

Responsibility Matrix – Kenya

In order to better assess and understand the current distribution of HIV-related activities and responsibilities in PEPFAR countries, PEPFAR included a new “Responsibility Matrix” (RM) as part of its biannual Sustainability Index and Dashboard (SID) effort. This year’s RM serves as a baseline assessment of the functional responsibilities of the three major funding components of the HIV response: PEPFAR, the Global Fund and the Host Government. The Kenya RM was filled by an inclusive group of representatives from the three major players and was moderated by UNAIDS Country Director.

Kenya RM Completion Process

The process of completion of the RM in Kenya was as follows:

1. **Communication to the Host Government and Global Fund FPM about RM:** Once the RM window was opened by PEPFAR OGAC, communication was sent to the senior leadership of the Kenya MOH, to the Global Fund portfolio manager for Kenya and to the UNAIDS Country Director about the same. Subsequent meetings followed this communication to agree on the next course of action.
2. **Orientation session for all the key players:** All the key players for the completion of the RM agreed to have an orientation meeting in order to have a common understanding on how to fill the RM. This was done on September 9, 2019 at the Winsor Hotel and supported by UNAIDS. The teams were taken through the definition of terms, description of the tools, the process and the importance of completion of the RM tool.
3. **Actual filling of the RM tool:** This was accomplished through a total of three meetings moderated by UNAIDS. They included the following:
 - a. **Sept 9, 2019, (Winsor Hotel):** Participants included UNAIDS Country Director (Chairing), GOK (Head of NASCOP, NACC representative, and National Treasury representative), PEPFAR (PEPFAR Country Coordinator, Deputy PEPFAR Coordinator, and Global Fund Liaison), Global Fund (2 Program Officers and Portfolio Assistant).
 - b. **Sept 10, 2019 (Trademark Hotel):** Participants included UNAIDS Rep (Chairing), GOK (NASCOP representative, NACC representative and National Treasury representative), PEPFAR (PEPFAR Country Coordinator, Deputy PEPFAR Coordinator, and Global Fund Liaison), and Global Fund (Principal Recipient - NT).
 - c. **Sept 17, 2019 - (NASCOP Offices):** Participants included UNAIDS Rep, GOK (Head of NASCOP, NACC representative, and NASCOP program managers), and PEPFAR (PEPFAR Country Coordinator, Deputy PEPFAR Coordinator, and Global Fund Liaison).

How responsibility was determined

The three key players of GOK, PEPFAR and GF were accorded an opportunity to prefill the RM on their own working with their respective technical teams prior to the joint meeting. The teams then came together to a tripartite meeting where jointly, they considered all the available data before determining the final responsibility under each element and for the different dimensions. Where it was necessary, further clarification was sought from OGAC in a number of areas. Subject matter experts were also called in to shed more light on some of the contentious issues. At the end, the teams reached consensus in all elements and dimensions as spelt out in the RM.

HIV/AIDS Responsibility Matrix

Country: Kenya
 Epidemic Type: Generalized
 Income Level: Lower Middle Income
 PEPFAR Categorization: Long-Term Strategy

Legend

Primary=Primary responsibility for/contribution to element
 Secondary=Secondary responsibility for element (i.e., doesn't lead, but offers substantial level of support)
 Nominal=Contributes to this effort, but offers a nominal/marginal level of support
 None=No responsibility/level of support

FUNCTIONAL ELEMENTS	DIMENSIONS								
	SERVICE DELIVERY ¹			NON-SERVICE DELIVERY ASSISTANCE ²			STRATEGY FORMULATION AND PLANNING ³		
	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt.	PEPFAR	GFATM
Programs									
Care and Treatment	Secondary	Primary	Secondary	Primary	Primary	Secondary	Primary	Secondary	Secondary
Clinical Interventions	Primary	Primary	Secondary	Primary	Primary	Secondary	Primary	Primary	Primary
Laboratory	Primary	Secondary	Secondary	Primary	Primary	Secondary	Primary	Primary	Primary
Linkage, Retention, Adherence	Nominal	Primary	Secondary	Primary	Primary	Secondary	Primary	Secondary	Secondary
TB-HIV	Primary	Secondary	Primary	Primary	Secondary	Secondary	Primary	Secondary	Secondary
HIV Testing Services	Nominal	Primary	Secondary	Primary	Primary	Secondary	Primary	Secondary	Secondary
Prevention	Secondary	Primary	Secondary	Primary	Primary	Secondary	Primary	Secondary	Secondary
Prevention of Mother-To-Child Transmission	Secondary	Secondary	Secondary	Secondary	Secondary	Secondary	Primary	Nominal	Nominal
Male Circumcision	Nominal	Primary	Secondary	Primary	Primary	Nominal	Primary	Primary	Secondary
Other Biomedical Prevention	Primary	Primary	Nominal	Primary	Primary	Nominal	Primary	Secondary	Secondary
Key and Priority Populations	Nominal	Primary	Primary	Secondary	Primary	Primary	Primary	Primary	Primary
Orphans and Vulnerable Children	Primary	Secondary	None	Primary	Secondary	None	Primary	Secondary	None
Commodities									
Condoms	Secondary	None	Primary	Primary	Nominal	Primary	Primary	None	Primary
Male Circumcision Kits and Supplies	None	Primary	None	Primary	Primary	Nominal	Primary	Primary	None
Rapid Test Kits	Secondary	Primary	Secondary	Primary	Primary	Secondary	Primary	Primary	Nominal
Antiretroviral Drugs	Nominal	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Primary
Other Essential Drugs	Nominal	Primary	Nominal	Primary	Primary	Secondary	Primary	Secondary	Nominal
CD4	Primary	None	None	Primary	Nominal	Nominal	Primary	Nominal	Nominal
Viral Load	None	Primary	None	Primary	Primary	Nominal	Primary	Primary	Nominal
Reagents and Supplies	Secondary	Primary	Primary	Primary	Nominal	Secondary	Primary	Nominal	Nominal
Health Equipment	Primary	None	Primary	Primary	Nominal	Secondary	Primary	Nominal	Secondary
PSM Costs	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Secondary	Secondary
Health Workforce									
Service Delivery Personnel: Facility-level staff total									
Salary and Benefits	Primary	Primary	Nominal				Primary	Nominal	None
Salary Top-Ups	None	None	None				Primary	Nominal	None
Training and Supervision	Secondary	Primary	Primary				Primary	Secondary	Nominal
Non-Service Delivery Personnel: Facility-level staff total									
Salary and Benefits				Primary	Secondary	Nominal	Primary	Nominal	None
Salary Top-Ups				None	None	None	Primary	Nominal	None
Training and Supervision				Primary	Secondary	Nominal	Primary	Secondary	Nominal
Community Health Workers/Lay Cadres staff number									
Salary and Benefits	Nominal	Primary	Secondary	Primary	Secondary	Secondary	Primary	Nominal	None
Salary Top-Ups	None	None	None	None	None	None	Primary	Nominal	None
Training and Supervision	Primary	Primary	Primary	Primary	Secondary	Secondary	Primary	Secondary	Nominal
Secondment Staff number									
Above Site (Systems)									
Health Workforce				Primary	Secondary	Nominal	Primary	Secondary	Nominal
Governance				Primary	Nominal	Primary	Primary	Nominal	Secondary
Institutional and Organizational Development				Primary	Nominal	Secondary	Primary	Nominal	Secondary
Health Financing				Primary	Primary	Secondary	Primary	Secondary	Secondary
Health Management Information Systems				Primary	Primary	Primary	Primary	Secondary	Nominal
Supply Chain Systems				Primary	Primary	Primary	Primary	Secondary	Secondary
Laboratory Systems				Primary	Primary	Primary	Primary	Secondary	Secondary
Other Systems Support				Primary	Secondary	Secondary	Primary	Nominal	Nominal
Disease Surveillance				Primary	Primary	Secondary	Primary	Secondary	Secondary
Strategic Information									
Monitoring and Evaluation	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Primary
Surveys and Surveillance	Primary	Primary	Secondary	Primary	Primary	Secondary	Primary	Primary	Secondary
Research and Other Surveys	Secondary	Primary	None	Secondary	Primary	Nominal	Primary	Primary	None
Program Implementation, Management, and Support									
At the Implementation Level									
At the Donor Level									

Definitional guidance for dimension categories:

1. Service Delivery - Activities that involve direct contact with patients; or direct involvement in this activity.
2. Non-Service Delivery Assistance - Advice, training, etc. provided to ensure service is successful.
3. Strategy Formulation and Planning - Higher level oversight and strategic management that provides vision, guides programs, and works to ensure success of service and/or technical assistance.

HIV/AIDS Responsibility Matrix		Supplementary Comments/Notes
Country: Kenya		
Programs		
Care and Treatment		
Clinical Interventions	GOK runs the HIV clinics though with significant staffing support from PEPFAR. GOK also fund HIV services in 7 counties where no PEPFAR support is provided. However, the 7 counties where the	
Laboratory	The lab services are majorly supported by GOK with substantive support from PEPFAR and GF. PEPFAR and GF have somewhat similar responsibility given that their support is substantive enough	
Linkage, Retention, Adherence	PEPFAR has a primary role in supporting the linkage and retention through a high number of workers directly supporting linkage and retention. This includes linkages staff, peer educators, default	
TB-HIV	GOK has maintained primary responsibility in TB/HIV services given that it independently has been running TB services countrywide in terms of infrastructure, staffing and commodities. PEPFAR a	
HIV Testing Services		
PEPFAR has continued to play a primary role in HTS services given the it's the single entity that recruits and pays for over 90% of all HTS providers, provides training, TA, commodities and support		
Prevention		
Prevention of Mother-To-Child Transmission	For PMTCT, all the three entities have been given secondary responsibility given that each of the entity provides substantial level of support without which the program will suffer substantial degr	
Male Circumcision	VMMC is predominantly supported by PEPFAR with minimal support from GF and GOK in service and none service delivery. For policy formulation, GOK leads with significant support from PEPFAR	
Other Biomedical Prevention	GOK and PEPFAR plays primary responsibility in service and none service delivery given the substantive level of support towards this without which the service will collapse	
Key and Priority Populations	PEPFAR and GF offer substantive support (over 50%) to key population programming in Kenya without which the services will collapse. This also applies to policy and planning where the support f	
Orphans and Vulnerable Children		
GOK supports the majority of OVCs with a more enhanced package of support.		
Commodities		
Condoms		
Global Fund procures the majority of condoms used in Kenya. None service delivery and policy and planning are also supported by GOK.		
Male Circumcision Kits and Supplies		
PEPFAR procures all the VMMC commodities used in Kenya through its implementing partners		
Rapid Test Kits		
Majority of test kits are procured by PEPFAR followed by GOK and then GF. Technical assistance and training is heavily supported by GOK and PEPFAR with substantive support also from GF. In terms of policy and planning, GOK and PEPFAR have somewhat similar responsibility especially in terms of new approaches such as ICT, self-testing, and other related policy guidelines.		
Antiretroviral Drugs		
Majority of ARVs are procured by PEPFAR and GF with GOK contributing about 10%. In terms of technical assistance, training, policy and planning, the three entities have similar level of responsibility.		
Other Essential Drugs		
OI drugs mainly Cotrimaxozole are procured by PEPFAR, none service delivery is both by GOK and PEPFAR.		
CD4		
CD4 is predominantly procured by GOK		
Viral Load		
Viral load support is predominatly supported by PEPFAR. Policy and planning is lead by GOK but with significant support and influence by PEPFAR.		
Reagents and Supplies		
Health Equipment		
PSM Costs		
PSM costs are paid proportionally by all the three entities involved in procurement of commodities		
Health Workforce		
Service Delivery Personnel: Facility-level staff total		
Salary and Benefits	GOK and PEPFAR lead in paymentof salaries for heath workforce that support HIV programs	
Salary Top-Ups	There are no salary top ups in Kenya	
Training and Supervision	PEPFAR and GF are primarily responsible for most of the trainings of healthworkforce on HIV	
Non-Service Delivery Personnel: Facility-level staff total		
Salary and Benefits	GOK is primarily responsible for this	
Salary Top-Ups	There are no salary top ups in Kenya	
Training and Supervision	GOK is primarily responsible for this	
Community Health Workers/Lay Cadres staff number		
Salary and Benefits	Given the significant investment by PEPFAR and GF on several cadres of community /lay workers, PEPFAR takes primary responsibility in terms of salary and benefits but GOK is primarily responsible for policy and planning	
Salary Top-Ups	There are no salary top ups in Kenya	
Training and Supervision	PEPFAR and GF are primarily responsible for most of the trainings of on HIV community health workforce. The UHC rollout has also increased GOK role in training of CHVs	
Secondment Staff number		
Above Site (Systems)		
Health Workforce		
GOK is primarily responsible for this		
Governance		
GOK is primarily responsible for this		
Institutional and Organizational Development		
GOK is primarily responsible for this		
Health Financing		
GOK and PEPFAR has had substantive contribution to this element		
Health Management Information Systems		
GOK and PEPFAR has had substantive contribution to this element		
Supply Chain Systems		
GOK and PEPFAR has had substantive contribution to this element		
Laboratory Systems		
GOK and PEPFAR has had substantive contribution to this element		
Other Systems Support		
GOK is primarily responsible for this		
Disease Surveillance		
GOK and PEPFAR has had substantive contribution to this element		
Strategic Information		
Monitoring and Evaluation		
All the three entities e.i GOK, PEPFAR and GF have equal responsibility in M& E from services to policy and planning		
Surveys and Surveillance		
PEPFAR provides substantive support to surveillance activities especially in KENPHIA and other AIDS indicator surveys. GOK provides the staffing and leadership to all surveillance activities.		
Research and Other Surveys		
Research activitie sin Kenya have been mainly supported through PEPFAR		
Program Implementation, Management, and Support		
At the Implementation Level		
At the Donor Level		