017	2018 Midterm target	2019	2020	End term target 2021	Data source/ Comment
1st ANC attendance coverage	77%	81%	87%	92%	95%	96%	97%	DHIS /KNBS
Coverage of pregnant women with known HIV status	75%	79%	85%	93%	95%	96%	96%	DHIS /KNBS
Need for PMTCT	79,475	79,475	79,475	79,475	79,475	79,475	79,475	Estimates file
Number of HIV positive pregnant and breastfeeding women identified	75%	79%	85%	93%	95%	96%	96%	DHIS2
ART coverage among HIV positive pregnant and breast feeding women	75%	79%	82%	90%	95%	96%	96%	DHIS2
Coverage of testing of Syphilis at ANC	54%	66%	79%	91%	95%	96%	96%	DHIS2/KNBS
Treatment of syphilis in ANC	No data	50%	75%	90%	92%	95%	96%	DHIS2
Infant ARV prophylaxis coverage	75%	79%	82%	90%	95%	96%	96%	DHIS2
Early infant diagnosis by two months coverage	54%	75%	80%	85%	90%	95%	95%	IED database
New paediatric HIV infections	6,613	6,282	5,654	4,806	4,085	3,677	3,493	Estimates file
18 month MTCT rate	8.3%	7.7%	6.9%	5.0%	4.0%	3.0%	2.6%	Estimates file
Unmet FP	17.5	15	13	12	11	10.5	10	KDHS
HIV New infections among adolescents young people (10-24years)	35,776	33,987	30,588	26,000	22,100	19,890	18,896	Estimates file

COUNTY TARGETS

County	Baseline 2015									2016		2017	
	Expected pregnancies	1st ANC coverage	Syphilis testing	Need for PMTCT	Identification of HIV+ Pregnant women	ART Coverage	EID coverage by age 2 months	New Infections 0-14	New infections 15-24	Expected pregnancies	Need for PMTCT	Expected pregnancies	Need for PMTCT
Baringo	29464	59%	33%	313	99%	90%	44%	22	62	33725	313	34885	313
Bomet	21447	102%	70%	624	93%	86%	50%	45	123	39371	624	40724	624
Bungoma	65270	77%	48%	1508	101%	99%	57%	71	388	77646	1508	78984	1508
Busia	31263	81%	43%	1932	90%	88%	62%	90	497	39487	1932	40167	1932
Elgeyo-Marakwet	19109	70%	53%	245	110%	100%	29%	18	48	19184	245	19844	245
Embu	13801	92%	75%	487	89%	86%	76%	44	315	17348	487	17521	487
Garissa	24972	59%	40%	143	71%	48%	29%	36	31	26330	143	26809	143
Homa Bay	45735	74%	44%	9812	69%	68%	46%	996	5473	58528	9812	59783	9812
Isiolo	6821	94%	36%	158	97%	70%	27%	14	102	7616	158	7692	158
Kajiado	34813	86%	56%	1135	92%	89%	35%	81	224	39106	1135	40450	1135
Kakamega	70452	79%	48%	2548	100%	98%	48%	119	656	82503	2548	83924	2548
Kericho	37556	59%	36%	917	94%	88%	51%	66	181	37740	917	38415	917
Kiambu	53473.3	114%	102%	1955	105%	104%	51%	76	1199	50411	1955	51381	1955
Kilifi	51309	91%	71%	1832	91%	82%	36%	186	747	71286	1832	73642	1832
Kirinyaga	13314	87%	75%	340	98%	94%	58%	13	208	13973	340	14241	340
Kisii	55495	65%	46%	2111	73%	73%	50%	214	1178	49789	2111	50857	2111
Kisumu	41766	82%	63%	8957	61%	60%	41%	909	4996	40734	8957	41608	8957
Kitui	47670	57%	41%	1263	65%	61%	31%	113	818	42798	1263	43223	1263
Kwale	22381	134%	101%	1384	64%	53%	22%	140	565	38488	1384	39760	1384
Laikipia	19254	66%	48%	435	94%	92%	49%	31	86	18674	435	19316	435
Lamu	4135	105%	69%	134	71%	68%	24%	14	55	5501	134	5683	134
Machakos	50690	55%	39%	1424	75%	72%	40%	128	923	40494	1424	40898	1424
Makueni	31905.7	64%	48%	1283	57%	53%	34%	115	831	31639	1283	31954	1283
Mandera	30824	46%	35%	190	50%	6%	0%	48	42	36952	190	37624	190
Marsabit	14784	72%	38%	124	93%	85%	32%	11	80	15792	124	15952	124
Meru	61178	56%	45%	1137	108%	103%	42%	102	736	45582	1137	46038	1137
Migori	43183	96%	54%	5189	92%	90%	58%	527	2895	56768	5189	57985	5189
Mombasa	37328	94%	87%	3146	71%	64%	39%	319	1283	37859	3146	39111	3146
Muranga	24595	79%	68%	751	62%	60%	47%	29	460	32526	751	33152	751
Nairobi	150842	96%	86%	7008	117%	100%	63%	262	2282	120120	7008	126274	7008
Nakuru	75205	78%	57%	2307	101%	99%	51%	165	455	75009	2307	77588	2307
Nandi	39056	52%	35%	628	113%	99%	48%	45	124	38084	628	39393	628
Narok	35823	91%	44%	890	80%	77%	36%	64	175	64535	890	66754	890
Nyamira	19684	95%	55%	1512	46%	46%	24%	153	843	24453	1512	24977	1512
Nyandarua	19027	64%	50%	351	106%	96%	61%	14	216	24008	351	24471	351
Nyeri	16048	95%	84%	514	110%	99%	61%	20	315	21544	514	21959	514
Samburu	11921	61%	30%	166	83%	56%	15%	12	33	17843	166	18456	166
Siaya	37970	70%	46%	7846	59%	58%	38%	796	4377	41314	7846	42200	7846
Taita Taveta	9717	80%	69%	683	61%	60%	23%	69	278	11477	683	11857	683
Tana River	10545	87%	53%	162	64%	58%	14%	16	66	17549	162	18129	162
Tharaka Nithi	15835	59%	47%	397	90%	67%	34%	36	257	13464	397	13598	397
Trans-Nzoia	53738	48%	27%	1465	65%	59%	36%	105	289	53842	1465	55693	1465
Turkana	29915	94%	40%	1261	54%	47%	22%	90	249	74626	1261	77192	1261
Uasin Gishu	46780	70%	45%	1499	78%	69%	61%	107	295	40694	1499	42093	1499
Vihiga	22199	63%	40%	971	80%	79%	39%	45	250	28185	971	28670	971
Wajir	36026	37%	17%	72	4%	3%	4%	18	16	35769	72	36419	72
West Pokot	22739	92%	31%	268	66%	55%	22%	19	53	46684	268	48289	268
National	1656858	77%	54%	79475	80%	75%	45%	6613	35776	1767697	79475	1814494	79475

SUB-COUNTY TARGETS

County	Sub County	Baseline 2015					2016		2017	
		Expected Pregnancies	1st ANC	Need for PMTCT	HIV+ pregnant women identified	ART issued	Expected Pregnancies	Need for PMTCT	Expected Pregnancies	Need for PMTCT
Baringo County	Baringo Central Sub County	4231	2810	62	62	53	4345	62	4562	62
Baringo County	Baringo North Sub County	4177	2517	35	35	36	4298	35	4513	35
Baringo County	East Pokot Sub County	6215	2976	5	5	2	6376	5	6695	5
Baringo County	Koibatek Sub County	5206	3850	129	128	121	4482	129	4706	129
Baringo County	Marigat Sub County	6620	3057	57	57	48	6969	57	7317	57
Baringo County	Mogotio Sub County	3015	2280	24	24	22	3121	24	3277	24
Bomet County	Bomet Central Sub County	5777	5291	155	144	136	6023	155	6324	155
Bomet County	Bomet East Sub County		4176	149	138	137	7339	149	7706	149
Bomet County	Chepalungu Sub County	7305	4404	120	111	100	7383	120	7752	120
Bomet County	Koinin Sub County	8179	3282	92	85	87	6554	92	6882	92
Bomet County	Sotik Sub County	6913	4695	109	101	74	7105	109	7460	109
Bungoma County	Bumula Sub County	8299	5746	115	116	113	8922	115	9368	115
Bungoma County	Cheptais Sub County	5156	4472	53	54	51	5321	53	5587	53
Bungoma County	Kabuchai Sub County	6839	5317	121	122	118	7082	121	7436	121
Bungoma County	Kanduyi Sub County	11096	9402	400	404	399	11455	400	12028	400
Bungoma County	Kirillili Sub County	6161	5025	173	175	172	6623	173	6954	173
Bungoma County	Mt Elgon Sub County	3318	2619	57	58	56	3424	57	3595	57
Bungoma County	Sirisia Sub County	4906	3594	80	81	76	5108	80	5363	80
Bungoma County	Tongaren Sub County	8697	7110	172	174	174	9349	172	9816	172
Bungoma County	Webuye East Sub County	10798	2444	70	71	70	3864	70	4057	70
Bungoma County	Webuye West Sub County		4799	265	268	265	7388	265	7757	265
Busia County	Bunyala Sub County	2868	2129	295	266	264	2941	295	3088	295
Busia County	Butula Sub County	5081	3631	291	262	262	5372	291	5641	291
Busia County	Matayos Sub County	4642	6072	702	632	628	4907.6	702	5153	702
Busia County	Nambale Sub County	4186	3408	108	97	93	4172	108	4381	108
Busia County	Samia Sub County	3898	2849	217	195	182	4122	217	4328	217
Busia County	Teso North Sub County	4884	3891	198	178	165	5199	198	5459	198
Busia County	Teso South Sub County	5791	3435	121	109	107	5924	121	6220	121
Elgeyo-Marakwet County	Keiyo North Sub County	3878	3051	74	81	77	4721	74	4957	74
Elgeyo-Marakwet County	Keiyo South Sub County	5809	3714	105	116	96	5971	105	6270	105
Elgeyo-Marakwet County	Marakwet East Sub County	3570	2362	12	13	13	3853	12	4046	12
Elgeyo-Marakwet County	Marakwet West Sub County	5852	4237	55	60	59	6941	55	7288	55
Embu County	Manyatta Sub County	3868	4707	222	197	194	4250	222	4463	222
Embu County	Mbeere North Sub County	2906	2433	64	57	56	2947	64	3094	64
Embu County	Mbeere South Sub County	4248	2645	81	72	68	4307	81	4522	81
Embu County	Runyenjes Sub County	3570	2704	119	105	100	3612	119	3793	119
Garissa County	Balambala Sub County	2663	860	1	1	0	3142	1	3299	1
Garissa County	Dadaab Sub County	2986	1577	21	15	1	3076	21	3230	21
Garissa County	Fafi Sub County	4048	880	6	4	0	4167	6	4375	6
Garissa County	Garissa Sub County	7228	7812	112	79	67	7510	112	7886	112
Garissa County	Hulugho Sub County	2157	683	0	0	0	2242	0	2354	0
Garissa County	Ijara Sub County	2785	1558	3	2	1	2072	3	2176	3
Garissa County	Lagdera Sub County	3105	1457	0	0	0	3226	0	3387	0
Homa Bay County	Homa Bay Township	4498	4451	1320	909	891	4620	1320	4851	1320
Homa Bay County	Kabondo Kasipul Sub County	5047	3287	809	557	532	5183	809	5442	809
Homa Bay County	Kasipul Sub County	5375	3322	925	637	621	5520	925	5796	925
Homa Bay County	Mbita Sub County	5294	3816	1195	823	813	5437	1195	5709	1195
Homa Bay County	Ndhiwa Sub County	8184	6131	1699	1170	1159	8404	1699	8824	1699
Homa Bay County	Rachuonyo North Sub County	7700	4884	1454	1001	987	7908	1454	8303	1454
Homa Bay County	Rangwe Sub County	4740	3485	1030	709	707	4808	1030	5048	1030
Homa Bay County	Suba Sub County	4897	4676	1380	950	936	4967	1380	5215	1380
Isiolo County	Garbatula Sub County	2042	1344	20	19	14	2024	20	2125	20
Isiolo County	Isiolo Sub County	3875	4304	135	131	96	4019	135	4220	135
Isiolo County	Merti Sub County	904	765	3	3	0	938	3	985	3

County	Sub County	Baseline 2015					2016		2017	
		Expected Pregnancies	1st ANC	Need for PMTCT	HIV+ pregnant women identified	ART issued	Expected Pregnancies	Need for PMTCT	Expected Pregnancies	Need for PMTCT
Kajiado County	Kajiado Central Sub County	4918	5200	156	144	145	4926	156	5172	156
Kajiado County	Kajiado East Sub County	7363	7312	371	343	337	6681	371	7015	371
Kajiado County	Kajiado North Sub County	11534	7447	336	310	295	12489	336	13113	336
Kajiado County	Kajiado West Sub County	4001	4145	83	77	75	4159	83	4367	83
Kajiado County	Loitokitok Sub County	6997	6352	188	174	162	7221	188	7582	188
Kakamega County	Butere Sub County	5846	4195	281	280	274	5994	281	6294	281
Kakamega County	Ikolomani Sub County	4393	2975	155	155	154	4489	155	4713	155
Kakamega County	Khwisero Sub County	4292	2679	160	160	156	4402	160	4622	160
Kakamega County	Likuyani Sub County	5473	4635	185	185	183	5664	185	5947	185
Kakamega County	Lugari Sub County	7535	5565	170	170	169	7162	170	7520	170
Kakamega County	Lurambi Sub County	6888	7018	438	437	437	7062	438	7415	438
Kakamega County	Malava Sub County	8587	6490	213	213	211	8805	213	9245	213
Kakamega County	Matungu Sub County	6130	5155	180	180	178	6285	180	6599	180
Kakamega County	Mumias East Sub County	4223	3444	154	154	151	4330	154	4547	154
Kakamega County	Mumias West Sub County	4677	4164	252	252	240	4797	252	5037	252
Kakamega County	Navakholo Sub County	5738	4622	116	116	113	5883	116	6177	116
Kakamega County	Shinyalu Sub County	6670	4449	241	241	240	7029	241	7380	241
Kakamega County	Ainamoi Sub County	11156	5402	344	323	307	8784	344	9223	344
Kericho County	Belgut Sub County	12987	2873	111	104	98	10176	111	10685	111
Kericho County	Buret Sub County	7479	6227	195	183	177	7691	195	8076	195
Kericho County	Kipkelion Easti Sub County		2540	98	92	83		98		98
Kericho County	Kipkelion West Sub County	5934	2844	42	39	39	6148	42	6455	42
Kericho County	Sigowet			128	120	108		128		128
Kiambu County	Gatundu North Sub County	3549	2508	64	67	67	3373	64	3542	64
Kiambu County	Gatundu South Sub County	3776	2842	92	97	97	3778	92	3967	92
Kiambu County	Githunguri Sub County	4889	3380	125	132	132	4969	125	5217	125
Kiambu County	Juja Sub County	3930	1986	53	56	50	3993	53	4193	53
Kiambu County	Kabete Sub County	4637	3455	116	122	119	4712	116	4948	116
Kiambu County	Kiambaa Sub County	4798	4411	177	186	186	4878	177	5122	177
Kiambu County	Kiambu Town Sub County	3597	4474	152	160	159	3656	152	3839	152
Kiambu County	Kikuyu Sub County	4141	3727	102	107	99	4208	102	4418	102
Kiambu County	Lari Sub County	3683	3970	192	202	202	3618	192	3799	192
Kiambu County	Limuru Sub County	4338.3	6993	238	250	256	4396	238	4616	238
Kiambu County	Ruiru Sub County	6665	11007	283	298	295	6772	283	7111	283
Kiambu County	Thika Town Sub County	5470	12141	362	381	377	5560	362	5838	362
Kilifi County	Ganze Sub County	6291	5336	99	91	90	6476	99	6800	99
Kilifi County	Kaloleni Sub County	6582	6911	345	316	288	8416	345	8837	345
Kilifi County	Kilifi North Sub County	9486	8884	435	398	361	9765	435	10253	435
Kilifi County	Kilifi South Sub County	7842	7039	301	275	242	8073	301	8477	301
Kilifi County	Magarini Sub County	8206	8811	271	248	222	8514	271	8940	271
Kilifi County	Malindi Sub County	7533	6162	295	270	243	7816	295	8207	295
Kilifi County	Rabai Sub County	5369	3467	85	78	60	3884	85	4078	85
Kirinyaga County	Kirinyaga Central Sub County	2858	2573	68	67	60	2904	68	3049	68
Kirinyaga County	Kirinyaga East Sub County	3284	1568	29	29	29	3337	29	3504	29
Kirinyaga County	Kirinyaga North Sub County	2200	2425	98	96	93	2236	98	2348	98
Kirinyaga County	Kirinyaga South Sub County	2463	2630	64	63	60	2502	64	2627	64
Kirinyaga County	Kirinyaga West Sub County	2509	2375	80	79	76	2550	80	2678	80
Kisii County	Gucha Sub County	5503	3020	199	146	142	5654	199	5937	199
Kisii County	Gucha South Sub County	7896	4260	267	196	194	7555	267	7933	267
Kisii County	Kenyanya Sub County	4920	3667	161	118	115	5055	161	5308	161
Kisii County	Kisii South Sub County	5200	3644	210	154	150	5311	210	5577	210
Kisii County	Kitutu Chache South Sub County	6427	7274	450	330	330	6200	450	6510	450
Kisii County	Marani Sub County	4048	2292	142	104	103	4085	142	4289	142
Kisii County	Masaba South Sub County	7001	3150	153	112	112	7169	153	7527	153

County	Sub County	Baseline 2015					2016		2017	
		Expected Pregnancies	1st ANC	Need for PMTCT	HIV+ pregnant women identified	ART issued	Expected Pregnancies	Need for PMTCT	Expected Pregnancies	Need for PMTCT
Kisii County	Nyamache Sub County	8613	4638	222	163	162	8794	222	9234	222
Kisii County	Nyaribari Chache Sub County	5887	4304	306	224	224	5772	306	6061	306
Kisumu County	Kisumu East Sub County	14475	14223	3617	2196	2138	14759	3617	15497	3617
Kisumu County	Kisumu West Sub County	5955	4623	1281	778	775	6072	1281	6376	1281
Kisumu County	Muhoroni Sub County	5565	4184	850	516	516	5704	850	5989	850
Kisumu County	Nyakach Sub County	5433	3663	1051	638	616	5847	1051	6139	1051
Kisumu County	Nyando Sub County	6079	4486	1192	724	713	6199	1192	6509	1192
Kisumu County	Seme Sub County	4259	3156	965	586	584	4342	965	4559	965
Kitui County	Kitui Central Sub County	5959	4048	148	96	92	5970	148	6269	148
Kitui County	Kitui East Sub County	5256	3319	105	68	68	5361	105	5629	105
Kitui County	Kitui Rural Sub County	5304	2074	124	80	74	5411	124	5682	124
Kitui County	Kitui South Sub County	7480	4974	357	231	221	7630	357	8012	357
Kitui County	Kitui West Sub County	4425	2734	122	79	56	4593	122	4823	122
Kitui County	Mwingi Central Sub-County	6202	4289	182	118	113	6326	182	6642	182
Kitui County	Mwingi North Sub County	6059	3848	162	105	104	6116	162	6422	162
Kitui County	Mwingi West Sub County	5236	2071	62	40	44	4249	62	4461	62
Kwale County	Kinango Sub County	9440	10636	341	217	165	9858	341	10351	341
Kwale County	Lungalunga Sub County		7459	299	190	164	7214	299	7575	299
Kwale County	Matuga Sub County	6946	6557	354	225	193	7149	354	7506	354
Kwale County	Msambweni Sub County	5995	5232	391	249	215	6353	391	6671	391
Laikipia County	Laikipia Central Sub County	2451	659	22	21	19	2463	22	2586	22
Laikipia County	Laikipia East Sub County	4369	3055	122	115	113	3357	122	3525	122
Laikipia County	Laikipia North Sub County	2070	1576	31	29	26		31		31
Laikipia County	Laikipia West Sub County	4660	2771	74	70	70	3620	74	3801	74
Laikipia County	Nyahururu Sub County	5704	4571	186	175	171	6592	186	6922	186
Lamu County	Lamu East Sub County	767	619	10	7	6	786	10	825	10
Lamu County	Lamu West Sub County	3368	3740	124	88	88	3449	124	3621	124
Machakos County	Athi River Sub County	7861	6112	360	270	260	6254	360	6567	360
Machakos County	Kangundo Sub County	3826	1780	100	75	75	4227	100	4438	100
Machakos County	Kathiani Sub County	4511	1853	89	67	65	4601	89	4831	89
Machakos County	Machakos Sub County	8535	5641	364	273	264	8937	364	9384	364
Machakos County	Masinga Sub County	7091	3279	120	90	84	5642	120	5924	120
Machakos County	Matungulu Sub County	5401	2700	95	71	67	5595	95	5875	95
Machakos County	Mwala Sub County	7059	3392	132	99	84	7314	132	7680	132
Machakos County	Yatta Sub County	6406	3278	163	122	118	6536	163	6863	163
Makueni County	Kaiti Sub County	4245.7	2480	105	60	61	4421.3	105	4642	105
Makueni County	Kibwezi East Sub County	4919	3824	337	193	187	5018	337	5269	337
Makueni County	Kibwezi West Sub County	5625	3828	250	143	113	6524	250	6850	250
Makueni County	Kilome Sub County	3268	2556	143	82	80	3335	143	3502	143
Makueni County	Makueni Sub County	6979	4239	239	137	128	7101	239	7456	239
Makueni County	Mbooni Sub County	6869	3582	208	119	108	6796	208	7136	208
Mandera County	Banisa Sub County		1004	0	0	0	10721	0	11257	0
Mandera County	Lafey Sub County	5617	1062	2	1	0	5839	2	6131	2
Mandera County	Mandera Central Sub County		2918	2	1	2	13161	2	13819	2
Mandera County	Mandera East Sub County	9143	5442	184	92	8	9505	184	9980	184
Mandera County	Mandera North Sub County	8225	2066	2	1	1	5681	2	5965	2
Mandera County	Mandera West Sub County	7839	1625	0	0	1	8595	0	9025	0
Marsabit County	Laisamis Sub County	3333	2170	9	8	2	3585	9	3764	9
Marsabit County	Moyale Sub County	5268	5284	67	63	63	5363	67	5631	67
Marsabit County	North Horr Sub County	3817	1240	5	5	3	2417	5	2538	5
Marsabit County	Saku Sub County	2360	1890	43	40	37	2539	43	2666	43
Meru County	Buuri Sub County	6074	2857	135	146	143	6250	135	6563	135
Meru County	Igembe Central Sub County	8239	4742	70	76	72	8478	70	8902	70
Meru County	Igembe North Sub County	6984	3883	96	104	95	7186	96	7545	96
Meru County	Igembe South Sub County	6555	6213	271	293	272	6745	271	7082	271

County	Sub County	Baseline 2015					2016		2017	
		Expected Pregnancies	1st ANC	Need for PMTCT	HIV+ pregnant women identified	ART issued	Expected Pregnancies	Need for PMTCT	Expected Pregnancies	Need for PMTCT
Meru County	Imenti Central Sub County	5274	1895	114	123	112	3856	114	4049	114
Meru County	Imenti North Sub County	6723	4063	143	155	168	6923	143	7269	143
Meru County	Imenti South Sub County	8102	4411	141	152	145	8337	141	8754	141
Meru County	Tigania East Sub County	7093	3397	101	109	95	7299	101	7664	101
Meru County	Tigania West Sub County	6134	2697	65	70	70	6312	65	6628	65
Migori County	Awendo Sub County	5781	3939	693	641	638	6183	693	6492	693
Migori County	Kuria East Sub County	5627	4140	65	60	55	5798	65	6088	65
Migori County	Kuria West Sub County	8849	7322	216	200	180	8739	216	9176	216
Migori County	Nyatike Sub County	7447	7373	1423	1316	1301	8210	1423	8621	1423
Migori County	Rongo Sub County	5178	4311	753	696	664	5708	753	5993	753
Migori County	Suna East Sub County	5350	5085	760	703	690	5597	760	5877	760
Migori County	Suna West Sub County	4299	3897	562	520	524	4879	562	5123	562
Migori County	Uriri Sub County	6002	5504	716	662	643	6142	716	6449	716
Mombasa County	Changamwe Sub County	686	5713	902	638	611	7126	902	7482	902
Mombasa County	Jomvu Sub County	4767	3339	267	189	170	4951	267	5199	267
Mombasa County	Kisauni Sub County	8952	3302	117	83	51	9369	117	9837	117
Mombasa County	Likoni Sub County	7715	7061	702	497	460	8014	702	8415	702
Mombasa County	Mvita Sub County	6628	9024	683	483	415	6858	683	7201	683
Mombasa County	Nyali Sub County	8580	6778	475	336	303	8979	475	9428	475
Muranga County	Gatanga Sub County	3961	3497	140	87	87	4043	140	4245	140
Muranga County	Kahuro Sub County	2117	1259	52	32	32	2151	52	2259	52
Muranga County	Kandara Sub County	4311	2675	103	64	64	3872	103	4066	103
Muranga County	Kigumo Sub County	3010	2938	68	42	42	4043	68	4245	68
Muranga County	Kiharu Sub County	2287	2148	119	74	71	2151	119	2259	119
Muranga County	Mathioya Sub County	2145	1374	34	21	20	2179	34	2288	34
Muranga County	Murang'A South Sub County	4316	4091	189	117	114	3763	189	3951	189
Muranga County	Murang'A West Sub County	1872	1336	45	28	28	1903	45	1998	45
Nairobi County	Dagoreti North Sub County	8886	12216	541	565	446	9611	541	10092	541
Nairobi County	Dagoreti South Sub County	8755	2991	150	157	140	9469	150	9942	150
Nairobi County	Embakasi Central Sub County	9466	10848	643	672	656	9854	643	10347	643
Nairobi County	Embakasi East Sub County	8341	7002	474	495	489	8683	474	9117	474
Nairobi County	Embakasi North Sub County	9234	8155	673	703	666	9612	673	10093	673
Nairobi County	Embakasi South Sub County	10234	5243	155	162	150	10654	155	11187	155
Nairobi County	Embakasi West Sub County	9520	3636	258	270	261	9911	258	10407	258
Nairobi County	Kamukunji Sub County	10926	8364	501	524	448	11234	501	11796	501
Nairobi County	Kasarani Sub County	10231	8295	361	377	318	10650	361	11183	361
Nairobi County	Langata Sub County	7008	15160	601	628	560	9343	601	9810	601
Nairobi County	Makadara Sub County	8167	11874	523	547	412	8502	523	8927	523
Nairobi County	Mathare Sub County	9846	4805	401	419	401	10250	401	10763	401
Nairobi County	Roysambu Sub County	8040	9632	359	375	258	10630	359	11162	359
Nairobi County	Ruaraka Sub County	7656	8308	621	649	597	10298	621	10813	621
Nairobi County	Starehe Sub County	8452	9441	421	440	392	8799	421	9239	421
Nairobi County	Westlands Sub County	8994	10663	327	342	264	9363	327	9831	327
Nakuru County	Gilgil Sub County	7064	4370	186	188	186	7304	186	7669	186
Nakuru County	Kuresoi North Sub County	6064	3000	51	52	47	6270	51	6584	51
Nakuru County	Kuresoi South Sub County	5643	5009	97	98	86	5835	97	6127	97
Nakuru County	Molo Sub County	5623	4564	163	165	163	5798	163	6088	163
Nakuru County	Naivasha Sub County	11231	8444	396	400	393	11613	396	12194	396
Nakuru County	Nakuru East Sub County	7683	7076	293	296	288	7944	293	8341	293
Nakuru County	Nakuru North Sub County	5649	3872	139	141	139	5845	139	6137	139
Nakuru County	Nakuru West Sub County	7443	9273	575	581	580	7695	575	8080	575
Nakuru County	Njoro Sub County	9489	7100	200	202	201	9811	200	10302	200
Nakuru County	Rongai Sub County	6239	4108	144	146	148	6451	144	6774	144
Nakuru County	Subukia Sub County	3077	2026	63	64	59	3182	63	3341	63
Nandi County	Aldai Sub County	6918	3399	94	106	95	7126	94	7482	94

County	Sub County	Baseline 2015					2016		2017	
		Expected Pregnancies	1st ANC	Need for PMTCT	HIV+ pregnant women identified	ART issued	Expected Pregnancies	Need for PMTCT	Expected Pregnancies	Need for PMTCT
Nandi County	Chesumei Sub County	7026	3054	133	150	144	7237	133	7599	133
Nandi County	Emgwen Sub County	6990	4382	168	190	184	7200	168	7560	168
Nandi County	Mosop Sub County	7242	3504	63	71	71	7460	63	7833	63
Nandi County	Nandi Hills Sub County	6788	3018	115	130	84	6453	115	6776	115
Nandi County	Tinderet Sub County	6956	2743	56	63	43	7133	56	7490	56
Narok County	Narok East Sub County		2594	71	57	51		71		71
Narok County	Narok North Sub County	12454	7066	234	188	183	9061	234	9514	234
Narok County	Narok South Sub County	9485	6312	149	120	108		149		149
Narok County	Narok West Sub County		6312	111	89	84		111		111
Narok County	Trans Mara West Sub County	9860	5893	270	217	219	10168	270	10676	270
Narok County	Transmara East Sub County	4024	4557	55	44	44	5231	55	5493	55
Nyamira County	Borabu Sub County	4516	3248	244	112	111	4564	244	4792	244
Nyamira County	Manga Sub County		2134	148	68	69	3497	148	3672	148
Nyamira County	Masaba North Sub County	4291	3357	284	130	130	4383	284	4602	284
Nyamira County	Nyamira North Sub County	4719	3933	367	168	168	4719	367	4955	367
Nyamira County	Nyamira Sub County	6158	6108	469	215	215	6289	469	6603	469
Nyandarua County	Kinangop Sub County	6140	4364	134	143	124	6239	134	6551	134
Nyandarua County	Kipipiri Sub County	3041	1666	39	41	37	3092	39	3247	39
Nyandarua County	Ndaragwa (Nyandarua North) Sub County	2957	2180	54	58	46	3004	54	3154	54
Nyandarua County	Nyandarua Central Sub County	4150	2751	70	75	73	4217	70	4428	70
Nyandarua County	Ojoroorok Sub County	2739	1241	54	57	57	2783	54	2922	54
Nyeri County	Kieni East Sub County	2483	1726	49	54	54	2495	49	2620	49
Nyeri County	Kieni West Sub County	2041	1465	60	66	66	2051	60	2154	60
Nyeri County	Mathira East Sub County	2272	2616	63	69	69	2283	63	2397	63
Nyeri County	Mathira West Sub County	1658	791	44	49	45	1566	44	1644	44
Nyeri County	Mukurweini Sub County	1728	1161	56	62	62	1736	56	1823	56
Nyeri County	Nyeri Central Sub County	2455	4776	177	195	145	2467	177	2590	177
Nyeri County	Nyeri South Sub County	1799	1653	43	47	45	1807	43	1897	43
Nyeri County	Tetu Sub County	1612	1058	23	25	23	1620	23	1701	23
Samburu County	Samburu Central Sub County	5576	4298	115	96	64	5743	115	6030	115
Samburu County	Samburu East Sub County	3146	1554	42	35	24	3240	42	3402	42
Samburu County	Samburu North Sub County	3199	1368	8	7	5	3295	8	3460	8
Siaya County	Alego Usonga Sub County	8445	6340	1790	1057	1054	8587	1790	9016	1790
Siaya County	Bondo Sub County	7096	5267	1828	1079	1038	7096	1828	7451	1828
Siaya County	Gem Sub County	7290	5006	1367	807	776	7238	1367	7600	1367
Siaya County	Rarieda Sub County	5961	4220	1467	866	861	6062	1467	6365	1467
Siaya County	Ugenya Sub County	5165	2926	645	381	369	5130	645	5387	645
Siaya County	Ugunja Sub County	4013	2833	749	442	414	3985	749	4184	749
TaitaTaveta County	Mwatate Sub County	2444	1488	95	58	57	2487	95	2611	95
Taita Taveta County	Taveta Sub County	2301	2166	160	98	98	3475	160	3649	160
Taita Taveta County	Voi Sub County	3057	2999	332	203	195	3114	332	3270	332
Taita Taveta County	Wundanyi Sub County	1915	1165	95	58	57		95		95
Tana River County	Bura Sub County	3626	2993	60	38	29	3887	60	4081	60
Tana River County	Galole Sub County	2673	2714	47	30	32	2751	47	2889	47
Tana River County	Tana Delta Sub County	4246	3347	55	35	33	4369	55	4587	55
Tharaka Nithi County	Maara Sub County	6032	2446	166	150	137	6153	166	6461	166
Tharaka Nithi County	Meru South Sub County	3861	2740	149	134	105	7358	149	7726	149
Tharaka Nithi County	Tharaka North Sub County	2268	1715	9	8	2	2336	9	2453	9
Tharaka Nithi County	Tharaka South Sub County	3674	2425	73	66	22	3755	73	3943	73
Trans-Nzoia County	Cheranganyi Sub County	12066	4549	272	178	141	12500	272	13125	272
Trans-Nzoia County	Endebess Sub County	5693	3573	174	114	110	5920	174	6216	174
Trans-Nzoia County	Kimini Sub County	11940	8269	513	335	335	12393	513	13013	513
Trans-Nzoia County	Kwanza Sub County	11753	4366	202	132	116	12199	202	12809	202
Trans-Nzoia County	Saboti Sub County	12286	5156	303	198	157	12753	303	13391	303
Turkana County	Kibish Sub County	1906	810	11	6	6	2036	11	2138	11

County	Sub County	Baseline 2015					2016		2017	
		Expected Pregnancies	1st ANC	Need for PMTCT	HIV+ pregnant women identified	ART issued	Expected Pregnancies	Need for PMTCT	Expected Pregnancies	Need for PMTCT
Turkana County	Loima Sub County	4931	3196	54	29	28	5268	54	5531	54
Turkana County	Turkana Central Sub County	5538	6828	497	266	224	5916	497	6212	497
Turkana County	Turkana East Sub County	2617	1832	45	24	17	2980	45	3129	45
Turkana County	Turkana North Sub County	2170	2067	84	45	34	2318	84	2434	84
Turkana County	Turkana South Sub County	3932	3423	254	136	131	4478	254	4702	254
Turkana County	Turkana West Sub County	8821	10053	316	169	154	8275	316	8689	316
Uasin Gishu County	Ainabkoi Sub County	5130	8257	576	451	450	5196	576	5456	576
Uasin Gishu County	Kapseret Sub County	6764	3280	185	145	145	6865	185	7208	185
Uasin Gishu County	Kesses Sub County	5776	2562	52	41	35	5963	52	6261	52
Uasin Gishu County	Moiben Sub County	7726	5721	156	122	112	6517	156	6843	156
Uasin Gishu County	Soy Sub County	9597	5218	177	139	103	10408	177	10928	177
Uasin Gishu County	Turbo Sub County	11642	7892	352	276	240	10519	352	11045	352
Vihiga County	Emuhaya Sub County	3642	1950	134	107	107	3736	134	3923	134
Vihiga County	Hamisi Sub County	6201	4021	228	182	182	6376	228	6695	228
Vihiga County	Luanda Sub County	4022	2413	237	189	188	3770	237	3959	237
Vihiga County	Sabatia Sub County	4314	2256	118	94	94	5322	118	5588	118
Vihiga County	Vihiga Sub County	4020	3236	255	204	200	3942	255	4139	255
Wajir County	Eldas Sub County	4398	807	0	0	0	3529	0	3705	0
Wajir County	Tarbaj Sub County	6087	1804	0	0	0	4886	0	5130	0
Wajir County	Wajir East Sub County	6126	4333	0	0	0	6323	0	6639	0
Wajir County	Wajir North Sub County	7375	1545	72	3	2	7612	72	7993	72
Wajir County	Wajir South Sub County	7080	2412	0	0	0	7307	0	7672	0
Wajir County	Wajir West Sub County	4960	2332	0	0	0	5120	0	5376	0
West Pokot County	Pokot Central Sub County	4176	3934	32	21	17	4304	32	4519	32
West Pokot County	Pokot North Sub County	6652	4830	34	22	12	6858	34	7201	34
West Pokot County	Pokot South Sub County	6553	5311	49	32	21	5848	49	6140	49
West Pokot County	West Pokot Sub County	5358	6923	154	101	98	5525	154	5801	154

ANNEX 2: STAKEHOLDER ROLES

Stakeholder	Roles and Responsibilities
Ministry of Health	<ul style="list-style-type: none"> Oversee and facilitate the implementation of the eMTCT agenda
NASCOP, DRH, DCAH, DSRU	<ul style="list-style-type: none"> Complete, disseminate and operationalize the eMTCT implementation framework 2016-2021 Regular review meetings at national and county levels to monitor progress in implementation of the eMTCT framework Define and implement a monitoring system for mechanism that periodically updates the progress of the counties in meeting the validation targets Streamline and strengthen supply chain management of HIV/PMTCT commodities, laboratory support Ensure the coordination and alignment of existing Technical Working Groups, (TWGs) at the county and sub-county levels to function as a monitoring and accountability mechanism for all stakeholders Review and upgrade of EID to an automated eMTCT longitudinal monitoring platform Inclusion of eMTCT as a reportable and auditable public health event
PMTCT Technical Working Groups- National and County	<ul style="list-style-type: none"> Function as technical resource for strategic implementation for PMCT in Kenya aiming nationwide scale up PMCT in linkage to HIV prevention among parents including young people and strengthen follow up care and support of children affected by HIV and contribute to the achievement of eMTCT agenda. Consensus of proxy indicators for each of the focus areas to monitor progress and a subsequent M & E plan Advocate the coordination between PMCT in institutions and community base Identify PMTCT focal persons and champions Share the knowledge and information on effective PMCT implementation and comprehensive approaches to strengthen PMCT, such as stronger linkage among implementing collaborates. Provide technical assistance for operationalization of PMCT technical updates, global policies and guidelines and application to Kenyan context. Monitor progress towards pre-elimination and validation Periodically discuss data and apply use of national and county dashboards Real-time visibility via dashboards to show status toward pre-elimination and pre-validation. Sharing of good practices and lesson learnt especially uptake of PMTCT, referral management, decentralized actions, including greater community and PLHIV involvement; innovative means for community mobilization, male involvement, retention and paediatric HIV treatment
Community health Strategy, Department of Health Promotions, CBOs	<ul style="list-style-type: none"> Institutionalize the Mentor Mothers approach in the community health strategy Standardize and harmonize messaging and the scope of work for CHWs and other lay cadres, including link to facilities and inclusion of NGOs/CBOs to support PMTCT. Build capacity of networks of PLHIV to provide education, advocacy, and social mobilization to increase demand and retention to MCH and PMTCT services Strengthen outreach, referrals, and linkage systems to involve all community actors.
NACC	<ul style="list-style-type: none"> Resource mobilization Advocacy Monitoring of the implementation
Other Ministries	<ul style="list-style-type: none"> Policy Advocacy Resource mobilization Health Workforce Development Infrastructure Expand engagement with PLHIV networks Setting up community icons/monuments for eMTCT
Private Sector	<ul style="list-style-type: none"> Funding Innovation Community data systems strengthening Strengthening supply chain and commodity management
Developmental Partners	<ul style="list-style-type: none"> Provide Technical oversight to the eMTCT agenda Financial support to the eMTCT activities Monitoring and evaluation of the eMTCT agenda
Implementing Partners	<ul style="list-style-type: none"> Support implementation of the eMTCT agenda at different levels-national, subnational and at health facilities Monitoring progress of the eMTCT agenda
Civil Society Organizations	<ul style="list-style-type: none"> Advocacy Demand Creation Innovation on communication and messaging for different audiences Resource mobilization Monitoring impact of the program

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Rosemary Njogu	JHPIEGO
Rselyne Ondeche	UON - CRISSP
Ruth Laibon - Masha	UNAIDS
Ruth Musyoki	MOH - NASCOP
Salome Ochola	MOH NACC
Sebenzia Ulwenya	MOH Vihiga
Sharon Olwande	CHAI
Stephen Oyule	DOD
Taylor Buonocore	Born Free
Urike Gilbert	UNICEF
Violet Otindo	MOH - NASCOP

County Chiefs of Health, 2016	All Counties
County Health Directors, 2016	All Counties
County AIDS and STI Coordinators, 2016	All Counties
County Nursing Officers/PMTCT focal person, 2016	All Counties
County Health records and Information Officers, 2016	All Counties
Sub-County Medical Officer of Health	All Sub-Counties
Sub-County Public Health Nurse	All Sub-Counties
Sub-County Health Records and Information Officer	All Sub-Counties

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