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Condensed COP Report

Kenya

2005

Country Operational Plan (COP)

Country Name: Kenya

Fiscal Year 2005

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Table 1: Country Program Strategic Overview

1.1

National Response

On the 23rd of March 2003, then newly-elected President Mwai Kibaki declared total war against HIV/AIDS. His mandates to the National AIDS Control Council were to coordinate and to manage the implementation of a multi-sectoral approach to the national HIV/AIDS program, to provide policy direction, and to mobilize resources.

Donor harmonization is a key component of the struggle to control HIV/AIDS in Kenya. While there are over 15 donor nations working in Kenya, all have agreed to the "three ones" to better coordinate the scale-up and staying power of AIDS responses. US efforts over the life of this strategy will include unifying our voice and positions in the committees and councils – most of which operate under the auspices of NACC or NASCOP – that can make unified planning, action, and monitoring and evaluation a reality for Kenya. All donors are pursuing enhanced collaboration with colleagues in the Ministry of Health and NACC to establish stronger partnerships to achieve the objectives outlined in the Government's policy framework

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A previous Kenya National HIV/AIDS Strategic Plan (KNASP) was developed for a multi-sectoral national HIV/AIDS control program over the 2000-2005 time period and is in the process of being updated for the next five years as this COP and our Emergency Plan Five Year Strategy are being finalized. The current plan is linked to the National Development Plan (1997-2001) and National Poverty Eradication Plan (1997-2001) and its overarching theme was social change to reduce HIV/AIDS and poverty.

Kenya has subscribed to the 3x5 campaign of the World Health Organization, and it is anticipated that the forthcoming five-year plan will reflect this commitment to expanding the availability of treatment. We are publicly committed to harmonizing our subsequent COPs with the forthcoming KNASP for 2005-2010 to assure maximum complementarity of our efforts.

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The National AIDS Control Council (NACC) is the government multi-sectoral unit attached to Office of Special Projects in the Office of the President. It has a professional staff of 80-plus at headquarters level and a governing secretariat representative of public and private sectors and donor community. NACC manages elements of World Bank MAP program in Kenya and liaises with the AIDS Control Units of all major Government of Kenya ministries (e.g., Health, Defense, Agriculture, Education, Tourism, Trade) for coordinated and strengthened responses to AIDS. It is emerging from a period of instability due to discredited leadership, and the US and other donors are seeking to assist it to achieve its full potential.

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Over the next five years, USG support and technical assistance will work with NACC, NASCOP, NCPD and CBS to provide and disseminate strategic information on HIV/AIDS trends in order to monitor the epidemic, report effectively on indicators to monitor progress toward national and international targets, and to utilize this information effectively for program planning and improvement. In FY05 sentinel surveillance will continue, and will integrate sentinel PMTCT information for evaluation purposes, a National M&E framework will be finalized, and monitoring systems for prevention, care and treatment will be strengthened. Several targeted evaluations, including health worker attitudes to testing and the start of a survey of the impact of ART, will be completed. Findings from the KDHS2003 and KSPA2004 will be disseminated.

Major national surveys will be repeated, including the KDHS in 2008, KSPA in 2009, and BSS or AIS in 2006. Within the MOH, targeted evaluations will focus on improving services for HIV care, treatment and prevention, while integrating HIV information effectively in the programs of curative and preventive services at the district and facility level. This will involve the National Blood Transfusion Services (NBTS), National Public Health Laboratory Services (NPHLS), Division of Reproductive Health (for PMTCT and family planning activities), National Leprosy and Tuberculosis Program (NLTP), the Health Sector Reform Secretariat (for health manpower and infrastructure issues), the STD program, and Health Management Information Systems (HMIS). The USG SI team includes strong expertise in demography, epidemiology, behavioral science, and monitoring and evaluation. It will link with program experts to develop appropriate systems. There will also be an SI Advisory Group for the Emergency Plan that will include our key GOK multilateral and NGO partners to guide the development of systems and enhance the use of strategic information.

There is strong desire to collaborate on a single monitoring and evaluation plan, as articulated in the "third one" of UNAIDS, between bilateral and multilateral donors, partner agencies, Global Fund, and the government for consensus indicators and consistent monitoring systems. The USG team and programs will continue to play a central role in support to Kenya.

From Kenya's two strong central referral hospitals in Nairobi and Eldoret to the most isolated nomadic cattle camp in Northeastern Province, we will help strengthen public health delivery networks so that all Kenyans can be reached with life-saving prevention and treatment programs. We will structure systems so that those co-infected with tuberculosis or other opportunistic illnesses and whose lives are most at risk are reached as rapidly as possible by treatment. Concurrently, we will employ innovative extensions of networks to assure that those in rural areas, in refugee camps and institutional settings, those in the various uniformed services, and those who live migratory lives are not left behind.

Because the Emergency Plan cannot and should not seek to meet all needs associated with HIV and AIDS, we will invest attention and resources in the network of donors so that our responses are non-duplicative, synergistic, and well-coordinated.

In the private sector, we will capitalize on the already robust networks of mission health care facilities, support formation of networks of employment-based health delivery and invest in the nascent networks of health maintenance organizations serving urban centers. The Christian Health Association of Kenya, Mission for Essential Drugs and Supplies and others will be important partners in these areas, providing resources and technical support for smaller organizations.

Private sector networks will also be catalyzed to organize and rationalize the growing responses to home and community support for the infected, education and care for orphans and vulnerable children, and opportunities to protect young people from infection through abstinence and behavior change interventions. The Supreme Council of Kenya Muslims, Kenya Episcopal Conference, National Council of Churches of Kenya, Kenya Inter-religious AIDS Consortium and the National Council for Children's Services will be linked and strengthened.

Kenya's public and not-for profit health organizations are overwhelmed by the strain of coping with HIV/AIDS prevention, treatment, care and support in addition to other priority health activities, while also coping with serious attrition within their own ranks from HIV/AIDS and other causes. Human resources systems are unable to keep up with requirements for qualified staff for HIV/AIDS program management and implementation. Because of poor HR system and capacity, it is currently impossible to accurately forecast the number of qualified staff needed to deliver ARV treatment in the coming five years.

Managers at all levels must be competent in planning, supervising, monitoring and reporting on these programs. Pre-service and in-service training systems must gear up to meet all these requirements. Equally importantly, HR systems of the implementing agencies must be capable of hiring, deploying, tracking, supporting, and motivating HIV/AIDS staff, while continuing to meet the HR needs of other health programs. Finally, it will be necessary for the USG to directly support the salaries of additional staff within key implementing agencies to meet the rising number of clients for all HIV/AIDS services. Any salary subsidies or other direct support for HIV/AIDS workers must be introduced in a context that reinforces and strengthens existing staff structures, incentive systems, and general HR procedures in a sustainable manner, rather than contributing to their destruction by raiding staff from other critical areas.

We will assist key organizations to do a comprehensive HR needs assessment, including the need for policy changes, changes in pre-service and in-service curricula and training strategies, systems strengthening in HR, reinforcement of management skills, and changes in processes. Based on this assessment, we will prepare a detailed one-year workplan and an overall five-year workplan to address the most urgent needs for successful attainment of PEPFAR objectives.

There is a necessary tension in our Country Operational Plan between effecting long-lasting, fundamental change and effecting rapid change as we transform the ways we lead, conceive of, organize, implement, and report on our work in fighting the HIV/AIDS disaster. In developing the human capacity to deal with this pandemic we want both to work quickly to put skilled staff in place - to prevent infection and save lives today - and to build a sustainable system to ensure a steady supply of well trained people. Our strategy will therefore be two-pronged. In the early part of our program, we will focus on rapidly using Emergency Plan resources to put the necessary trained staff in place. We will shift that focus over the next five years towards making the fundamental changes in human resource planning, encouraging civil service reform, and teaching needed skills to all cadres of staff during their pre-service training.

With DFID assistance, there is an ongoing effort to assess the total human resource and training resources needed to expand access to HIV and other health care. Early results reflect previous findings of a serious lack of properly trained staff in cadres consistent with need and in appropriate geographic areas. It is also finding large-scale "absenteeism" among health care providers, perhaps indicating that government resources could be released to recruit from the pool of unemployed doctors and nurses. Working with DFID, the GOK, and otherwise will use the results of this study to develop an overall Kenyan human resources strategy, covering recruiting, paying, motivating, and retaining health care workers.

This country operational plan adds a further 50-plus new partners to the more than 80 new partners in our 2004 COP. Many of these newer groups were identified through a process inviting "concept papers" that resulted in close to 1,000 submissions from continuing and new groups. Smaller Kenyan FBOs and CBOs will primarily be reached through two new umbrella mechanisms, one managed each by CDC and USAID. These intermediary organizations are essential to mitigating the management burden on USG agencies and to providing the administrative and technical capacity building to help groups new to US funding achieve quality results on a fast trajectory.

We are continuing to expand our partnership with GOK agencies, primarily in the health sector, to assure sustainability of Emergency Plan efforts. At the same time, we are taking deliberate steps -- including the use of international and Kenyan technical partners as first line recipients of funds -- to assure that we do not contribute general budgetary support to GOK.

Finally, we are maintaining approximately level funding with traditional international NGO and other development partners. Several of these groups are also very useful intermediaries through which we support and build the capacity of dozens of smaller Kenyan groups.

Kenya has a strong and growing private sector that we will increasingly engage in prevention, care and treatment efforts. Workplace prevention programs in the sugar and tea industries will be expanded within those industries and to other sectors, most notably to manufacturing and tourism. Our significant first year success with workplace treatment on tea estates in Kericho will be promoted to others in the private sector. We will build the evidence base to convince them that their investments, linked with ours, can prolong human lives and improve productivity (and thus the corporate bottom line). In this way, we may be able to leverage private sector funds for mutually beneficial activities.

We will follow the strategic direction of NASCOP to expand capacity for health care delivery including availability of ARV treatment services. Certain activities prioritized by the Emergency Plan will receive additional emphasis, including strengthening networks in the mission sector. Public sector medical care in Kenya is currently provided through a network that includes two national referral hospitals, 8 provincial hospitals, 70 district hospitals, and numerous health centers and dispensaries. HIV treatment is being provided through an adaptation of this system including seven referral centers that are being established at both of the national referral hospitals as well as selected provincial, district, and mission facilities.

This network for HIV treatment is already well established and documented in our five year strategy. Future activities will include strengthening and expanding treatment at established sites and adding sites, particularly at district hospital and health center levels, with an emphasis on working "down" through the network model to assure that both urban and rural populations are reached.

Referral centers for HIV treatment are a top priority for capacity building in ART initiation and management of complicated HIV disease, and for strengthening of laboratory and pharmacy capacity related to ART. In addition, these centers are being strengthened to serve as training sites for HIV treatment. There are medical schools at both of the national referral hospitals and many of the other HIV treatment referral centers host training facilities for health care personnel. Training at these sites will be expanded to incorporate HIV care into the curricula for all categories of health workers and to provide ongoing and advanced training in ART for clinicians in practice.

Capacity at district level hospitals will also be strengthened further, with a focus on ARV continuation, provision of non-ART HIV care, and performance of routine basic laboratory testing. Approximately 67 district-level HIV treatment centers (including government, mission, and military facilities) have been identified by the Ministry of Health for this capacity expansion.

As we pursue deliberate progress on all of the targets in this plan, we will place a high priority on assuring that women and girls who are disproportionately vulnerable to infection for cultural, sociological and biological reasons receive concomitantly disproportionate access to the treatment, services and support that they need and deserve.

We also believe that the networks of women's association within FBOs provide a good entry point to enhance access to information and to increase women's involvement in HIV prevention and care. We recognize that we will need to continue efforts aimed at ensuring male involvement to ensure adequate political and community support.

USG will expand its work with the predominantly male uniformed services personnel. Through military and police services, as well as transport services, men are often away from their partners, leaving them at high risk for HIV and other STIs. Peer education and local mass media are some of the interventions used to promote responsible sexual behavior among men, as are VCT services along truck routes linked to clinics and treatment services.

We are committed to confronting stigma and discrimination across the multiple programs area and the geographic reach of those programs. People living with AIDS whom we consult regularly about planning and implementation of the Emergency Plan remind us that the best laid plans can still fall short of their goals if they don't also "plan" to minimize the effect of stigma. We are reassured by the growing body of evidence that increased access to ARVs is a powerful anti-stigma / anti-discriminatory tool and are encouraging treatment sites to link patients with support groups and other opportunities for association against discrimination. We will further reinforce these efforts by continuing to build the capacities of national and provincial networks of people living with AIDS, with a special emphasis on their contributions to treatment readiness of individual PLWHAs and whole communities.

Our strong and successful partnerships with both the Policy Project and the Internews Network have contributed to more educated civil society participation in debate and discourse on HIV/AIDS and improved coverage by the press. These efforts will continue under this plan and will be focused on community preparedness for treatment and reducing the stigma and discrimination that can still be barriers to care.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National 2-7-10</u>	<u>USG Direct Support Target End FY05</u>	<u>USG Indirect Support Target End FY05</u>	<u>Total USG Support Target End FY05</u>
Prevention <i>Target 2010: 829,578</i>				
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		17,000	20,000	20,000
Number of pregnant women who received PMTCT services in FY05		204,000	240,000	240,000
Care <i>Target 2008: 1,250,000</i>				
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		80,000	160,000	160,000
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		26,000	30,000	30,000
Number of individuals who received counseling and testing in FY05		320,000	380,000	380,000
Number of OVCs being served by an OVC program at the end of FY05		200,000	250,000	250,000
Treatment <i>Target 2008: 250,000</i>				
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		2,100	2,300	2,300
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		41,900	45,700	45,700

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID:
 Mech Type:
 Mech Name:
 Agency:
 Funding Source:

Prime Partner: To Be Determined
 Mech ID: 1,312
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Physical Plant Expenditure
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

Prime Partner: Abt Associates
 Mech ID: 1,474
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: defer
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHAJ)
 Prime Partner ID: 414
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: No

Prime Partner: Academy for Educational Development
 Mech ID: 143
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: FANTA
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 415
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 406
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 415
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 441
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Capable Partners

Prime Partner: Academy for Educational Development

Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 415
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Africa Focus
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Beacon of Hope
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Church World Service, Inc.
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Girango Children's Foundation
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Kolanya Girls' Boarding Primary School
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Legal Care Centre for HIV/AIDS
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Makindu Children's Centre
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Mothers' Rural Care for AIDS Orphans
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner:

Academy for Educational Development

Sub-Partner Name: Neighbors in Action - Kenya
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Presbyterian Church of East Africa
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Ripples International
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: St. Camillus Dala Kye Children Welfare Home
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Transkapel OVC Assistance Group
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Tropical Institute of Community Health and Development
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Mech ID: 1,476
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: defer
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHAI)
 Prime Partner ID: 415
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner:

ACE Communications

Mech ID: 301
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 693
 Prime Partner Type: Private Contractor
 Local: Yes
 New Partner: Yes

Prime Partner:

Adventist Development and Relief Agency

Prime Partner: Adventist Development and Relief Agency
 Mech ID: 1,490
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: track1
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 1
 Prime Partner Type: FBO
 Local: No
 New Partner: No

Prime Partner: African Medical and Research Foundation
 Mech ID: 295
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 220
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 1,425
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: defer
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Deferred (GHAJ)
 Prime Partner ID: 220
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: African Union/ Inter-African Bureau for Animal Research
 Mech ID: 186
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 515
 Prime Partner Type: Multi-lateral Agency
 Local: No
 New Partner: No

Prime Partner: AIC Litein Hospital
 Mech ID: 258
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 628
 Prime Partner Type: FBO
 Local: Yes
 New Partner: Yes

Prime Partner: American Association of Blood Banks
 Mech ID: 1,461
 Mech Type: Headquarters procured, centrally funded (Central)

Prime Partner: American Association of Blood Banks
Mech Name: track1
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 1,907
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: American Federation of Teachers - Educational Foundation
Mech ID: 189
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 697
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Kenya National Union of Teachers
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner: Association of Public Health Laboratories
Mech ID: 1,324
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Association of Public Health Laboratories
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 171
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Associazione Volontari per il Servizio Internazionale
Mech ID: 1,491
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: track1
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 1,474
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: CARE International
Mech ID: 368
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 174
Prime Partner Type: NGO
Local: No

Prime Partner: CARE International
New Partner: No

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Sub-Partner Name: Arid Lands Development Focus
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Catholic Diocese of Garissa
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Prime Partner: Catholic Medical Mission Board
Mech ID: 315
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 6
Prime Partner Type: FBO
Local: No
New Partner: No

Prime Partner: Catholic Relief Services
Mech ID: 1,431
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: track1
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 7
Prime Partner Type: FBO
Local: No
New Partner: No

Prime Partner: Centre for British Teachers
Mech ID: 369
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 771
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Christian Aid
Mech ID: 1,492
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: track1
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 885
Prime Partner Type: FBO

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Prime Partner: Christian Aid
Local: No
New Partner: No

Prime Partner: Christian Children's Fund, Inc
Mech ID: 1,493
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: track1
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 8
Prime Partner Type: FBO
Local: No
New Partner: No

Prime Partner: Christian Health Association of Kenya
Mech ID: 334
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 58
Prime Partner Type: FBO
Local: Yes
New Partner: Yes

Prime Partner: Columbia University Mailman School of Public Health
Mech ID: 1,432
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: track1
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 475
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Commission for Human Rights and Justice
Mech ID: 313
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 701
Prime Partner Type: NGO
Local: Yes
New Partner: Yes

Prime Partner: Community Housing Foundation
Mech ID: 348
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 731
Prime Partner Type: NGO
Local: No

Prime Partner: Community Housing Foundation
 New Partner: No

Sub-Partner Name: Africa Infectious Disease Village Clinics, Inc
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Africa Inland Church Health Ministries
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Africa Inland Church Health Ministries
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Apostles of Jesus AIDS Ministries
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Baptist AIDS Response Agency, Kenya
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Center for AIDS Awareness, Youth & Environment (YUMA)
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Center for Research and Development
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Community Communication for Health Development in Africa
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Gethsemane Garden Christian Centre Academy
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

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Prime Partner:

Community Housing Foundation

Sub-Partner Name: Great Commission Church International
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Kabondo Community Health Development Group
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Kenya Assemblies of God
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Kenya Episcopal Conference
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Kenya Episcopal Conference
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Kenya Society for People with AIDS (KESPA)
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Kibera Community Self Help Programme
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Maasai AIDS Prevention Network
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Movement of Men Against AIDS in Kenya
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Nomadic Community Trust Mobile Clinics
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner:

Community Housing Foundation

Sub-Partner Name: Nyarangi VCT Center
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: OleMila VCT
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Our Lady of Perpetual Support for People Living with AIDS & Orphans, Kenya
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Pillar of Hope, Kenya
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Siaya Peasant Community Outreach Project
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Tharaka
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Upendo Widows Group
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Mech ID: 1,427
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: defer
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Deferred (GHA)
 Prime Partner ID: 731
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Africa Inland Church Health Ministries
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner: Community Housing Foundation
 Sub-Partner Name: Baptist AIDS Response Agency, Kenya
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner: Eastern Deanery AIDS Relief Program, Kenya
 Mech ID: 282
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 71
 Prime Partner Type: FBO
 Local: Yes
 New Partner: No

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
 Mech ID: 338
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 178
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: EngenderHealth
 Mech ID: 211
 Mech Type: Locally procured, country funded (Local)
 Mech Name: AMKENI Project
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 179
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Aga Khan Foundation
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Cooperative League of the USA
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

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Prime Partner: EngenderHealth

Sub-Partner Name: Family Health International
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Family Planning Association of Kenya
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: IntraHealth
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Program for Appropriate Technology in Health
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Mech ID: 370
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: ACQUIRE
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 179
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: IntraHealth
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Prime Partner: Family Health International

Mech ID: 212
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Institute for Family Health
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner:

Family Health International

Sub-Partner Name: I Choose Life
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Kenyatta University
 Sub Partner Type: University
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Mech ID: 372
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: %IMPACT
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 180
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: African Medical and Research Foundation
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Anglican Church of Kenya
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Blood Link Foundation
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Bomu Medical Centre, Mombasa
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Bungoma Organization for Empowerment of Women, Kenya
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Prime Partner:

Family Health International

Sub-Partner Name: Catholic Church of Kenya
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Crystal Hill Consulting
 Sub Partner Type: Private Contractor
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Drug Abuse Rehabilitation and Treatment
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Family Planning Association of Kenya
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Family Planning Private Sector
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Gertrude's Garden Children's Hospital
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: GOAL Ireland
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: Indigenous Tabernacle Council of Kenya
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

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Prime Partner:

Family Health International

Sub-Partner Name: Interchristian Fellowship Evangelical Mission
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: International Center for Reproductive Health
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: JHPIEGO
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: KAPTLD
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Kenya Association of Professional Counselors
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Kenya Boy Scouts
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Kenya Girl Guides Association
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Kenya Ministry of Health
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Prime Partner:

Family Health International

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Sub-Partner Name: Kenya National Outreach, Training, and Counseling Program
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Kenya Wildlife Service
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Kenyan National AIDS and STI Control Program
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Kenyatta National Hospital, Kenya
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Kims Integrated Community Based Program
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Kirilani Mission Hospital, Kenya
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Life Bloom
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Marafa Community Development Program
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

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Prime Partner:

Family Health International

Sub-Partner Name: MEDA
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Moving the Goal Posts
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: MTG
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Mulangasa Integrated Christian Group
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: MUMCOP
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Mumias Muslim Community, Kenya
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Muslim Educational Development Association
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: National Leprosy and Tuberculosis Programme
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Prime Partner:

Family Health International

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Sub-Partner Name: National Organization for Peer Educators, Kenya
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Network for Empowerment of People Living with HIV/AIDS in Kenya (NEPHAQ)
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: PASECO
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: PharmAccess
Sub Partner Type: Private Contractor
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Population Services International
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Program for Appropriate Technology in Health
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Salvation Army
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Samaritan's Purse
Sub Partner Type: FBO
Planned Funding Amount:
Local: No
New Partner: No

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Prime Partner:

Family Health International

Sub-Partner Name: Seventh Day Adventist Church
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Society for Women and AIDS in Kenya
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Solidarity w/ Women in Distress, Kenya
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: St. John's Ambulance
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: St. Mary's Hospital, Kenya
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Strengthening Community Partnership and Empowerment
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Supreme Council of Kenya Muslims
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: TAWFIQ
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Prime Partner:**Family Health International**

Sub-Partner Name: Tototo Home Industries
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Triangle Project
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Tumaini Awareness Group
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: University of Nairobi
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Worldview Kenya
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Young Men Christian Association
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: Yes

Mech ID: 1,473
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: defer
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHAJ)
 Prime Partner ID: 180
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner:**Forum for African Women Educationists**

Mech ID: 427
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Peace Corps Scholarships
 Planned Funding Amount:
 Agency: Peace Corps
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 2,469
 Prime Partner Type: NGO
 Local: Yes

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Prime Partner: Forum for African Women Educationists
New Partner: No

Mech ID: 1,510
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: defer-Peace Corps Scholarships
Planned Funding Amount:
Agency: Peace Corps
Funding Source: Deferred (GHAI)
Prime Partner ID: 2,469
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Handicap International
Mech ID: 281
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 182
Prime Partner Type: NGO
Local: Yes
New Partner: No

Sub-Partner Name: Blind and Low Vision Network
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Kenya Sign Language Interpreters Association
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Kenya society for the Mentally Handicapped
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Prime Partner: Hope Worldwide
Mech ID: 375
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 13
Prime Partner Type: FBO
Local: Yes
New Partner: No

Prime Partner: Hope Worldwide South Africa
Mech ID: 1,489
Mech Type: Headquarters procured, centrally funded (Central)

Prime Partner: Hope Worldwide South Africa

Mech Name: track1
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 762
Prime Partner Type: FBO
Local: No
New Partner: No

Prime Partner: Impact Research and Development Organization

Mech ID: 692
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 978
Prime Partner Type: NGO
Local: Yes
New Partner: Yes

Prime Partner: Indiana University School of Medicine

Mech ID: 521
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 721
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Insta Products

Mech ID: 1,125
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 1,824
Prime Partner Type: Private Contractor
Local: No
New Partner: Yes

Prime Partner: Institute of Tropical Medicine

Mech ID: 443
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 480
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: International Medical Corps

Mech ID: 682
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:

Prime Partner: International Medical Corps
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 188
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: International Rescue Committee
Mech ID: 305
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 189
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Internews Network
Mech ID: 353
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 425
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: IntraHealth
Mech ID: 208
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 191
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: James Finlay (K) Ltd. Medical Department
Mech ID: 223
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Prime Partner ID: 684
Prime Partner Type: Private Contractor
Local: Yes
New Partner: No

Prime Partner: JHPIEGO
Mech ID: 330
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:

Prime Partner: JHPIEGO
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 193
Prime Partner Type: NGO
Local: No
New Partner: Yes

Prime Partner: John Snow Inc
Mech ID: 471
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 427
Prime Partner Type: NGO
Local: Yes
New Partner: No

Sub-Partner Name: National Leprosy and Tuberculosis Programme
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Mech ID: 665
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: DELIVER*
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 427
Prime Partner Type: NGO
Local: Yes
New Partner: No

Mech ID: 1,499
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: track1
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 427
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Kenya AIDS NGO Consortium
Mech ID: 323
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 709
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Kenya Medical Research Institute
Mech ID: 210

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Prime Partner: Kenya Medical Research Institute
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: *
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 668
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Mech ID: 1,244
Mech Type: Locally procured, country funded (Local)
Mech Name: Walter Reed Project
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 668
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Mech ID: 1,246
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Uniformed Services Project
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 668
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Sub-Partner Name: Kenya National Youth Service
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Kenya Police Department
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Kenya Prisons Service
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Kenya Wildlife Service
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Mech ID: 1,426
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: defer
Planned Funding Amount:

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Prime Partner: Kenya Medical Research Institute
Agency: HHS
Funding Source: Deferred (GHAJ)
Prime Partner ID: 668
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Kenya Medical Supplies Agency
Mech ID: 1,242
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 339
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Kenyan National AIDS and STI Control Program
Mech ID: 462
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 343
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Kericho District Hospital, Kenya
Mech ID: 238
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Prime Partner ID: 345
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Mech ID: 1,410
Mech Type: Locally procured, country funded (Local)
Mech Name: defer
Planned Funding Amount:
Agency: Department of Defense
Funding Source: Deferred (GHAJ)
Prime Partner ID: 345
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Live With Hope Centre
Mech ID: 238
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAJ account)

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Prime Partner: Live With Hope Centre
 Prime Partner ID: 667
 Prime Partner Type: FBO
 Local: Yes
 New Partner: No

Prime Partner: Liverpool VCT and Care - Kenya
 Mech ID: 360
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: *
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Base (GAP account)
 Prime Partner ID: 267
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Sub-Partner Name: Badiliki VCT Centre, Rachuonyo
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Baptist AIDS Response Agency, Kenya
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Integrated Development Facility VCT Centre
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Laitipia HIV/AIDS Control Organization
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: National Association for the Deaf
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Osiligi VCT Centre, Ngong
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Prime Partner:

Liverpool VCT and Care - Kenya

Sub-Partner Name: Provincial Medical Offices
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Supreme Council of Kenya Muslims
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: World Provision Centre
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Yofak VCT Center, Rachuonyo
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Mech ID: 1,428
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: defer
Planned Funding Amount:
Agency: RHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 267
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner:

Macro International

Mech ID: 176
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 429
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner:

Management Sciences for Health

Mech ID: 390
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 194
Prime Partner Type: NGO

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Prime Partner: Management Sciences for Health

Local: No

New Partner: No

Prime Partner: Marquette University

Mech ID: 172

Mech Type: Headquarters procured, country funded (HQ)

Mech Name:

Planned Funding Amount:

Agency: USAID

Funding Source: GAC (GHAI account)

Prime Partner ID: 486

Prime Partner Type: University

Local: No

New Partner: No

Prime Partner: Midmay International

Mech ID: 285

Mech Type: Headquarters procured, country funded (HQ)

Mech Name:

Planned Funding Amount:

Agency: HHS

Funding Source: GAC (GHAI account)

Prime Partner ID: 957

Prime Partner Type: NGO

Local: No

New Partner: No

Prime Partner: Mission for Essential Drugs and Supplies

Mech ID: 240

Mech Type: Locally procured, country funded (Local)

Mech Name:

Planned Funding Amount:

Agency: USAID

Funding Source: GAC (GHAI account)

Prime Partner ID: 114

Prime Partner Type: FBO

Local: Yes

New Partner: No

Prime Partner: National Blood Transfusion Service, Kenya

Mech ID: 1,457

Mech Type: Headquarters procured, centrally funded (Central)

Mech Name: track1

Planned Funding Amount:

Agency: HHS

Funding Source: N/A

Prime Partner ID: 365

Prime Partner Type: Host Country Government Agency

Local: Yes

New Partner: No

Prime Partner: National Council for Population and Development

Mech ID: 341

Mech Type: Locally procured, country funded (Local)

Mech Name:

Planned Funding Amount:

Agency: USAID

Funding Source: GAC (GHAI account)

Prime Partner ID: 724

Prime Partner Type: Host Country Government Agency

Local: Yes

Prime Partner: National Council for Population and Development
New Partner: No

Prime Partner: National Leprosy and Tuberculosis Programme
Mech ID: 277
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 685
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Nazareth Hospital
Mech ID: 177
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 635
Prime Partner Type: Private Contractor
Local: Yes
New Partner: Yes

Prime Partner: Network of AIDS Researchers in East and Southern Africa
Mech ID: 296
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 692
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: New York University
Mech ID: 286
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 487
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Pathfinder International
Mech ID: 292
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 202
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Pathfinder International
Mech ID: 451
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: *
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 202
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: PLAN International
Mech ID: 1,494
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: track1
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 203
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Population Council
Mech ID: 182
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Horizons
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 204
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 384
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Frontiers in Reproductive Health
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 204
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Program for Appropriate Technology in Health
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Mech ID: 448
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: \$
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 204
Prime Partner Type: NGO

Prime Partner: Population Council
 Local: No
 New Partner: No

Sub-Partner Name: Family Planning Association of Kenya
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner: Population Services International

Mech ID: 387
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 206
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 1,472
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: defer
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHAJ)
 Prime Partner ID: 206
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Program for Appropriate Technology in Health

Mech ID: 569
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 207
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 1,488
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: track1
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 207
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Salesian Mission

Mech ID: 1,487
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: track1
 Planned Funding Amount:
 Agency: USAID

Prime Partner: Salesian Mission
 Funding Source: N/A
 Prime Partner ID: 753
 Prime Partner Type: FBO
 Local: No
 New Partner: No

Prime Partner: Samaritan's Purse
 Mech ID: 1,485
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: track1
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 934
 Prime Partner Type: FBO
 Local: No
 New Partner: No

Prime Partner: Samuel Community Response to OVC
 Mech ID: 393
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 780
 Prime Partner Type: NGO
 Local: Yes
 New Partner: Yes

Prime Partner: Tenwek Hospital
 Mech ID: 671
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 651
 Prime Partner Type: FBO
 Local: Yes
 New Partner: No

Mech ID: 1,411
 Mech Type: Locally procured, country funded (Local)
 Mech Name: defer
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: Deferred (GHAI)
 Prime Partner ID: 651
 Prime Partner Type: FBO
 Local: Yes
 New Partner: No

Prime Partner: The Futures Group International
 Mech ID: 342
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: POLICY Project*
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 435

Prime Partner: The Futures Group International
Prime Partner Type: TBD
Local: No
New Partner: No

Mech ID: 1,475
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: defer
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAJ)
Prime Partner ID: 435
Prime Partner Type: TBD
Local: No
New Partner: No

Prime Partner: The Nursing Council of Kenya
Mech ID: 153
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 621
Prime Partner Type: Host Country Government Agency
Local: No
New Partner: No

Prime Partner: Unilever Tea Kenya
Mech ID: 209
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Prime Partner ID: 654
Prime Partner Type: Private Contractor
Local: Yes
New Partner: No

Prime Partner: United Nations Children's Fund
Mech ID: 179
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 521
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: No

Prime Partner: United Nations Office on Drugs and Crime
Mech ID: 275
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 684
Prime Partner Type: Multi-lateral Agency
Local: No

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Prime Partner: United Nations Office on Drugs and Crime
New Partner: No

Prime Partner: University of California at San Francisco
Mech ID: 288
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 491
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: University of Kwazulu-Natal, HEARD Mobile Task Team
Mech ID: 337
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 722
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: University of Manitoba
Mech ID: 214
Mech Type: Locally procured, country funded (Local)
Mech Name: Strengthening STD/HIV Control Project*
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 840
Prime Partner Type: University
Local: No
New Partner: Yes

Mech ID: 287
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 840
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: University of Nairobi
Mech ID: 217
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Department of Pediatrics
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 509
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: University of Nairobi
Mech ID: 303
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Department of Obstetrics and Gynecology
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 509
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: University of North Carolina
Mech ID: 147
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Measure Evaluation*
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 589
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: University of Washington
Mech ID: 483
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 841
Prime Partner Type: University
Local: No
New Partner: No

Sub-Partner Name: Coptic Hospital
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: US Agency for International Development
Mech ID: 1,504
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Centers for Disease Control and Prevention
Mech ID: 1,501
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: base
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 528

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Prime Partner: US Centers for Disease Control and Prevention
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,502
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Department of Defense
Mech ID: 1,503
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 529
Prime Partner Type: Own Agency
Local: Yes
New Partner: No

Prime Partner: US Peace Corps
Mech ID: 247
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: Peace Corps
Funding Source: GAC (GHAI account)
Prime Partner ID: 536
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: World Concern
Mech ID: 1,497
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: track1
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 2,122
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: World Vision Kenya
Mech ID: 291
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,801
Prime Partner Type: FBO
Local: Yes

Prime Partner: World Vision Kenya
New Partner: No

Mech ID: 1,486
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: track1
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 1,801
Prime Partner Type: FBO
Local: Yes
New Partner: No

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

- Result 1:** Access to quality PMTCT services improved by increasing the number of sites providing minimum package of services.
- Result 2:** Quality of PMTCT services increased through training, using new curriculum based on WHO/CDC guidelines.
- Result 3:** PMTCT services integrated into network of facilities currently providing maternal and child health services, including ANC and maternity care.
- Result 4:** Awareness and demand for PMTCT services increased through community-level and mass media communications activities.
- Result 5:** Use of complete course of ARV prophylaxis by HIV-positive pregnant women increased through improved services and increased demand.
- Result 6:** Improved PMTCT management information system used to identify gaps and increase cost effectiveness.

Total Funding for Program Area (\$): **Current Program Context:**

The program to prevent of mother-to-child HIV transmission (PMTCT) continues to be a major success story in Kenya. The number of sites providing PMTCT services has grown from under 60 in 2002 to about 250 in 2004. The national PMTCT Technical Working Group has met regularly since early 2000, jointly chaired by the HIV/AIDS and RH divisions of the Ministry of Health. This committee has overseen the dissemination of national guidelines; the publication of the curriculum which was then used to train hundreds of service providers; the improvement in the supervision system at the central, provincial, and district level; the start of the ARV drug donation program; the coordination of service delivery; and the start of an M&E system to monitor results. This success builds on the significant work accomplished under the President's 2002 International Mother and Child HIV Prevention Initiative by USAID, CDC, and their partners. Important donor partners include GTZ, UNICEF, and WHO. The Global Fund may provide ARVs for PMTCT+ care in the future. DFID funds broader work in safe motherhood that complements PMTCT activities. These partners meet at the MOH's PMTCT Technical Working Group and at donor meetings. USG partners also have good relationships with the PMTCT technical assistance and research organizations in Kenya. Numerous challenges remain. It has proven difficult to make the transitions from the pilot project phase through a rapid expansion phase to the final phase, managing a large, mature program. Maintaining sustained commitment in the face of competing priorities, and identifying skilled managers at all levels, are continuing issues. Access is improving but more sites are needed, especially in more rural areas and areas with nomadic populations. Now that more services are available, however, the program needs to increase awareness and demand. The 2003 Kenya DHS survey found that while virtually all women received antenatal care, less than half deliver in a health facility with a health professional. Only one-third of women knew that MTCT can be reduced by the mother taking certain drugs during pregnancy.

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / United Nations Children's Fund

Planned Funds:

Activity Narrative:

UNICEF has years of experience working in the rugged, inhospitable, and often insecure areas of northern Rift Valley, Eastern, and North Eastern Provinces. With Presidential Initiative and Emergency Plan funds, they have been working with the Ministry of Health to provide services to prevent mother-to-child HIV transmission (PMTCT). In 2005, the facilities that UNICEF supports will counsel and test 2,000 pregnant women and provide antiretroviral prophylaxis for 40 HIV-positive women.

UNICEF is uniquely capable of undertaking PMTCT activities in these geographic areas. It has a long-term commitment to these areas, and implements projects in several sectors there. To implement these projects they established a field office in Garissa, with knowledgeable local staff and appropriate infrastructure. With USAID, UNICEF co-funded the "Kenya PMTCT Project" which started in 1999 and which launched PMTCT activities in Kenya. In 2005 UNICEF will continue to work with the Ministry of Health to train 80% of appropriate health staff in PMTCT, renovate fixed facilities, use mobile PMTCT/VCT facilities, and promote PMTCT in the communities served by these services.

The districts in which UNICEF is working - Ijara, Garissa, Wajir, and Mandera in North Eastern Province, Marsabit and Moyale in Eastern Province, and Turkana and Samburu in Rift Valley Province - are among the most remote and underserved in Kenya. While HIV prevalence is currently low, these areas have long-distance truck routes running through them, refugee and nomadic peoples easily crossing porous borders, and residents visiting high prevalence areas, especially urban ones. There is a national policy to work in these areas, both as an equity measure and to prevent a further increase in HIV infection.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	30%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	35	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	40	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	2,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	7	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- Community members
- Health Care Workers
- Health Care Workers
 - Doctors
 - Nurses
 - Nurses
 - Midwives
- HIV+ pregnant women
- HIV+ pregnant women
- Infants
- Ministry of Health staff
- Pregnant women
- Pregnant women
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Eastern	ISO Code: KE-400
State Province: North Eastern	ISO Code: KE-500
State Province: Rift Valley	ISO Code: KE-700

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

The 2003 Kenya Demographic and Health Survey found that HIV prevalence continued to be extremely high in Nyanza province, with 18% of women testing HIV-positive. Nyanza also has fertility and childhood mortality levels well above national averages, indicating a high burden of mother-to-child HIV transmission. However, there are few maternal and child health facilities or maternity units in Nyanza Province that provide integrated services to prevent mother-to-child HIV transmission (PMTCT). As a result, many women who attend these facilities lack access to PMTCT services. In facilities that do offer PMTCT services, there is inadequate retention and follow-up of HIV-positive women and their babies, leading to high drop out rates. There is also a lack of a clear referral system and linkages between PMTCT services and other HIV care programs. At the community level, inadequate knowledge of HIV/AIDS, particularly PMTCT, limits behavior change and service utilization. A high level of stigma in the community also hinders utilization of PMTCT services and reduces support for HIV-positive women. Lack of male partner support and involvement remains an important barrier.

The Kenya Medical Research Institute (KEMRI) has grown from modest beginnings in 1979 to become one of the leading research institutes in Africa. It now works closely with CDC to implement and study activities related to the HIV/AIDS epidemic in Kenya. In 2005, KEMRI and CDC will work with the Ministry of Health to expand PMTCT services from the current 42 to 64 health facilities in six districts of Nyanza Province. In doing so, it will provide counseling and testing services to 18,000 pregnant women, and provide full course ARV prophylaxis to approximately 3,750 mothers and their babies and put 300 women on ART (PMCT+). It will train 220 service providers on PMTCT and on comprehensive HIV management for HIV-positive mothers and their families. It will establish model sites where prevention, care and support, and treatment services can be accessed, and establish or strengthen formal linkages between PMTCT and other care and support services.

Post-natal programs will be strengthened, with an emphasis on building follow-up system for HIV-positive women and their infants. At the community level, KEMRI will initiate community mobilization activities for each of the health facilities to increase community involvement and uptake of PMTCT services and establish mechanisms for increasing male partner support and involvement. It will also establish counseling services at community and facility levels and strengthen a two-way referral between communities and facility-based PMTCT services for pregnant women and their families. Finally, KEMRI will create and strengthen 64 support groups to provide psychosocial care and other needs of HIV positive women and families.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	420	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	3,750	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	18,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	64	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Midwives
- HIV/AIDS-affected families
- HIV+ pregnant women
- M&E specialist/staff
- Ministry of Health staff
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **AMKENI Project / EngenderHealth**

Planned Funds:

Activity Narrative:

In order to expand access to services that will prevent mother-to-child HIV transmission (PMTCT), USAID's AMKENI project (implemented by EngenderHealth) will expand its support to public sector and faith-based health facilities in Coast and Western Provinces. It will address issues of access, quality, and comprehensiveness of services, and help facilities provide an integrated package of services, including reproductive health, maternal and child health, family planning, and the management of opportunistic infections. The 58 facilities supported will counsel and test 22,000 pregnant women and provide antiretroviral prophylaxis for 1,500 HIV-positive women.

USAID's AMKENI project, implemented by EngenderHealth (with IntraHealth, PATH, and FHI's Institute for Family Health as major sub-partners) has used FY2004 Emergency Plan funds to start and strengthen PMTCT services at 40 sites. This work built on prior experience that AMKENI had using a network of public and faith based sites in Coast and Western Provinces to build a comprehensive reproductive health and child survival program. In 2005, this project will increase the number of sites providing PMTCT services to 58 and train an additional 80 service providers. EngenderHealth will use the Ministry of Health's WHO/CDC-based curriculum, will comply with Ministry's clinical and reporting guidelines, and will continue to participate in the MOH's Technical Working Group to ensure coordination of activities between the public and private sectors.

This project is closely linked with the national program at the national and local levels. Project staff sit on, and advise, various Ministry of Health working groups, such as PMTCT, VCT, and reproductive health. AMKENI plans and implements activities at the local level in partnership with the Provincial and District Health Management Teams. An important aspect of this project is its realization of the need for community mobilization and participation with respect to health care, including PMTCT. The demand side component of the project will strengthen linkages between facility and community and improve health-seeking behavior. Partners in these activities are the Cooperative League of the USA, the Aga Khan Health Services, and the Family Planning Association of Kenya.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	80	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,500	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	22,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	58	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Nurses
 - Midwives
 - Midwives
- HIV+ pregnant women
- HIV+ pregnant women
- Infants
- Infants
- M&E specialist/staff
- Ministry of Health staff
- Ministry of Health staff
- Pregnant women
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Coast
State Province: Western

ISO Code: KE-300
ISO Code: KE-900

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Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Institute for Family Health / Family Health International

Planned Funds:

Activity Narrative:

Family Health International will carry out a study which will help PMTCT programs in Kenya increase their effectiveness. This study is designed to show why many HIV positive pregnant women fail to obtain ARV prophylaxis, why few of these women deliver in facilities, and how to ensure appropriate infant feeding methods. FHI will undertake this study in collaboration with the Ministry of Health and will examine existing PMTCT programs to assess the attributes of high performing sites. Organizations implementing PMTCT service delivery will then scale up identified best practices into models and strategies to improve uptake of PMTCT services in Kenya.

Family Health International's (FHI) Institute for Family Health has more than 30 years of experience in generating strategic information, translating this information into practice, and building capacity among partners. FHI's Contraceptive Technology Research project, for example, provided technical assistance to the Population Council and NARESA (Network of AIDS Researchers in East and Southern Africa) in the multi-site PMTCT study that launched the PMTCT program in Kenya. FHI will coordinate the proposed study with the Ministry of Health's PMTCT Technical Working Group, which will be an important beneficiary of the study's findings. Projects implementing PMTCT activities, such as USAID's IMPACT and AMKENI projects, will participate in the study and benefit from its results.

Results will include identified best practices and the experience of introducing and evaluating these in selected sites. Twenty sites will participate in the evaluation, and then 60 more will have high-quality PMTCT services integrated into MCH/FP services. Working through these sites and through the MOH's PMTCT Technical Working Group will leverage the impact of the results of this Emergency Plan funded research.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Needs Assessment	20%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Nurses
 - Midwives
- HIV+ pregnant women
- Infants
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Policy makers
- Pregnant women
- Program managers
- USG in country staff

Key Legislative Issues:

Coverage Area:

State Province: Coast	ISO Code: KE-300
State Province: Nairobi	ISO Code: KE-110
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pathfinder International

Planned Funds:

Activity Narrative:

Pathfinder International has extensive experience in community-based support for health initiatives, including HIV/AIDS. With Presidential Initiative and Emergency Plan funds, it has become a major partner in the scale-up of PMTCT services in Kenya. In addition to increasing access to these services, Pathfinder improves quality through training and supervision and demand through community outreach. In FY2005, Pathfinder-supported facilities will counsel and test 107,300 pregnant women and provide antiretroviral prophylaxis for 7,120 HIV-positive women.

During three decades of sustained presence in Kenya, Pathfinder International has acquired expert knowledge of health needs and services in a variety of urban and rural settings. With its special skills in working at the community level Pathfinder has pioneered community-based distribution of contraceptives; community-based HIV/AIDS prevention; and now home-based care and support of individuals and families affected by HIV/AIDS. With FY2004 Emergency Plan funds, Pathfinder is implementing PMTCT services in 80 health facilities in 8 districts.

In 2005, this project will use its experience to consolidate progress in existing sites, expand into 4 new districts, and to extend services from hospitals into high-volume health centers in a network model. Pathfinder will train 500 health workers from 147 sites in PMTCT and comprehensive HIV management for HIV-positive mothers and their families. At the community level, 600 counselors will be trained to strengthen the delivery of PMTCT services and to provide continued support for the HIV-positive women and their families. The project will train 1,500 community health workers to provide community components of PMTCT services. In order to improve the quality of care, 500 health supervisors will learn management skills, including utilization of data for decision making.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	500	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	7,120	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	107,300	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	147	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Women
- Community members
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Traditional birth attendants
 - Midwives
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Ministry of Health staff
- Pregnant women
- Sex partners
- Women of reproductive age
- Women of reproductive age

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Rift Valley	ISO Code: KE-700

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / African Medical and Research Foundation

Planned Funds: **Activity Narrative:**

The African Medical and Research Foundation (AMREF) has strengths in community mobilization and community education, and experience in working with health facilities. It will use these to expand access to health services that will prevent mother-to-child HIV transmission (PMTCT), and increase demand and utilization of these services. During 2005, the 12 facilities supported by AMREF will counsel and test 16,000 pregnant women and provide ART prophylaxis for 900 HIV positive women.

AMREF is an internationally recognized Kenyan NGO founded in 1957. It has extensive experience and expertise in HIV/AIDS prevention and care. Its involvement with PMTCT services began in 2000, when it participated in a British-funded project in Nyanza province. It is still implementing HIV/AIDS activities in that province. In 2005, AMREF will expand the number of public, private, and faith-based sites it supports by 7, from 5 to 12, and will move into Eastern Province and a large slum area of Nairobi. It will improve quality of care by training 72 additional services providers in PMTCT and by providing essential supplies and equipment. The project will train 120 Community Health Workers and Traditional Birth Attendants as lay counselors and as part of the referral network. These community-based workers will also reinforce the mother's chosen infant feeding option and participate in home-based management of opportunistic infections. The project will produce needed information, education, and communications materials. It will also strengthen and institutionalize monitoring and reporting systems. Partners include CDC, the Ministry of Health (MOH), and local communities. The project will comply with MOH and WHO clinical care guidelines and MOH reporting guidelines. AMREF will continue to participate in the MOH's Technical Working Group to ensure coordination of activities.

The areas where AMREF will work are among the poorest in Kenya. The 2003 Demographic and Health Survey found that educational and nutritional levels in Eastern Province were below the national average. The Kibera slum area of Nairobi, near AMREF's headquarters, is densely populated and underserved. This project will make use of findings from USAID's HORIZONS operations research project and CDC's research in this area as it scales up service delivery. An important finding that AMREF will implement is the need for supportive supervision.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	72	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	900	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	16,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Women
- Community members
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Nurses
 - Traditional birth attendants
 - Midwives
- HIV+ pregnant women
- Infants
- M&E specialist/staff
- Ministry of Health staff
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Eastern
 State Province: Nairobi

ISO Code: KE-400
 ISO Code: KE-110

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Network of AIDS Researchers in East and Southern Africa

Planned Funds:

Activity Narrative:

The Network of AIDS Researchers in East and Southern Africa (NARESA) has been a leader in PMTCT in Kenya for almost a decade. Their current emphasis is on continuing medical training and community support, in order to improve the quality of services supplied and the demand for these services by the women who need them. This year NARESA will consolidate services in the districts it currently supports and expand its assistance to two new districts. Project-supported health facilities will counsel and test 70,000 pregnant women and provide antiretroviral prophylaxis for 5,000 HIV-positive women.

The Network of AIDS Researchers in East and Southern Africa was founded in 1989 by African scientists seeking to increase the effectiveness of AIDS researchers and translate research information into practical and effective programs. NARESA participated in the USAID/UNICEF funded "Kenya PMTCT Project" which started in 1999 and which launched PMTCT activities in Kenya. With FY2004 Emergency Plan funds, NARESA is implementing PMTCT services in 24 facilities in 8 districts. In 2005, this project will use its experience to expand into new districts and to extend services into high-volume health centers in a network model. It will train service delivery staff (nurses, doctors, clinical officers) and laboratory staff on PMTCT, and start Continuing Medical Education activities to maintain and update their skills. The project will consolidate services in existing sites and link them with PMTCT+ activities; increase community support using PLWA peer counselors and others; provide monthly joint supervision with MOH staff, and continue to collect data and report on results.

NARESA staff helped write the Ministry of Health's WHO/CDC-based curriculum, and will ensure that the facilities they support comply with Ministry's clinical and reporting guidelines. NARESA, a founding member of MOH's PMTCT Technical Working Group, will continue to participate to ensure coordination of all activities.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	35%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	450	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	3,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	25,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	70	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
 - Doctors
 - Nurses
 - Midwives
- HIV+ pregnant women
- M&E specialist/staff
- Ministry of Health staff
- People living with HIV/AIDS
- Pregnant women

Key Legislative Issues:

- Gender

Coverage Area:

State Province: Central
State Province: Coast
State Province: Eastern
State Province: Nyanza

ISO Code: KE-200
ISO Code: KE-300
ISO Code: KE-400
ISO Code: KE-600

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Department of Obstetrics and Gynecology / University of Nairobi

Planned Funds: **Activity Narrative:**

Kenyatta National Hospital (KNH) is one of two national referral hospitals anchoring the referral network. As a teaching hospital affiliated with the University of Nairobi, it also is a training site for many of the doctors, nurses, and clinical officers trained each year. KNH and the University participated in the USAID/UNICEF funded "Kenya PMTCT Project" which started in 1999 and which launched PMTCT activities in Kenya. Pumwani Maternity Hospital in Nairobi is one of the largest maternity hospitals in Africa. This 350-bed facility handles 30-35,000 deliveries a year. Both hospitals have large numbers (50-60%) of unbooked clients, women who present for delivery without having been previously seen at any ANC clinic. These women are more likely to be HIV-positive but much less likely to know their HIV status.

In 2005 the University of Nairobi will work with these hospitals to address the severe problems their programs have in providing services to prevent mother-to-child HIV transmission (PMTCT). Staff at both hospitals will be trained on basic PMTCT skills, the rational use of antiretrovirals, reducing stigmatization of patients, and data collection, reporting, and usage. To alleviate staff shortages the project will provide three staff on a contract basis. Infrastructure will be improved, especially in Pumwani Hospital. By encouraging couple counseling, 10,300 women, 2,000 male partners, and 400 children will receive counseling and testing in these hospitals during 2005. About 2,070 HIV-positive women will receive antiretroviral prophylaxis in a PMTCT setting. Pregnant women of unknown HIV status at the time of labor (or HIV infected who have not received ART) will be treated according to WHO guidelines. The project will also gather information on the impact of PMTCT regimens on future antiretroviral therapy.

Pre-service training is the long-term solution to issues of human capacity development. As a teaching hospital, the University and Kenyatta National Hospital will include PMTCT in the pre-service curriculum. 200 4th year medical students, 250 student nurses, and 100 student clinical officers will undertake PMTCT practicals during their rotations through the two hospitals. This will be a long-term contribution to the national PMTCT effort. In addition, the project will conduct four Continuing Medical Education sessions, two program reviews, and one research update seminar for doctors and nurses who need refresher training.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	30%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	80	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,070	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	10,350	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- M&E specialist/staff
- Ministry of Health staff
- Pregnant women
- Students
- University
- Trainers

Key Legislative Issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Rescue Committee

Planned Funds:

Activity Narrative:

The International Rescue Committee will provide services to prevent mother-to-child HIV transmission (PMTCT) in the remote Kakuma refugee camp. In 2005, it will counsel and test 2,700 pregnant women and provide antiretroviral prophylaxis for 80 HIV positive women.

The International Rescue Committee (IRC) has been implementing HIV/AIDS prevention activities in the Kakuma refugee camp since September 2001. This camp, in northwestern Kenya, is home to 70,000 refugees from Southern Sudan and elsewhere. IRC is now scaling up activities to ensure a continuum of care from behavior change communications, through voluntary counseling and testing, and home based care, to ARV treatment. This PMTCT activity will be a component in that package. The IRC works under Kenyan and UNHCR guidelines for a care and maintenance refugee setting. Referral links between clinics and traditional birth attendants will be strengthened to improve monitoring and tracing. Refresher training for 10 previously trained health workers will be carried out.

Once a comprehensive peace agreement is signed between the Government of Sudan and the Southern Peoples Liberation Movement (SPLM), voluntary repatriation is likely to start. IRC is currently providing HIV services in Southern Sudan (awareness-raising, behavior change communications, and VCT). HIV/AIDS interventions in the Kakuma refugee camp support these cross-border initiatives through the increase of knowledge and improvement in practices among those who are likely to return, thereby acting as an intervention-in-exile to prevent and reduce HIV transmission in Sudan.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	50%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	10	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	80	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	2,700	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community members
- Health Care Workers
 - Nurses
 - Traditional birth attendants
 - Midwives
- HIV+ pregnant women
- HIV+ pregnant women
- Infants
- International counterpart organization
 - Refugees/Internally displaced persons
 - Refugees/Internally displaced persons
- Pregnant women
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Catholic Medical Mission Board

Planned Funds:

Activity Narrative:

In order to expand access to health services that will prevent mother-to-child HIV transmission (PMTCT), the Catholic Medical Mission Board (CMMB) will increase the capacity of faith-based mission facilities to provide these services. CMMB will improve the quality of care in these facilities through staff training, improved logistics, and limited equipment procurement. It will increase demand through faith based community networks. During 2005, these facilities will counsel and test 18,000 pregnant women and provide ART prophylaxis for 1,260 HIV positive women.

CMMB is an international non-governmental organization that was established in 1928. It currently has over 52 PMTCT programs globally, including 24 in Kenya. CMMB will use the existing networks of the Catholic Kenya Episcopal Conference and the Protestant Christian Health Association of Kenya. Each of these faith-based umbrella organizations heads a network of mission health services, including community health workers, dispensaries and clinics, and mission hospitals as referral end-points. This project will also build the organizational capacity of these two Kenyan organizations so that they can carry out this work in the future. CMMB will use the highly experienced Network of AIDS Researchers in East and Southern Africa (NARESA) to train service providers using national and WHO guidelines. They will comply with Ministry of Health clinical and reporting guidelines and will continue to participate in the MOH's Technical Working Group to ensure coordination of activities. CMMB will also link this activity to its Track 1 antiretroviral therapy program, AIDSRelief, carried out in conjunction with Catholic Relief Services.

In the past, the emphasis has been on scaling up public sector PMTCT services. CMMB's activity will help address an important gap, the mission sector facilities throughout Kenya. It will expand the number of sites it supports by 36, from 24 to 60, during 2005. CMMB will select sites based on local need and on the potential of the facility to provide quality PMTCT services. This activity will train and equip 280 service providers. CMMB will help facility administrators to solve staff deployment problems. It will improve data collection and reporting through training and better tools. Training 1,200 CHWs and TBAs will help track and motivate women to visit facilities for antenatal care. The project will establish support groups for continued counseling of HIV positive women.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%

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| <input checked="" type="checkbox"/> Infrastructure | 10% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 5% |
| <input checked="" type="checkbox"/> Training | 35% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	280	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,260	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	18,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	60	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Traditional birth attendants
 - Midwives
- HIV+ pregnant women
- Infants
- M&E specialist/staff
- Pregnant women
- Program managers

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Eastern	ISO Code: KE-400
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Christian Health Association of Kenya

Planned Funds:

Activity Narrative:

This activity, implemented by the Christian Health Association of Kenya (CHAK), will expand access to services that will prevent mother-to-child HIV transmission (PMTCT), and the quality of those services, in Protestant mission health facilities. CHAK has its own logistics system, network of health facilities, and will improve its training and supervisory capacity. During 2005, CHAK supported facilities will counsel and test 30,000 pregnant women and provide antiretroviral prophylaxis for 1,000 HIV-positive women.

The Christian Health Association of Kenya, an umbrella organization networking 33 member Protestant mission health facilities, has been in existence for 58 years. In partnership with the Catholic Kenya Episcopal Conference, CHAK runs MEDS, the Mission for Essential Drugs and Supplies. MEDS provides procurement and logistics support to the faith-based sector, and received FY04 Emergency Plan funding to provide antiretroviral drugs and other essential commodities. CHAK continues to work with the Elizabeth Glaser Pediatric AIDS Foundation and the Catholic Medical Mission Board to provide support to the Catholic and Protestant networks of dispensaries, clinics, and mission hospitals. CHAK will comply with Ministry of Health clinical and reporting guidelines and will continue to participate in the MOH's Technical Working Group to ensure coordination of activities between the public and mission sectors.

To accomplish these results, CHAK will train 100 service providers and expand the number of sites by 17, from 33 to 50. It will strengthen the coordination mechanisms and training and supervisory capacity of the CHAK Secretariat, facilitate logistics systems, assist facilities to mobilize and sensitize the communities they serve, and support minor facility renovations. CHAK will strengthen monitoring and evaluation systems to report on results. This activity will operate nationally, balancing the previous emphasis on public sector facilities by supporting faith-based facilities, especially those in underserved geographic areas with high mother-to-child HIV transmission burdens. CHAK will work with the Ministry of Health's PMTCT Technical Working Group to select facilities to maximize coverage, access, equity, and cost effectiveness.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Logistics	5%

- Quality Assurance and Supportive Supervision 5%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	100	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	30,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Faith-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Midwives
- HIV+ pregnant women
- Infants
- M&E specialist/staff
- Pregnant women
- Program managers

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

The Elizabeth Glaser Pediatric AIDS Foundation will provide technical assistance to a number of health facilities providing services to prevent mother-to-child HIV transmission (PMTCT). This assistance will increase management, as well as technical, capacity of staff at these sites, and improve quality and productivity. The project will also work to improve PMTCT outcomes, examining ways to increase compliance with infant treatment guidelines and to increase the number of women who return to facilities for delivery and post-partum follow-up. Supported sites will counsel and test 25,000 pregnant women and provide ART prophylaxis for 2,000 HIV-positive women.

The Elizabeth Glaser Pediatric AIDS Foundation has been in existence for 15 years. In 1999, it initiated the Call to Action project to help reduce mother-to-child HIV transmission in resource-limited countries. Over the past five years, EGPAF has evolved into a private-public partnership with support from USAID globally. In 2005, EGPAF will work with several types of partners in Kenya. First, it will address an existing coverage gap by seeking out three new NGO partners, a previously neglected sector, and strengthening their capacity to provide high-quality PMTCT services. Second, it will continue its support to the Walter Reed Project/Medical Research Unit network of facilities in Kericho District, expanding down from the district hospital to lower-level health facilities and out to neighboring districts. Finally, EGPAF will work with the Kenya Medical Research Institute (KEMRI) and the Christian Health Association of Kenya (CHAK) to provide technical support and management tools and systems to public sector and faith-based facilities in need of assistance. During FY2005, EGPAF will train 434 service providers and support 10 new and 60 existing sites.

EGPAF will continue to participate in the Ministry of Health's (MOH) Technical Working Group to ensure coordination of site selection and project activities and linkages between these sites. They will comply with MOH clinical and reporting guidelines and will use the WHO/CDC-based national training curriculum. EGPAF will also help more mature facilities, ones that have been providing PMTCT services for several years, to graduate to PMTCT+ sites, providing ART to women and their families and other care and support services.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation
- Human Resources
- Local Organization Capacity Development

% of Funds

15%
10%
5%
15%

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- | | |
|--|-----|
| <input checked="" type="checkbox"/> Logistics | 10% |
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 10% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 5% |
| <input checked="" type="checkbox"/> Training | 30% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	434	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	25,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	70	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Faith-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Midwives
- HIV+ pregnant woman
- Infants
- M&E specialist/staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women
- Program managers

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Eastern	ISO Code: KE-400
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Internews Network

Planned Funds:

Activity Narrative:

The 2003 DHS survey found that only a third of women in Kenya knows that the risk of HIV transmission can be reduced by the mother taking drugs during pregnancy. It also found that few (40%) women deliver in a health facility. It did find, however, that there are mass media communications channels available to reach women. Over 80% of households own a radio (and 19% a television, up from 13% in 1998). Almost 29% of Kenyan women watch TV weekly, increasing to 57% in urban areas, and 75% listen to the radio at least once a week.

USAID's Local Voices project, implemented by Internews Network, is increasing the use of these mass media channels to bring information about preventing mother-to-child HIV transmission to more women and men. A course for radio journalists held in Nairobi in 2004 focused on PMTCT, and included a visit to a large maternity hospital where journalists could talk with mothers living with HIV.

In 2005, Internews will conduct similar courses for television staff. They will conduct seminars and follow up assistance for TV journalists to help them produce higher quality stories on PMTCT. Through training and a media resource center, better knowledge of PMTCT issues by journalists and talk show hosts can dispel rumors, misinformation, and increase demand for PMTCT services. By training five TV journalists and five camera operators, at least five features on prime time TV will reach 4.5 million viewers, increasing demand for PMTCT services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults*
- Adults*
- HIV+ pregnant women*
- HIV+ pregnant women*
- Infants*
- Media*
- Pregnant women*
- Pregnant women*
- Youth*
- Youth*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / CARE International

Planned Funds:

Activity Narrative:

CARE International will build on its experience in preventing mother-to-child HIV transmission (PMTCT) in one district to expand coverage to four additional districts. CARE has strengths in mobilizing communities, and will work with Community Extension Workers to increase use of PMTCT services in health facilities. CARE will thus both increase awareness and demand for services while they improve access and quality of care. During 2005, supported facilities will counsel and test 10,000 pregnant women and provide ART prophylaxis for 1,200 HIV-positive women.

CARE has been working in Kenya for 36 years. It has developed an innovative model of PMTCT in Siaya District in partnership with CDC and the Ministry of Health. CARE's Community Extension Workers sensitize community members on the benefits of PMTCT services, resulting in improved uptake. CARE has also developed support groups of HIV-positive mothers, who work with the program to address issues of stigma and discrimination. In 2005, CARE will train an additional 120 Community Extension Workers as lay counselors and as part of the referral system, as well as 12 service providers. In four new districts of Nyanza Province CARE will add 12 new sites to the 12 sites currently supported, and will renovate and equip these as needed. Four health facilities in Siaya District will be strengthened to provide ART (PMTCT+) services to clients from the 10 PMCT clinics that are currently operational in the district. Quality assurance, logistics support, and strong community linkages will be stressed.

The 2003 Kenya Demographic and Health Survey found that HIV prevalence continued to be extremely high in Nyanza province, with 18% of women testing HIV-positive. Nyanza also has fertility and childhood mortality levels well above national averages, indicating a high burden of mother-to-child HIV transmission. With its strong network of Community Extension Workers linking communities to their health facilities, and mother's support groups, this project will reduce the stigma faced by HIV-positive women as they make difficult care and treatment and infant feeding decisions.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%

- Strategic Information (M&E, IT, Reporting)
 Training

5%
30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	132	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,200	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counselling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	31	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
 Faith-based organizations
 Health Care Workers
 Health Care Workers
 Community health workers
 Doctors
 Nurses
 Midwives
 HIV+ pregnant women
 M&E specialist/staff
 Ministry of Health staff
 Pregnant women

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ACQUIRE / EngenderHealth

Planned Funds:

Activity Narrative:

In order to expand access to services that will prevent mother-to-child HIV transmission (PMTCT), USAID's ACQUIRE project (implemented by EngenderHealth) will expand its training program for private sector health providers. In addition to increasing the number of facilities available to pregnant women, this project will improve quality of care through training, supervision, and logistics support and help these providers increase awareness and demand for their services. In 2005, these private providers will counsel and test 10,000 pregnant women and provide antiretroviral prophylaxis for 1,250 HIV-positive women.

USAID's ACQUIRE project, implemented by EngenderHealth (with IntraHealth as a sub-partner) has used FY2004 Emergency Plan funds to train private nurse-midwives to offer PMTCT services. This work built on prior experience that IntraHealth had in training private nurse-midwives in reproductive health skills. In 2005, EngenderHealth will work with the National Nurses Association of Kenya to train 250 private nurse-midwives and clinical officers (in addition to the 150 already trained), help them gain access to supplies and equipment, improve their business skills, and generate community demand for their services. EngenderHealth will use the Ministry of Health's WHO/CDC-based curriculum, will comply with Ministry's clinical and reporting guidelines, and will continue to participate in the MOH's Technical Working Group to ensure coordination of activities between the public and private sectors. It will work at the district level to link private providers to national supervisory and logistics systems.

To date, PMTCT scale-up in Kenya has primarily taken place in the public and faith-based mission sectors. Roughly one-fourth of all health facilities are operated by private providers, however. This activity, targeting private nurse-midwives and clinical officers, will empower this important sector to provide PMTCT services. In addition, since the majority of private nurse-midwives are women, this project will help increase these women's access to income and productive resources.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	30%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	250	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,250	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	225	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
 - Nurses
 - Private health care providers
 - Midwives
- HIV+ pregnant women
- Infants
- Pregnant women
- Professional Associations

Key Legislative Issues:

- Gender
 - Increasing women's access to income and productive resources

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Nairobi	ISO Code: KE-110

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International

Planned Funds:

Activity Narrative:

USAID's IMPACT project (implemented by Family Health International) will continue to expand the provision of services that will prevent mother-to-child HIV transmission (PMTCT) through its support to public sector and faith-based health facilities in south Rift Valley Province and in Western Province. The 58 sites supported will counsel and test 19,600 pregnant women and provide antiretroviral prophylaxis for 1,000 HIV-positive women. These sites will include, or be linked to, comprehensive care centers.

USAID's IMPACT project, implemented by Family Health International/Institute of HIV/AIDS (FHI), has used FY2004 Emergency Plan funds to start and strengthen PMTCT services. As part of a larger prevention project, this activity will continue and expand in 2005, with 58 sites providing these services. IMPACT will train 400 providers and provide logistical support, renovation, supervision, monitoring, and reporting in Western and Rift Valley Provinces, and begin planning for expansion into new areas. Through its global network, FHI will share lessons learned across PMTCT project sites and make technical updates available. FHI will use the Ministry of Health's WHO/CDC-based curriculum, will comply with Ministry's clinical and reporting guidelines, and will continue to participate in the MOH's Technical Working Group to ensure coordination of activities between the public and private sectors.

An important component of this project will be its community links. Through the Society of Women with AIDS in Kenya's (SWAK) mother support groups, women will be linked to existing community counseling activities. Through sub-agreements with NEPHAK (the National Empowerment Network of People Living with HIV/AIDS in Kenya), PLWHAs will be given PMTCT education. Comprehensive care is another component of all of FHI's projects. Agreements with Provincial Medical Officers will ensure that PMTCT skills are taught to multidisciplinary treatment and care teams at comprehensive care facilities, and that primary HIV care is integrated into maternal and child health clinics, so that, for example, cotrimoxazole prophylaxis is available for mothers and infants.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%

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- Strategic Information (M&E, IT, Reporting) 5%
- Training 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	400	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	19,600	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	58	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community members
- Faith-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Medical/health service providers
 - Nurses
 - Nurses
 - Midwives
 - Midwives
- HIV+ pregnant women
- HIV+ pregnant women
- M&E specialist/staff
- Ministry of Health staff
- Ministry of Health staff
- Pregnant women
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley
 State Province: Western

ISO Code: KE-700
 ISO Code: KE-900

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative:

The 2003 DHS survey found that only a third of women in Kenya knows that the risk of HIV transmission can be reduced by the mother taking drugs during pregnancy. It also found that few (40%) women deliver in a health facility. It did find, however, that there are mass media communications channels available to reach women. Over 80% of households own a radio (and 19% a television, up from 13% in 1998). Almost 29% of Kenyan women watch TV weekly, increasing to 57% in urban areas, and 75% listen to the radio at least once a week.

For more than a decade, Population Services International (PSI) has used mass media to inform Kenyans about health issues and encourage them to adopt a healthier lifestyle. This activity will use their experience in mass media to inform couples and increase the uptake of services to prevent mother-to-child HIV transmission (PMTCT). Using FY 2004 Emergency Plan funds, PSI launched a mass media campaign to inform Kenyans about mother-to-child HIV transmission. Now that service delivery has greatly expanded, the national PMTCT program needs to shift this campaign from general information to specific details about actions women should take and the services they can expect at facilities. In 2005, the campaign will shift to this new emphasis. PSI will also link this campaign with other communications activities aimed at reducing stigma and increasing support in families and communities.

PSI will continue to work with the National AIDS and STI Control Program (NAS COP) and its local and international communications experts to implement the national communications strategy. This national communications approach will link strategies, from mass media at the national level through interpersonal communications at the community and family level, to ensure that consistent messages on PMTCT services, stigma, and male participation increase the utilization of these services. PSI will continue to participate in the MOH's Technical Working Group to ensure that communications campaigns are closely linked with service delivery and community-based activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	70%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community members
- HIV+ pregnant women
- Media
- National AIDS control program staff
- Pregnant women

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kenyan National AIDS and STI Control Program

Planned Funds:

Activity Narrative:

This activity will strengthen the capacity of the Ministry of Health's National AIDS and STI Control Program (NAS COP) to coordinate the implementation of a high-quality national PMTCT program. NAS COP has the mandate to develop a comprehensive national PMTCT service delivery program and is responsible for coordination and quality assurance of these services. By providing leadership and coordination, and by developing necessary support systems, NAS COP will continue to implement the national PMTCT strategic plan and ensure equitable geographical access to PMTCT services.

Emergency Plan funds will be used to support a national service delivery network to spread PMTCT services from central levels to peripheral ones. At the national level, this will consist of support to NAS COP in functions such as policy formulation and strengthening the M&E, training and supervision, and logistics systems. In 2002, NAS COP established a Technical Working Group (TWG), made up of donor partners, implementing agencies, and research institutions, to advise NAS COP on these issues. The MOH's Division of Reproductive Health co-chairs this committee to insure that maternal and child health and family planning are integrated into the PMTCT program. Research initiated by the TWG indicated that routine, "opt-out" counseling and testing is feasible, and is now included in the national guidelines.

In 2005, NAS COP will roll out its second national PMTCT curriculum, this one adapted from the WHO/CDC generic curriculum. It will work with local and international communications experts in the implementation of its already-developed communications strategy. This national communications approach will link strategies, from mass media at the national level through interpersonal communications at the community and family level, to ensure that consistent messages on PMTCT services, stigma, and male participation increase the utilization of these services. In addition, NAS COP will publish a quarterly newsletter to share best practices across program sites and to provide technical up-dates to health staff. NAS COP will also ensure a steady supply of nevirapine, the single-dose prophylaxis currently in the national PMTCT guidelines, from an international donation program.

At the regional level, NAS COP has employed 10 Provincial AIDS Coordinators to improve the supervisory system from provincial to district level and below, including mission, NGO, and private sector facilities. NAS COP also supports supervision, training, and data collection at the district level. At the community level, Emergency Plan funds will be used to mobilize support among key community groups, especially male partners of pregnant women, using education activities coordinated by NAS COP. NAS COP will coordinate the linkage of PMTCT services with home based care activities and, where available, to antiretroviral therapy (ART) programs.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- HIV+ pregnant women
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Policy makers
- Pregnant women
- Pregnant women
- Program managers
- Trainers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Indiana University School of Medicine

Planned Funds:

Activity Narrative:

Indiana University, Moi University, and the Moi Teaching and Referral Hospital are using FY2004 Emergency Plan funds to expand services to prevent mother-to-child HIV transmission and teach PMTCT skills to medical and other health students. In 2005, this program will be continued and expanded to additional health facilities under the "Academic Model for the Prevention and Treatment of HIV/AIDS." These facilities will counsel and test 20,000 pregnant women and provide antiretroviral prophylaxis for 2,000 HIV-positive women.

The Moi University Faculty of Health Sciences (MUFHS) is one of two schools of medicine, nursing, and public health in Kenya. It now provides medical and health education to 670 students. Indiana University's School of Medicine (IUSM) has collaborated with MUFHS since MUFHS' inception in 1990. IUSM has supported a team of faculty members on-site in Eldoret for the last fourteen years. Doctors of the World (not receiving Emergency Plan funds), a new affiliate, is an international health, development and human rights organization. It has operated capacity-building programs in 25 countries, addressing urgent health issues including TB and HIV, women's health, and child health. The Moi Teaching and Referral Hospital (MTRH), in the city of Eldoret in western Kenya, is one of two national referral hospitals. MTRH and Kenyatta National Hospital are the ultimate end-points in the national referral network.

The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by MUFHS and MTRH in collaboration with IUSM and other academic centers. AMPATH is a comprehensive program of HIV treatment, prevention, community mobilization, VCT, PMTCT, PMTCT-Plus, nutritional support, job training, and outreach. The Emergency Plan and private foundations fund this project. Through this project, 90% of all pregnant women in the targeted sub-locations will receive counseling and testing and 80% of HIV-infected pregnant women will participate in the PMTCT+ program. The Government of Kenya and the Ministry of Health's National AIDS and STI Control Program have designated AMPATH as an official training center for HIV/AIDS, further leveraging the Emergency Plan investment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	30	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	20,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	8	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Nurses
 - Traditional birth attendants
 - Traditional birth attendants
 - Midwives
 - Midwives
- HIV+ pregnant women
- HIV+ pregnant women
- Host country national counterparts
- Infants
- Ministry of Health staff
- Pregnant women
- Pregnant women
- Students
- University

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Medical Corps

Planned Funds:

Activity Narrative:

The International Medical Corps (IMC) has experience in working with populations with limited access to health services or that are hard to reach. This activity will support services to prevent mother-to-child HIV transmission (PMTCT) in 37 health facilities in Coast and Nyanza Provinces. During 2005, these facilities will counsel and test 6,160 pregnant women and provide antiretroviral prophylaxis for 600 HIV-positive women in these neglected areas of Kenya. There will be an emphasis on community participation, including referral linkages between Community Own Resource Persons (CORPS) and health facilities.

The International Medical Corps has worked with CDC on PMTCT activities in the past. In 2005, IMC will add 25 new sites to the 12 currently supported, and will train 100 service providers and 500 community PMTCT promoters and adherence counselors. Using community workers will supplement the scarcity of Ministry of Health personnel. IMC will use the Ministry of Health's WHO/CDC-based curriculum, will comply with Ministry's clinical and reporting guidelines, and will continue to participate in the MOH's Technical Working Group to ensure coordination of activities between the sites it supports and the MOH at the district and national level.

Activities will take place in districts with high HIV prevalence but that have been historically neglected areas of Kenya. These districts include Tana River (11.0%) and Taita Taveta (9.7%) in Coast Province and Suba (34%) in Nyanza Province, with rates much higher than the national average (6.7%). PMTCT activities in these districts were started at the district hospital level. This was appropriate, as the MOH is seeking to establish a network model with hospitals as referral end-points. In these areas, however, district hospitals are generally inaccessible to the majority of the population. This project will use paramedical Community Own Resource Persons (CORPS) and community PMTCT promoters, and will support lower-level health facilities provide the minimum package of PMTCT services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	100	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	600	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	6,160	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	37	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Women
- Community members
- Community members
- Community-based organizations
- Health Care Workers
 - Nurses
 - Nurses
 - Traditional birth attendants
 - Traditional birth attendants
 - Midwives
 - Midwives
- HIV+ pregnant women
- HIV+ pregnant women
- Infants
- Ministry of Health staff
- Pregnant women
- Women of reproductive age

Key Legislative Issues:

Coverage Area:

State Province: Coast
 State Province: Nyanza

ISO Code: KE-300
 ISO Code: KE-600

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Walter Reed Project / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

The Kenya Department of Defense (KDOD) will increase the number of sites offering services to prevent mother-to-child HIV transmission (PMTCT) from the current 14 to a total of 20. KDOD has a target to provide counseling and testing in a PMTCT setting to 1,000 pregnant service women and spouses of servicemen and antiretroviral prophylaxis for 50 HIV-positive women.

The KDOD medical service provides care to military personnel, their dependents, and the civilian staff employed by the Department of Defense. In total, this population is estimated at 100,000 people. With the support of the US Government, the KDOD started offering limited PMTCT services two years ago. The KDOD currently offers PMTCT services in 14 sites nationwide, out of a total of 40 military camps. In FY05, 6 new sites will be added making a total of 20, half of all military camps. The KDOD will review the infrastructure requirements of all the 20 sites and will make improvements as necessary. Linkages with the antiretroviral services offered by the KDOD will be strengthened to ensure that all HIV-positive pregnant women have access to long-term antiretroviral therapy when needed.

In FY04, only 35% of the women attending antenatal clinics in the KDOD sites accepted HIV testing. To address this problem, refresher training for KDOD medical personnel will be conducted to enable them to address stigma and discrimination issues more effectively. This will contribute to the target of increased awareness of and demand for PMTCT services. An additional 20 health care personnel from KDOD will be trained in PMTCT to enable them to meet approved Ministry of Health (MOH) standards as set out in the national guidelines on PMTCT. Consultations and sharing of experiences within the military and with the MOH will be encouraged and supported in an effort to improve PMTCT services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	20	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	50	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	1,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Women
- Government workers
- Government workers
- Nurses
- Nurses
- Midwives
- Midwives
- HIV+ pregnant women
- HIV+ pregnant women
- Military
- Military
- Pregnant women
- Pregnant women
- Women of reproductive age
- Women of reproductive age

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Uniformed Services Project / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

The KPS activities in this area will result in (1) increased access to quality PMTCT services, (2) quality PMTCT integrated into routine maternal and child health services, and (3) awareness demand created for PMTCT services in the Kenyan prisons community in the selected sites. These services will contribute to the overall national target of pregnant women accessing PMTCT services.

The Kenya Prisons Service (KPS) proposes to start PMTCT services in 6 selected sites to serve needy pregnant women composed of wives to prison warders and also pregnant inmates. The KPS has a basic health service that serves the prisons community composed of staff, their dependants, and inmates. This population is estimated to be around 160,000 at any one time. However, because of the high inmates turn over, it is estimated the prisons handle a population of 500,000 people in a year and some of these are pregnant women. 12 health personnel will be trained in PMTCT to enable them render this service in the selected sites. The infrastructure will also be improved in the 6 sites and appropriate equipment provided to allow quality PMTCT services. Liaison with the Ministry of Health will be developed to allow appropriate referral and consultation as necessary so that the HIV-positive mothers can be cared for both in the short as well as the long term. Educational materials from the national PMTCT program and those developed by the Uniformed Services will be distributed in support and promotion of the PMTCT initiative.

The USG in Kenya through CDC has had an effective collaboration with the Kenya Department of Defense (KDOD) since 2001, enabling the USG to assist the military to introduce a comprehensive HIV prevention and care program. In the FY04 COP, a similar partnership was initiated with two other uniformed services of Kenya, the Kenya Prisons Service and the National Youth Service. In this FY05 COP, we propose to continue support for the Prisons Service and the Youth Service, and add support for the Kenya Wildlife Service and the Kenya Police Department. All of these uniformed services share some features, with young men and women often serving in locations far from home, and thus they are vulnerable to high-risk behaviors. Although each uniformed service has unique needs and a unique population needing specialized and tailored services, all of these uniformed services will be empowered to develop and implement a comprehensive program of HIV prevention and care, modeled on the effective program of the military. Linkages between these services will be encouraged so that they can learn from the successes and challenges encountered by the other services. We also plan to have the KDOD staff provide technical assistance to their counterparts in the other services. Funds for the KDOD program will continue to be channeled through the USDOD, but this mechanism is not available for non-military uniformed services, so funds for these activities will be channeled through the Kenya Medical Research Institute (KEMRI). CDC Kenya has a cooperative agreement with KEMRI in place and this mechanism will be used to support the activities of the non-military uniformed services. During this COP, no funds will be provided directly to the uniformed services; instead, CDC through KEMRI will provide training and other services and goods needed for program implementation. The UK Department of International Development (DFID) is also supporting some elements of the projects with the Kenya Police and the Kenya Prisons Service.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%
<input checked="" type="checkbox"/> Workplace Programs	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	12	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	30	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	300	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Women
- Government workers
- Government workers
- Health Care Workers
- Health Care Workers
- Nurses
- Nurses
- Midwives
- Midwives
- HIV+ pregnant women
- HIV+ pregnant women
- Military
- Police
- Pregnant women
- Pregnant women
- Prisoners
- Women of reproductive age

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

- Result 1: HIV/AIDS stigma and discrimination reduced.
- Result 2: Models for effective youth interventions tested.
- Result 3: Changed social and community norms to promote HIV preventive behaviors in youth and young adults.
- Result 4: HIV preventive behaviors (AB) among youth improved.

Total Funding for Program Area (\$): **Current Program Context:**

Kenya's 5 Year Strategy emphasizes our priority group for interventions and programs as youth. Prevention activities in Kenya have consistently promoted behavior change among young people, and they have consistently emphasized the need to delay sexual debut, reduce numbers of partners, and otherwise reduce risk of infection as promoted through the "A" and "B" of the "A-B-C" continuum. USG agencies have supported these efforts with a range of local and international partners, including a highly regarded program working with Kenya Girl Guides. The new Kenyan government, led by President Kibaki, speaks with a unified voice in support of this approach to prevention – but not to the exclusion of the important role that condoms must play in a comprehensive and integrated effort to reduce infections. Abstinence and behavior change activities supported by USG in Kenya include peer education, mass media programs, production of IEC materials, networking, community theatre, mural painting and training. All US agencies have identified opportunities with current and a significant number of new partners—many of them faith-based and others focusing on the schools—to heighten the level of emphasis given to abstinence and faithfulness in our prevention work. A number of community-based organizations and faith-based organizations representing all denominations have submitted concept papers which the USG team in Kenya has reviewed. Many were recommended for funding, some of which will be managed through umbrella organizations forming strong networks based on target populations and geographic areas. Linkages will be made with programs in CT, HCS, ART and other program areas as applicable to create a comprehensive, integrated program. Projects focusing on youth and improving communication between parents and young people, as well as married adolescent girls and pre-marital couples, are planned. Innovative new programs are proposed, including a consortium of CBOs working with physically and mentally handicapped populations. We propose to begin activities in underserved geographic areas such as Eastern and Central Provinces as well as continue to work in northeastern Kenya. We will continue to include special populations such as Muslim women, Imams, pastoralists and relief workers transiting through the Lokichoggio camp into southern Sudan. Ongoing activities for which further funding is requested will target youth in slums, the National Youth Service, teachers, students, and Muslim and pastoralist populations with peer education, training and mass media programs focussing on abstinence and being faithful. Partners include Hope Worldwide, Engender Health, Family Health International, Population Council, Population Services International, Ministry of Home Affairs, Ministry of Education, Science and Technology, Centre for British Teachers, Live with Hope Centre, African Union/Inter-African Bureau for Animal Research and World Vision Kenya. Fitting into the National AIDS Strategic Plan, these interventions complement other donor-funded activities, e.g. both the Global Fund assistance and the World Bank Multi-country AIDS Project (MAP) provide small grants to CBOs through the National AIDS Control Council to develop AB programs at grass-roots level; USAID collaborates with DFID to spread the coverage of the Centre for British Teachers training of teachers nationwide to implement the HIV/AIDS syllabus; and USAID and UNESCO work together with the Ministry of Education, Science and Technology to develop an education sector policy on HIV and AIDS: CDC has been working with uniformed services, including the National Youth Service and the Kenya Wildlife Service. The US Department of Defense has a strong collaborative relationship with the Kenya Department of Defense.

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / United Nations Children's Fund

Planned Funds:

Activity Narrative:

In this activity UNICEF will scale up the ongoing HIV/AIDS life skills curriculum-based activities currently being implemented by Government of Kenya and its partners with the production of additional Life Skills manuals. UNICEF will provide technical and financial support as a strategy to realize the national objective of reducing HIV/AIDS prevalence among the youth aged 15 – 24 years by 20 – 30 % by year 2006. This funding will support the publication of 2000 life skills manuals for 40 primary schools and 60 secondary schools, reaching approximately 50,000 students. One hundred primary and secondary teachers will be trained in the use of the manuals. The Kenya Institute of Education, the Ministry of Education, Science and Technology (MOEST) and UNICEF have already developed and produced 40,000 copies of curriculum based life skills manuals for specific use in lower primary, upper primary, secondary schools and a facilitator's manual. Over 200 teachers and 10 peer youth educators have been trained as trainers in life skills, and they will participate in this project.

At present peer pressure and influence among youth often results in gender violence and stereo-types. This activity will bridge the gap between HIV/AIDS awareness and skills for self protection; address stigma and discrimination; address cultural norms, attitudes, values and behavior that increase vulnerability; and address illiteracy and the school drop-out rate among youth, especially girls and young women. In collaboration with MOEST, UNICEF will achieve consistency in dissemination of focused messages on the benefits of abstinence until marriage, fidelity and partner reduction, and avoiding unhealthy sexual behavior. There has been a lack of involvement of parents, guardians and significant others in behavior change programs on youth, and this will also be addressed through school Parent Teacher Associations. Parents will be empowered to improve their communication skills on youth sexuality and mentoring.

Use of the Life Skills manual will result in improved HIV preventive behaviors among youth. Involving the community will change social and community norms to promote HIV preventive behaviors in youth and young adults, and the Life Skills manual will provide a model for an effective youth intervention. They will identify and network with complementary programs that provide other youth friendly services such as drama, music, athletics and other activities. To address the shortage of teachers in some areas, UNICEF and partners will work with local NGOs/CBO, FBOs and youth groups. UNICEF has ongoing USG-funded activities in the remote Northeastern Province of Kenya, and they will build on these activities to include hard-to-reach populations with this program.

Activity Category

- Information, Education and Communication
 Training

% of Funds

80%
20%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	50,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	50,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Students
 - Primary school
 - Secondary school
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
- Stigma and discrimination.

Coverage Area: National

State Province:

ISO Code:

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Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / African Union/ Inter-African Bureau for Animal Research

Planned Funds:

Activity Narrative:

The African Union/Inter-African Bureau for Animal Research (AU-IBAR) is improving access to HIV/AIDS service centers and reducing new infection rates in hard-to-reach geographic areas, especially among young adults. The residents of the districts are predominantly Muslim nomadic pastoralists whose livelihoods are dependent on livestock. The region has been marginalized for several decades and health centers are very few and poorly equipped, the distances between health centers is vast, and the public transport is scarce. Moreover, the nomadic lifestyle of the pastoralists implies that fixed-point service centers are of limited value and novel strategies that recognize the nomadic lifestyle are being established. Livestock production provides a critical entry point for the implementation of human health interventions including HIV/AIDS prevention; this includes youth as they are often tasked with herding responsibilities and are not in school. The prevalence of HIV/AIDS in the nomadic pastoralist areas has in the past remained very low since the communities were mostly isolated, however, with a growing amount of commerce between Kenya and the nations to the north, there are definite signs through sentinel surveillance that rates are on the rise.

The ongoing AU-IBAR activity will contribute financial and technical training support to 100-300 community outreach workers using the existing indigenous and modern methods of communication for awareness creation and behavior change among both in- and out-of-school youth; strengthen an additional 50 peer education groups formed from the local social networks of youth to reduce HIV/AIDS stigma; produce and distribute 10,000 IEC materials to supplement peer education and community outreach activities in creating awareness of HIV, abstinence and being faithful, and stigma reduction. This will lead to increasing HIV/AIDS services uptake. AU-IBAR, through its implementing partners, will increase human resource capacity to provide HIV/AIDS prevention interventions of faith-based organizations including the Supreme Council of Kenya Muslims, CBOs and NGOs, Ministries of Health and Livestock Development, Kenya Livestock Marketing Council and Aridlands Resource Management Programme.

The African Union-IBAR has a mandate to develop livestock production in Africa and has over 50 years experience working with pastoralists, especially in the Horn of Africa where they are implementing the Pastoral Livelihoods Program (PLP). PLP has been promoting community-based animal health services where animal health workers accompany pastoralists and provide basic veterinary services for livestock. Livestock production provides a very useful entry point for human health interventions in pastoralist areas. Using this approach, PLP is using HIV/AIDS mobile clinics in the pastoral areas of Northeastern Kenya to improve the awareness of livestock producers and traders of HIV and AIDS and provide culturally and religiously sensitive behavioral change.

Activity Category

- Human Resources
- Information, Education and Communication

% of Funds

- 5%
- 10%

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<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	55%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	3	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	10,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community-based organizations
- Mobile populations
- Youth

Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area:

State Province: North Eastern

ISO Code: KE-500

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

The Kenya Medical Research Institute, through its collaboration with CDC, will participate in a study of youth interventions conducted by the Institute of Tropical Medicine (ITM) in the Asembo and Gem areas of Nyanza Province, which has the highest HIV prevalence rates in the country. These activities will contribute to our results of HIV preventive behaviors among youth improved, changed social and community norms to promote HIV prevention behaviors in youth and young adults, and models for effective youth interventions tested.

KEMRI and CDC have had a long collaboration in Nyanza Province and KEMRI implements activities through a cooperative agreement from CDC Atlanta. Although most of the activities for this youth intervention are funded by ITM, and are described in that entry, KEMRI is also actively involved in the study, primarily through the hiring of local staff and to support some of the local implementation of the project. Emergency Plan funds will be added to this cooperative agreement to support this study. All of the targets relating to this study of model youth interventions are described in the ITM entry and are not duplicated here.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Training	25%

Targets:

 Not Applicable

Target Populations:

- Community members
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
 - Increasing women's access to income and productive resources

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AMKENI Project / EngenderHealth

Planned Funds:

Activity Narrative:

Through Engender Health, USAID's AMKENI project will contribute to the national expansion of abstinence-based programs for youth who have not initiated sexual activity in Kenya by reaching 40,000 youth, recruiting 2000 youth advocates for child-to-child programs, supporting 150 youth groups targeting out-of-school children and expanding peer family activities in 500 villages in Coast and Western Provinces. Building on the successes of Track 1.5, where AMKENI implemented appropriate behavior change and communication strategies to reduce stigma related to PMTCT services, this activity will expand local responses to the HIV/AIDS epidemic.

The AMKENI project is implemented by EngenderHealth, in collaboration with the Program for Appropriate Technology in Health (PATH), IntraHealth International and Family Health International's (FHI) Institute for Family Health. This project has a comprehensive reproductive health and child survival program serving a network of Ministry of Health and private health facilities in 10 districts spanning the Coast and Western Provinces. In 2005, this activity will access youth in and out of school through multiple venues with messages and strategies aimed at helping them to avoid behaviors that place them at the risk of contracting HIV/AIDS. Community media messages encouraging abstinence and safer behavior will be provided by 150 existing youth groups to reach 40,000 youth, both out-of-school youth and secondary school students. This activity will also train 2000 youth advocates to implement a child-to-child program targeting boys and girls in primary school, aimed at promoting abstinence and responsible decision making. Parents have a great potential to guide youth towards healthy and responsible decision making and safer behaviors. Therefore, through an expanded peer family program in 500 villages, parents will receive support to identify and recognize ways to establish and reinforce norms that reduce youth risk, vulnerability and stigma. The peer family activities will attempt to change social norms related to early sexual debut, early marriages and cross-generational sex.

This project works in close collaboration with the National AIDS and STI Control Programme of the Ministry of Health, ensuring that activities meet the Government of Kenya priorities and guidelines. In Western and Coast Provinces this activity will be planned, implemented and monitored in partnership with the District Health Management Teams, District Education Officers, schoolteachers, community leaders and youth. This will create a continuum of youth-focused activities in the education, health and community sectors and forge effective linkages aimed at guiding youth toward practicing safer behaviors.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation.	30%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	20%

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 3% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 5% |
| <input checked="" type="checkbox"/> Training | 20% |

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	3	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	40,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	40,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	2,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Students
 - Primary school
 - Secondary school
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Coast
State Province: Western

ISO Code: KE-300
ISO Code: KE-900

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Live With Hope Centre

Planned Funds:

Activity Narrative:

Kericho is a rural district in southwest Kenya where there are approximately 160,000 students in 200 primary schools and 100 secondary schools. In this area, there is a lack of recreational facilities for youth, which often leads to risky behavior associated with HIV/AIDS. Due to the abject poverty of many of the youths, which in many instances gives rise to alcohol and drug abuse, parents are unable to best educate, monitor, and offer guidance regarding abstinence and initiatives to attenuate HIV/AIDS.

The Kericho Live With Hope Center is a faith-based organization serving the HIV/AIDS needs of the rural community in the markedly underserved Kericho District. The Live With Hope Center currently has an active abstinence-based program in the school system in Kericho under FY04 President's Emergency Program funds. In FY04, 21,600 students were reached with ABY messages. In FY05, the Live With Hope Center intends to reach 40,000 youth in 150 schools in Kericho District and train 40 teachers in a comprehensive HIV/AIDS education program promoting abstinence and HIV prevention, working in conjunction with the Ministry of Education.

In addition, the Live With Hope Center will open a youth center in Motobo, a nearby village, and a drop-in center in Kericho town. These will provide opportunities for structured recreation as well as education to supplement educational abstinence programs ongoing in the school systems. An associated community education initiative will be linked to the Live With Hope Center's counseling and testing program in effort to reduce stigma associated with discrimination against youth with HIV/AIDS.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Training	30%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	40,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	40,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	40	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	40	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Faith-based organizations
- Health Care Workers
- High-risk population
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Religious/traditional leaders
- Students
 - Primary school
 - Primary school
 - Secondary school
 - Secondary school
- Teachers
- Youth
 - Youth
 - Girls
 - Girls
 - Boys
 - Boys

Key Legislative Issues:

- Stigma and discrimination

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Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Handicap International

Planned Funds:

Activity Narrative:

Handicap International (HI) will act as an umbrella mechanism to fund five to ten local NGOs and CBOs targeting the physically and mentally disabled with HIV/AIDS prevention activities. They will utilize both AB-Y and OP interventions depending on the target population. To begin with they will target the blind and the deaf, working in collaboration with Peace Corps volunteers, and the mentally disabled. They will also work together with the United Disabled Persons of Kenya in the Ministry of Culture and Social Services, particularly in the area of advocacy and policy development. Under the Handicap International umbrella these NGOs will initiate HIV/AIDS awareness and education programs, directed at both in- and out-of-school youth, parents, teachers, caregivers and health workers. Their messages will address stigma and discrimination not only against HIV/AIDS but also against the physically and mentally disabled. They will address sexual violence and gender inequality; both societal dynamics to which the target populations are particularly vulnerable.

Blind and low vision persons are at very high risk of HIV infection, and these interventions will result in risk reduction through increased access to HIV/AIDS prevention services for high-risk and underserved populations. There are currently no HIV/AIDS awareness and support programs specifically targeting the blind, however there is an NGO which is run by and targets the visually impaired. Materials for the blind and those with low vision will be designed to suit lower primary, upper primary, secondary and tertiary or vocational schools. The deaf are equally marginalized because their disability is invisible. This marginalization results from communication problems. Being hearing impaired, deaf people in general and deaf youth in particular lack access to important information on such crucial areas as sexuality, reproductive health and HIV/AIDS. Deaf instructors will be used to train interpreters; deaf youth will be used as resource people in video production; deaf youth will be peer educators; and some adult deaf will be used as role models in deaf schools. Deaf youth will be used to train parents of deaf children and teachers in schools for the deaf. There is an estimated population of 2.7 million intellectually disabled people in Kenya who are at high risk of HIV/AIDS infection. Widespread stigma toward mental disabilities has resulted in a hidden population which leaves them open to severe unreported sexual abuse. This hidden population has not been reached with HIV prevention messages to date. These programs will result in improved HIV preventive behaviors among disabled youth.

Several NGOs applied for funding in the recent request for expressions of interest in receiving 2005 funding, however, the selection of sub-partners will be made by Handicap International in collaboration with USG. Some of the NGOs work at the national level, including the Blind and Low Vision Network and the Kenya Sign Language Interpreters Association in collaboration with the Kenyan Sign Language Research Project Consortium, and the Kenya Society for the Mentally Handicapped.

No specific targets can yet be determined as this is a new initiative implemented by an umbrella mechanism, and the sub-grantees (and their respective targets) will be identified after this COP is approved.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Training	50%

Targets:

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Faith-based organizations
- High-risk population
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
 - Reducing violence and coercion
- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Community Housing Foundation

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The primary implementing partner in this activity, Community Housing Foundation (CHF) will work with a total of 6 local Non-Governmental Organizations (NGO), Community Based Organizations (CBO) and Faith Based Organizations (FBO) with ABY and mass media activities. A total of 80,000 individuals will receive abstinence and faithfulness education and related activities while 120,000 young people will be reached with mass media programs. 4,000 people will be trained in-school and church-based abstinence programs delivered through existing school structures, church congregations and youth and community groups. These activities will contribute to the result of improved HIV preventive behaviors among youth, by encouraging these youth to adopt abstinence till marriage, secondary abstinence, delayed initiation of sexual activity and commitment to one sexual partner particularly for young married people.

CHF has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. Under the terms of the cooperative agreement, CHF is initially providing assistance to a number of local FBOs and CBOs specified in our FY04 COP. These include the African Inland Church AIDS Ministries (AIC)'s 'Why Wait' school curriculum and the Baptist AIDS Response Agency (BARA) 'True Love Waits' and 'True Love Stays' abstinence and faithfulness programs in Baptist and other congregations. Although CHF was awarded this cooperative agreement only on September 16, 2004, CHF staff in Kenya are already conducting baseline assessments of the capacity of these local and indigenous organizations and has pledged to provide at least 10 sub-grants prior to the end of December 2004. Under this COP, we propose to have CHF continue support to the existing FY04 COP partners and in addition, support a number of new sub-grantees recently identified when the USG Kenya team solicited "concept papers" from local groups.

Some of the new groups proposed in this COP include Apostles of Jesus AIDS Ministries who will reach out to young people and churches in Kajiado district, and Gethsemane Garden Christian Center who will educate youth through a school outreach program on Mfangano Island of Lake Victoria where HIV prevalence is very high. Additional partnerships will include the Kenya Episcopal Conference who will strengthen abstinence and behavior change programs in Catholic schools as well as through its radio broadcast, 'Radio Waumini' which has a wide reach to include teachers in primary and secondary schools as well as teacher training colleges. The Movement of Men Against AIDS in Kenya will involve men living with HIV/AIDS in teaching young people about how to avoid being exposed to HIV. In addition to assisting these local organizations to develop and use local networks for referral of patients and for services not directly provided by the sub-grantee, CHF is also intending to develop a network among the sub-grantees so they can share lessons learned about local implementation of their activities. Monitoring and evaluation across the ABY partners is planned and appropriate tools developed. Curricula for the ABY partners are also being reviewed in close collaboration with CDC to ensure that only curricula and programs with scientifically proven effectiveness are used. CHF intends to assist these local groups in grant-writing skills so that in the future, they can apply for Emergency Plan and other funds directly.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

Training

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	120,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	120,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	6	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	6	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	80,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	80,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	4,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	2	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Students
 - Primary school
 - Secondary school
 - University
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / CARE International
 Planned Funds:

Activity Narrative:

CARE Kenya, in partnership with local and indigenous organizations in NorthEastern Province of Kenya, will reach 35,000 in and out of school children, parents, and village elders, and train 300 persons in 2 programs to promote abstinence and marital faithfulness. The program will reinforce the protective influence of parents, grandparents, and other caregivers in changing risk behavior and stimulate broad community discourse on health norms and the avoidance of risky behaviors. The overall aim is to increase abstinence until marriage and increase fidelity in marriage. These activities will contribute to our results of HIV preventive behaviors among youth improved and changed social and community norms to promote HIV preventive behaviors in youth and youth adults.

The primary implementing partner in this activity, CARE Kenya, was awarded a cooperative agreement with CDC in late FY04. CARE has many years of experience in Kenya. The purpose of this cooperative agreement is for CARE to build the capacity of local and indigenous organizations in the NorthEastern Province of Kenya, and to provide sub-grants to local organizations in this area. The recent Kenya Demographic and Health Survey and other surveys have documented very low levels of HIV infection, under 1%, in this remote area of Kenya. Because of this low prevalence and the remoteness of this area of Kenya, to date there has been very little attention to the issues of HIV prevention and care in this part of Kenya. However, the road to Garissa, the provincial capital, has been recently improved and thus the population of this area is likely to become more exposed to HIV than in the past.

Under this COP, we propose to have CARE support a limited number of sub-grantees. One of these, the Catholic Diocese of Garissa, was recently selected for support when the USG Kenya team solicited "concept papers" from local groups. Another potential partner is the Arid Lands Development Focus. CARE will identify others when their team becomes active.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	2	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	35,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	35,000	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Faith-based organizations
- Students
 - Primary school
 - Secondary school
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

State Province: North Eastern

ISO Code: KE-500

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Centre for British Teachers

Planned Funds:

Activity Narrative:

According to the Demographic and Health Survey for 2003, 7.8% of Kenyan youth aged 15-24 are HIV-positive, most of these being young women. In Kenya, sexual activity begins early (<15) and prior to marriage for both men and women. Kenyan youth experience a range of forces driving them towards early sexual activity, including social and peer pressure, cultural practices, biological urges and economic need. It is possible, through school-based behavior change initiatives, to enable young people to withstand these pressures and improve the management of their sexual lives to avoid HIV risk and to reduce stigma and discrimination of HIV-positive colleagues. This can be done through a mixture of training for adults and young people, which can be delivered within a school setting. The Centre for British Teachers (CfBT) has implemented a successful behavior change intervention in over 2000 Kenyan schools to-date. The impact study from this intervention indicates statistically significant impact on delayed sexual initiation, self-efficacy in refusing sex, avoiding places associated with the risk of having sex, applying abstinence strategies, postponing first sex until marriage, and the desire for fidelity and faithfulness within marriage. These data are confirmed in both quantitative and qualitative research tools. CfBT have a country wide network of partners and trainers in the Ministry of Education, Science and Technology (MOEST) and the Ministry of Health which will enable them to work in the identified regions. The Mombasa-Busia highway represents a route along which HIV transmission is high due to the high movement of people and the sexual behaviors that have become associated with travel. School-going youth in schools neighboring these highways are easily involved in this sexual network and can, therefore, be exposed to a higher level of HIV risk than in other parts of the country.

The Centre for British Teachers will mobilize 4 districts along the Mombasa-Busia highway and forge a partnership between the district education and health offices. They will mobilize or train a total of 45 trainers from the two Ministries to be able to train others in behavior change initiatives in 430 schools, and 120 Zonal Inspectors will be trained to monitor and mentor staff in the schools to implement the initiative at school level. CfBT will prepare 430 head teachers to lead and support behavior change initiatives at school level; train one teacher and 4 pupils from 430 schools in implementing peer support behavior change initiatives in school. These tested models for effective youth interventions will result in increased HIV prevention behavior among youth and a reduction in HIV/AIDS stigma and discrimination.

The current training program has been developed in conjunction with the Ministry of Education, Science and Technology, with particularly strong liaison with the Kenya Institute of Education, the MOEST AIDS Control Unit and the Inspectorate. Its delivery is embedded in the existing education system, and the trainers are drawn from the Ministries of Education and Health. The program responds to the existing school curriculum and the normal activities within a school day. Specifically, it enables teachers and education officers to implement the HIV/AIDS syllabus with emphasis on behavior change. As much as possible, selected sites will include those schools where the Kenya National Union of Teachers has already sensitized head teachers to the impact of HIV/AIDS on the education sector and for the need for a concerted response. Emphasis on co- and extra-curricular activities provides a platform for the involvement of other groups such as Kenya Girl Guides, Kenya Association of Professional Counsellors, and other agencies working in this area, such as PATH and in particular, those who are working under the FHI/IMPACT umbrella.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	20%
<input checked="" type="checkbox"/> Workplace Programs	20%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	4	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	150,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	150,000	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	3,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Orphans and other vulnerable children
- Students
 - Primary school
 - Secondary school
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
- Stigma and discrimination

UNCLASSIFIED

Coverage Area:

State Province: Central
State Province: Coast
State Province: Eastern
State Province: Nairobi
State Province: Rift Valley
State Province: Western

ISO Code: KE-200
ISO Code: KE-300
ISO Code: KE-400
ISO Code: KE-110
ISO Code: KE-700
ISO Code: KE-900

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ACQUIRE / EngenderHealth

Planned Funds:

Activity Narrative:

EngenderHealth will reach 3,200 youth and staff in the Kenya National Youth Service (NYS) and train 120 youth and staff in implementing the Men As Partners (MAP) Program to help both NYS service men and women (youth) and staff to understand and change their high-risk behaviors that transmit HIV infection. This program will address pervasive gender stereotypes related to sexual and reproductive health that facilitate HIV transmission, contributing to our result of changed social and community norms to promote HIV preventive behaviors in youth and young adults.

The Men as Partners in HIV Prevention program was funded under Emergency Plan Track 1.5 and this component has been implemented under ACQUIRE. The program covers 22 NYS units located within the eight provinces of Kenya, mainly in remote and underserved areas. A five-day Life skills training for NYS young people addresses gender stereotypes that influence risky sexual behavior and sets the stage for their involvement in activities that help sustain HIV preventive behaviors. Due to the wide distribution of NYS service men and women in remote areas of the country, EngenderHealth will train Master trainers from amongst NYS staff so that this training is integrated into the regular NYS training, both at the basic training stage following recruitment as well as within the on-going vocational training and community service phases of the Youth Service program. This will ensure that larger numbers are reached with HIV prevention efforts and that adults become actively involved as supportive adult mentors for youth. This training uses a curriculum based on principles whose efficiency has been proven and offers a great chance for replicability.

In this project, great attention will be paid to the provision of youth friendly health service. Engender will use its' broad RH capability to employ best practices through integrating its behavior change program to actual strengthening of the delivery of youth friendly reproductive health counseling and other services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	70%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	3,200	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	3,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	120	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	120	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- High-risk population
- Trainers
- Youth

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion

Coverage Area: National

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International

Planned Funds:

Activity Narrative:

Family Health International (FHI) and its 22 partner NGOs and FBOs will implement programs to reach 6,000,000 youth with abstinence and be faithful messages through mass media and 250,000 youth will be reached in HIV prevention programs for in- and out-of-school youth. 1,200 people will be trained to provide AB programs among the youth. FBO sub-partners include the Supreme Council of Muslims and both the Anglican and Catholic churches to integrate life skills programs with their youth programs. These programs will equip youth with skills to cope with peer pressure and help them develop positive norms and values to make appropriate and safe choices in relationships. This intervention will result in improved HIV preventive behaviors among youth, changed social and community norms to promote HIV preventive behaviors in youth and young adults, and reduced stigma and discrimination.

The Straight Talk Clubs, Kenya Girl Guides Association and Boy Scout programs will be expanded to involve the Parent Teacher Associations in up to 60 schools in 5 provinces in consultation with the partners working in these regions. Kenya Association of Professional Counselors have been receiving funding through FHI to produce their award-winning newspaper inserts and inter-active radio programs which provide a forum for youth to discuss the dangers of alcohol and drug abuse, sex and the risks of HIV. The Straight Talk program in schools will establish additional clubs and expand their reach to youth in schools. The Kenya Girl Guides Association and the Boy Scouts will build parent-youth communication for HIV prevention through existing parents/teachers associations in schools, and expand the life skills peer education among boys and girls in school as well as to out-of-school youth in the community. 10,000 out-of-school youth will be reached through peer education. The current "magnet theater" program will be expanded from 14 to 29 groups and increase the number of performances from 12 to 24 per month. A multi-media communication campaign will be initiated to focus on youth to raise awareness of the close link between HIV infection, alcohol consumption and substance abuse. FHI will partner with new local organizations to implement abstinence and be-faithful programs targeting under-served populations and communities. Some of these new partners include Mumias Muslim Community Program targetting Muslim youth, and Young Mens Christian Association and Kenya National Outreach Training and Counseling Program targetting out-of-school youth. Another new partner is GOAL Ireland who will provide HIV/AIDS education using participatory information, education and communication methods with children living on the streets and in the slums. They will promote behavior change through community mobilization and sensitization events, sporting events and community theatre, and will empower youth to set up three theatre groups.

Family Health International is a US-based PVO implementing comprehensive HIV/AIDS programs in Kenya. FHI provides technical assistance and funding to local organizations. FHI and its partners consistently plan strategies and design activities in full collaboration with relevant government of Kenya entities, with significant participation from NGOs, CBOs, PLWA organizations, and FBOs in the areas of coverage. Technical assistance from one partner to another creates strong partnerships and synergy in the geographic areas where program activities are taking place.

Activity Category

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Community Mobilization/Participation | 25% |
| <input checked="" type="checkbox"/> Information, Education and Communication | 45% |
| <input checked="" type="checkbox"/> Training | 30% |

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	2	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	6,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	120	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	120	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	250,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	250,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	1,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Migrant workers |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Truckers |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Business community | <input checked="" type="checkbox"/> Students |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Primary school |
| <input checked="" type="checkbox"/> Clients of sex workers | <input checked="" type="checkbox"/> Secondary school |
| <input checked="" type="checkbox"/> Commercial sex workers | <input checked="" type="checkbox"/> Seafarers/port and dockworkers |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Sex partners |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Teachers |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Factory workers | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Community health workers | |
| <input checked="" type="checkbox"/> High-risk population | |
| <input checked="" type="checkbox"/> Discordant couples | |
| <input checked="" type="checkbox"/> Men who have sex with men | |
| <input checked="" type="checkbox"/> Partners of sex workers | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | |
| <input checked="" type="checkbox"/> Police | |
| <input checked="" type="checkbox"/> Mobile populations | |

Key Legislative Issues:

Coverage Area:

State Province: Coast
State Province: Eastern
State Province: Nairobi
State Province: Rift Valley
State Province: Western

ISO Code: KE-300
ISO Code: KE-400
ISO Code: KE-110
ISO Code: KE-700
ISO Code: KE-900

Program Area: Abstinence and Be Faithful Programs
 Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hope Worldwide
 Planned Funds:

Activity Narrative:

Hope Worldwide (HWW) will reach 30,000 young people through 3 fully equipped youth friendly resource centers and train 600 youth and community leaders to provide services aimed at HIV risk reduction for young people and a high risk population of long-distant truckers at Makindu, located along the Trans-Africa highway during FY05. These services will target underserved young people in Nairobi slums and Makueni district as well as long distance transport workers operating on Nairobi Mombasa highway. These activities will contribute to the results of HIV preventive behaviors among youth improved and changed social and community norms to promote HIV prevention behaviors in youth and young adults.

HWW is a faith-based charity founded in 1991 by the International Churches of Christ. Its programs are designed to provide medical treatment, poverty relief and restore hope among those who are downcast as a result of disease, poverty or abandonment. They are directed toward helping people regain their worth and realize their potential. HWW is a recognized non-governmental organization in special consultative status with the Economic and Social Council of the United Nations and is a registered private voluntary organization with the United States Agency for International Development (USAID). With funds from our FY04 Track 1.5 plan, CDC added funds to an existing cooperative agreement to start up youth targeted HIV/AIDS prevention including VCT in slums of Nairobi, and late in FY04, Hope Worldwide was selected on a competitive basis for a new cooperative agreement with CDC Kenya to scale up these highly valued youth targeted activities in both Nairobi and Makindu.

HWW will apply proven multiple HIV prevention components that will change social and community norms, including a gender focus that seeks to involve men in HIV prevention through the 'Men as Partners' program. It will undertake community participatory approaches to discuss HIV prevention, targeted education using curricula whose effectiveness has been proven. The project will also train young people to serve as volunteers in actively reaching out to their peers with targeted abstinence, faithfulness and other behavior change messages for young people. In certain settings, efforts will be made to divert young girls from entry into commercial sex work and encourage behavior change for young girls already involved in sex work. This program will also provide settings for post-test clubs to help young people maintain safe behavior and reduce their risk of HIV infection. HIV-positive young people will be assisted to gain access to care and treatment. Community outreach will also be undertaken through close liaison with existing local youth groups who will help reach youth faster and with greater effectiveness.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	3	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	30,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	30,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	600	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	600	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Clients of sex workers | <input checked="" type="checkbox"/> Students |
| <input checked="" type="checkbox"/> Commercial sex workers | <input checked="" type="checkbox"/> Primary school |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Secondary school |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> University |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Sex partners |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Teachers |
| <input checked="" type="checkbox"/> Street youth | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Police | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Truckers | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Orphans and other vulnerable children | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> People living with HIV/AIDS | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Religious/traditional leaders | |

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
 - Reducing violence and coercion
 - Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: Eastern
State Province: Nairobi

ISO Code: KE-400
ISO Code: KE-110

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Frontiers in Reproductive Health / Population Council

Planned Funds:

Activity Narrative:

Population Council and PATH, with funding from USAID's FRONTIERS in Reproductive Health program, collaborated with three GOK ministries – Health (MOH), Education (MOEST) and Social Services (MOGSCSS) – to improve reproductive health and HIV preventive behaviors among young people aged 10-19 years and to develop and systematically evaluate a multisectoral program (known as the Kenya Adolescent Reproductive Health Project (KARHP)). It was shown that this model of a youth intervention is effective. Using a 'life skills' curriculum, the trained implementers reached in- and out-of-school youth, their parents and the community with abstinence and behavior change messages, gender equity, and stigma and discrimination concerning youth. This framework for developing ministry-specific interventions, that are coordinated at the district level, will be scaled up within Vihiga and Busia districts. The complementary programs within each of the three ministries (i.e. school-based, community based and health based) will be fully replicated through the multisectoral framework in these two districts. As a result, HIV preventive behaviors among youth will be improved, and HIV/AIDS stigma and discrimination will be reduced.

Sexually active young people, and females in particular, are at high risk of HIV infection, but effective and large-scale strategies for reducing these risks through promoting and facilitating safe behaviors are not yet widespread in Kenya. All GOK ministries are expected to play an active role in the fight against HIV/AIDS, but most lack the capacity to do so, and especially when addressing the needs of the youth. The existing team of 23 master trainers from all three ministries will act as mentors and resource persons to train staff within their own ministries (e.g. guidance and counseling teachers, social development assistants (SDAs) and Public Health Technicians), as well as religious and other local leaders and youth peer educators, thereby creating a district-level multisectoral training team. The six district teams will then train other district and divisional level staff. During this phase, it is estimated that 100 master trainers will be trained, who will in turn train 6200 teaching staff and PTA members at 200 schools, 200 PHTs from 200 health facilities, and 80 SDAs in all districts, who will reach approximately 300,000 youth with abstinence and faithfulness messages.

From its inception, and as has been demonstrated during the pilot OR phase, the emphasis on a multisectoral approach that is coordinated at the district level by the three ministries themselves has created a sustainable framework for ensuring that all activities are coordinated with other HIV/AIDS activities, both within and between the ministries, and among other USG-funded partners working in the areas, as well as across each district. The Government of Kenya has recently issued an Adolescent Reproductive Health and Development policy, and this program clearly relates to its recommended priorities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	50%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	3	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	300,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	300,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	6,480	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	6,480	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Government workers
- Ministry of Health staff
- Students
 - Primary school
 - Secondary school
- Teachers
- Trainers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area:

State Province: Western

ISO Code: KE-900

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Frontiers in Reproductive Health / Population Council

Planned Funds:

Activity Narrative:

Since Population Council was established in Kenya, its core mandate has been to conduct operational research in the area of reproductive health. A recent presentation highlighted the emerging but compelling evidence of the HIV risk that married adolescent girls face over and above their unmarried sexually active counterparts. In Kisumu, 33 percent of married girls are HIV-positive compared to 22 percent of unmarried sexually active girls (Glynn et al, 2001, Bruce & Clark, 2003). This activity plans to adopt three strategies that will address this problem in the rural areas of Kisumu and Rachuonyo Districts which together have an estimated population of 55,000 unmarried and 15,000 married girls aged 10-19.

Population Council will sub-contract PATH to undertake advocacy on marital HIV risk and pre-marital VCT. Church and civic leaders will be trained to pass messages in church sermons, funerals, outdoor meetings, and other public events. Thirty-five theatre troupes will be trained along with 140 community leaders. The activity will also have an evaluation component to study the effectiveness of reaching 8,000 married adolescents, family members, and pre-marital couples and 200,000 through mass media. Building on the existing 22 VCT sites in the catchment area, Population Council will provide linkages to services for 1,250 couples to undergo premarital VCT. Because VCT services may be at a distance from some rural locations, they will subsidize the cost of transportation using a coupon referral system, allowing them to track referrals. The Population Council will establish 200 married girls clubs to give 4,000 girls venues through which they can receive information, advice, and social support, including in instances where they feel their husbands pose an HIV risk. The clubs will be managed by a local FBO and include livelihoods and mentoring opportunities with adult married women and periodic assembly of larger extended family groups, including husbands and in-laws. Gender awareness and fidelity and faithfulness within marriage will be promoted, and VCT for married couples will be encouraged.

These strategies will contribute to improved HIV preventive behaviors among youth, changed social and community norms to promote HIV preventive behaviors in youth and young adults, and the data generated will be used to test models for effective youth interventions.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Training	35%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	200,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	35	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	35	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	8,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	140	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Faith-based organizations
- Implementing organization project staff
- Ministry of Health staff
- Students
 - Primary school
 - Secondary school
- Sex partners
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds: **Activity Narrative:**

Kenyan youth, especially young women, continue to be at high risk of contracting HIV due to a variety of factors, particularly early sexual debut. Early marriage and "rites of passage" traditionally have served to educate youth on matters of sexuality and marriage. However, for modern Kenyan youth, enrollment in and graduation from either primary or secondary school and merely becoming sexually active have now defined the transition to adulthood. While school enrollment is one modern substitute for rites of passage, teachers alone cannot simultaneously meet their educational objectives and provide full information on sexual health, teach appropriate sexual behavior, and provide psychosocial support through these formative years to each of their students. While parents play a crucial role in providing this support, most feel uncomfortable discussing sexual matters with their children.

In order to effectively curb the spread of HIV/AIDS among youth, this activity will provide an in-school HIV prevention program for 80,000 primary and secondary students aged 10-19 in 120 schools in four districts. The overall objective of this program is to galvanize a youth movement which promotes discussion and adoption of healthy behaviors and to credibly transform existing perceptions of what it means to be a man or a woman in Kenya in order to promote abstinence until marriage. Through our proposed school-based interpersonal communications program linked to national mass media campaigns, the new perception will entail young people acquiring long-term goals, a greater sense of responsibility, greater self-worth and self-esteem, and a reduced tolerance for sexual violence.

This in-school program will be linked to a series of national mass media campaigns in order to reinforce messages at the school level. Every six months, a different theme will be tackled at the school level and simultaneously in the mass media that will be structured to provide reinforcement to an overall message of delayed sexual debut and secondary virginity. Themes could include skills-based HIV and reproductive health information, parent-youth relationships, male-female relationships, re-evaluation of gender norms, cross-generational sex, drugs and alcohol, and sexual coercion and exploitation. It is anticipated that one million youth will be reached by the mass media program.

Within this program, the school will be treated comprehensively and holistically with a "schools-as-worksites" approach, and will include: teacher/staff sensitization sessions, parent sensitization sessions, two teacher trainings per year, 10 theater groups giving interactive theater presentations, 15 youth PLWA advocates who give testimonials, an essay competition and other fun, engaging mobilization activities, as well as facilitated discussion groups for students following each outreach. PSI will collaborate with the Ministry of Education, Science and Technology AIDS Control Unit who are responsible for coordinating in-school AIDS prevention activities.

Activity Category

- Community Mobilization/Participation
 Information, Education and Communication

% of Funds

30%
40%

- Training
 Workplace Programs

20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	1,000,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	60,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	60,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 Men
 Women
 Community members
 Media
 Students
 Primary school
 Secondary school
 Teachers
 Youth
 Girls
 Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Institute of Tropical Medicine

Planned Funds:

Activity Narrative:

The Institute of Tropical Medicine (ITM) will continue an assessment of youth interventions in the Asembo and Gem areas of Nyanza Province, which has the highest HIV prevalence rates in the country. The 2003 Kenya Demographic Health Survey reports a 14% HIV prevalence in Nyanza versus 7% nationwide. In Kisumu, the capital of Nyanza Province, a previous ITM study found very high rates of HIV infection among young women. Young women, aged 15-19 years, had a 23% HIV prevalence rate in contrast to their male counterparts with a 3.5% prevalence. This study was begun in 2002 in order to test interventions among youth to determine their effectiveness in breaking this pattern of very high HIV incidence in these young people, especially young women. In this project, 2,500 youth and 1,000 parents will be reached with targeted HIV prevention messages, and 400 youth and adult community leaders will be trained. These activities will contribute to our results of HIV preventive behaviors among youth improved, changed social and community norms to promote HIV prevention behaviors in youth and young adults, and models for effective youth interventions tested.

ITM has a long international history of research on HIV in Africa and has already demonstrated the ability to conduct research in this area. ITM and CDC recently conducted a survey in this area. Of the 561 female adolescents surveyed, 246 (44%) reported ever having had sexual intercourse of whom 205 had never been married. The median age of reported first sex was 16.5. Forty-four (8%) of female adolescents reported their age at first sex to be before age 13, with some reporting their first sexual encounter as early as 8 years of age. Regarding the circumstances around first sexual experience, 159 (or 78%) reported their first sexual intercourse was consensual, 28 (or 14%) felt pressured into sex, and 18 (9%) were physically forced. Efforts to change the social norms which contribute to this high risk for young girls are part of this intervention. The project has also found that the lack of skills and employment opportunities contributes to high risk behavior among girls, so one aspect of the project is the provision of vocational skills and opportunities for income generating activities for these youth.

Among the interventions ITM is studying is an adaptation of the US based "Parents Matter" curriculum which CDC has evaluated in the US. To date, parents and community and religious leaders are very supportive of this approach of enabling parents to take a more active role in HIV prevention for their adolescent children.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	35%
<input checked="" type="checkbox"/> Training	15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	3,500	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	3,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	400	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	400	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Students
 - Primary school
 - Secondary school
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: \$ / Population Council

Planned Funds:

Activity Narrative:

Population Council's 'Friends of Youth' (FOY) Project is an on-going intervention implemented in partnership with the Family Planning Association of Kenya. It employs a behavior change model whose effectiveness has demonstrated effectiveness in delaying sexual initiation, increasing secondary abstinence and reducing the number of sex partners among adolescents. The program links youth with a trained adult mentor. 75 Friends of Youth adult mentors will be trained to work with 7,500 youth to encourage abstinence and behavior change activities. These activities will contribute to our results of HIV preventive behaviors among youth improved, changed social and community norms to promote HIV preventive behaviors in youth, and models for effect youth interventions tested.

Population Council is an international NGO that has done extensive work on effective youth interventions. This project will upscale a successful youth-adult behavior change model in selected urban areas in Kenya. It builds on tested interventions that are consistent with local cultures of adult-youth mentoring by enlisting the involvement of trusted adults and older youths in the community to act as friends of youth by positively influencing safer sexual behavior and changing community and social norms. Population Council will carefully study the results of this project so that lessons can be learned about this approach to youth HIV prevention.

To help improve health services for young people, particularly STI treatment, young people will be served through selected private service providers through a coupon system in which referrals will be made particularly through the youth center for free health services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	7,500	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	7,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	75	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	75	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Implementing organization project staff
- Ministry of Health staff
- Students
 - Primary school
 - Secondary school
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Central
 State Province: Nairobi

ISO Code: KE-200
 ISO Code: KE-110

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kenyan National AIDS and STI Control Program

Planned Funds:

B5

Activity Narrative:

The Kenya National AIDS and STI Control Program (NAS COP) will support, supervise and monitor abstinence and faithfulness programs targeting youth in Kenya. It will also take the lead in developing policies and guidelines as needed. A national task force on abstinence promotion will be established and NAS COP will coordinate the development and distribution of print materials as needed in support of abstinence programs for youth. These will contribute to improved HIV preventive behaviors among young people, changed social and community norms to promote HIV preventive behaviors among youth and young adults as well as reduce HIV/AIDS stigma and discrimination.

NAS COP was established within the Ministry of Health (MOH) to conduct surveillance, develop policies and coordinate activities in HIV/AIDS prevention, care and treatment. Since 2001, the USG has been a major supporter of operational activities of NAS COP through a cooperative agreement with CDC that has resulted in the development of VCT, PMCT, ARV, TB-HIV care, HIV testing in clinical settings and other policies; improved support supervision and field coordination with provincial, district and local facilities; and improved surveillance, monitoring and evaluation. This has resulted in increased capacity for the MOH that serves as a platform for the services necessary to reach Emergency Plan targets.

This project will establish essential linkages with other NAS COP co-ordinated national programs including VCT, PMCT, ARV and non-ARV care. NAS COP will build on its involvement with the faith-based and non-governmental sectors in Kenya and ensure that abstinence messages for youth are integrated with other services and that a supportive adult environment is cultivated.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Policy and Guidelines	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Community-based organizations
- Host country national counterparts
- Host country national counterparts
- National AIDS control program staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Policy makers
- Program managers
- Youth
- Youth
 - Girls
 - Girls
 - Boys
 - Boys

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

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Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Impact Research and Development Organization

Planned Funds:

Activity Narrative:

Impact Research will reach 20,000 youth under the Tuungane behavior change project through setting up 6 youth-friendly centers in 5 major slums of Kisumu, Nyanza Province, Kenya. A referral and coordination center will be set up and 300 youths group leaders trained. Parents and religious leaders will be actively involved as supportive adults for the youth. These activities will contribute to our results of HIV preventive behaviors among youth improved, changed social and community norms to promote HIV preventive behaviors in youth and young adults, and models for effective youth interventions tested.

Impact research is a local NGO actively involved in health and development research in Kisumu and other parts of Western Kenya. The Tuungane project was funded under a CDC Cooperative Agreement in September 2004 and will be implemented through an existing youth project, the Kisumu Youth Coordination and Counseling Center. The project will work within urban slums whose estimated population is 80,000 youth. The project and the specific interventions will be studied for effectiveness by Kenyan researchers who are part of the staff of Impact Research and Development Organization.

Tuungane will forge essential linkages with other key partners and establish a network model with the Family Planning Association of Kenya, the Network for Adolescents and Youth in Africa, local youth groups and the Municipal Council of Kisumu to create synergy with partners for optimal efficacy. Referral linkages for VCT services, STI management and skills training for youth will be made to both the Tuungane's Central Youth Center as well as to the Family Planning Association of Kenya's youth clinic. This project will actively involve existing youth community groups to enable it rapidly expand behavior change activities for youth in the slums. Outreach services will reach youth in schools and through other non-formal out of school set ups, with a special focus on younger girls. Service delivery will be improved through provision of free counseling services for youth, including street youth and referrals for free STI treatment. Youth will be continually involved in activities that help sustain HIV preventive behavior through periodic training in life an livelihood skills. To provide a supportive environment for young people's adoption and maintenance of HIV preventive behavior, parents, religious and community leaders will be reached with targeted activities.

Activity Category

Commodity Procurement

% of Funds

10%

UNCLASSIFIED

<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	20,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	20,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Youth

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Uniformed Services Project / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

By undertaking activities in this program area, the Uniformed Services will achieve the following results (1) HIV prevention behaviors among the youthful members of the National Youth Service (NYS) and the Kenya Wildlife (KWS) improved; and (2) HIV/AIDS stigma and discrimination reduced in the NYS and KWS communities. This will contribute to the national results of improved HIV preventive behaviors (A/B) among the youth and also stigma and discrimination reduction.

The program area will reach 12,000 recruits and other members of staff in the NYS and KWS with education and skills based training in abstinence and faithfulness. 120 trainers of trainers will be trained to enhance AB/Y messages and interventions. Materials in support of this strategy will be developed and distributed in the Uniformed Services bases, camps and units. Liaison with the Chaplaincy Department in the Uniformed Services will be developed through training of chaplains to enable them to support AB/Y activities. Mobilization activities will be undertaken in various churches and mosques to assist in overall uplifting of the moral values among members of the Uniformed Services communities.

The USG in Kenya through CDC has had an effective collaboration with the Kenya Department of Defense (KDOD) since 2001, enabling the USG to assist the military to introduce a comprehensive HIV prevention and care program. In the FY04 COP, a similar partnership was initiated with two other uniformed services of Kenya, the Kenya Prisons Service and the National Youth Service. In this FY05 COP, we propose to continue support for the Prisons Service and the Youth Service; and add support for the Kenya Wildlife Service and the Kenya Police Department. All of these uniformed services share some features, with young men and women often serving in locations far from home, and thus they are vulnerable to high-risk behaviors. Although each uniformed service has unique needs and a unique population needing specialized and tailored services, all of these uniformed services will be empowered to develop and implement a comprehensive program of HIV prevention and care, modeled on the effective program of the military. Linkages between these services will be encouraged so that they can learn from the successes and challenges encountered by the other services. We also plan to have the KDOD staff provide technical assistance to their counterparts in the other services. Funds for the KDOD program will continue to be channeled through the USDOD but this mechanism is not available for non-military uniformed services, so funds for these activities will be channeled through the Kenya Medical Research Institute (KEMRI). CDC Kenya has a cooperative agreement with KEMRI in place and this mechanism will be used to support the activities of the non-military uniformed services. During this COP, no funds will be provided directly to the uniformed services; instead, CDC through KEMRI will provide training and other services and goods needed for program implementation. The UK Department of International Development (DFID) is also supporting some elements of the projects with the Kenya Police and the Kenya Prisons Service.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	30%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	12	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	12	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	12,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	12,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	120	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	180	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Government workers
- Government workers
- High-risk population
- Military
- Police
- Prisoners
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / Population Services International

Planned Funds:

Activity Narrative:

ACTIVITIES APPROVED IN FY04 COP (Kenya COP 2004 p. 22) Use deferred funds to complete work approved for AIDSMark by the FY2004 COP, to implement campaigns to delay sexual debut, reduce number of sexual partners, and reduce excessive alcohol consumption.

Materials for mass media and worksite campaigns have been developed and dissemination through carefully targeted approaches has been started. These deferred funds will e used to complete this activity.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	20%
<input checked="" type="checkbox"/> Workplace Programs	15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	8,000,000	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	8,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	2,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	80	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	80	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Factory workers
- Faith-based organizations
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- M&E specialist/staff
- Media
- Mobile populations
 - Migrants
 - Migrant workers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Pregnant women
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- University
 - Teachers
 - Volunteers
 - Women of reproductive age
 - Youth
 - Girls
 - Boys

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / Samaritan's Purse

Planned Funds:

Activity Narrative: Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: **ISO Code:**

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HYAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / World Vision Kenya

Planned Funds:

[Redacted]

Activity Narrative:

Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / Salesian Mission

Planned Funds:

[Empty box]

Activity Narrative:

Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / Program for Appropriate Technology in Health

Planned Funds:

Activity Narrative: Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / Hope Worldwide South Africa

Planned Funds:

[Redacted]

Activity Narrative:

Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / Adventist Development and Relief Agency

Planned Funds:

[Redacted]

Activity Narrative:

Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

- Result 1: Improved infrastructure for the collection, testing, storage and distribution of safe blood.
- Result 2: Improved safety of Kenya's blood supply and reduction of medical transmission of HIV.
- Result 3: Improved adequacy and sustainability of Kenya's national blood supply with an increased and diversified blood donor pool.

Total Funding for Program Area (\$): **Current Program Context:**

Fear of HIV/AIDS and weakened health infrastructure caused a 50% drop in blood donation in Kenya over the last 20 years. Only 110,000 units were collected last year compared to an estimated need of 250,000 units. Only 60% of these blood units were obtained from donors with low-risk for transfusion-transmitted infections. A national survey in 1994 demonstrated a 2% risk of HIV transmission in all transfusions due to inadequate testing and poor quality control. Children with anemia from malaria and pregnant women require 3/4ths of all transfusions in Kenya. Lack of an adequate supply of safe blood therefore contributes to high maternal and infant morbidity and mortality.

Following the bombing of the US Embassy in Nairobi in 1998, USAID supported the Kenya Government in developing a nationally coordinated blood program through establishment of the National Blood Transfusion Service (NBTS) and construction and equipping a National Blood Transfusion Centre and four Regional Blood Transfusion Centres (RBTC). A sixth center is now under construction with funding from HHS. USG assistance has contributed to development and dissemination of Policy Guidelines on Blood Transfusion in Kenya, National Strategy on Blood Donor Mobilization, and Clinical Guidelines for Appropriate Use of Blood and Blood Products, provision of blood bags and supplies, and supported the training and supervision of laboratory staff, including an in-country FHI/WHO supported distance-learning course in blood banking at the Kenya Medical Training College. Four RBTC medical directors have participated in a CDC/Emory University-developed transfusion medicine course. Over 100 NBTS laboratory personnel have received training through workshops and seminars. These activities have led to the recognition of transfusion medicine and blood banking as a distinct and essential component of healthcare professionals' training.

The NBTS collaborates with the Kenya Red Cross Society (KRCS), community and faith based organizations in the education and mobilization of blood donors that have trained blood donor recruiters who recruit students from secondary schools and universities as low-risk non-remunerated volunteer blood donors. All blood is screened for HIV, syphilis, hepatitis B and hepatitis C. A decline in HIV prevalence among donors from about 6% in year 2000 to less than 2% in year 2003 has been achieved. Many hospitals, however, still collect blood in emergencies from high-risk family members and testing of this is not always optimal. While the government of Kenya policy on blood transfusion has outlined the structure of the NBTS, there is a lack of legislative authority for it to become a semi-autonomous agency of the Ministry of Health. Blood safety receives limited support from government resources. Frequent staff transfers and overall staff shortages hamper quality improvements.

Track 1 funding has recently been awarded that will enable the National Blood Transfusion Service to develop as an independently functioning unit within the Ministry of Health through improved infrastructure, communications, management and staffing. In addition, this funding will expand the partnership between the NBTS and the KRCS. Additional partnerships with community groups are being strengthened through Hope Worldwide (an NGO working with out-of-school youth and faith-based groups) under this track 1 cooperative agreement. A gap exists, however, in public-private partnerships to identify low risk, regular blood donors in the workplace. Other donors contributing to a safe blood supply include the Japanese International Cooperation Agency (JICA), which has trained laboratory staff, conducted a national assessment of blood safety and improved laboratory infrastructure. There is excellent donor coordination through a national committee chaired by the National Blood Transfusion Service.

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International

Planned Funds:

Activity Narrative:

This activity, implemented by Family Health International's IMPACT Project, will work through the National Blood Transfusion Service and Bloodlink Foundation resulting in an increased blood supply in Kenya. Bloodlink Foundation will assist NBTS to collect 5,000 additional units of blood and establish 100 corporate partnerships and educate 10,000 employees about blood donation. This will contribute to a sustainable blood donation program through these corporate contributions, recruiting low risk volunteer blood donors in the workplace. FHI will also provide technical assistance to the National Blood Transfusion Services and its NGO partners (including Bloodlink Foundation, Hope Worldwide, and the Kenya Red Cross Society) to increase the effectiveness of these partnerships to expand the pool of low risk blood donors and the efficiency of the blood donor recruitment system.

USAID's IMPACT project has worked in Kenya to support the Ministry of Health's National Blood Transfusion Services since its inception four years ago and has successfully facilitated donor coordination in the area of blood safety, including the support from CDC and JICA. This has included technical and financial support for training, procurement of equipment and essential supplies, and for management of blood donor recruitment. As the National Blood Transfusion Services develops its management structures, ongoing collaboration and technical support from FHI will assist in this transition. This activity will result in improved sustainability of the blood supply and an expanded diversified blood donor pool.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Workplace Programs	40%

Targets:

Target	Value	Notes
Number of individuals trained in blood safety	5	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Business community
- Factory workers
- Faith-based organizations
- National AIDS control program staff

Key Legislative Issues:

- Volunteers

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Coverage Area: National

UNCLASSIFIED

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / National Blood Transfusion Service, Kenya

Planned Funds:

Activity Narrative:

Based on a Track 1 cooperative agreement with the National Blood Transfusion Service (NBTS), the adequacy and safety of the blood supply and the infrastructure of the national service will be improved. Blood supply in Kenya will be increased through increased mobilization of voluntary, non-remunerated blood donors by 40% annually, from 50,000 blood units in 2004 to 70,000 in 2005 and 100,000 in 2006. Donor recruitment will be scaled up through increased mobilization and bleeding sessions at each of the six regional blood transfusion banks. In addition, the blood donor pool will be diversified to include more low risk adults from the work place, out-of-school youth, faith-based and community-based organizations, increasing non-student donations from 5,000 (10% of volunteer donations) in 2004 to 14,000 (20%) in 2005. Commodity procurement will include test kits and reagents, blood bags (including multi-bag units for pediatric transfusion), equipment and supplies to support donor recruitment, testing and distribution of blood, and effective information systems to coordinate the national program. This will improve the adequacy of Kenya's blood supply and significantly contribute to averting new cases of transfusion transmissible infections.

Quality assurance will be established for all blood bank procedures to improve blood safety. Proficiency testing of blood specimens and internal quality control at regional blood transfusion centers and selected hospitals will be established. Standard Operating Procedures for all blood collection and banking processes will be implemented. To further ensure safety, laboratory skills will be improved through training given to 60 laboratory personnel and two additional blood transfusion center medical directors in blood banking. Staff shortages will be reduced through assignment of Ministry of Health personnel to the NBTS and recruitment of contract employees. At least 100 clinicians and nurses will be trained in appropriate use of blood and safe transfusion practices and hospital transfusion committees will be established. An evaluation of transfusion practices will be conducted. This activity will result in improved blood safety and reduced medical transmission of HIV.

The sustainability of Kenya's national blood supply will be addressed through indigenous capacity development. Networks and partnerships with non-governmental, faith based and community organizations including the Kenya Red Cross Society, Hope Worldwide, Lions Clubs and Bloodlink Foundation will be strengthened. Members of over 500 institutional partners (including schools, universities, mosques, churches and corporations) will be educated to foster a blood donation culture and increase the pool of low-risk regular volunteer blood donors. These efforts will create community commitment and involvement in achieving the Emergency Plan goals.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	162	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	17	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
- Host country national counterparts
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Students
 - Secondary school
 - University
- Teachers
- Volunteers
- Professional Associations

Key Legislative Issues:

- Volunteers

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / American Association of Blood Banks

Planned Funds:

Activity Narrative:

Through twinning, American Association of Blood Banks (AABB) institutional partners will provide expert guidance and technical assistance to the National Blood Transfusion Service (NBTS) resulting in better practices in donor recruitment, laboratory quality assurance, blood bank management, training, and transfusion. This will include monitoring, guidance, oversight and mentoring through site visits and performance evaluation. A needs assessment funded in FY04 will provide information and recommendations for further action. This linkage will strengthen the national blood transfusion service and improve institutional capacity for effective program management. This will result in enhanced sustainability of the blood supply.

The AABB will also assist in the development of skills in NBTS and volunteer blood donor recruiters for identification and recruitment of potential low risk volunteer donors and their retention as regular donors. Continuing education of health care workers in donor recruitment, blood banking and appropriate utilization of transfusion will be provided and systems for training strengthened through development of curricula for different cadre of health care professionals as well as the introduction of best practices and evidence-based approaches to transfusion practice in Kenya. Standard operating procedures will be developed to institutionalize quality assurance in blood collection, processing, issuing and for monitoring of adverse events. Appropriate record keeping and data management systems will be designed to facilitate program evaluation and monitoring. These efforts will contribute to the PEPFAR goal of improving safety and adequacy of the blood supply and in this way avert new cases of HIV infection.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Policy and Guidelines	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	25%

Targets:

Target	Value	Notes
Number of individuals trained in blood safety	100	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- National AIDS control program staff
- Host country national counterparts
- Trainers
- M&E specialist/staff
- Ministry of Health staff

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Key Legislative Issues:

Twinning

Coverage Area: **National**

State Province:

ISO Code:

UNCLASSIFIED

12/09/2004

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

- Result 1: Reduce medical transmission of HIV through improved policy and safer injection practice.
- Result 2: Improved supply of related injection safety materials achieved and safe medical injections ensured.
- Result 3: Improved medical waste disposal to reduce occupational and community exposure to sharps.
- Result 4:
- Result 5:

Total Funding for Program Area **Current Program Context:**

A study conducted in 2003 by the World Health Organisation (WHO) in Kenya revealed that medical transmission of HIV and other blood borne infections occurs through unsafe injections resulting from inappropriate therapeutic injections, use of non-sterile injection equipment, needle stick injuries and poor disposal of used needles. Kenya does not have an operational injection safety policy. The inappropriate injection use arises from both increased client demand and prescriber preference. Additionally, essential drug kits supplied by the Ministry of Health include a significant proportion of parenteral drugs without a commensurate supply of injection equipment. This failure to systematically fund sufficient supplies of injection equipment was identified as a key determinant of widespread reuse of syringes and needles. A majority of health care facilities also reported having experienced stockouts of disposable injection supplies in the year.

Kenya lacks a health care waste management policy. Staff therefore has inadequate information and mechanisms for handling medical waste, decontamination and disposal. As a result healthcare workers and the community are unnecessarily exposed to needle stick injuries and attendant infections. In fact, health care providers and waste operatives reported excessive needle stick injuries. A specific post exposure prophylaxis policy is also not in place.

Other than the injection safety plan in the immunization program, Kenya does not have a National policy on injection safety. Currently the Global Alliance for Vaccines and Immunization (GAVI) in collaboration with the Ministry of Health finances injection supplies for the immunization program.

Through a track 1 task order to John Snow Inc. (JSI) in FY04 for Injection Safety activities in Kenya, a national injection safety committee was constituted, with membership from senior Ministry of Health personnel and non-governmental organisations. This committee has drafted a policy on injection safety and presented it to the Ministry of Health for ratification. Procurement capacity assessment was performed at national and district levels. A waste management and supply availability assessment was also conducted in two pilot districts, Kiambu and Bondo, consequent to which health care waste management plans were developed. 1.3 million disposable syringes with reuse and/or needle stick prevention features and 14,300 safety boxes and 70 needle removers were purchased for the two pilot districts. Behaviour change and communication assessment was completed in the two pilot districts. Finally, a training guide on injection safety was developed and 357 health care workers trained.

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / John Snow Inc

Planned Funds:

Activity Narrative:

This activity will result in reduced medical transmission of HIV through improved policy and practice.

With track 1 funding John Snow Inc. (JSI) will train at least 3,000 health care workers from 1,000 hospitals and clinics within the 71 districts of Kenya in safe injection practices and waste management. Safe injection practices will be introduced to all healthcare facilities in all the districts of Kenya over a 4 years' period. JSI will avail equipment and supplies to ensure safe injection practices in government, private and faith based health care facilities. In addition, community sensitisation will be conducted so that the demand for injections is reduced. Behaviour change communication and advocacy targeting communities in 71 districts will take place to promote rational use of injections and reduce demand for injections. District specific plans for safe medical waste disposal will be developed.

The goal is to reduce transmission of HIV through unsafe/ unnecessary injections and accidental injuries among healthcare workers, patients and in the community. JSI will disseminate national injection safety and healthcare waste management standards and guidelines to 1,000 healthcare facilities. 3,000 healthcare workers will be trained in safe injection practices and waste management. This will impart skills, knowledge and positive attitudes on proper injection use. It will be conducted through workshops, on- the-job training and guidebooks. Training will also target improving the communication skills of healthcare workers to enable them alter clients' perception and demand for injections.

Auto-disable/ non-reusable injection equipment, safety boxes and needle removers will be procured for introduction in the 71 districts over four years. These activities will contribute towards the PEPFAR goals by reducing the number of new HIV infections acquired through unsafe medical injections. Full national supply of safer auto-destruct syringes and needles will however require collaboration and support of MOH, other donors and private and faith-based health facilities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	35%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%

Training

UNCLASSIFIED

Targets:

Not Applicable

Number of individuals trained in injection safety

3,000

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- Ministry of Health staff
- National AIDS control program staff
- Pregnant women
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

- Result 1: HIV risk reduced in general population, especially young adults.
- Result 2: Quality of STI services improved.
- Result 3: Increased awareness of HIV/AIDS preventive behaviors, including targeted condom promotion and distribution to high risk populations.
- Result 4: Increased access to HIV/AIDS prevention services for high risk and under-served populations.
- Result 5:

Percent of Total Funding Planned for Condom Procurements

0

Total Funding for Program Area (\$):

Current Program Context:

Prevention efforts in Kenya are established, integrated, and involve the continuum of interventions which have been shown in this country and elsewhere to reduce transmission. As described in our 5 Year Strategy, knowledge of AIDS is almost universal and therefore we will continue to emphasize programs that involve specific prevention services rather than general awareness raising. Recent downward trends in prevalence may suggest that these comprehensive and integrated programs are working. US agencies and their implementing partners have been vital contributors to the success of condom social marketing, reduction in high-risk behaviors among core transmitters, and other efforts. The KDHS 2003 reports attitudes toward HIV-positive persons as increasingly based on correct knowledge: 88% of men and 84% of women would care for an HIV+ relative at home; 74% and 60% respectively would buy fresh vegetables from a vendor with AIDS, and 60% of men and 57% of women believe HIV+ female teachers should be allowed to continue teaching. An increasing number are also prepared to reveal the serostatus of a family member. However, over 18% of women and 40% of men reported engaging in high-risk sex, defined as sex with a nonmarital, noncohabitating partner, in the 12 months preceding the survey. Knowledge of condom use as a prevention method is still low: 58% among women and 70% among men. As mentioned in our 5 Year Strategy, we will continue to promote condom use for high risk groups and in high risk settings such as bars and lodgings. High risk associated with occupational status is identified as an ongoing problem in our 5 Year Strategy, and we will increase the number of prevention activities at worksites in four provinces in Kenya: Coast, Rift Valley, Western and Nyanza. Another worksite program, the twinning relationship between two teacher unions, Kenya National Union of Teachers and American Federation of Teachers, will continue. Recent studies have shown that high-risk groups that were formerly targeted have been neglected recently, and access to prevention information for transport workers, commercial sex workers and youth is on the decline. We will be supporting interventions along the transportation corridor connecting Mombasa with Kampala, providing comprehensive prevention programs to the referenced target population. We will also fund an activity for men who have sex with men, a recently identified population for Kenya. Other high risk groups identified in our 5 Year Strategy include the uniformed services, and therefore control of STIs, peer education and other prevention interventions in the military will continue to be a focus. The program will be expanded to include other uniformed service organizations, namely the Kenya Wildlife Service, as well as continuing to target the National Youth Service, Prisons and the Police. An ongoing program implemented by the International Rescue Committee, providing intensive HIV prevention education and services to relief workers, has actually revealed that an equal need exists among the surrounding nomadic population. We will also establish a consortium of NGOs working with the physically and mentally disabled. Through the World Bank MAP assistance to the National AIDS Control Council, small awards are being given to local NGOs and CBOs in prevention activities. DFID is developing a prevention program with the uniformed services, the police in particular. The Global Fund is also providing funding to NGOs through NACC.

Program Area: Other Prevention Activities
 Budget Code: (HVOP)
 Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Horizons / Population Council
Planned Funds:

Activity Narrative:

The mandate of the Horizons Project of the Population Council is to conduct operational research in the area of HIV/AIDS. Formative research by Horizons and the International Center for Reproductive Health (ICRH) in Mombasa (Coast Province) found that male sex workers (MSW) and beach boys are at high risk of receiving and transmitting HIV and sexually transmitted infections (STI). MSW and beach boys were found to be engaging in these high-risk practices with both male and female clients. A mapping and enumeration exercise by ICRH estimated the number of MSWs in Mombasa District to be about 500, and an additional 1,000 MSWs were estimated to be operating on the north Coast.

ICRH will implement interventions that address sexual health needs and promote behavior change among the MSW population in Mombasa. Proposed interventions include the training of 40 MSW peer educators, regular condom distribution to 500 MSWs in Mombasa and the north Coast, and the training and sensitization of 40 local health providers in specific STI health of MSW. Peer education messages will address male norms and behaviors, stigma and discrimination. The Population Council will sub-contract ICRH to implement these interventions. Effectiveness of interventions will be studied through evaluative research activities.

It is expected that this activity will contribute to each of the four results in this program area: reduced HIV risk in the general population, especially young adults; increased access to HIV/AIDS prevention services for high-risk and underserved populations; increased awareness of HIV/AIDS preventive behaviors, including targeted condom promotion and distribution to high-risk populations; and improved quality of STI services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	35%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	25%
<input checked="" type="checkbox"/> Training	40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	80	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Commercial sex workers
- Medical/health service providers
- High-risk population
- Men who have sex with men
- Youth

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Coast

ISO Code: KE-300

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / African Union/ Inter-African Bureau for Animal Research

Planned Funds:

Activity Narrative:

The African Union / Inter-African Bureau for Animal Research (AU-IBAR) is improving access to HIV/AIDS service centers and reducing new infection rates in hard-to-reach geographic areas, especially among young adults. The residents of the districts are predominantly Muslim nomadic pastoralists whose livelihoods are dependent on livestock. The region has been marginalized for several decades and health centers are very few and poorly equipped, the distances between health centers is vast, and the public transport is scarce. Moreover, the nomadic lifestyle of the pastoralists implies that fixed-point service centers are of limited value and novel strategies that recognize the nomadic lifestyle are being established. Livestock production provides a critical entry point for the implementation of human health interventions including HIV/AIDS prevention. The prevalence of HIV/AIDS in the nomadic pastoralist areas has in the past remained very low since the communities were mostly isolated, however, there are definite signs through sentinel surveillance that rates are on the rise.

The ongoing AU-IBAR activity will contribute financial and technical training support to 100-300 community outreach workers using the existing indigenous and modern methods of communication for awareness creation and behavior change among livestock traders; strengthen an additional 50 peer education groups formed from the local social networks of livestock traders to reduce HIV/TB stigma; produce and distribute 10,000 IEC materials to supplement peer education and community outreach activities in creating awareness and stigma reduction leading to increasing HIV/AIDS services uptake; and increase human resource capacity of faith-based organizations, Supreme Council of Kenya Muslims, CBOs/NGOs, Ministries of Health and Livestock Development, Kenya Livestock Marketing Council and Arid Lands Resource Management Programme to provide HIV/AIDS prevention interventions.

The African Union-IBAR has a mandate to develop livestock production in Africa and has over 50 years experience working with pastoralists, especially in the Horn of Africa where they are implementing the Pastoral Livelihoods Program (PLP). PLP has been promoting community-based animal health services where animal health workers accompany pastoralists and provide basic veterinary services for livestock. Livestock production provides a very useful entry point for human health interventions in pastoralist areas. Using this approach, PLP is using HIV/AIDS mobile clinics in the pastoral areas of Northeastern Kenya to improve the awareness of livestock producers and traders of HIV and AIDS and provide culturally and religiously sensitive behavioral change.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	55%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Mobile populations
- Students
- Sex partners

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: North Eastern

ISO Code: KE-500

Program Area: Other Prevention Activities

Budget Code: (HVQP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / American Federation of Teachers - Educational Foundation

Planned Funds:

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Activity Narrative:

The 1.3 million-member American Federation of Teachers – Educational Foundation (AFT-EF) has a long and distinguished history working with teacher organizations in Africa, including the Kenya National Union of Teachers (KNUT) with whom it has worked since 1995. AFT-EF will twin with KNUT in a worksite peer education program. Through increased awareness of HIV/AIDS preventive behaviors, including condom promotion among those at risk and fidelity and faithfulness within marriage, and increased access to AIDS prevention services such as voluntary counseling and testing, AFT-EF and KNUT will reduce HIV risk in the 235,000-strong teaching workforce of Kenya.

The AFT has two decades of experience managing workplace HIV/AIDS prevention programs for teachers in American schools and has been a consultant to CDC in developing a US business and labor workplace education project. Since 2001 it has collaborated with teacher organizations in South Africa, Zimbabwe, Kenya and Swaziland in developing school-work place HIV/AIDS peer-education programs. The school-workplace peer education program relies on a highly participatory, group-directed methodology, which allows for a high degree of group autonomy and encourages problem solving and innovation by teachers. KNUT is a Kenyan partner and a highly respected labor organization which has earned a distinguished reputation as a professional activist organization among its members, the Government of Kenya and within the international labor community. With a presence and representation in every public school and tertiary institution in Kenya, offices in every district and representation on major national commissions, it has a network unparalleled in its ability to reach and mobilize teachers at school level and to give voice to their concerns in negotiations with government and within education policy forums. AFT-EF and KNUT will strengthen inter-organizational linkages with the Ministry of Education, Science and Technology (MOEST), Teachers Service Commission (TSC), National AIDS Control Council (NACC), UNICEF, USAID and NGOs to coordinate prevention, care and treatment programs. An additional 14 KNUT district offices will launch campaigns to disseminate and educate 22,000 members on the HIV/AIDS policy for the education sector recently developed with the Mobile Task Team (see MTT entry). Fourteen districts will have trained KNUT executive leaders, HIV/AIDS coordinators, master trainers, peer educators, sensitized head teachers, and District Education Officers to implement school-workplace peer education, counseling and referral programs. 150 schools will have active peer-workplace education, counseling and referral programs directly serving 1800 teachers (primary, secondary, tertiary), and indirectly their teacher colleagues, students and the community. 750 parents will be engaged in active community outreach to establish linkages with local school HIV/AIDS programs. 150 schools will have established links with community or district HIV/AIDS testing, care and treatment programs, and 700 teachers and 22,000 students will have access to trained first-line school-based counselors.

On a national level, AFT-EF and KNUT will also link with the Network of Teachers Living Positively to address stigma and discrimination against HIV+ persons. The program promotes and supports teacher-driven HIV/AIDS school interventions, including anti-stigma and orphan programs. They will form a network of services with the Center for British Teachers (CfBT) to create a strong, sensitive and well-informed force of educators in 14 districts (see CfBT entry). Both organizations, in collaboration with TSC and MOEST, will address the issue of teacher-student relationships and gender dominance. The elected KNUT national president, secretary general and treasurer serve on the program management team, and KNUT's district secretaries participate in district-level program implementation. MOEST, TSC and NACC are also represented on the national advisory/coordinating committee.

Activity Category

- Development of Network/Linkages/Referral Systems
- Training
- Workplace Programs

% of Funds

20%
40%
40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	14	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	25,250	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Clients of sex workers
- Government workers
- High-risk population
- People living with HIV/AIDS
- Policy makers
- Students
- Students
 - Primary school
 - Secondary school
- Teachers
- Teachers
- Trainers
- Trainers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
- Twinning
- Stigma and discrimination

Coverage Area: National

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

/ IntraHealth

Planned Funds:

Activity Narrative:

In 2005, IntraHealth International will contribute to increasing the awareness and knowledge about HIV/AIDS preventive practices among 140 Ministry of Health (MOH) service providers and 20 program managers; 40 faith-based organization (FBO) health workers; and 10,000 men and women from various communities in two Kenyan districts: Nakuru and Bungoma. In addition, IntraHealth will target women for education about the spread of HIV/AIDS and encourage men to be responsible in their sexual behavior. These activities will contribute to the result of HIV risk reduced in young adults.

IntraHealth International is a U.S. private voluntary organization well recognized for its expertise in training and the establishment of supervision systems. They recently completed a five-year global project, "PRIME," aimed at enhancing private midwife skills in post-abortion care in several countries including Kenya. Currently IntraHealth International is implementing a PMTCT and family planning program among private midwives in Kenya. In 2005, they will reduce provider bias towards condom promotion and improve the integration of STI and HIV/AIDS counseling in family planning clinics. Working in collaboration with the Ministry of Health, IntraHealth International will conduct a baseline survey to establish training and resource needs. Highly experienced MOH staff will train 200 service providers from a network of 20 MOH and FBO health facilities, using the national guidelines. The training will improve service provider attitudes and counseling skills for HIV/AIDS and STI prevention and enhance condom promotion in the family planning clinics. It will enable health workers to provide HIV/AIDS education in the clinics and motivate at least 70% of the clients to use condoms. IntraHealth International will also establish a consumer assessment method to enable the community members to participate in improving the quality of services in the 20 health facilities.

The family planning clinic presents an effective and yet underutilized opportunity to discuss high-risk behavior and encourage effective HIV/AIDS preventive practices. In Kenya, the Ministry of Health has prioritized the scale-up of integrated HIV/AIDS and family planning services. IntraHealth International, together with other partners like EngenderHealth, a U.S private voluntary organization, supports this strategy both at the district and the national levels. This activity places emphasis on quality assurance and supervision. It strengthens the Ministry of Health's decentralized training and supervision system to serve the network of public and private health facilities in the two Kenyan districts. The project will ensure adequate community participation to raise demand for and maintain the quality of services.

Activity Category

- Community Mobilization/Participation
- Needs Assessment
- Quality Assurance and Supportive Supervision
- Training

% of Funds

4%
29%
29%
38%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Faith-based organizations
- Family planning clients
- Government workers
- Health Care Workers
 - Nurses
 - Private health care providers
- Ministry of Health staff
- Program managers

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley
 State Province: Western

ISO Code: KE-700
 ISO Code: KE-900

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

The Kenya Medical Research Institute (KEMRI), through its collaboration with CDC, will participate in a study of youth interventions conducted by the Institute of Tropical Medicine (ITM) in the Asembo and Gem areas of Nyanza Province, which has the highest HIV prevalence rates in the country. Although the major thrust of this project is to promote abstinence and delay of sexual debut among youth, the project has already found high rates of risky sexual activity and STIs in these young people. Of the 561 female adolescents surveyed, 246 (44%) reported ever having had sexual intercourse of whom 205 had never been married. The median age of reported first sex was 16.5. Forty-four (8%) of female adolescents reported their age at first sex to be before age 13, with some reporting their first sexual encounter as early as 8 years of age. Regarding the circumstances around first sexual experience, 159 (or 78%) reported their first sexual intercourse was consensual, 28 (or 14%) felt pressured into sex, and 18 (9%) were physically forced. As a result of these high rates of risky behavior, the study has already found high rates of STIs in these young people. For example, infection with herpes simplex virus was found among 9% of 13 year olds, rising steadily to 21% in 16 year olds and 47% in 19 year olds.

KEMRI and CDC have had a long collaboration in Nyanza Province and KEMRI implements activities through a cooperative agreement from CDC Atlanta. Although most of the activities for this youth intervention are funded by ITM, and are described in the ITM ABY entry, KEMRI is also actively involved in the study, primarily through the hiring of local staff and to support some of the local implementation of the project. The funds in this entry will support the detection and treatment of STIs in these young people, and targeted condom promotion among young people who are already sexually active. These activities will contribute to our results of HIV risk reduced in young adults and increased awareness of HIV preventive behaviors including targeted condom promotion and distribution to this high risk population.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
 - Increasing women's access to income and productive resources

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Institute for Family Health / Family Health International

Planned Funds:

Activity Narrative:

The Institute for Family Health (IFH), a department of Family Health International (FHI), is USAID/Kenya's leading source of technical assistance in HIV/AIDS and reproductive health research as well as in the area of family planning (FP) and FP/HIV integration. This activity, which will be implemented by two sub-partners, will generate critical data and information needed to design programs that contribute increased access to HIV/AIDS prevention services for high-risk and underserved populations. In addition issues relating to violence and coercion against women as well as their legal protection will be addressed.

One sub-partner is I Choose Life (ICL), a project of the Navigators Kenya and the University of Nairobi (UON), who will work on prevention activities for University students. ICL is a network of university students interested in HIV/AIDS prevention and has been working with FHI/IFH for several years. Current HIV/AIDS prevention strategies in Kenya have focused on abstinence, being faithful and condom promotion in high-risk encounters as the main strategy for infection prevention. Available information indicates that a significant proportion of young people are either practicing primary or secondary abstinence. At institutions of higher learning, such as the universities, about 50% of first-year students have not yet initiated sex at the time they report to college. However, this proportion decreases rapidly to 25% by the third year of study. Condom use is also low and inconsistent, and multiple sexual partnerships, casual sex, serial monogamy, and transactional sex are common. ICL will utilize the "splash" peer education approach to providing HIV/AIDS behavior change information and HIV/AIDS services to 6000 students at the UON's main and Chiromo campuses. ICL currently promote abstinence among young people within the universities and will form 24 new abstinence clubs with the university student communities.

The second sub-partner is Kenyatta University (a local public university) who will conduct operations research on an integrated program approach to reduce HIV/AIDS vulnerability among housegirls in Nairobi. Housegirls (domestic labor) are a common feature in Nairobi family life, however, certain features distinguish domestic labor from all other forms of labor. domestic work is among the lowest status, least regulated and poorest remunerated of all occupations regardless of the age of the performer. Domestic workers live in and are under the exclusive round-the-clock control of the employer, and they have little freedom or free time. Ninety per cent of all domestic workers are girls below 18 years of age. The live-in domestic worker is cut off from her own family, has little opportunity to make friends and almost no social exchange with peers. Evidence shows that the group is not reached by conventional HIV/AIDS campaigns due to constraints of their working conditions and disempowering socio-cultural and economic circumstances. Kenyatta University will test an institutional and community-based intervention among a sample of 300 housegirls in Nairobi. The intervention will provide HIV/AIDS information, encourage prevention through counseling and testing, and behavior change. Because the situation of housegirls is itself a risk factor, they will be empowered with training in self-awareness and negotiation skills.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan Kenya FY 2005

UNCLASSIFIED

- Community Mobilization/Participation 30%
- Strategic Information (M&E, IT, Reporting) 10%
- Training 30%
- Workplace Programs 30%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6,300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	600	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Women
- High-risk population
- University
- Youth
- Girls

Key Legislative Issues:

- Gender
 - Reducing violence and coercion
 - Increasing women's legal protection

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Organization for Peer Educators, Kenya

Planned Funds:

Activity Narrative: The National Organization for Peer Educators (NOPE) will implement an HIV/AIDS prevention program to reach 30,000 people through community outreach and promotional activities and train 1000 peer educators and TOTs on accurate information for HIV prevention behavior. The program will provide 60 condom dispensers and vending machines and distribute 500,000 condoms. An ABC community outreach approach will be adapted using peer educators, community theatre and other participatory approaches while ensuring that key behavioral messages of AB are not confounded.

The partners in the proposed project will use new and existing peer education programs in the workplace and the community to ensure the efficient dissemination of accurate information on condoms as well as improving distribution networks. One component of the project will therefore be the integration or strengthening of the quality of condom use messages in the context of sexuality and gender roles into peer education training and other HIV/AIDS curricula. This activity will result in HIV risk reduced in general population, especially young adults, increased access to HIV/AIDS prevention services for high risk populations, increased awareness of HIV/AIDS preventive behaviors, including targeted condom promotion and distribution to high risk populations.

The project will network utilize existing referral networks with other AIDS service organizations in Kenya and will contribute to the objectives of the National Condom Policy and Strategy. The program will target high-risk groups including commercial sex workers and their clients, men in the workplace, beach boys, and substance abusers and in underserved and high prevalence populations in Eastern, Coast, and Rift Valley provinces in Kenya.

The National Organization of Peer Educators is a Kenyan organization which implements HIV/AIDS programs especially peer education in the workplace, NGOs and community based organizations. The organization has a strong and growing peer education network in Kenya and other parts of Africa, and has strength in training, condom distribution and behavior change communication.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Training	70%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	30,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,000	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Business community
 - Clients of sex workers
 - Commercial sex workers
- Community members
- Health Care Workers
 - Community health workers
 - Private health care providers
- National AIDS control program staff

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative:

Peace Corps Kenya Volunteers will partner with village health committees and school administrators in communities where they serve to conduct low-cost grassroots interventions. This will result in HIV risk reduced in both in-school and out-of school youth, increased awareness of HIV/AIDS preventive behaviors among deaf students and increased access to HIV/AIDS prevention services.

Peace Corps Volunteers will transfer alternative skills to 700 members of post test clubs through locally organized community based training who previously engaged in commercial sex and other high risk activities, establish 16 HIV/AIDS resource centers in schools for the deaf to disseminate information to 1,600 deaf students and steer the formation of 80 anti-AIDS clubs in village schools to increase the awareness of HIV/AIDS preventive behaviors among 16,000 in-school youth.

Peace Corps Kenya has 150 Volunteers serving in six out of eight provinces in Kenya in the remotest areas of this country for a period of two years which enables them to make a comprehensive, needs assessment in their community and to design and implement the appropriate response collectively with the community members.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication
- Training

% of Funds

- 20%
- 50%
- 30%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	18,300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	400	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults*
 - Men*
 - Women*
- Caregivers*
- Commercial sex workers*
- Community members*
- Disabled populations*
- Faith-based organizations*
 - Community health workers*
 - Traditional birth attendants*
- High-risk population*
 - Injecting drug users*
- HIV/AIDS-affected families*
- Host country national counterparts*
- Orphans and other vulnerable children*
- Students*
 - Primary school*
 - Secondary school*
- Teachers*
- Youth*
 - Girls*
 - Boys*

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / United Nations Office on Drugs and Crime

Planned Funds:

Activity Narrative:

A study conducted in 2004 of heroin users in Nairobi by the United Nations Office on Drugs and Crime (UNODC) found that HIV and Hepatitis C (HCV) prevalence among injecting drug users (IDUs) was 52.5% and 61.4% respectively, as compared to 13.5% and 3.8% respectively among non injectors. A point of great significance is that injecting-drug-related HIV epidemics do not remain limited to IDUs. Most IDUs are young, male and sexually active. They are likely to acquire or transmit the HIV virus not only by sharing injecting equipment but also through sexual intercourse with regular or casual partners. Injecting drug use often overlaps profoundly with the sex trade with users often buying sex, or selling sex to finance their drug addictions. The growing numbers of IDUs and the high incidence of HIV and HCV among their number in Kenya point to a pressing need for the introduction of comprehensive measures. This activity will complement these efforts by working with four networks of NGOs, focusing on HIV prevention and drug abuse prevention with high-risk youth. Peace Corps Volunteers assigned to these high HIV prevalence areas will also be trained in substance abuse prevention in order to assist the NGOs in the implementation of these activities.

The UNODC will enhance the capacity of these institutions to reduce the risk of HIV infection among IDUs. This will be accomplished through the creation of a national network of drug and HIV/AIDS prevention and care-providers as well as enhancing the technical skills of government and FBOs, CBO and NGO staff to design and implement HIV/AIDS prevention programs (including outreach) among IDUs and other vulnerable populations. Partner agencies will manage treatment and rehabilitation centers, provide care and referral for drug users and those HIV positive and establish outreach care programs among IDUs and drug using sex workers.

This activity will train 100 Community Health Workers in the management of addiction in the context of HIV/AIDS. Guidelines and policy will be set for trained staff. Five hundred IDUs will receive HIV care and rehabilitation in Nairobi and Coast Provinces. Two interlinking networks of drug and HIV prevention and care givers in Nairobi and the Coast will be established. Skills of Government and NGO staff to design and implement HIV/AIDS prevention programs including outreach interventions among injecting drug users will be enhanced and provide treatment of both addiction and HIV/AIDS. The project will provide links to palliative care services supported by Family Health International at Coast Provincial Hospital and other facilities in Mombasa, and to services at Kenyatta National Hospital (supported by University of Nairobi) in Nairobi.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Training	40%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
 - Men
 - Men
 - Women
 - Women
 - Brothel owners
 - Brothel owners
 - Commercial sex workers
 - Commercial sex workers
- High-risk population
- High-risk population
 - Discordant couples
 - Discordant couples
 - Injecting drug users
 - Injecting drug users
 - Men who have sex with men
 - Men who have sex with men
 - Partners of sex workers
 - Partners of sex workers
- Sex partners
- Sex partners
- Youth
- Youth
 - Girls
 - Girls
 - Boys
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Nairobi	ISO Code: KE-110
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Handicap International

Planned Funds:

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Activity Narrative:

Handicap International (HI) will act as an umbrella mechanism to fund five to ten local NGOs and CBOs targeting the physically and mentally disabled with HIV/AIDS prevention activities. They will utilize both AB-Y and OP interventions depending on the target population. To begin with they will target the blind and the deaf, working in collaboration with Peace Corps volunteers to target the latter, and the mentally disabled. They will also work together with the United Disabled Persons of Kenya in the Ministry of Culture and Social Services, particularly in the area of advocacy and policy development. Under the Handicap International umbrella these NGOs will initiate HIV/AIDS awareness and education programs, directed at both in- and out-of-school youth, parents, teachers, caregivers and health workers. Their messages will address stigma and discrimination not only against HIV/AIDS but also against the physically and mentally disabled. They will address sexual violence and gender inequality; both societal dynamics to which the target populations are particularly vulnerable. Development of a special education program on safe motherhood, sexuality and reproductive health with understandable information tailored to the intellectual needs of the mild and moderate women with mental disabilities is of great importance. Health workers will also be targeted to better prepare them to provide services to the physically and mentally disabled. These activities will contribute to the result of increased awareness of HIV preventive behaviors, including targeted condom promotion and distribution to high risk populations.

Blind and low vision persons are at very high risk of HIV infection, and these interventions will result in risk reduction through increased access to HIV/AIDS prevention services for high-risk and underserved populations. There are currently no HIV/AIDS awareness and support programs specifically targeting the blind, however there is an NGO which is run by and targets the visually impaired. The deaf are equally marginalized because their disability is invisible. This marginalization results from communication problems. Being hearing impaired, deaf people in general and deaf youth in particular lack access to important information on such crucial areas as sexuality, reproductive health and HIV/AIDS. Deaf instructors will be used to train interpreters; deaf youth will be used as resource people in video production; deaf youth will be peer educators; and some adult deaf will be used as role models in deaf schools. Deaf youth will be used to train parents of deaf children and teachers in schools for the deaf. There is an estimated population of 2.7 million intellectually disabled people in Kenya who are at high risk of HIV/AIDS infection. Widespread stigma toward mental disabilities has resulted in a hidden population which leaves them open to severe unreported sexual abuse. This hidden population has not been able to access condoms, VCT services or care and support.

Several NGOs applied for funding in the recent request for expressions of interest in receiving 2005 funding, however, the selection of sub-partners will be made by Handicap International in collaboration with USG. Some of the NGOs work at the national level, including the Blind and Low Vision Network and the Kenya Sign Language Interpreters Association in collaboration with the Kenyan Sign Language Research Project Consortium, and the Kenya Society for the Mentally Handicapped.

No targets have been specified as this is a very new initiative and the sub-partners and their respective targets have not yet been identified formally. Handicap International will develop these targets with sub-grantees once this COP is approved.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Commercial sex industry
 - Brothel owners
 - Clients of sex workers
 - Commercial sex workers
- Community members
- Community-based organizations
- Faith-based organizations
- High-risk population
 - Partners of sex workers
- Students
- Sex partners
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
 - Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Rescue Committee

Planned Funds:

Activity Narrative:

The International Rescue Committee (IRC) will continue a comprehensive HIV prevention and care program for refugees and the host population in the Kakuma refugee camp and in Lokichoggio, in northeastern Kenya. Messages promoting HIV prevention, including ABC, will reach 35,000 refugees, nomads, and humanitarian workers. 35 persons will be trained in the delivery of effective HIV prevention services. Young refugees separated from their families will be a special target as there are many unaccompanied youth and young adults in the camp, commonly referred to as the Lost Boys of Sudan. These activities will contribute to the result of increased awareness of HIV/AIDS preventive behaviors, including targeted condom promotion and distribution to high risk populations.

IRC is the single health provider in the Kakuma refugee camp and is mandated by the United Nations High Commission for Refugees to manage HIV prevention and Care services for the approximately 90,000 refugee community in Kakuma. IRC runs the entire health program of the Kakuma refugee camp and has an existing Cooperative Agreement with CDC to deliver HIV Prevention and Care services to these refugees, mainly from Southern Sudan as well as Somali Bantus and Central African refugees including those from Congo, Burundi and Rwanda. With Emergency Plan FY04 funding, IRC extended their program to Lokichoggio, the transport hub for the Operation Lifeline Sudan. This location will now enable IRC provide HIV prevention services to the neighboring host population of the Turkana who live around Lokichoggio as well as the increasing number of commercial sex workers who thrive on the activities of the busy transport hub. There will be targeted condom promotion and distribution to the high risk people of Kakuma, Lokichoggio and the Turkana host community.

This program is aimed at reaching the high risk population of refugees, humanitarian aid workers and transport workers transiting to Southern Sudan. Medical referrals are made to the neighboring Kakuma mission hospital. The IRC program also includes VCT, PMCT, Care and Home and support services. The implementation draws heavily on empowering the local refugee population through training refugees in health care delivery.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	35,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	35	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- High-risk population
 - Refugees/Internally displaced persons
- Youth

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kenya AIDS NGO Consortium

Planned Funds:

Activity Narrative:

The Kenya AIDS NGOs Consortium will reach 10,000 youth in 7 project sites through training 90 peer counselors. It will train 18 youth counselors on youth-oriented VCT counseling and establish 3 youth friendly VCT sites. 15 youth will be trained in theatre skills particularly among the out of school youth population and linkages will be established with health providers to serve youth. There will be increased access to HIV behavior change information through its existing resource centers. KANCO will target serving high-risk youth populations including among the fishing and beach communities, long-distant truckers' stops, slum population and other urban youth. These efforts will contribute to the results of increased access to HIV/AIDS prevention services for high risk and underserved populations and quality of STI services improved.

KANCO will work through a network model of five partners each of whom will offer their specialized skills based on their best practices. These include Kibera Community Self Help Project who will focus on VCT, the National Organization of Peer Educators who will undertake peer educator training, Kenya Medical Association will provide training and guidance on ARV and care access for young people, Maendeleo ya Wanawake (national organization of women's groups) will facilitate the involvement of parents in youth behavior change and Community Capacity Building Initiative will strengthen the capacity of local groups as well as undertake monitoring and evaluation. KANCO has selected high-risk populations and will target implementing HIV risk reduction approaches particularly for young beach workers in Lamu, Mombasa as well as selected fishing beaches of Lake Victoria. Quarry workers, usually being migrant workers in the building industry and truck drivers will receive targeted condom and distribution services as well as increased awareness of HIV preventive behaviors.

This project will establish essential linkages with 10 health care providers for specialized and youth friendly STI treatment, opportunistic infections and where necessary ARV care. Services will be integrated with existing community structures such as youth groups, faith communities and parents associations.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Human Resources	40%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	7	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	90	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- High-risk population
- Migrant workers
- Truckers
- Seafarers/port and dockworkers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Central
 State Province: Coast
 State Province: Nairobi
 State Province: Nyanza
 State Province: Rift Valley

ISO Code: KE-200
 ISO Code: KE-300
 ISO Code: KE-110
 ISO Code: KE-600
 ISO Code: KE-700

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Community Housing Foundation

Planned Funds:

Activity Narrative:

The primary implementing partner in this activity, Community Housing Foundation (CHF), will work with four local organizations to implement HIV prevention activities among high risk adults. A total of 8,700 individuals will receive prevention services and 200 people will be trained in delivering HIV prevention services for high risk populations. These activities will contribute to the result of increased access to HIV/AIDS prevention services for high risk and underserved population.

CHF has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. CHF was awarded a cooperative agreement from CDC in late FY04, and is already providing support to local organizations identified in our FY04 COP. Under this COP, we propose to have CHF support 4 new local organizations recently identified when the USG Kenya team solicited "concept papers" from local groups. These groups include the Great Commission Church International which proposed an outreach program to commercial sex workers in Nairobi, and the Community Communication for Health Development in Africa, which proposed a project targeting high risk sugar plantation workers and commercial sex workers who target these plantation workers. The Movement of Men Against AIDS in Kenya proposed involving men living with HIV/AIDS in teaching young people about how to avoid being exposed to HIV. Another new proposed group is the Masai AIDS Prevention Network, which works to change traditional norms and behaviors which lead to high risk behavior in young Masai.

In addition to assisting these local organizations to develop and use local networks for referral of patients and for services not directly provided by the sub-grantee, CHF is also intending to develop a network among the sub-grantees so they can share lessons learned about local implementation of their activities. Monitoring and evaluation across these partners is planned and appropriate tools developed. CHF intends to assist these local groups in grant-writing skills so that in the future, they can apply for PEPFAR and other funds directly.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Needs Assessment	5%

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- Quality Assurance and Supportive Supervision 5%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 10%
- Workplace Programs 10%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	8,700	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Clients of sex workers
 - Commercial sex workers
- Community members
- High-risk population
- Youth

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Nyanza
 State Province: Rift Valley

ISO Code: KE-600
 ISO Code: KE-700

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International

Planned Funds:

Activity Narrative:

Family Health International (FHI) will build on HIV/AIDS prevention activities that were approved in 2004 in the area of "other prevention." They will reach 3,000,000 individuals with mass media programs, 450,000 individuals through community outreach programs, and train 4500 people through 26 local NGOs, FBOs and private sector. They will target high-risk populations including women and men in worksites, low-income community women, sex workers, truck drivers, single mothers and women in churches and mosques in 17 districts in Kenya. FHI and the Program for Appropriate Technology in Health (PATH) will provide technical assistance and capacity building to partner organizations to implement behavior change prevention programs. The program will link with and provide referrals to existing networks of HIV/AIDS counseling and testing, home-based care and ART programs in the program areas, creating "comprehensive care centers." This intervention will result in reduced HIV risk in the general population, especially among young adults. They will provide increased access to HIV/AIDS prevention services for high-risk and under-served populations, and increase awareness of HIV/AIDS preventive behaviors through PATH and the Ministry of Health. This will also include targeted condom promotion and distribution to high-risk populations working through Population Services International (PSI) and improved quality of STI services working through the University of Nairobi Sexually Transmitted Disease (STD) program and the Ministry of Health.

Prevention activities will include the following: targeting men in worksites by increasing the number of peer education programs from 87 to 125; assisting 20 workplaces to establish comprehensive HIV/AIDS programs; targeting women in the community and commercial sex workers with peer education; and continue facilitating community dialogue on HIV prevention through the "Kati Yetu" radio program broadcast by three local radio stations. These programs will target listeners, especially men and women in the workplace and communities in the Coast, Western and Rift Valley provinces. They will continue to provide technical assistance to 30 partners implementing behavior change communication programs in HIV and substance abuse and develop and revise gender-sensitive print materials addressing stigma and discrimination. FHI has increased their new partners: one of them is Crystal Hill Consulting, a private sector entity that will introduce comprehensive workplace programs in 30 locally owned, medium-sized companies employing a total of over 2250 staff in Nairobi, Rift Valley, Central, Nyanza, and Coast provinces. This program will undertake the following: train and sensitize senior managers of each firm and set up HIV/AIDS committees; support the development of an HIV/AIDS workplace policy for each firm; undertake a comprehensive Knowledge, Attitude and Practice survey in each firm; take all staff through a one-day experiential HIV/AIDS training session in groups of 25-30 employees; train peer educators in each firm; link up the firms with organizations providing condoms, voluntary counseling and testing and care including antiretrovirals.

Family Health International is a US-based PVO implementing HIV/AIDS programs in Kenya. FHI provides technical assistance and funding to local organizations to implement HIV/AIDS programs at different levels. FHI and its partners consistently plan strategies and design activities in full collaboration with relevant government of Kenya entities, with significant participation from NGOs, FBOs, CBOs, and PLWA organizations. Technical assistance from one partner to another creates strong partnerships and synergy in the geographic areas where program activities are taking place.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	40%

Workplace Programs

10%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3,000,000	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	125	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	450,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4,500	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> High-risk population | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Partners of sex workers | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Partners of sex workers | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Host country national counterparts | |
| <input checked="" type="checkbox"/> Business community | <input checked="" type="checkbox"/> Implementing organization project staff | |
| <input checked="" type="checkbox"/> Commercial sex industry | <input checked="" type="checkbox"/> Media | |
| <input checked="" type="checkbox"/> Commercial sex industry | <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> Brothel owners | <input checked="" type="checkbox"/> Mobile populations | |
| <input checked="" type="checkbox"/> Clients of sex workers | <input checked="" type="checkbox"/> Migrants | |
| <input checked="" type="checkbox"/> Clients of sex workers | <input checked="" type="checkbox"/> Migrant workers | |
| <input checked="" type="checkbox"/> Commercial sex workers | <input checked="" type="checkbox"/> Migrant workers | |
| <input checked="" type="checkbox"/> Commercial sex workers | <input checked="" type="checkbox"/> Refugees/Internally displaced persons | |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Refugees/Internally displaced persons | |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Truckers | |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> National AIDS control program staff | |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Orphans and other vulnerable children | |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> People living with HIV/AIDS | |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Policy makers | |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Religious/traditional leaders | |
| <input checked="" type="checkbox"/> Family planning clients | <input checked="" type="checkbox"/> Students | |
| <input checked="" type="checkbox"/> Government workers | <input checked="" type="checkbox"/> Students | |
| <input checked="" type="checkbox"/> Government workers | <input checked="" type="checkbox"/> Primary school | |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Secondary school | |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Sex partners | |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Sex partners | |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Widows | |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Widows | |
| <input checked="" type="checkbox"/> Medical/health service providers | | |
| <input checked="" type="checkbox"/> Pharmacists | | |
| <input checked="" type="checkbox"/> High-risk population | | |

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Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area: **National**

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative:

This activity will increase accurate self-risk perception and appropriate condom use among those exhibiting high-risk sexual behaviors. Infection prevention is highly contingent on perceptions of risk. People who do not perceive themselves at risk of infection are less likely to take any action to prevent infection than those who do. A large proportion of Kenyans engage in sexual behaviors that put them at high risk of HIV infection. The 2003 KDHS indicates that over 22% of never married women age 15-24 and 41% of men of the same age have had sex in the last 12 months. Of these, 30% of women and 84% of men had engaged in high-risk sexual activity during the same period. However, only one-fourth of women and one-half of men who engaged in high-risk sex used a condom at last high-risk sex. In addition, 13% of married men reported having more than one partner, and there are twice as many discordant couples as there are couples where both are infected by HIV. A study carried out in 2002 to uncover motivations for condom use/non-use pointed to condom stigma and inaccurate risk perception as primary reasons for low condom use. Specifically, a partner's sero-status was inaccurately determined by the duration of the relationship and a person's character or background.

For more than a decade, Population Services International (PSI) has used mass media to inform Kenyans about health issues and encourage them to adopt a healthier lifestyle. During this time, the age at first sex and age at marriage have increased and the number of young men and women reporting multiple sex partners has declined dramatically. This activity will use their experience in mass media to carry out two strategies to increase accurate self risk assessment and appropriate condom use in high-risk situations. First, PSI will continue the "self-risk" assessment campaign, started with FY2004 Emergency Plan funds, to address barriers inhibiting the adoption of all "ABC" prevention behaviors. Since accurate self-risk assessment is the prerequisite to all prevention behavior change, this campaign will support all "ABC" efforts in Kenya, and will utilize mass media and interpersonal communications networks, including PLWHA advocates. PSI will continue to work with the National AIDS and STI Control Program (NASCOP) and its local and international communications experts to implement the national communications strategy. This national communications approach will link strategies, from mass media at the national level through interpersonal communications at the community and family level, to ensure consistent, culturally appropriate messages. The mass media campaign will reach about 5 million Kenyans while the interpersonal communications campaign will reach about half a million.

Second, FY2005 funds will continue PSI's existing condom social marketing program that targets distribution in outlets that serve high-risk consumers. Approximately 80% of PSI's "Trust" condoms are sold through informal and social sector outlets frequented by those engaged in high-risk sex. Highly targeted efforts to increase availability among these outlets is critical to increasing appropriate condom use. This will continue Emergency Plan co-funding of this activity with the British Department for International Development (DFID). As part of this campaign, PSI will introduce a new condom brand positioned for dual protection targeted at men and women between the ages of 15-49 in regular partnerships. This will specifically target the 13% of married men reporting multiple partners. By broadening the perceived benefits of condom use to include pregnancy prevention, this strategy will mitigate condom stigma and increase women's negotiating power by reversing the notion that condoms are only for use with casual partners. This strategy will also decrease HIV transmission among discordant couples. Associated abstinence and "be faithful messages" will be integrated with communications for appropriate dual-use of condoms.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication
- Logistics

% of Funds

- 20%
- 60%
- 20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
 - Men
 - Men
 - Women
 - Women
- Family planning clients
- High-risk population
- High-risk population
- Discordant couples
- Discordant couples
- Media
- Media
- Sex partners
- Sex partners
- Women of reproductive age
- Women of reproductive age

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kenyan National AIDS and STI Control Program

Planned Funds:

Activity Narrative:

The Kenya National AIDS and STI Control Program (NAS COP) will train 500 health workers in STI management and 2,200 highly vulnerable individuals will be reached with HIV/AIDS prevention and care services. NAS COP will form a national task force to develop program guidelines for interventions with IV drug users. It will also promote condom use among high-risk populations. These interventions will contribute to improved HIV risk reduction in the general population, increased access to HIV/AIDS prevention services for high risk and under-served populations and increased awareness of HIV/AIDS preventive behaviors, including targeted condom promotion and distribution to high risk populations.

NAS COP was established within the Ministry of Health (MOH) to conduct surveillance, develop policies and coordinate activities in HIV/AIDS prevention, care and treatment. Since 2001, the USG has been a major supporter of operational activities of NAS COP through a cooperative agreement with CDC that has resulted in the development of VCT, PMCT, ARV, TB-HIV care, HIV testing in clinical settings and other policies; improved support supervision and field coordination with provincial, district and local facilities; and improved surveillance, monitoring and evaluation. This has resulted in increased capacity for the MOH that serves as a platform for the services necessary to reach Emergency Plan targets.

This project will establish essential linkages with other NAS COP co-ordinated national programs including VCT, PMCT, ARV and non-ARV care. NAS COP also works closely with NGOs and FBOs to ensure that highly vulnerable groups are well served with HIV/AIDS preventive and care services.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Policy and Guidelines	60%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2,200	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
 - Men
 - Men
 - Women
 - Women
- Commercial sex industry
- High-risk population
- High-risk population
- Students
- Students
- Sex partners
- Teachers
- Teachers
- Trainers
- Trainers
- Youth
- Youth
 - Girls
 - Girls
 - Boys
 - Boys

Key Legislative Issues:

Coverage Area: National

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Walter Reed Project / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

The Kenya Department of Defense (KDOD) proposes to undertake activities focusing upon preventing HIV transmission through education and promotion regarding condom use and management of sexually transmitted infections (STIs). The KDOD plans to reach a population of 40,000 people composed of uniformed personnel, youth family members living on military barracks, and KDOD civilian employees.

Planned prevention activities will result in the following: (1) HIV risk reduction in the military population; (2) increased access to HIV/AIDS prevention services for the Kenyan military population; (3) increased awareness of HIV/AIDS preventive behaviors, including condom promotion and distribution to the members of the Kenyan military; and (4) improvement in quality of Sexually Transmitted Infections (STI) services in the Kenyan military.

In the past 2 years, the KDOD has successfully initiated measures to ensure effective HIV prevention through Health Education for the military population in general and specific education on management of Sexually Transmitted Infections for the medical staff. Supervised and targeted condom distribution has also been initiated in all the military units. In FY05, these activities will be intensified and expanded consistent with the expansion from 1 to 4 additional treatment facilities. The military Chaplaincy Department will become more centrally involved in the promotion of marital fidelity in the Kenyan military community. Each of the 36 military camps will have an AIDS committee. 100 members of staff will be trained (3 in each camp) to enable them to conduct these activities. IEC materials will be developed and distributed in the camps.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	40,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
 - Men
 - Men
 - Women
 - Women
- Government workers
- Government workers
- Military
- Military
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Uniformed Services Project / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

The uniformed services of Kenya include the National Youth Service, the Kenya Wildlife Service, the Kenya Prisons Service and the Kenya Police Department. Activities in this project will contribute to the results of: (1) reduced HIV risk among the young adults in these uniformed services; (2) increased access to HIV/AIDS prevention services including condom promotion and distribution; and (3) improved quality of Sexually Transmitted Infection services.

This project will reach 8,000 recruits and members of uniformed services staff, train 180 in HIV prevention, establish 60 HIV prevention clubs, and deliver focused HIV prevention services, including condom education and distribution. Materials will be developed focusing on the high risk activities these young people may be engaged in during training and during operations. The program will also provide education- and skills-based training in changing male norms and behavior contributing to coercive sexual relations. Liaison will be developed between the Uniformed Services and the National Aids and STI Control Program (NAS COP) to ensure quality training in STI and HIV prevention education for the NYS and the KWS health personnel. Materials produced at the national and Uniformed Services level will be distributed to support this initiative.

The USG in Kenya through CDC has had an effective collaboration with the Kenya Department of Defense (KDOD) since 2001, enabling the USG to assist the military to introduce a comprehensive HIV prevention and care program. In the FY04 COP, a similar partnership was initiated with two other uniformed services of Kenya, the Kenya Prisons Service and the National Youth Service. In this FY05 COP, we propose to continue support for the Prisons Service and the Youth Service, and add support for the Kenya Wildlife Service and the Kenya Police Department. All of these uniformed services share some features, with young men and women often serving in locations far from home, and thus they are vulnerable to high-risk behaviors. Although each uniformed service has unique needs and a unique population needing specialized and tailored services, all of these uniformed services will be empowered to develop and implement a comprehensive program of HIV prevention and care, modeled on the effective program of the military. Linkages between these services will be encouraged so that they can learn from the successes and challenges encountered by the other services. We also plan to have the KDOD staff provide technical assistance to their counterparts in the other services. Funds for the KDOD program will continue to be channeled through the USDOD but this mechanism is not available for non-military uniformed services, so funds for these activities will be channeled through the Kenya Medical Research Institute (KEMRI). CDC Kenya has a cooperative agreement with KEMRI in place and this mechanism will be used to support the activities of the non-military uniformed services. During this COP, no funds will be provided directly to the uniformed services; instead, CDC through KEMRI will provide training and other services and goods needed for program implementation. The UK Department of International Development (DFID) is also supporting some elements of the projects with the uniformed services.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication

% of Funds
 30%
 30%

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Training

40%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	8,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	180	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Government workers
- High-risk population
- Police
- Prisoners
- Youth

Key Legislative Issues:

- Addressing male norms and behaviors

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / Family Health International

Planned Funds:

Activity Narrative:

ACTIVITIES APPROVED IN FY04 COP (Kenya COP 2004 p. 32) Use deferred funds to complete work approved by the FY2004 COP, funding the work of 14 sub-recipients of FHI/ IMPACT. The objectives for these sub-recipients are to promote adoption of behaviors to reduce risk of infection among populations known to need the programs and services known to reinforce changed behavior. Several of these sub-recipients work with special populations or in underserved geographic areas.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	3%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	30%
<input checked="" type="checkbox"/> Workplace Programs	5%

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW

- Result 1: Increased human resource capacity to provide both diagnostic and voluntary counseling and testing.
- Result 2: Increased access to voluntary counseling and testing services, particularly among underserved and hard to reach populations.
- Result 3: Increased access to routine counseling and testing services by TB patients.
- Result 4: Increased availability of diagnostic counseling and testing services in clinical and medical settings.

Total Funding for Program Area (\$): **Current Program Context:**

Personal knowledge of HIV status is the priority intervention in the Kenya 5 Year Strategy, and therefore increasing access to and use of counseling and testing services is a high priority in this COP. An estimated 200,000 patients will receive diagnostic counseling and testing in clinical settings, including an estimated 45,000 TB patients. In addition, it is projected that over 250,000 Kenyans will access voluntary counseling and testing in VCT centers, outreaches, and mobile VCT services. Over 2,000 health workers and counselors will be trained; about 1,500 doctors, nurses, clinical officers and other health workers in diagnostic counseling and testing, and about 700 counselors will be trained to work in VCT sites.

Voluntary counseling and testing continues to be a major success story for Kenya and for Emergency Plan supported programs; in the last year alone, the number of registered VCT sites increased from 267 to over 400. In spite of this, recent studies have found that only about 13% of women and 14% of men in Kenya have been tested and learned their results. Of the approximately 1.1 million adult Kenyans infected with HIV, the KDHS 2003 found that only one out of five (18% of HIV-positive women and 23% of HIV-positive men) have been tested and received their results. Considering testing in the 14 months since this study, new infections and deaths, an estimated 300,000 men and 600,000 women now living with HIV have not yet received a correct diagnosis that would enable them to receive the care and treatment they urgently need.

Increasing the practice of HIV testing in medical settings has proved to be difficult. The VCT success story has had an unexpected complication, as health care workers in clinical settings have been slow to test sick patients, instead telling them to go to VCT sites. A significant shift in thinking is now needed to ensure that all patients presenting at health care facilities such as TB and STD clinics, medical out patient clinics, and hospitals are tested and given a correct diagnosis. During 2004, there has been considerable effort, supported by PEPFAR, to achieve national consensus on guidelines for diagnostic testing for the sick (as opposed to VCT for the "worried well"). These guidelines have just been released by the Ministry of Health, and we expect this will empower health care workers to give their patients an accurate diagnosis.

Support for VCT for special groups is also emphasized in this COP. Our 5 Year Strategy identifies a priority population—youth—and therefore we will be supporting youth friendly VCT at numerous locations. We will also expand our efforts to provide VCT to the disabled, building on our success in FY04 with VCT for the deaf, and now propose to provide VCT to other disabled groups, including the blind. Partnering with faith based organizations will enable us to access a high risk group—married discordant couples who do not know their status. Kenya has significant rural, nomadic, and refugee populations, and we propose to assist FBOs and NGOs with experience in reaching out to these hard to reach and remote groups.

Other donors and international partners working in the area of counseling and testing include the UK and the Global Fund. However, the USG has been since 2000, and will continue to be, the major international partner in Kenya heavily promoting the importance of knowing one's status.

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Horizons / Population Council

Planned Funds:

Activity Narrative:

The Population Council Horizons Project proposes an operations research study designed to increase access to voluntary counseling and testing (VCT) for young adults (aged 20 to 24) being trained as teachers. A diagnostic and baseline survey will first be conducted, followed by delivery of VCT services in 5 teacher training colleges during FY 2005, with a target to provide VCT to 8,000 teacher trainees and train 30 to serve as VCT providers. This activity will contribute to the result of increased access to VCT, particularly among underserved and hard to reach populations such as youth.

Tertiary educational institutions are a good entry point for reaching this age group, and teacher-training colleges are a major form of tertiary education in Kenya. The Ministry of Education is interested in introducing VCT services to students in its 32 teacher training colleges. The present concept paper is seeking funds to implement this program, in collaboration with the Ministry of Education. The activities would then be phased into 15 more colleges during FY 2006 and the remaining 12 in FY 2007. An added benefit of working in these schools is that the students will be more informed and better prepared to address HIV issues when they are teachers. This project would complement an ongoing Horizons workplace initiative with UNICEF and the Ministry of Education to provide teachers with behavior change communication, in response to the high HIV/AIDS related morbidity and mortality in the education sector. Population Council, Horizons project proposes to implement this project in certain geographic areas namely; Nairobi, Nyeri, Thika, Kiambu, Mombasa, Meru, Embu, Machakos, Bondo, Homa Bay, Kericho, Eldoret, Narok, Iten, and Kakamega. The goal is of this activity is to contribute to an overall understanding of the best methods for reaching young adults in Kenya using a variety of programs. The students in the teacher training colleges will be involved in designing the program including determining the best times and locations for VCT at the schools, the incentives that might attract their fellow students, the methods of overcoming barriers to seeking treatment among their peers, etc. The students will also design posters and other materials to inform and attract other young people to VCT. This activity will also improve the quality of HIV education for boys and girls when these future teachers begin their teaching duties.

Population Council is an international NGO that has done extensive work on providing VCT to youth in Kenya and Uganda. Their past research has given them insight into barriers to testing, incentives to testing, post test referral needs and the special training needs of those who counsel and test youth. Horizons has published several reports on youth and VCT and has presented more than ten papers on program findings. WHO invited Horizons to prepare a worldwide overview of VCT programming for youth.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%
<input checked="" type="checkbox"/> Workplace Programs	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	30	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	8,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - University
- Teachers

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Horizons / Population Council

Planned Funds:

Activity Narrative:

Review of current practice at VCT sites reveals that alcohol and drug abuse are risk factors for HIV infection that are rarely addressed in HIV counseling. Research has shown that alcohol predisposes to indulgence in HIV related risky sexual behavior. Since HIV testing involves counseling about high-risk sexual behavior, it provides an opportunity to advise a client about factors that trigger risky sexual behavior such as alcohol consumption. Population Council/Horizons, Liverpool VCT and the Christian Health Association of Kenya (CHAK) will conduct a study to assess the role of alcohol and other substance abuse practices in triggering HIV-related risk behaviors among counseling and testing clients. The findings of this study will be used to guide decisions on whether or not to include alcohol and substance abuse issues in counseling for HIV testing. The study population will be 800 VCT clients accessing VCT in three different parts of Kenya. If study findings suggest a need to include alcohol and other substance abuse issues into counseling for HIV, then the VCT training curriculum will also be revised to include this topic. In brief, this study will improve responsiveness of HIV counseling to client needs. The proposed activities will contribute to increased use of objective scientific evidence in making CT policy decisions and will contribute to the result of increased access to voluntary counseling and testing services.

Horizons has years of experience working with CT clinics and clients, from expectant mothers receiving PMTCT to adolescent VCT clients. Most recently in Uganda, Horizons implemented a study of VCT clients, in order to make the services more youth-friendly. Horizons has also conducted a diagnostic study showing a profile of VCT sites in Nairobi, a study that provided the first and definitive picture of the VCT services available. Additionally, Horizons has carried out diagnostic studies among vulnerable populations who are involved in alcohol and substance abuse. This activity will contribute to the development of a comprehensive risk reduction approach, an essential part of CT services for high risk populations such as substance abusers.

The study will be carried out at three VCT sites in three different provinces namely; Central, Nairobi and Nyanza. Standard guidelines for VCT service delivery and quality assurance will be adhered to in the course of this study. Horizons will develop research capacity within local organizations involved in this study, and will collaborate with the Ministry of Health in the implementation of this study.

Activity Category

- Human Resources
- Information, Education and Communication
- Infrastructure
- Linkages with Other Sectors and Initiatives

% of Funds

- 25%
- 10%
- 5%
- 10%

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- Local Organization Capacity Development 15%
- Logistics 5%
- Strategic Information (M&E, IT, Reporting) 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	800	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- High-risk population

Key Legislative Issues:

Coverage Area:

State Province: Central ISO Code: KE-200
State Province: Nairobi ISO Code: KE-110
State Province: Nyanza ISO Code: KE-600

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / African Union/ Inter-African Bureau for Animal Research

Planned Funds:

Activity Narrative:

The African Union International Body on Animal Research (AU IBAR) is improving access to HIV/AIDS service centers and reducing new infection rates in hard to reach geographic areas. 5 new VCT service outlets including mobile VCTs will be established to reach the nomadic population, with a target to reach 3,500 clients. These activities will contribute to the result of increased access to VCT among underserved and hard to reach populations. Over 20 health workers will be trained in CT which will contribute to the result of increased human resource capacity to provide both diagnostic and voluntary counseling and testing capacity for the key partners which include Faith Based Organizations such as the Supreme Council of Kenya Muslims, local community based organizations, the Ministries of Health and Livestock Development, Kenya Livestock Marketing Council and Arid Lands Resources Management Program.

The residents of these districts are predominantly Muslim nomadic pastoralists whose livelihoods are dependent on livestock. The region has been marginalized for several decades and health centers are very few and poorly equipped, the distances between health centers are vast, and the public transport is scarce. Moreover, the nomadic lifestyle of the pastoralists implies that fixed-point service centers are of limited value and novel strategies that recognize the nomadic lifestyle are being established. Livestock provide a critical entry point for the implementation of human health interventions including HIV/AIDS prevention. The prevalence of HIV/AIDS in the nomadic pastoralists areas has in the past remained very low since the communities were mostly isolated, however, there are definite signs through sentinel surveillance sites that rates are on the rise.

These CT activities are complemented by other on-going AU IBAR activities which include community outreach workers using the existing indigenous and modern methods of communication for awareness creation and behavior change, and increasing awareness and demand for of diagnostic counseling and testing services in clinical and medical settings. The African Union IBAR has a mandate for developing livestock in Africa and has over 50 years experience in working with pastoralists especially in the Horn of Africa where it is implementing a Pastoral Livelihoods Program (PLP). PLP has been promoting community-based animal health services where animal health workers accompany pastoralists and provide basic veterinary services for the livestock. Livestock provides a very useful entry point for implementing human health interventions in pastoralists areas. Using this approach, PLP is using HIV/AIDS mobile clinics in the pastoral areas of Northeastern Kenya to improve the awareness of livestock producers and traders to HIV and AIDS and provide culturally and religious sensitive behavioral change and VCT.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	20	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	3,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community-based organizations
- Mobile populations
- Youth
 - Girls
 - Boys

Key Legislative issues:

Coverage Area:

State Province: North Eastern

ISO Code: KE-500

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 08

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

/ IntraHealth

Planned Funds:

Activity Narrative:

IntraHealth will work with 15 private health facilities in two provinces to strengthen capacity of their providers; to offer integrated VCT and HIV/AIDS care and support services; to generate community-based demand for these services, and to link clients into other HIV/AIDS resources, including ARVs and psychosocial care. This will involve training in diagnostic counseling for 30 service providers from the 15 target private health facilities thereby building capacity to provide counseling to at least 2,700 people during FY05. These activities will contribute to the result of increases in availability of diagnostic counseling and services in clinical and medical setting. Planned trainings will contribute to the result of an increase in human resource capacity to provide both diagnostic and voluntary counseling and testing. Since the target private facilities are predominantly rural, the planned activities will also result into increased access to voluntary counseling and testing amongst communities that are hard to reach and are currently underserved.

IntraHealth is an international NGO that is well recognized within USAID for both its expertise in strengthening provider performance as well as for managing partnerships with the Ministry of Health (MOH) and the private sector. IntraHealth will continue to utilize these strengths during the proposed program. In particular, IntraHealth will continue the partnership with the MOH National AIDS and STI Control Program (NAS COP) in order to achieve the most sustainable results once funding is completed. In FY05, IntraHealth will integrate counseling and testing services into private provider facilities in underserved rural settings. Midwives and other private providers will create opportunities to provide HIV/AIDS care and support services, such as TB treatment and ARVs, in their private health facilities. IntraHealth will also create linkages with other Emergency Plan recipients in the selected areas in order to build an effective network of HIV prevention and care services in the private sector.

IntraHealth will work with private facilities in Coast and Nyanza provinces, which are foci of highest HIV prevalence and HIV-related morbidity in Kenya. During the design phase of the project, IntraHealth will involve representatives of private providers, particularly the National Nurses Association of Kenya (NNAK), and selected providers from the focal districts. Any organized groups (youth, women and other) that would contribute to the success of the project will be consulted and involved in the project design. Constituency AIDS Committee representatives would be an invaluable asset particularly for community mobilization; these committees will be consulted and brought on board. Planned activities will coordinate with or complement other HIV/AIDS activities by utilizing existing MOH VCT training and supervision guidelines, obtaining certification for each provider from MOH, using MOH approved tools for data collection and reporting, and using MOH systems of commodity distribution as well as supervision.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	30	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	2,700	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	15	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Private health care providers
 - Midwives
- Women of reproductive age

Key Legislative Issues:

Coverage Area:

State Province: Coast
State Province: Nyanza

ISO Code: KE-300
ISO Code: KE-600

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Kenya Medical Research Institute

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The Kenya Medical Research Institute (KEMRI) will provide CT to 50,000 individuals by supporting 17 existing CT sites, establishing 3 additional new sites and increasing coverage and frequency of mobile VCT services in underserved rural communities in Nyanza province and neighboring areas. Nyanza Province has the highest rates of HIV infection and the highest rates of HIV related disease burden in Kenya; the 2003 Kenya Demographic Health Survey reports a 14% HIV prevalence in Nyanza versus 7% nationwide. There is also a significantly higher rate of infection in young women compared to males of the same age, leading to the need for counseling messages targeted to these vulnerable young girls and women. These sites include both community VCT sites and CT services in health facilities. These activities will contribute to the result of increased access to voluntary counseling and testing services, particularly among underserved and high risk populations and the result of increased availability of diagnostic counseling and testing services in medical settings to identify the large numbers of HIV infected patients who are potential candidates for ART.

With support from CDC, the Kenya Medical Research Institute (KEMRI) has implemented VCT in Nyanza province of Kenya and its environs since 2001. Over 50,000 Kenyans have been counseled and tested through this program that has been implemented in partnership with local NGOs, community based organizations (CBO), public health facilities, and faith-based organizations. Through these efforts, VCT has been provided to the public through multiple approaches including stand alone, integrated, mobile and community based models of service delivery. Fixed VCT outlets established through this program have increased from 4 in the year 2001 to 17 by October 2004. Further scale up of services is planned during FY 05 because demand for VCT has outstripped the service capacity of these outlets. Emergency Plan funding will be used to develop infrastructure to create additional CT outlets and to employ health workers to provide these services.

Analysis of VCT client data at the existing KEMRI sites indicates a low service uptake by couples and low disclosure rate by partners. Vigorous campaigns to educate people of Nyanza on the benefits of couple VCT and mutual disclosure of HIV status will be undertaken. Additional 100 CT service providers will be trained and deployed to match the anticipated increase in VCT uptake and provide services to 50,000 clients during FY05. Testing and counseling will also be promoted in clinical setting, especially TB clinics, STD clinics and medical wards to enhance identification and timely referral of those requiring care. Service delivery in selected sites will be remodeled to improve youth friendliness. Program of quality assurance (QA) for both counseling and testing will be expanded to cope with increased service uptake during the planned scale up in FY05. Quality assurance for testing will involve validation of test results from 10% of clients served. For this purpose, dried blood spot samples from every tenth VCT client served will be submitted to a designated reference laboratory for retesting and confirmation of validity of test results issued to clients at the VCT sites. QA of counseling will involve monthly support supervision to practicing counselors by a certified counselor supervisor in groups and on one-to-one basis. KEMRI will also build capacity of local CBOs and other partners in Nyanza province to implement the QA program with minimal support from higher levels. Linkages between counseling and testing centers and care outlets will be strengthened to improve utilization of care opportunities created through PEFAR funding. All sites will use a standard VCT data collection tool to assist with monitoring and evaluation of these activities. VCT and diagnostic testing in this geographical area will significantly contribute to PEPFAR goals for both primary prevention and care. Planned mobile VCT services will improve equity in access to HIV prevention and care services since the currently underserved rural communities will have better access, and KEMRI will work to ensure there are adequate networks and linkages between these rural VCT sites and medical sites where AIDS care and treatment are available.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	100	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	50,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
 - Men
 - Men
 - Women
 - Women
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- High-risk population
 - Discordant couples
- Ministry of Health staff
- People living with HIV/AIDS
- Prisoners
- Youth
 - Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

Kenya Medical Research Institute will integrate HIV testing into tuberculosis treatment programs in Nyanza Province at 20 facilities, resulting in testing of 3,000 TB patients for HIV and appropriate management (see TB/HIV activities narratives). Because there is an established personal relationship of trust and respect for the judgment of the provider, this approach to HIV testing in TB patients results in higher uptake of testing compared to referring TB patients to other testing settings such as VCT. Those found to be HIV infected are immediately counseled and then started on preventive therapy with cotrimoxazole in addition to their TB treatment. Activities will include training of health care providers in diagnostic testing for HIV, and upgrading of clinical spaces.

There is a long-standing collaboration between the Kenya Medical Research Institute (KEMRI) and the US Centers for Disease Control and Prevention in Kenya. This collaboration was initially research-based, but in 1999 expanded to include HIV prevention and treatment activities and has now supported implementation of extensive programs in voluntary counseling and testing, prevention of mother-to-child transmission services, and treatment for HIV. KEMRI is currently supporting integrated TB/HIV activities in 2 districts in Nyanza Province, including diagnostic testing of TB patients for HIV, screening of patients with HIV for TB, coordinated clinical management of co-infected patients, and strengthening of community follow up to improve adherence and tracing of treatment defaulters.

These are priority populations because of the enormously high rates of HIV in this region of Kenya, and consequent very high rates of TB/HIV co-infection (at the local Provincial hospital, more than 85% of the more than 400 TB patients tested to date have been HIV-positive). These activities will link to ongoing TB/HIV activities and treatment services supported by this partner, and will be intimately coordinated with the national expansion of integrated TB/HIV activities being coordinated by the National TB and Leprosy Control Program and supported by other partners such as PATH. These activities will contribute to the results of increased availability of diagnostic counseling and testing services in medical settings, increased access to routine counseling and testing services by TB patients, and increased human resource capacity to provide both diagnostic and voluntary counseling and testing.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	40%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

Training

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	50	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	3,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Doctors
 - Medical/health service providers
 - Nurses
- High-risk population
- Ministry of Health staff
- Prisoners
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kericho District Hospital, Kenya

Planned Funds:

Activity Narrative:

The Kericho District Hospital (KDH) is currently the only Ministry of Health public hospital providing comprehensive HIV/AIDS treatment in the south Rift Valley Province, serving approximately 500,000 individuals in Kericho District alone and in excess of 1 million in the south Rift Valley Province. Counseling and testing (CT) activities for the Kericho District Hospital will be strengthened and expanded to an additional nine facilities: one District Hospital (Kapkatet District Hospital), one Sub-District Hospital (Londiani Sub-District Hospital), and seven rural health clinics. All counseling and testing will link directly to the antiretroviral therapy programs at the hospitals and play a role in serving as a network referral system in the south Rift Valley Province. A total of 10,500 clients will receive counseling and testing at the ten sites, all linked to corresponding treatment facilities through the network model (rural health facility/counseling and testing site through district hospital/treatment facility). The overall goal is to reduce the spread and impact of HIV/AIDS in the south Rift Valley Province.

Twenty individuals will be trained in counseling and testing focusing upon increasing the availability of non-health care workers trained in counseling and testing. In addition, increased attention to the role of diagnostic counseling and testing will take place in the related antiretroviral treatment facilities. As part of the introduction of CT at these facilities, community outreach and mobilization will be conducted by these facilities in a collaborative effort to ensure uptake and continued use of CT services by surrounding communities. Formal and informal social structures including faith-based organizations (FBOs), women, youth groups, and public gatherings will be utilized in sensitizing the communities.

High-risk populations and couples will be targeted groups for counseling and testing. All HIV/AIDS activities going on in the area will be coordinated to achieve synergy and efficiency. The planned interventions will be in line with Government of Kenya guidelines. Existing Ministry of Health structures and staff will be engaged and supported to the extent possible. Quality assurance and quality control will be provided using supportive supervision and proficiency test panels.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	20	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	10,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Faith-based organizations
- Health Care Workers
 - Medical/health service providers
- Ministry of Health staff
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Live With Hope Centre

Planned Funds:

Activity Narrative:

The Kericho Live With Hope Center is a faith-based organization serving HIV/AIDS needs of the rural community in a markedly underserved and difficult-to-reach area of Kericho. Under FY04 of the President's Emergency Plan, a Voluntary Counseling and Testing center was constructed and opened to serve this rural community. In FY05, support for the Live With Hope Center will continue allowing the center to test at least 2,000 community members. This activity will contribute to the result of increased access to voluntary counseling and testing services.

Three counselors will be trained by programs recognized by the Kenya Ministry of Health. The Live With Hope Center will serve as a testing and referral site as part of the larger comprehensive HIV/AIDS care network with the Kericho District Hospital. As counseling and testing services expand at the Live With Hope Center, routine quality assurance and strategic information monitoring will be conducted in effort to assure quality counseling and testing in this rural community.

Gender inequality and attention to the need for counseling and testing of youth will be focused initiatives as part of the FY05 strategy for the Live With Hope Center.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	70%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

Targets:

Target	Value	Applicability
		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	3	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	2,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Faith-based organizations
- People living with HIV/AIDS
- Youth

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Leprosy and Tuberculosis Programme

Planned Funds:

Activity Narrative:

The National Leprosy and TB program (NLTP) will coordinate the overall rollout of a new initiative to provide routine counseling and testing to TB patients among all cooperating partners and will implement the program in districts where no other Emergency Plan partners are working. 100 health care workers will be trained to deliver testing in this new model of testing and treating symptomatic patients. The new initiative will be implemented in 44 clinics in those first 30 districts. 22,000 TB patients will be counseled and tested for HIV during 2005. This will contribute to the results of increased access to routine counseling and testing by TB patients and increased health worker capacity to provide diagnostic counseling and testing.

NLTP is the primary Government of Kenya institution which establishes the TB policy for the country. The NLTP has already established a TB/HIV collaborative committee to aggressively address this dual epidemic. For 2005, these decision makers have decided to try a new approach to the TB/HIV epidemic in Kenya. There are 130,000 new cases of TB expected in 2005, and at least 60% of them are co-infected with HIV. A large pilot project conducted in 2004 in the slums of Nairobi found that 80% of TB patients would agree to be tested for HIV. The NLTP program in Kenya has a well-deserved reputation for widespread coverage, good diagnostic facilities, and for provision of free high quality drugs to all patients testing positive for TB. TB patients who test HIV-positive will begin treatment with a drug that prevents opportunistic infections while they are still on their first two months of TB treatment. The NLTP will use the existing network of TB clinics in 30 districts (out of a total of 74 in Kenya) to implement this new diagnostic testing initiative. These 30 districts have been chosen because ARVs are available. After the first 2 months of intensive TB treatment, those HIV-positive patients will be referred to the nearest ARV clinic.

This is one of the most progressive initiatives (to link TB patients with HIV diagnosis and subsequent care) anywhere in Africa. It requires the TB and HIV programs to form linkages at all levels, from the headquarters in Nairobi, to the peripheral health center and district hospital. These new linkages will contribute to the result of increased access to testing in underserved and previously underserved populations. Even though this initiative is a challenge at every level, the payoff for making this collaboration successful is large. It will open an entry channel into testing and ARV care for a high-risk population that has not had access to ARVs before. This initiative will be precedent setting and if successful, will be rolled out to all districts in Kenya. It will likely become a major entry channel for new patients to access HIV testing and later ART in Kenya in the upcoming years. This activity has links to other components of the CT portfolio, including the CT/TB entries for the Kenya Medical Research Institute, PATH, Family Health International, and the National AIDS and STD Control Program.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief

Country Operational Plan Kenya FY 2005

UNCLASSIFIED

- Commodity Procurement 10%
- Development of Network/Linkages/Referral Systems 30%
- Policy and Guidelines 10%
- Quality Assurance and Supportive Supervision 10%
- Strategic Information (M&E, IT, Reporting) 10%
- Training 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	100	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	22,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	44	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- High-risk population

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Handicap International

Planned Funds: **Activity Narrative:**

Handicap International (HI) will operate a youth friendly VCT center in Kitale town and provide mobile VCT services to underserved rural communities in neighboring area. In partnership with four local groups serving the disabled, HI will provide VCT services that address unique needs of disabled individuals. HI will also train youth peer educators and deploy them in providing youth friendly VCT at a fixed site and mobile VCT for youth in underserved areas. Through the combination of VCT service provision at an existing fixed youth friendly site in Kitale town, 4 new VCT sites and provision of mobile VCT to underserved and hard to reach subgroups, HI will provide counseling and testing services to 10,000 individuals. 20 peer educators from local youth groups and groups serving disabled persons will be trained to provide these services and Emergency Plan funds will be used to employ counselors serving in selected sites. These activities will result into increased access to VCT amongst underserved and hard to reach youth, boys and girls, and disabled persons.

With support from CDC, HI has implemented youth friendly VCT services in Kitale town since the year 2002. The center now serves an average of 450 VCT clients per month and it is the only designated youth friendly VCT site in Trans Nzoia District. The district Health management team and the local provincial administration have expressed public demand for extension of VCT and youth friendly services of HI beyond the Kitale town. HI's plan to scale up its VCT services through Emergency Plan funds is a response to public demand for these services. Prior to initiating an integrated HIV/AIDS project in Trans Nzoia District, HI had implemented primary health care activities in Trans Nzoia for over 5 years and gathered a wealth of experience relevant for guiding implementation of VCT activities, especially community mobilization which must now be stepped up as part of the mobile VCT initiative.

Handicap International will work with the Trans Nzoia district Health management team and other members of the District HIV/AIDS stakeholders' forum to institutionalize a program of quality assurance for VCT in the district. For quality assurance of HIV testing, a dried blood spot sample will be taken from every tenth client tested and the sample validated at a designated reference laboratory. For quality assurance of counseling, monthly support supervision to practicing counselors will be provided by a certified counselor supervisor. All sites will use a standard VCT data collection tool to assist with monitoring and evaluation of these activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	35%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	20	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Faith-based organizations
- High-risk population
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Volunteers

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Vision Kenya

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The overall goal of the World Vision Kenya (WVK) AIDS Treatment and Support for OVCs (KATSO) project is to reduce the spread and impact of HIV/AIDS in 10 districts in Kenya. WVK will contribute to this goal by increasing access to VCT services, particularly among underserved and hard-to-reach populations. In partnership with community based organizations (CBOs) and faith based organizations (FBOs), KATSO will mobilize communities for VCT and make appropriate referrals to MoH-supported Specialist Centres (clinics). These facilities will also offer diagnostic counseling and testing services, and treatment including ARVs will be instituted. Two Patient Support Centres doubling as VCT centers will be identified and supported to handle all individuals needing VCT in each of the ten districts. It is envisioned that each VCT center will have 2 counselors and 1 supervisor to ensure service continuity. Other HIV-infected individuals from PMTCT clinics, hospital discharges and antenatal clinics in which WVK works will be referred to MoH-supported Specialist Clinics for treatment of OIs including TB. Evidence shows that demand for VCT increases with the availability of clinical care and support services. It is therefore expected that about 4000 individuals will undergo VCT in each district annually, for a total target of 40,000 persons served with CT.

In recent years, WVK has used its own funds to integrate HIV/AIDS activities in all of its 39 Area Development Programs. Moreover, all of WVK's 530 staff has been trained in providing HIV/AIDS education and awareness messages. The current main areas of focus for WVK are training of church leaders, traditional birth attendants, youth peer educators, community psychosocial counselors, PMTCT service providers and CBO/FBO staff in providing a continuum of prevention and care services, including home based care, VCT services, food aid, treatment of infections for needy HIV-positive OVCs, life skills training for older OVCs, micro-enterprise development for foster families and assisting with the payment of OVC school fees.

World Vision now proposes to scale up its response to the prevailing need for holistic—emotional, material, and physical—care for those affected by the HIV/AIDS crisis. Using its large network of churches/FBOs and CBOs, WVK will initiate innovative HIV/AIDS care, support and prevention interventions, while scaling up programming in 10 districts in Kenya. These geographic areas have been selected based on high HIV/AIDS prevalence, existence of basic HIV/AIDS programs, and potential for community participation. The project will integrate prevention interventions, psychosocial support, food/nutrition supplementation, livelihood training, micro-enterprise training and advocacy into all programming initiatives. Furthermore, WV, Midday International, and Sustainable Healthcare Enterprise Foundation (SHEF) will provide clinical care and treatment while providing training and follow-up to community health workers and MOH staff. With this move toward community empowerment, the project will provide ART beginning in the second year of the initiative. All activities will be characterized by the use of community-based mechanisms, by quality trainings, by alignment with government strategies, by networking with existing and new partners, and by gender awareness. Finally, all activities will benefit from strong monitoring and evaluation and capacity building in this competency. All planned interventions are in full compliance with pertinent Government of Kenya priorities and guidelines and based on ongoing discussions with local level authorities and community leaders. In particular, the government's VCT guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Health and the National AIDS Control Council.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	30	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Faith-based organizations
- Orphans and other vulnerable children
- Students
- Youth

Key Legislative Issues:

Coverage Area:

- | | |
|-----------------------------|------------------|
| State Province: Central | ISO Code: KE-200 |
| State Province: Coast | ISO Code: KE-300 |
| State Province: Nairobi | ISO Code: KE-110 |
| State Province: Nyanza | ISO Code: KE-600 |
| State Province: Rift Valley | ISO Code: KE-700 |
| State Province: Western | ISO Code: KE-900 |

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Rescue Committee

Planned Funds:

Activity Narrative:

International Rescue Committee (IRC) will train 12 counseling and testing (CT) service providers to serve in 4 CT sites that will provide services to 4,000 patients and clients in Lokichoggio, Kakuma and Kalokol. IRC will serve refugees, the host populations, migrant workers, and humanitarian aid workers on their way to southern Sudan. These activities will lead to increased access to voluntary and diagnostic counseling and testing services among underserved and hard to reach populations in northern Kenya. This activity supports the national HIV/AIDS strategy to expand VCT services throughout Kenya.

The International Rescue Committee is a non-profit, non-sectarian, voluntary agency providing assistance to refugees around the world. The International Rescue Committee was founded at the request of Albert Einstein to assist opponents of Hitler. The IRC helps people fleeing racial, religious and ethnic persecution, as well as those uprooted by war and violence. At the outbreak of an emergency, IRC provides sanctuary and lifesaving assistance—rapidly delivering critical medical and public health services, shelter and food. IRC also sets up programs to enable refugees to cope with life in exile. Refugees are also helped to become counselors and AIDS educators through trainings that impart new skills. In mid 1992 a refugee camp was established at Kakuma (north west Kenya) in response to an influx of an estimated 30,000 Sudanese refugees fleeing fighting in Southern Sudan and entering northern Kenya through the border town of Lokichoggio. The crisis has now stabilized and a wide range of programs, including those for prevention and control of HIV/AIDS, have been set up for refugees in north western Kenya. CDC has supported IRC to implement a program of counselling and testing for refugees and neighbouring communities in Kakuma area. IRC will expand these services to cope with rising demand for CT stimulated by continuous community mobilization and emerging opportunities for treatment and care.

These services will target humanitarian aid workers in refugee camps, the refugees, and those transiting to southern Sudan from Lokichoggio (north western hub for Operation Lifeline Sudan). The project will also avail CT services to neighboring host populations, including the Turkana living around Lokichoggio and Kalokol. Refugees and members of host communities will be trained in CT service provision. Funds from the Presidential Initiative will be used to pay salaries for CT providers, conduct community mobilization and IEC activities, train providers, develop and capacity of local partners and conduct monitoring and evaluation activities.

Activity Category

- Community Mobilization/Participation
- Human Resources

% of Funds

10%
40%

<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%
<input checked="" type="checkbox"/> Workplace Programs	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	12	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	4,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Migrant workers
 - Refugees/Internally displaced persons

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / JHPIEGO

Planned Funds:

Activity Narrative:

In order to increase availability of counseling and testing (CT) in clinical and medical settings, JHPIEGO will train 120 doctors, nurses, clinical officers and other health workers from the Ministry of Health (MOH) facilities on the new guidelines for HIV testing in Kenya, thereby building their capacity to routinely provide HIV testing and short counseling to their patients. JHPIEGO will establish diagnostic counseling and testing services in 8 district hospitals and this activity will result in the provision of CT services to 12,000 patients during FY05. JHPIEGO will also strengthen referral systems between CT sites and sites where ARV treatment is available. Health care managers will be oriented on importance of diagnostic counseling and testing in their facilities to promote acceptance and compliance with guidelines for testing in clinical settings. This activity will contribute to the results of increased availability of diagnostic counseling and testing services in clinical and medical settings and the result of increased human resource capacity to provide both diagnostic and voluntary counseling and testing.

JHPIEGO is an International NGO with many years experience in curriculum development, training, health systems development and documentation of program performance. The organization has worked with the Kenyan Ministry of Health to develop national packages for orientation of Health workers on VCT, integration of VCT into family planning and orientation of health workers on ARVs treatment availability including referral mechanisms. JHPIEGO has also provided technical assistance to Ministry of Health in Zambia in training of Health workers on antiretroviral therapy and has worked with FH/IMPACT to support introduction of Comprehensive Care Services in 18 Kenyan Health facilities. JHPIEGO will utilize its strengths in training and experiences gained in implementing HIV/AIDS programs in different African countries to rapidly introduce Diagnostic counseling and testing in 8 district hospitals within regions with highest burden of HIV related morbidity. Through this project, JHPIEGO will build the organizational capacity of the target district hospitals to provide diagnostic counseling services without external support.

The CT success in Kenya has been based on promotion and scale up of Voluntary Counseling and testing. Significant gaps still exist as many Kenyans miss opportunities for being tested in health facilities. This activity will address this important gap by making routine counseling and testing available in public health facilities. JHPIEGO will implement this project in three provinces namely, Nairobi, Central and Eastern. This program will coordinate with and complement other HIV/AIDS activities by applying MOH guidelines and standards of service delivery, working in collaboration with other CDC and USAID partners, working in partnership with community organizations involved in HIV/AIDS work within target areas, and giving sub grants to selected local groups to implement community orientations. JHPIEGO will also collaborate with local organization for people living with HIV/AIDS and community healthcare workers in the program. At the planning stage, both central and appropriate peripheral levels of the ministry of health will be involved along with other stakeholders.

UNCLASSIFIED

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	120	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	12,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- Ministry of Health staff

Key Legislative Issues:

Coverage Area:

State Province: Central
State Province: Nyanza
State Province: Western

ISO Code: KE-200
ISO Code: KE-600
ISO Code: KE-900

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Christian Health Association of Kenya

Planned Funds:

Activity Narrative:

Christian Health Association of Kenya (CHAK) will train 120 service providers on diagnostic counseling and testing then deploy them in 30 member health facilities and provide counseling and testing to 30,000 individuals. The planned activities will result into increased availability of diagnostic counseling and testing services in clinical and medical settings. Human resource capacity to provide both diagnostic and voluntary counseling and testing will also be increased. Disparity in access between rural communities where CHAK facilities operate and urban areas will be reduced. This activity will promote partnerships between church leaders, community leaders, and health unit personnel thereby enhancing the utilization of HIV counseling and testing services.

Christian Health Association of Kenya (CHAK) supports a network of health facilities operated by Christian faith based organizations throughout the country. Most of the member health facilities are located in underserved hard to reach rural communities. CHAK has a long history of implementing many health related projects through its Member Health Units. Projects already implemented through member health units include; HIV/AIDS Prevention, Family planning, Child Survival, Youth Program, Community Based Health Care Program and PMTCT. CHAK'S current 5-year strategic plan launched early this year lays emphasis on provision of leadership in HIV/AIDS prevention activities in its member health facilities by its health staff. Integration of counseling and testing services in CHAK's member health units allows for rapid scale up of services since all facilities have basic infrastructure and management systems that will only require minor remodeling and renovations to provide CT services. Integration of CT with care and community follow up services will be enhanced since the target facilities are already providing these services.

CHAK's formal working relationship with member health units will be used to institutionalize standards of service delivery, quality assurance, data management and monitoring that meet requirements contained in the national guidelines for service delivery. CHAK will renovate facilities where necessary to create space for delivery of CT services. CHAK will also train personnel from member health units on quality assurance and support supervision. Existing linkages across member health units will be strengthened to facilitate upward and downward referrals for appropriate care. All CHAK member health units are closely linked to local congregations of their parent Christian churches. These form ready opportunities for education of local communities on benefits of CT and related HIV care opportunities created through the Emergency Plan.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	120	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	30,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Faith-based organizations
- High-risk population
 - Discordant couples
 - People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Eastern	ISO Code: KE-400
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Community Housing Foundation

Planned Funds:

UNCLASSIFIED

Activity Narrative:

A total of 50,000 adults and youth will receive counseling and testing at 30 CT outlets operated by 15 local organizations, and 60 CT providers will be trained. The primary implementing partner in this activity, Community Housing Foundation (CHF) will work with these non-governmental organizations (NGO), Community Based Organizations (CBO) and Faith Based Organizations (FBO) in Nyanza, Rift Valley and Nairobi provinces, building their capacities to provide HIV counseling and testing (CT) services for primary prevention and for timely identification of individuals requiring medical care. These activities will result into increased availability of quality diagnostic and voluntary counseling and testing services since the targeted partners collectively cover a wide geographical area and will provide confidential CT services in varying settings that will meet the unique needs of many segments of the population. The training component of the planned activities will result into increased human resource capacity to provide both diagnostic and voluntary counseling and testing.

CHF was awarded a cooperative agreement with CDC in late FY04. CHF has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. Under the terms of the cooperative agreement, CHF will first build the capacity of a number of local FBOs and CBOs specified in our FY04 COP, including Pillar of Hope, Nyarami VCT Center, Ole-Mila VCT, Kibera Community Self Help Programme, Our Lady of Perpetual Support for People Living with AIDS & Orphans, Upendo Widows Group, Kabondo Community Health Development Group, and others. CHF was awarded this cooperative agreement in September 16, 2004 and is now conducting baseline assessments of the capacity of these local and indigenous organizations, aiming to provide at least 10 sub-grants prior to the end of December 2004. Under this COP, we propose to have CHF support a number of new sub-grantees recently identified when the USG Kenya team solicited "concept papers" from local groups. Some of the new groups proposed in this COP include the Nomadic Community Trust Mobile Clinics, Center for AIDS Awareness, Youth & Environment-VUMA, Kenya Society for People with AIDS -KESPA, Kenya Assemblies of God and Siaya Peasant Community Outreach Project. CHF will assist these local organizations to develop and use local networks for referral of patients. CHF will also foster networking among the sub-grantees so they can share lessons learned about local implementation of their activities. CHF intends to assist these local groups in grant-writing skills so that in the future, they can apply for Emergency Plan and other funds directly.

Besides building the capacity of the 15 local partners in CT program implementation, CHF will provide sub-grants and build their overall management capacity. CHF will also promote networking and sharing of skills amongst these local partners. Data management and reporting across the CT sites operated by CHF sub-partners will be harmonized through the use of standard national data collection tools. CHF will use Emergency Plan funds to implement national quality assurance (QA) program for both counseling at all sites operated by its sub partners. This will involve training of service providers on QA, development of infrastructure for implementation, supply of consumables for QA and institutionalizing periodic evaluation of QA monitoring reports.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	60	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	50,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Faith-based organizations
 - Community health workers
 - Medical/health service providers
- High-risk population
 - Discordant couples
- Nongovernmental organizations/private, voluntary organizations
- People living with HIV/AIDS
- Sex partners
- Widows
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Nairobi
 State Province: Nyanza
 State Province: Rift Valley

ISO Code: KE-110
 ISO Code: KE-600
 ISO Code: KE-700

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Internews Network

Planned Funds:

Activity Narrative:

Internews will increase demand for counseling and testing (CT) services through innovative communications and social marketing approaches through radio and television. The primary strategy will be to train journalists and talk show hosts thereby equipping them with skills to accurately report on complex HIV/AIDS issues, which are common sources of rumors, misconceptions and public misinformation. Internews will specifically train 5 television journalists and 5 cameramen and support them to produce 5 high quality CT features to be on prime time TV programs to reach between 1.5 to 3 million viewers around the country. This activity will contribute to the achievement of the results of increased access to and utilization of diagnostic, routine, and voluntary counseling and testing.

The Internews Network is an international non-profit organization that promotes open media worldwide. Internews is committed to training of broadcasters and journalists, supporting improved programming on HIV/AIDS epidemic and building broadcast management support for quality programming about the epidemic and its impact on local communities. Internews created the "Local Voices" program in 2002 to involve local media from Kenya and Nigeria in the struggle against HIV/AIDS by providing broadcasters with the information, resources, and professional support needed to cover the impact of the disease. The "Local Voices" program involves the intensive training of journalists, talk show hosts, and radio disc jockeys on HIV/AIDS information, while encouraging station owners and managers to support high quality reporting and programming on the disease. Internews is currently working to develop and strengthen associations of journalists concerned about the spread of the epidemic, and will help these local institutions take over responsibility for ongoing programs in Kenya. Since May 2004 Internews has operated a Media Resource Center in Nairobi, stocked with more than 2000 HIV/AIDS publications, to provide Kenyan journalists with desperately needed resources to produce stories about HIV/AIDS. The media can provide the public with information about prevention and treatment as well as help decrease the stigma and discrimination associated with people living with HIV/AIDS.

With funds from the Presidential Initiative Internews will produce high quality radio and television programs intended to increase public awareness on CT and reduce social stigma that surround HIV testing. This process will start with training of journalists and cameramen followed with support to produce high quality CT features and award of scholarship for two journalists. The training process will include opportunities for journalists to visit CT sites and personally interact with CT service providers and clients.

Activity Category

Commodity Procurement

% of Funds

10%

UNCLASSIFIED

- Community Mobilization/Participation 10%
- Development of Network/Linkages/Referral Systems 15%
- Human Resources 30%
- Local Organization Capacity Development 10%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	10	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Media

Key Legislative issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

* / Liverpool VCT and Care - Kenya

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The primary implementing partner in this activity, Liverpool Voluntary Counseling, Testing and Care Project (LVCT), will work with local partners including the Ministry of Health (MOH), non governmental organizations (NGO), faith based organizations (FBO), and community based organizations (CBO) networks to operate 18 Counseling and testing (CT) sites where 35,000 clients will be tested during FY05. LVCT will train 300 CT service providers to increase service delivery capacity of these partners. Activities will also include training of counselors and personnel who will implement quality assurance (QA) of counseling and testing. Capacity of selected sites will be built to enable them provide services that address the unique CT needs of deaf individuals, rape survivors and men engaging in high risk behaviors. In selected sites, CT will be implemented as part of comprehensive HIV management centers where both prevention and care services will be part of an integrated package. The planned activities will constitute significant scale up of CT services that will contribute to the results of increased availability of CT services in medical settings, increased access to VCT services, including for under-served and hard to reach populations, and improved human resource capacity to provide both diagnostic and voluntary counseling and testing.

LVCT has been a CDC Kenya partner since 2002. LVCT is a local, Kenyan organization that started as a project under the Liverpool School of Hygiene and Tropical Medicine; when LVCT became a Kenyan NGO, they retained the name of Liverpool because of its wide recognition in Kenya as the leading organization providing VCT services in Kenya. LVCT has received CDC technical and financial support through locally executed contracts; on September 1, 2004, LVCT was awarded a CDC cooperative agreement to continue providing VCT services at both free-standing sites and within health facilities, to continue providing training in counseling, testing, and support supervision, and to significantly increase their capacity to provide ART care to VCT clients who test HIV positive. LVCT staff provides some of these services directly; LVCT also works with a number of local community organizations and with government health facilities to improve their capacity to provide both CT and ART services at the local level. Under this COP, we propose to continue both technical and financial support to LVCT so they can provide these important services. LVCT's work concentrates on the geographic areas of Nairobi and Central Province, Eastern Province, and Nyanza province; especially in the case of Nyanza province, which has Kenya's highest rates of HIV infection, LVCT concentrates on assisting rural health facilities and CBOs. LVCT will promote referral linkages using the network model between rural VCT sites and medical facilities where care and treatment is available.

LVCT will use Emergency Plan funds to improve infrastructure for integrating care, youth friendly approaches and follow up services into CT. All sites will use a standard VCT data collection tool to assist with monitoring and evaluation of these activities. LVCT will assist sub partners to initiate mobile VCT in sparsely populated areas, where fixed VCT is not feasible. LVCT will also assist its sub-partners to implement national quality assurance (QA) program for both counseling and testing at their CT sites. Procurements and logistics for QA will be managed by LVCT on behalf of all sub-partners. LVCT will ensure that issues of coercive sex and gender are addressed in the counseling sessions. LVCT will promote linkages between VCT sites they support and other related services, such as general AIDS prevention services for the deaf.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

UNCLASSIFIED

Training

30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	300	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	35,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	18	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Faith-based organizations
- High-risk population
 - Discordant couples
 - Men who have sex with men
- Military
- Ministry of Health staff
- Policy makers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Volunteers

Coverage Area:

State Province: Central
 State Province: Coast
 State Province: Eastern
 State Province: Nairobi
 State Province: Nyanza
 State Province: Rift Valley

ISO Code: KE-200
 ISO Code: KE-300
 ISO Code: KE-400
 ISO Code: KE-110
 ISO Code: KE-600
 ISO Code: KE-700

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International

Planned Funds:

Activity Narrative:

USAID's IMPACT project implemented by Family Health International will provide counseling and testing services to 80,000 people in 60 sites (30 new sites and 30 established sites) and train 250 doctors, nurses, and other health workers in diagnostic counseling and testing. These sites are ones operated by a variety of organizations, including the Ministry of Health, NGOs, and FBOs in 5 provinces. These activities will contribute to the results of a) increased availability of diagnostic counseling and testing services in medical settings, b) increased access to routine counseling and testing services by TB patients, c) increased access to voluntary counseling and testing services, particularly among underserved populations such as youth and d) increased human resource capacity to provide both diagnostic and voluntary counseling and testing.

The IMPACT project has already played a major role in increasing access to VCT in Kenya, and some support for these sites will continue. During this next phase, IMPACT will concentrate on increasing the availability of diagnostic counseling and testing in clinical sites, including TB clinics, so that patients in MOH facilities receive an HIV diagnosis, which will help contribute to achieving targets for ART and non-ART health services. The project will enhance the quality of CT services by providing technical assistance and training to strengthen capacity for supervision; monthly counselor meetings, and data reporting requirements from the National STI and AIDS Control Program of the Ministry of Health. USAID's IMPACT project will provide sub-grants, financial assistance and capacity building to 19 NGOs and MOH sites and support the promotion of counseling and testing services through Population Services International. The project will expand VCT access to youth through support to 5 youth VCT centers in Nairobi and Mombasa.

IMPACT will increase reach and coverage of currently supported sites by initiating outreach CT services, retraining staff as needed, and encouraging VCT sites to offer extended/weekend services. The 5 youth VCT centers in Nairobi and Mombasa will be supported to offer comprehensive counseling services – alcohol and substance abuse prevention counseling, sexual violence and rape management, pregnancy prevention/FP, and STI prevention, diagnosis and treatment, either onsite, or through referral to youth friendly pharmacies, and addiction treatment services. IMPACT will expand access to diagnostic and routine counseling and testing for inpatients and outpatients, health workers at in-patient facilities, TB and STI clinics, and laboratory health workers at facilities offering comprehensive care/antiretroviral therapy. Facility level standard operating procedures will be developed for reporting and recording of HIV test results, to facilitate care for HIV positive patients. The program will link with and provide referrals to existing networks of HIV/AIDS prevention, home-based care and ART programs in the program areas. To strengthen TB/ HIV integration in Kenya, FHI/IMPACT will support the development of a protocol for VCT counselors to assess, counsel and refer VCT clients for TB testing; will conduct joint training of counselors and TB staff at IMPACT supported sites, and will train TB clinic staff in HIV counseling and testing of TB clients. FHI/IMPACT will ensure that TB patients who are HIV-positive are provided with appropriate care and treatment.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	250	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	80,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	60	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Faith-based organizations
 - Doctors
 - Medical/health service providers
 - Nurses
- Media
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Coast	ISO Code: KE-300
State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hope Worldwide

Planned Funds:

Activity Narrative:

Hope Worldwide will train 15 counseling and testing (CT) service providers and operate 3 youth friendly VCT sites that will provide CT to 6,000 clients during FY05. These services will target underserved young people in Nairobi slums and Makueni district as well as long distance transport workers operating on the Nairobi – Mombasa highway. These activities will contribute to the result of increased access to VCT services, particularly among underserved, hard to reach, and high risk (transport workers) populations, and the result of increased human capacity to provide VCT.

HOPE Worldwide is a faith-based charity founded in 1991 by the International Churches of Christ. Its programs are designed to provide medical treatment, poverty relief and restore hope among those who are downcast as a result of disease, poverty or abandonment. They are directed toward helping people regain their worth and realize their potential. HOPE Worldwide is a recognized non-governmental organization in special consultative status with the Economic and Social Council of the United Nations and is a registered private voluntary organization. In the year 2003, CDC funded Hope Worldwide through a locally executed contract; to start up youth targeted HIV/AIDS prevention including VCT in slums of Nairobi, and in late FY04, Hope Worldwide was awarded a cooperative agreement with CDC to implement youth interventions including youth friendly VCT in these communities. With funds from the Presidential Initiative, Hope Worldwide will scale up these highly valued youth targeted activities. This activity links to activities described in the AB/Y section.

The geographical focus for Hope Worldwide's activities during FY05 will be Mukuru slums in Nairobi and Makindu town in Makueni along Nairobi Mombasa highway. Counselors from two youth friendly VCT sites within Mukuru slums will provide outreach CT services to other underserved slum areas in Nairobi. The youth friendly centers also provide outreach HIV/AIDS education with special focus on CT to neighboring schools and train peer educators. CT services to Makindu residents and transport workers on Mombasa – Nairobi highway will be provided by Makindu youth friendly VCT site. Counselors from Makindu will also provide mobile VCT services to underserved rural parts of Makueni district. Combined with the activities described in the AB/Y section, these activities will create an effective network of HIV prevention services for youth in and out of school within the Mukuru slum and in Makueni.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%

UNCLASSIFIED

- Human Resources 30%
- Local Organization Capacity Development 10%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	15	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Truckers
 - Secondary school
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Volunteers

Coverage Area:

State Province: Eastern
State Province: Nairobi

ISO Code: KE-400
ISO Code: KE-110

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **Frontiers in Reproductive Health / Population Council**

Planned Funds:

Activity Narrative:

The Population Council Frontiers in Reproductive Health (FRH) Project proposes to conduct a pilot program to integrate counseling and testing services into existing family planning (FP) service outlets. Integration of CT into FP offers an opportunity for increasing availability and access to CT services since FP clients will conveniently be offered opportunities for CT. The Population Council will support the integration of CT into 16 FP Clinics and train 36 FP providers with a target to provide CT to 10,000 clients. The Population Council will monitor cost effectiveness of this integration to guide decision regarding further scale up. This activity will contribute to the result of increased access to voluntary counseling and testing services. This activity also supports the National Strategy of the Ministry of Health to expand integrated HIV/FP services in Kenya.

The Population Council FRH project has extensive experience in the design, implementation and evaluation of integrated models of reproductive health globally, including several projects in Kenya. FRH seeks to improve people's lives by enhancing services in family planning, safe motherhood, and other reproductive health areas. The FRH program conducts operations research (OR) in collaboration with developing-country organizations to design innovative interventions for improving services. One of the main goals is to communicate these research results so they can be utilized for program and policy development. FRH also works to build the capacity of local organizations to conduct operations research and utilize best practices that emerge from the studies. The Population Council, Frontiers in Reproductive Health Program in collaboration with the National Department of Health (DOH) (Maternal Child and Women's Health Directorate) and the Provincial DOH is currently undertaking a similar program in South Africa and has received support through the South African Emergency Plan country operational plan (COP). The lessons learnt from this experience will be fed into the process of implementation and evaluation of the models in Kenya. The proposal to integrate CT into FP is based on recently concluded feasibility assessment that was conducted by the Kenya government in partnership a number of partners including JHPIEGO, CDC and FHI. Provision of CT services in FP outlets will be guided by national standards for CT service delivery and quality assurance. The program will require intense social mobilization to inform potential FP clients about availability and benefits of CT services at FP sites.

This integration will be implemented in Nairobi province, an area with a relatively high FP utilization rate where the benefits or shortcomings of this integration will be easily monitored and evaluated. Activities will include support for staff to implement the project, IEC efforts to inform FP clients about CT, training of doctors, nurses, clinical officers and family planning providers, workers in CT, quality assurance to ensure that high standards are maintained, and evaluation of this pilot effort.

Activity Category

- Human Resources
- Information, Education and Communication

% of Funds
30%
20%

- Quality Assurance and Supportive Supervision 10%
- Strategic Information (M&E, IT, Reporting) 10%
- Training 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	36	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	16	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Family planning clients
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- Ministry of Health staff
- Women of reproductive age

Key Legislative issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kenyan National AIDS and STI Control Program

Planned Funds:

Activity Narrative:

The National AIDS and STI Control Program (NASCOP) will launch and promote compliance with a comprehensive policy for HIV testing in Kenya. The policy will prescribe guidelines to be applied for HIV testing in medical and clinical settings as counseling and testing services are scaled up throughout the country. NASCOP will train 500 health care workers in 100 public hospitals and provide CT to 50,000 people during FY05. These activities will result into an increase in human capacity to provide CT and increased availability of counseling and testing in clinical settings.

The National AIDS and STI Control Program (NASCOP) is the arm of the Ministry of Health responsible for implementation of medical interventions related to prevention and treatment of HIV/AIDS. NASCOP has the authority and moral obligation to ensure equity in access to HIV/AIDS prevention and care services for the entire population of Kenya. NASCOP has worked with CT partners in country to develop a national strategy for rolling out CT services and reducing disparities in access across the country. Scaling up of counseling and testing is a critical step in Kenya's effort for overall scale-up of all HIV/AIDS prevention and care activities. This is because CT plays dual roles that contribute to prevention and care. Favorable behavior change induced through knowledge of serostatus reduces risk of HIV spread. CT is the point of entry into care since it serves as the point for identification of HIV infected individuals. Public health facilities provide a wonderful opportunity for providing CT in the context of the diagnostic work up of patients. Up until this initiative, Kenyans have missed opportunities for CT in health facilities because of unclear policies and shortage of doctors, nurses, and other health workers with appropriate inclination to provide testing and short diagnostic counseling in the clinical context. NASCOP will address these gaps through its planned activities for FY05. NASCOP will work with its target health facilities and other partners to strengthen linkages between sites providing CT and sites that provide ARV treatment and palliative care.

The supervisory structure at NASCOP is comprised of a network of national, provincial and district health managers, including a core staff at a national level that consists of a small technical and administrative staff, and an expanding staff responsible for monitoring and evaluation. A system of regional supervision of CT activities is in place through the offices of Provincial AIDS STI coordinators (PASCOs) and district AIDS STI coordinators (DASCOS). NASCOP will continue working with the JSI Defiver Project to improve the national system for distribution of CT commodities. Planned NASCOP activities will contribute to strengthening of linkages needed in the network model, and to the development of a sustainable CT program to serve the country.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%

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- Policy and Guidelines 10%
- Quality Assurance and Supportive Supervision 20%
- Strategic Information (M&E, IT, Reporting) 20%
- Training 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	500	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	50,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Program for Appropriate Technology in Health

Planned Funds:

Activity Narrative:

The Program for Appropriate Technology in Health (PATH) proposes to work collaboratively with the National Leprosy and TB Program (NLTP) of the Government of Kenya to improve services and coordination of TB/HIV activities. PATH will build human resource capacity, strengthen referral networks, train health care workers, and improve the flow of information between care providers, patients, and communities. PATH proposes to develop media spots to increase public awareness on TB/HIV. PATH will provide technical support to the NLTP, and will enhance overall coordination of TB/HIV services by posting regional coordinators in selected provinces. As a result of these activities, 8,000 TB patients will receive counseling and testing in 50 sites and 100 health workers will be trained to initiate TB/HIV collaborative activities in 15 districts, including training in routine counseling and testing for TB patients. These activities will contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral systems, and strengthened capacity of health workers to provide integrated HIV and TB services.

As an active partner of the GOK NLTP, PATH developed a communication strategy for fighting TB in Kenya which was later adapted as a national strategy and will soon be launched, pending the availability of resources. PATH together with NLTP developed a series of print materials, including flyers with short, realistic stories of the journeys taken by fictionalized clients on the road from illness to cure were distributed in primary care clinics, including ANC and MCH hospitals, and in schools. A job aid brochure was designed for distribution to non-TB health care providers, to improve referral to government TB clinics.

Over the past 15 years PATH has strengthened the capacity of the pharmaceutical sector in seven countries, including Kenya, to effectively increase access to health care. PATH has forged links among pharmacies, pharmacy associations, schools of pharmacy and the national public health and drug regulatory systems, bringing together public and private sectors in effective collaborations to sustain efforts. PATH has worked in HIV prevention and care in Kenya since 1992 and is currently providing behavior change communication technical assistance to all of the USAID funded FHI IMPACT and EngenderHealth AMKENI project partners.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%

Training

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	100	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	8,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- High-risk population
- Media

Key Legislative Issues:

Coverage Area:

- | | |
|-----------------------------|------------------|
| State Province: Central | ISO Code: KE-200 |
| State Province: Coast | ISO Code: KE-300 |
| State Province: Eastern | ISO Code: KE-400 |
| State Province: Nairobi | ISO Code: KE-110 |
| State Province: Nyanza | ISO Code: KE-600 |
| State Province: Rift Valley | ISO Code: KE-700 |
| State Province: Western | ISO Code: KE-900 |

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Medical Corps

Planned Funds:

Activity Narrative:

International Medical Corps (IMC) will provide counseling and testing (CT) services to 6000 individuals through support to five VCT sites operated in collaboration with local community based organizations (CBO). These services will be complemented with periodic Mobile VCT to underserved areas. Ten new CT service providers will be trained to meet personnel requirements for two new sites and expansion of existing three sites. These activities will result into increased access to Voluntary Counseling and Testing for communities in Suba district, an area with one of the highest HIV prevalence rates in Kenya. The 2003 Kenya Sentinel Surveillance Survey found that 41% of pregnant women in Suba district were HIV infected.

Using USG funds awarded through a cooperative agreement in 2004, IMC has initiated 3 community based counseling and testing outlets in partnership with local CBOs. In FY05 IMC will strengthen its work with the local CBOs to educate community members in Suba on the benefits of VCT for primary prevention and timely identification of those requiring medical care services. Suba is the focus of highest HIV prevalence in Kenya but stigma and fear constitute major barriers to uptake of VCT and utilization of available care services. IMC will also work with the district health management team to strengthen referral linkages between CT services and facilities offering post-test services, including non-ARV and ARV care. This will result in the formation of a network of comprehensive HIV prevention and care services in Suba district. IMC is also implementing PMCT services in this district; these activities are described in the PMCT section.

IMC will work with Suba district health management team to ensure compliance with national guidelines for overall VCT service delivery, quality assurance and data management at all CT sites operated by partner CBOs. IMC will support local partner CBOs to enhance their capacity for effective management of CT data and improve product procurement and storage. IMC will work with local churches to educate congregations on the benefits of couple VCT and mutual disclosure between sex partners. Working in partnership with local church leaders, IMC will promote HIV education and understanding of VCT among boys and girls in this district. IMC will also work with local leaders educating them to provide support to women to mitigate potential violence or other negative outcomes of disclosure to male partners.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	35%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	25%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	10	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Faith-based organizations
- High-risk population
- HIV/AIDS-affected families
- Mobile populations
- Seafarers/port and dockworkers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Volunteers

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**Mechanism/Prime Partner:** / Tenwek Hospital**Planned Funds:** **Activity Narrative:**

The Tenwek Mission Hospital is a 300-bed, faith-based hospital in Bomet District serving an estimated population of 500,000 people. Counseling and testing activities for the Tenwek Mission Hospital will be conducted through the Tenwek Community Health Department. Recognized by the Kenya Ministry of Health for its successful counseling and testing program, Tenwek Hospital/Tenwek Community Health Department intends to expand counseling and testing services throughout six districts within the Rift Valley Province. This in part will be achieved by active involvement of pastors and congregations of the Africa Gospel Churches, which are the main sponsors of the hospital. An estimated 14,000 individuals will receive counseling and testing in eight VCT centers.

In order to expand counseling and testing activities, ten individuals will be trained in counseling and testing. In addition, Tenwek will operate three youth-friendly counseling and testing sites and conduct mobile counseling and testing services in six districts within Rift Valley Province.

Additional effort will focus on increased diagnostic counseling and testing at Tenwek Hospital and partner health facilities. The high risk, vulnerable population of youth will be a focus of activities (through youth-friendly and mobile counseling and testing services). Quality assurance and quality control will be provided using supportive supervision and proficiency test panels.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	40%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	10	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	14,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	8	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
 - Men
 - Men
 - Women
 - Women
- Community members
- Faith-based organizations
- Health Care Workers
 - Medical/health service providers
- Ministry of Health staff
- Religious/traditional leaders
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**Mechanism/Prime Partner:** Walter Reed Project / Kenya Medical Research Institute**Planned Funds:** **Activity Narrative:**

The Kenya Department of Defense (KDOD) proposes to open 5 new CT sites, bringing the total to 25 sites, with a target of serving 7,500 clients and training 25 providers in FY05. These activities will contribute to our results of increased access to voluntary counseling and testing services, increased availability of diagnostic counseling and testing services in medical settings, and increased human resource capacity to provide both diagnostic and voluntary counseling and testing.

In partnership with the CDC/US Army Medical Research Unit, the KDOD has in the last 3 years set up CT services in 20 sites for the military personnel, their dependents, the KDOD civilian employees, and the general population living near the barracks. In total, over 12,000 people have been tested in these sites. The aim for FY05 is to accelerate the testing activities targeting an additional 7,500 clients for testing, continue education to reduce stigma and discrimination, and refer all the HIV-positive to the relevant military clinics for care, support and treatment as necessary. Given the wide scatter of the military personnel countrywide, mobile CT services will be provided for the remote areas as necessary. The KDOD headquarters will ensure harmonious collection of data from all the 25 sites and also liaise with the Ministry of Health to ensure that common practices and reporting structures for the HIV epidemic are adhered to at all times.

Personnel training in CT (both initial and refresher) will be undertaken to ensure quality services are rendered in line with national and international guidelines. Training in Diagnostic Testing (DT) will be undertaken for KDOD health personnel in order to institutionalize routine DT for HIV in the military medical facilities, thereby leading to increased case finding in the Kenyan military. Training in quality assurance and supervision will also be undertaken to ensure internal capacity for long-term sustainability of the program.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	30%
<input checked="" type="checkbox"/> Workplace Programs	30%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	25	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	7,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	25	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
 - Men
 - Men
 - Women
 - Women
- Government workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Medical/health service providers
 - Nurses
- High-risk population
- High-risk population
- Military
- Military
- Peacekeeping personnel
- Peacekeeping personnel
- Seafarers/port and dockworkers
- Seafarers/port and dockworkers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Uniformed Services Project / Kenya Medical Research Institute

Planned Funds:

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Activity Narrative:

The Kenya Uniformed Services Project will assist the Kenya Prisons Service, the National Youth Service, the Kenya Wildlife Service, and the Kenya Police Department to open 30 new CT sites, bringing the total to 60 sites countrywide, with a target of serving 18,000 clients and training 64 providers in FY05. This will contribute to our result of increased access to voluntary counseling and testing services particularly among underserved and hard to reach populations. This activity is part of a comprehensive program and is linked to other services listed in this COP, including in the areas of AB/Y and other prevention.

With Emergency Plan FY04 funds, supplemented by funds from the UK Department of International Development (DFID), the Uniformed Services Program has in the last 1 year set up VCT services in 15 sites for the staff, their dependents, inmates and the general population living near the facilities. In total, over 1,500 people have been tested in these newly established sites. The aim for the FY05 is to accelerate the testing activities targeting an additional 18,000 clients for testing, continue education on stigma and discrimination, and refer all the HIV-positive to the relevant clinics for care, support and treatment as necessary. The respective headquarters of various Uniformed Services Departments will ensure harmonious collection of data from all the 60 sites and also liaise with the Ministry of Health to ensure that common practices and reporting structures for the HIV epidemic are adhered to at all times. Personnel training in CT, both initial and refresher will be undertaken to ensure quality services are rendered in line with national and international guidelines. Training in Diagnostic Testing (DT) will be undertaken for Uniformed Services health personnel to encourage them to institutionalize diagnostic testing for HIV in the Services with a view to making it routine and thus leading to more case finding in the Uniformed Services. Training in quality assurance and supervision will also be undertaken to ensure internal capacity for long-term sustainability of the Uniformed Services Project.

The USG in Kenya through CDC has had an effective collaboration with the Kenya Department of Defense (KDOD) since 2001, enabling the USG to assist the military to introduce a comprehensive HIV prevention and care program. In the FY04 COP, a similar partnership was initiated with two other uniformed services of Kenya, the Kenya Prisons Service and the National Youth Service. In this FY05 COP, we propose to continue support for the Prisons Service and the Youth Service, and add support for the Kenya Wildlife Service and the Kenya Police Department. All of these uniformed services share some features, with young men and women often serving in locations far from home, and thus they are vulnerable to high risk behaviors, and gender disparities, coercive sex, and cross generational sex will be addressed in the program. Although each uniformed service has unique needs and a unique population needing specialized and tailored services, all of these uniformed services will be empowered to develop and implement a comprehensive program of HIV prevention and care, modeled on the effective program of the military. Linkages between these different uniformed services will be encouraged so that they can learn from the successes and challenges encountered by the other services. We also plan to have the KDOD staff provide technical assistance to their counterparts in the other services. Funds for the KDOD program will continue to be channeled through the USDOD but this mechanism is not available for non-military uniformed services, so funds for these activities will be channeled through the Kenya Medical Research Institute (KEMRI). CDC Kenya has a cooperative agreement with KEMRI in place and this mechanism will be used to support the activities of the non-military uniformed services. During this COP, no funds will be provided directly to the uniformed services; instead, CDC through KEMRI will provide training and other services and goods needed for program implementation. The UK Department of International Development (DFID) is also supporting some elements of the projects with the Kenya Police and the Kenya Prisons Service.

Activity Category

Development of Network/Linkages/Referral Systems

% of Funds

20%

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- Information, Education and Communication 10%
- Quality Assurance and Supportive Supervision 10%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 40%
- Workplace Programs 15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	64	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	18,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Government workers
- Government workers
- High-risk population
- Military
- Military
- Police
- Prisoners
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing
 Budget Code: (HVCT)
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / Liverpool VCT and Care - Kenya

Planned Funds:

Activity Narrative:

Funds deferred from FY04 will assist Liverpool VCT and Care Project to implement mobile VCT services, the primary activity that was "deferred" from our FY04 COP in regard to this partner. These funds will enable LVCT to reach approximately 4,000 clients; costs per person served are higher than average because of the higher costs associated with providing mobile services in remote areas. This activity will contribute to the result of increased access to voluntary counseling and testing services, particularly among underserved and hard to reach populations.

LVCT has been a CDC Kenya partner since 2002. LVCT is a local, Kenyan organization that started as a project under the Liverpool School of Hygiene and Tropical Medicine; when LVCT became a Kenyan NGO, they retained the name of Liverpool because of its wide recognition in Kenya as the leading organization providing VCT services in Kenya. LVCT's work concentrates on the geographic areas of Nairobi and Central Province, Eastern Province, and Nyanza province; especially in the case of Nyanza province, which has Kenya's highest rates of HIV infection, LVCT concentrates on assisting rural health facilities and CBOs. LVCT will promote referral linkages using the network model between rural VCT sites and medical facilities where care and treatment is available.

On September 1, 2004, LVCT was awarded a CDC cooperative agreement to continue providing VCT services at both free-standing sites and within health facilities, to continue providing training in counseling, testing, and support supervision, and to significantly increase their capacity to provide ART care to VCT clients who test HIV positive. LVCT staff provides some of these services directly; LVCT also works with a number of local community organizations and with government health facilities to improve their capacity to provide both CT and ART services at the local level. These deferred funds will be added to the existing cooperative agreement between CDC Kenya and LVCT to enable them to expand mobile VCT services in underserved rural and remote communities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	4,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults Community members Rural communities
- Men High-risk population
- Women Mobile populations

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Central
State Province: Eastern
State Province: Nyanza
State Province: Rift Valley

ISO Code: KE-200
ISO Code: KE-400
ISO Code: KE-600
ISO Code: KE-700

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

- Result 1: Strengthened capacity of health workers to provide integrated HIV and TB services.
- Result 2: Pilot program for intensive identification and treatment of tuberculosis among HIV-infected pregnant women will be tested.
- Result 3: Improved diagnosis and treatment of TB among HIV-positive patients and of HIV in TB patients.
- Result 4: Strengthened delivery of integrated HIV and TB services, including strengthened referral systems.

Total Funding for Program Area (\$): **Current Program Context:**

TB is the most common HIV-associated opportunistic infection in Kenya. An anticipated 136,000 cases of tuberculosis will occur in Kenya in the next year (an increase of nearly 7 fold during the last decade, primarily because of HIV). An estimated 60% of cases of tuberculosis occur among people with HIV. In western Kenya, the proportion of tuberculosis patients with HIV is approximately 85%. Programs serving tuberculosis patients identify very large numbers of patients with HIV who require additional treatment for HIV, including ARVs. People living in urban areas, areas where HIV rates are highest, and prison populations will be high priority target groups because they represent the bulk of the national TB burden. As described in the Kenya 5 year strategy for the Implementation of the Emergency Plan, testing people with, or suspected of having tuberculosis will be an important way to identify HIV-infected patients needing treatment. A critical focus for the National Tuberculosis and Leprosy control Program (NLTP) is to offer HIV diagnostic testing and counseling to patients with suspected or confirmed tuberculosis, and to provide preventive therapy against opportunistic infections and referral for ARV treatment for co-infected patients. Programs to screen HIV-infected individuals for tuberculosis will be expanded, as will efforts to ensure adherence to and completion of TB treatment for co-infected patients. Pilot programs have demonstrated that testing for HIV within the context of TB care and testing for tuberculosis within the context of HIV care are both feasible. The provision of integrated HIV/TB care will have great benefit in reducing TB morbidity and mortality in HIV infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. In this regard, it will be essential to support the government of Kenya TB/HIV program that proposes to integrate the previously separate delivery systems. New and expanded activities described in this COP will contribute to the described results as follows. In accordance with our 5 year strategy, programs providing HIV testing services, for example in VCT and PMTCT programs will expand efforts to identify patients with tuberculosis and provide treatment or referral for treatment. There will be an enormous expansion of the efforts to conduct HIV testing among people with known or suspected tuberculosis, and provide treatment or refer for treatment for HIV. Implementation of integrated TB/HIV activities will be carried out by a consortium that includes the National Leprosy and TB Control Program, Family Health International (FHI), Program for Appropriate Technology in Health (PATH), and a number of partners conducting implementation in specific geographic areas. Implementing partners will include Indiana University in Eldoret as well as groups targeting specific populations, like CHAK conducting training and implementation support for faith-based hospitals. Collectively, these efforts will identify and provide treatment for an estimated 20,000 people with advanced HIV.

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Kenya Medical Research Institute

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

Kenya Medical Research Institute (KEMRI) will expand TB/HIV coordinated programs in Nyanza Province to include 20 facilities. As a result, 50 professional health care workers and 400 community health care workers will be trained, and 3,000 TB patients will be screened for HIV (see Counseling and Testing narratives), and 2,400 co-infected patients will receive TB treatment and cotrimoxazole prophylaxis and be referred for antiretroviral therapy. Health care providers from HIV clinics will be trained and supervised to be more aggressive in suspecting, investigating, and treating TB. Laboratories and clinical spaces will be upgraded, and logistical support systems for the necessary commodities will be strengthened. An intense program of monitoring and evaluation will ensure the quality of services and will inform the national scale up of these activities.

There is a long-standing collaboration between the Kenya Medical Research Institute (KEMRI) and the US Centers for Disease Control and Prevention in Kenya. This collaboration was initially research-based, but in 1999 expanded to include HIV prevention and treatment activities and has now supported implementation of extensive programs in voluntary counseling and testing, prevention of mother-to-child transmission services, and treatment for HIV. KEMRI is actively supporting integrated TB/HIV activities in 2 districts in Nyanza Province. These activities include diagnostic testing of TB patients for HIV, screening of patients with HIV for TB, coordinated clinical management of co-infected patients, and strengthening of community follow up to improve adherence and tracing of treatment defaulters.

These are priority populations because of the enormously high rates of HIV in this region of Kenya, and consequent very high rates of TB/HIV co-infection (at the local Provincial hospital, more than 85% of the more than 400 TB patients tested to date have been HIV-positive). These activities will link to ongoing VCT, PMTCT, and treatment services supported by this partner, and will be intimately coordinated with the national expansion of integrated TB/HIV activities being coordinated by the National TB and Leprosy Control Program and supported by other partners such as PATH. These activities will result in strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated HIV and TB services and strengthened systems capacity to manage commodities.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation
- Local Organization Capacity Development
- Training

% of Funds

- 20%
- 30%
- 20%
- 30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	2,400	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	450	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / James Finlay (K) Ltd. Medical Department

Planned Funds:

Activity Narrative:

The James Finlay Kenya Ltd (JFK) Central Hospital is currently the only health facility within the James Finlay Tea plantation that is providing comprehensive HIV/AIDS treatment under FY04 President's Emergency Plan funds. JFK serves a population of approximately 80,000 employees and their dependants including those residing within and outside the tea estates. As is the case with most other health facilities, James Finlay Kenya (JFK) Central Hospital has not adequately integrated tuberculosis (TB)/HIV services. Currently, very few of the TB patients are offered HIV testing. Similarly, some the patients living with HIV/AIDS are not routinely being screened for TB. Adequate screening of HIV patients for possible TB co-infection is limited by a lack of trained health care workers, a weak referral network, and inadequate laboratory and diagnostic capacity. On the in-patient, TB ward, it is estimated that most patients meet clinical criteria for antiretroviral therapy, however, limitations in both human and diagnostic capacity result in inadequate and delayed evaluation and subsequent care.

The James Finlay Kenya (JFK) Central Hospital will scale-up and integrate its TB/HIV care program in line with the Kenyan National Leprosy and Tuberculosis Program guidelines and goals. The hospital will implement an aggressive program to evaluate all new HIV patients for active TB and offer HIV counseling and testing to 200 tuberculosis patients.

In addition, 100 TB/HIV positive patients will receive treatment for active tuberculosis, and 90 will be referred for antiretroviral therapy. Fifteen health care workers will be trained in integration of comprehensive TB/HIV clinical care using the National Leprosy and Tuberculosis Program guidelines.

- Activity Category**
- Commodity Procurement
 - Infrastructure
 - Logistics
 - Training

- % of Funds**
- 50%
 - 20%
 - 10%
 - 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	15	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Family planning clients
- Health Care Workers
 - Doctors
 - Doctors
 - Medical/health service providers
 - Nurses
 - Nurses
 - Pharmacists
 - Pharmacists
- High-risk population
- HIV/AIDS-affected families
- HIV/AIDS-affected families
- People living with HIV/AIDS
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kericho District Hospital, Kenya

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

The Kericho District Hospital (KDH) is currently the only Ministry of Health public hospital providing comprehensive HIV/AIDS treatment in the south Rift Valley Province, serving approximately 500,000 individuals in Kericho District alone and in excess of 1 million in the south Rift Valley Province. Kericho District Hospital currently faces the common difficulty in Kenya of insufficient capacity to integrate TB/HIV services. To date, Kericho District Hospital Chest Clinic has not had the capacity to offer HIV testing and HIV treatment to all TB-positive patients. Currently, less than 1% of TB patients are offered HIV testing. HIV co-infected patients presenting TB often smear negative. For them, many times, we need to treat on the basis of our clinical suspicion of TB even though the lab cannot confirm the diagnosis. We will retrain our TB providers to care for these patients more appropriately. On the in-patient TB ward, it is estimated that 90% of patients have clinical criteria for advanced AIDS, but reluctance and stigma in health care workers, together with overworked personnel and limited diagnostic resources currently result in very few in-patients receiving testing, counseling, and/or any HIV care. As a result, the mortality rate (much of it from HIV-related illnesses) on the TB medical ward is more than 50%. This retraining of the medical personnel will contribute toward the result of strengthening of health worker capacity in providing integrated HIV/TB services.

In the following year, Kericho District Hospital, serving as a referral hospital through the network model in the south Rift Valley Province, will begin a progressive collaborative TB-HIV program consistent with Kenya's National Leprosy and Tuberculosis Program guidelines. Kericho District Hospital will implement an aggressive program to evaluate all new HIV patients for active TB. In addition, 600 tuberculosis patients will be counseled and tested for HIV. One thousand HIV-positive patients will receive treatment for active or latent tuberculosis, and 300 will be referred for antiretroviral therapy. In the second year, Kericho District Hospital will begin family screening for tuberculosis and weekly medication adherence monitoring of all co-infected patients. In order to achieve success in this ambitious program, 30 health care workers will be trained in joint TB/HIV services. This will contribute toward the result of integration of TB/HIV services and the referral systems between delivery programs.

Kericho District Hospital's joint care/HIV-TB program will build upon a successful initiative at Moi Teaching and Referral Hospital and will involve twinning with Brown University expertise to provide direct in-country training and supervision. This program will be replicated and expanded in subsequent years to serve as a referral and training facility for the whole southern part of Rift Valley Province. These activities will contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services.

Activity Category

% of Funds

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<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	30	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Family planning clients
- Family planning clients
- Health Care Workers
 - Doctors
 - Doctors
 - Nurses
 - Nurses
 - Pharmacists
 - Pharmacists
- High-risk population
- High-risk population
- HIV/AIDS-affected families
- HIV/AIDS-affected families
- Ministry of Health staff
- Ministry of Health staff
- People living with HIV/AIDS
- People living with HIV/AIDS

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / AIC Litein Hospital

Planned Funds:

Activity Narrative:

The African Inland Church (AIC) Litein Hospital is a faith-based mission hospital in Bureti District of the Rift Valley Province. It supervises five health centers and dispensaries in Nyanza and Rift Valley Provinces of Kenya as part of the wider Africa Inland Church national health care delivery facilities. The AIC (African Inland Church) Litein Hospital estimates that in excess of 70% of patients presenting with tuberculosis (TB) have HIV co-infection. However, little success has been made in the integration of TB/HIV services, primarily due to limited diagnostic infrastructure and human resource capacity. As part of new, proposed antiretroviral and palliative care HIV programs under the President's Emergency Plan (FY05) and consistent with the goals and aspirations of the National Leprosy and Tuberculosis Program, AIC Litein Hospital will focus attention to combined HIV/TB diagnosis and care. Using guidelines established by Kenya's National Leprosy and Tuberculosis Program, AIC Litein Hospital will conduct HIV testing in 250 patients with tuberculosis, treat 120 patients with HIV infections for tuberculosis, and refer 100 patients with combined HIV/TB for antiretroviral therapy.

Eight health care workers including physicians, nurses, and pharmacists will be trained in integrated HIV/TB diagnosis and care as sanctioned by the National Leprosy and Tuberculosis Program. While training is anticipated with the National Leprosy and Tuberculosis Program, the AIC Litein Hospital will also receive training as part of a larger network established by Kericho District Hospital. Health facilities affiliated to AIC Litein Hospital will be assisted in the referral of patients suspected to have HIV and/or TB for further evaluation and management.

As part of an effort to improve capacity to provide HIV/TB palliative care, a small proportion of funds will be dedicated to developing both human resources as well organizational capacity. A system for monitoring and evaluation of combined care received in Tuberculosis/Chest clinics and HIV/AIDS clinics will be initiated.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	85%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	120	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	8	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Faith-based organizations
- Health Care Workers
 - Doctors
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Religious/traditional leaders
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Nyanza
State Province: Rift Valley

ISO Code: KE-600
ISO Code: KE-700

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Leprosy and Tuberculosis Programme

Planned Funds: []

Activity Narrative:

The National Leprosy and TB Program will build on experiences gained in pilot programs to expand integrated TB/HIV services nationally. The first phase of expansion will be to 30 priority districts, but the plan is to implement these activities in all 74 districts nationally. In the first phase, 100 health care workers from 44 clinics will be trained to conduct diagnostic HIV testing and to manage the treatment of co-infected individuals, and 22,000 TB patients will be screened for HIV. Activities will include training, technical support, upgrading of laboratory and clinical spaces, and support for necessary commodities such as cotrimoxazole. NLTP will coordinate the overall rollout of this new initiative among all partners and will implement the program themselves in districts where no other PEPFAR partners are working. This is one of the most progressive initiatives (to link TB care with HIV diagnosis and care) anywhere in Africa. It requires the TB and HIV programs to form linkages at all levels from the headquarters in Nairobi to the peripheral health center and district hospital. It will likely become a major entry channel for new patients to access ART in Kenya in the following years.

The NLTP is the primary government of Kenya institution responsible for establishing TB policy and implementing TB programs in Kenya. TB services in Kenya have been decentralized to the health center level; drug supplies are consistent, and are provided free to all TB patients. NLTP anticipates that there will be 136,000 cases of TB in Kenya in 2005, 60% co-infected with HIV. The NLTP is responsible for the program in Kenya has a well-deserved reputation for widespread coverage, good diagnostic facilities, and for provision of free high quality drugs to all patients testing positive for TB. The case detection rate is currently estimated at 47% (goal 70%) and the treatment completion rate is 80% (goal 85%).

These activities will be intimately linked to those of other partners such as PATH and Family Health International (FHI) who are involved in the national scale up of integrated TB/HIV activities and will also link intimately with activities of other partners taking responsibility for implementation in specific districts (FM) in urban districts in Mombasa and Nairobi, CDC/KEMRI in 2 districts in Nyanza Province, Indiana University in 4 districts near Eldoret, US DOD partners in Kericho and Bomet Districts, and IMC in Districts in Nyanza and Coast Provinces). Priority districts have been chosen in part based on HIV prevalence and the availability of HIV treatment services, and this program will also link very closely with treatment activities throughout the country. NLTP will work collaboratively with nationwide programs targeting implementation of TB/HIV activities for specific groups (CHAK/KDOD/Uniformed services supporting implementation for Mission sector facilities, the military, and the Prisons). All partners will work together to develop policies and guidelines and training materials. These activities will contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral system, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services.

Activity Category

Development of Network/Linkages/Referral Systems

% of Funds

20%

UNCLASSIFIED

- Infrastructure 20%
- Logistics 30%
- Training 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	5,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	44	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Eastern Deanery AIDS Relief Program, Kenya

Planned Funds:

Activity Narrative:

The Eastern Deanery AIDS Relief Program (EDARP) will expand existing integrated TB/HIV services to screen 9,000 patients with tuberculosis for HIV, providing treatment for HIV as appropriate, and treat 3,350 HIV-positive people for active or latent tuberculosis. Activities will include expansion of a network of 400 community health workers, each of whom is responsible for monitoring the health of members of about 18 families in their neighborhood, and provision of home visits by program nurses, with referral to clinic based care as needed. Funds will also be used to support salaries for health care workers in accordance with Emergency Plan guidelines, and to provide training both for new and existing staff.

EDARP is a Faith Based Organization under the Roman Catholic Archdiocese of Nairobi that was established in 1993 as a response to the HIV pandemic that is affecting the people living in the Eastlands area of Nairobi. A network of community health workers and clinical sites has been established, and now provides services to many thousands of people with HIV. Elements of the program have been expanded in recent years, and most recently, introduction of treatment with antiretroviral drugs (with approximately 320 patients now on treatment). The EDARP program has piloted the integration of TB and HIV services, and has successfully introduced routine testing for HIV among people with TB, with more than 80% of tuberculosis patients accepting HIV testing. This program is now serving as the model for the scale up of these activities nationally.

The populations served by this partner are a priority because of high rates of HIV and because the population is extremely poor and would otherwise have very limited access to health care services. The activities link to a variety of services, including counseling and testing services, and antiretroviral treatment supported by partner, ART and palliative care activities supported through a track 1 partner, Catholic Relief Services, and nutrition support programs funded through Marquette University. Services are also linked to the network center at Kenyatta National Referral Hospital. These activities will contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	3,350	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Christian Health Association of Kenya

Planned Funds: []

Activity Narrative:

The Christian Health Association of Kenya, an umbrella faith-based organization networking 33 member Protestant mission health facilities, has been in existence for 58 years. In partnership with the Catholic Kenya Episcopal Conference, CHAK runs MEDS, the Mission for Essential Drugs and Supplies. MEDS provides procurement and logistics support to the faith-based sector, and received FY04 Emergency Plan funding to provide antiretroviral drugs and other essential commodities. CHAK continues to work with the Elizabeth Glaser Pediatric AIDS Foundation and the Catholic Medical Mission Board to provide support to the Catholic and Protestant networks of dispensaries, clinics, and mission hospitals.

In this activity, 35 health care workers will be trained in integrated TB/HIV activities, 2000 people with TB will be tested for HIV. Nine hundred people with HIV will receive treatment for TB, and 700 will be referred for ART at 15 Mission facilities. CHAK's programs will target Mission facilities, but will coordinate with the National TB Program that is directed primarily at government hospitals and health centers. CHAK will utilize training materials and IEC materials from the National Program. Laboratories and clinical facilities will be upgraded to support provision of integrated TB/HIV activities. Co-infected patients will be referred to treatment services at these facilities.

CHAK will comply with Ministry of Health clinical and reporting guidelines and will continue to participate in the MOH's Technical Working Group to ensure coordination of activities between the public and mission sectors.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	900	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	35	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	15	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Faith-based organizations
- Health Care Workers
- Health Care Workers
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Provinces:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Community Housing Foundation

Planned Funds: **Activity Narrative:**

Community Housing foundation will provide sub grants to local NGOs and CBOs that will result in the strengthening of integrated TB/HIV activities, that will result in the training of at least 25 health care providers management of TB/HIV co-infected patients., treatment of active or latent tuberculosis infection in 300 HIV-positive patients, and treatment of 150 co-infected patients with antiretroviral drugs (activities described under ART services). Activities will include upgrading of the lab and X-ray facilities for at least one program, community mobilization activities, and procurement of commodities such as laboratory reagents.

The primary implementing partner in this activity, the Community Housing Foundation (CHF) was awarded a cooperative agreement with CDC in late FY04. CHF has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. Under the terms of the cooperative agreement, CHF will support a number of CBOs and FBOs approved under the Kenya FY04 COP, with emphasis on the program areas of counseling and testing and HIV care and treatment. For at least one partner specified in our FY04 COP (AID Village Infectious Diseases) there will be substantial support for integrated TB/HIV activities. Several new sub-grantees are proposed for support through CHF in the current COP, and most of those conducting HIV treatment and care activities will support integrated HIV/TB activities. The activities of one partner (AID Village Infectious Diseases) will be relatively substantial and are described above. In addition to assisting these local organizations to develop and use local networks for referral of patients and for services not directly provided by the sub-grantee, CHF will develop a network among the sub-grantees so they can share lessons learned about local implementation of their activities.

The specific sub-partner activities have been chosen because of high rates of TB/HIV co-infection in the target population (Nomadic Masaai living in southern Rift Valley Province). Activities will link to HIV prevention and treatment activities being implemented by this partner, other partners in the area, and other partners supported through CHF. These activities will contribute to the results of strengthened delivery of integrated HIV/TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	25	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM**Mechanism/Prime Partner:** %IMPACT / Family Health International**Planned Funds:** **Activity Narrative:**

Family Health International Impact Project (FHI/IMPACT) has in the preceding years received funding from USAID to support TB control activities with the National Leprosy and Tuberculosis Program (NLTP) in urban, poor populations in Mombasa and Nairobi. This sub-agreement supports strengthening of the Central Reference Laboratory, linkage into the home-care programs to introduce/strengthen community-based DOTS, continued school health education, increased number of TB diagnostic and treatment centers, development of effective referrals, dissemination of provider job-aides, educational campaigns, strengthening of management of drug resistance, and surveillance and institutionalization of TB/HIV collaboration. This program will extend and reinforce the Urban TB Control, consolidate the nomadic TB control activities, further TB/HIV collaboration, and engage the private sector providers in TB care.

In the proposed activities, FHI/IMPACT will play a key role in the implementation of the national integration of TB/HIV services that is described in the NLTP section of this program area. FHI/Impact will support the National TB/HIV Steering Committee to develop policies and guidelines for TB/HIV collaboration. IMPACT will continue to strengthen the capacity of the National TB Reference Laboratory through an assessment of staff requirements, training of staff (10), support for additional staff if required, upgrading of laboratory with additional equipment, and renovation of remaining laboratory space. Specific activities will include intensification of urban TB/HIV programs in Nairobi and Mombasa, with particular emphasis on private practitioners, continuation of SADIA, a TB program in the Samburu area that targets nomadic populations, assessment of the program with emphasis on learning lessons to apply in improving TB/HIV care in other nomadic populations, extension of the TB/HIV nomadic populations program model to Marsabit and Isiolo, and development of protocol for VCT counselors to assess, counsel, and refer VCT clients for TB testing. There will be joint training of 90 counselors and TB staff at IMPACT supported sites as well as development of protocol for TB-staff for HIV counseling and testing of TB clients, with requisite training of TB staff at IMPACT supported sites. Also, development of linkage in reporting TB related HIV cases that are screen through VCT and CCC facilities and training of TB health workers to offer HIV testing of all cases of TB and to manage opportunistic infections.

These activities will contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Community health workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nairobi
State Province: Western

ISO Code: KE-110
ISO Code: KE-900

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISMMechanism/Prime Partner: **Frontiers in Reproductive Health / Population Council**Planned Funds: **Activity Narrative:**

Population Council will support recognition and management of TB and HIV co-infection at 5 facilities providing PMTCT services in Nairobi and Western Province. This activity specifically focuses on the integration of TB and HIV services in settings where women receive medical treatment, particularly PMTCT services. This is of critical importance because of available information about high rates of tuberculosis among African women in PMTCT settings, and because of the high risk of tuberculosis and its complications in new-born infants. Specific activities will include: screening of 500 women for HIV and tuberculosis (200 in Pumwani, 100 in PGH - Kakamega and 50 in each of the 3 district hospitals namely Bungoma, Busia, and Vihiga and Webuye Sub-District Hospital) according to criteria agreed upon with the National TB and Leprosy Programme (NLTP); screening of 150 HIV-positive women for tuberculosis (70 in Pumwani, 30 in PGH - Kakamega and 10 in each of the 5 district hospitals) according to NLTP criteria; creation of awareness among 240 health workers working in Maternal Child Health and TB clinics (approximately 40 from each hospital) on the importance of integrating TB services within PMTCT activities; development, printing, and distribution of 16000 pamphlets, leaflets and posters on advocacy and awareness on TB/HIV/AIDS co-infection; updating of 40 staff of the National TB and Leprosy Programme, Hospital Management Teams, and District Health Management teams on the delivery of integrated HIV and TB services; and supportive supervision for sites in 8 districts in Western Province (including those without major government hospitals) and Pumwani Maternity Hospital in Nairobi.

These activities will link to PMTCT and treatment programs supported by Family Health International (FHI) and Indiana University. This pilot program will contribute to the result of better identification and treatment of tuberculosis among HIV-infected pregnant women. This activity will also contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral system, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Needs Assessment	10%

UNCLASSIFIED

- Strategic Information (M&E, IT, Reporting)
- Training

10%
15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	250	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Women
- Health Care Workers
- HIV+ pregnant women
- HIV+ pregnant women
- People living with HIV/AIDS
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Nairobi
State Province: Western

ISO Code: KE-110
ISO Code: KE-900

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / John Snow Inc

Planned Funds:

Activity Narrative: This activity will support procurement of equipment, supplies (such as laboratory equipment and pharmaceuticals including cotrimoxazole and isoniazid), and funding for training activities required to implement the National TB program plans for integrated TB/HIV activities. Targets for patients treated as a result of these activities are listed under the activities funded through the National Leprosy and TB Control Program (NLTP) and other partners collaborating in the implementation of integrated TB/HIV activities.

JSI/DELIVER has been supporting supply chain management of reproductive health commodities in Kenya for over 10 years, and during the last 3 years has been responsible for the safe and secure distribution of TB commodities for the Kenya National TB Control Program. Tight financial management and accountability is the key to the success of the program as can be seen through present efforts as well as the TB program on which this program design was based.

These activities will capitalize on JSI's capacity for efficient and flexible procurement, and will be an important component of support for the implementation of integrated TB/HIV activities that will be coordinated by NLTP, including broad implementation of diagnostic testing for HIV, and provision of appropriate treatment and referral for persons with TB and HIV co-infection.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	60%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Indiana University School of Medicine

Planned Funds:

Activity Narrative:

The Moi University Faculty of Health Sciences (MUFHS) is one of two schools of medicine, nursing, and public health in Kenya. It now provides medical and health education to 670 students. Indiana University School of Medicine (IUSM) has collaborated with MUFHS since MUFHS' inception in 1990. IUSM has supported a team of faculty members on-site in Eldoret for the last fourteen years. Doctors of the World, a new affiliate, is an international health, development, and human rights organization. It has operated capacity-building programs in 25 countries, addressing urgent health issues including TB and HIV, women's health, and child health. The Moi Teaching and Referral Hospital (MTRH), in the city of Eldoret in western Kenya, is one of two national referral hospitals. MTRH and Kenyatta National Hospital are the ultimate end-points in the national referral network. The leadership of AMPATH includes the Director of MTRH and the Dean of Moi University Faculty of Health Sciences, and the advisory board includes representation from the National AIDS Control Council, the Ministry of Health, and local communities. Each of AMPATH's sites, including the new sites at Kitale and Kapenguria District Hospitals, are partnerships with the Ministry of Health. AMPATH is recognized by NASCOP as the training center for western Kenya. In addition, physicians within the AMPATH program sit on various committees that advise the Ministry of Health on HIV/AIDS related issues. AMPATH has had a significant impact on the development of nationally approved HIV treatment protocols.

In this activity, 20 health care providers will be trained in the management of TB among people with HIV, and 480 people with HIV will receive treatment or prophylaxis for tuberculosis at 8 sites in Rift Valley, Western and Nyanza Provinces. Patients with TB and HIV will receive treatment, including ART as appropriate at these same facilities (also supported by the Emergency Plan).

This activity will be implemented in collaboration with the National TB and Leprosy Control Program, will link intimately with counseling and testing and ART services supported by Indiana University and will contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%

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- Needs Assessment 10%
- Training 25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	480	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	8	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Program for Appropriate Technology in Health

Planned Funds: **Activity Narrative:**

The Program for Appropriate Technology in Health (PATH) has worked with the National Leprosy and Tuberculosis Programme (NLTP) and the National AIDS and STD Control Programme (NAS COP) to develop a joint national plan for TB/HIV collaborative activities in 30 districts. However, to-date this plan has not been fully implemented in large part due to limited human resource capacity at the central level to initiate implementation of the plan, train local, district, and provincial staff, and supervise activities. Simple tools are needed for dissemination to TB coordinators, HIV coordinators, and primary health care providers regarding the cross-referral, screening, and testing of TB patients and HIV-infected individuals, and standardized surveillance or monitoring and evaluation systems need to be established. The roles of various cadres of health workers such as pharmacists, nurses, and clinical officers who are often the first points of contact for HIV and TB patients have not been defined and enhanced. While numerous TB/HIV-related operational research projects are on-going, a prioritized plan for operational research related to TB/HIV co-infection and management has not been elaborated. There are currently limited activities to share information related to TB/HIV or to stimulate community-level demand for HIV and TB testing.

In this activity 100 health care workers will be trained at 50 sites. This is a collaborative program with NLTP and other targets are reported there. PATH will work hand-in-hand with NLTP to implement integrated TB/HIV activities. PATH will play key roles in the development of policies and guidelines, be the lead partner for development of the communication strategy, and also lead in the development of referral directories and mechanisms to ensure that HIV infected patients qualifying for ART are referred to appropriate treatment facilities. Activities contribute to people counseled and tested for HIV (included under CT). These activities contribute to patients referred for ART; however these targets are included under other partners collaborating in these activities

PATH has been is an active partner of the NLTP for many years. PATH has developed a communication strategy for fighting TB in Kenya that was later adapted as a national strategy and will soon be launched, pending the availability of resources. PATH collaborated with NLTP to develop a series of printed materials, including flyers with short, realistic stories of the journeys taken by fictionalized clients on the road from illness to cure. These were distributed in primary care clinics, including ANC and MCH hospitals, and in schools. A job aid brochure was designed for distribution to non-TB health care providers, to improve referral to government TB clinics. In addition to the collaboration with NLTP, this activity will link to technical support being provided to the NLTP by KNCV and the WHO "Stop TB" Partnership.

The entire program will link to HIV treatment activities throughout the country; this activity will contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Medical Corps

Planned Funds:

Activity Narrative:

International Medical Corps (IMC) will expand current community-based integrated TB/HIV programs to 3 districts where they are currently conducting other HIV prevention and treatment activities (Suba, Taita Taveta, and Tana River). 1200 HIV patients will be treated for active TB or given prophylaxis if they have no active TB. IMC will train 180 health care workers on conducting diagnostic HIV testing among TB patients and management of co-infected patients. They will support testing of 500 TB patients for HIV, and support treatment or referral to treatment for these patients. IMC will also increase the quality of the of the TB microscopy in 15 health facilities in the four districts. They will improve the logistics and supply management systems to make sure that there are no stock outs of test kits, lab supplies, or the new drugs for TB and HIV treatment.

IMC is an international NGO that has been working in Kenya since 1993, with a primary focus on community capacity building for health among populations with limited access to health care or in hard to reach areas. IMC program areas in Kenya include HIV/AIDS and TB. IMC has been implementing HIV/AIDS programs in Kenya since 2001, and is currently implementing a PMTCT project in Kibera, which is being scaled-up to cover Suba, Tana River, and Taita Taveta. IMC is also engaged in the implementation of community TB DOTS program in Kibera slum of Nairobi in partnership with NLTP. The program promotes active case finding at community level and involves community/family members in the implementation of DOTS. IMC programs in Kenya are implemented in close partnership with the Ministry of Health, supporting national plans and strategies and follow national guidelines.

The focus districts for these activities were chosen for different reasons. IMC has existing infrastructure and experience in all the districts. All are difficult to reach—for example a substantial proportion of the population of Suba district lives on islands in Lake Victoria and can only access medical care by boat. These activities will be coordinated with the broader implementation of integrated TB/HIV activities by the National TB and Leprosy Control Program and other partners (supported by the Emergency Plan), to VCT and PMTCT activities conducted by IMC, and where available will link to other HIV treatment activities (for example KEMRI supported treatment activities at the district hospital in Suba). These activities will contribute the results of strengthening the capacity of health workers to provide integrated HIV/TB services and strengthening supply chains and commodity management systems in Kenya.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Logistics	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	180	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	15	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Coast
State Province: Nairobi
State Province: Nyanza

ISO Code: KE-300
ISO Code: KE-110
ISO Code: KE-600

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Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Walter Reed Project / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

The Kenya Department of Defense (KDOD) proposes to intensify the care and treatment of military patients with the co-infections of TB/HIV by undertaking more health personnel training in management of TB/HIV, improving the laboratory capacity for TB/HIV, and improving the infrastructure as necessary in designated health facilities to cater for 1000 patients with TB/HIV co-infections. These activities will result in the following: (1) strengthened capacity for KDOD health professionals to care for HIV infected TB patients, (2) KDOD health institutions strengthened to deliver HIV/TB services, (3) improved diagnostics and treatment of TB among HIV+ individuals in the military population, and (4) improved supply of TB drugs in the Kenyan military.

Refresher training for integrated TB/HIV activities for KDOD health professionals will be undertaken. TB/HIV care clinics will be established in the 4 new regional care and treatment centers in Mombasa, Nanyuki, Nakuru, and Eldoret. TB patients will be screened for HIV and co-trimoxazole will be administered as indicated by Kenya's National Leprosy and Tuberculosis Program guidelines. Liaison with the National Leprosy and Tuberculosis Program will be maintained for both training and maintenance of treatment/care standards. A network system of HIV/TB patient tracing and referral will be maintained in the whole military structure of medical care.

In partnership with the CDC/US Army Medical Research Unit and the National Leprosy and Tuberculosis Program, the KDOD has in the last 3 years trained a limited number of KDOD health personnel in basic TB/HIV management. The comprehensive TB/HIV clinic at Forces Memorial Hospital in the FY04 cared for 424 patients with co-infections of TB/HIV. Intensification of TB/HIV case finding coupled with more training will lead to more patients being identified and appropriate care given. It is estimated that 300 patients with TB will require ARVs. In terms of reporting for TB, the KDOD has been recognized as having the same status as a Kenyan Province. This recognition by the National Leprosy and Tuberculosis Program will be exploited to ensure that the KDOD tuberculosis program is developed further under the President's Emergency Plan.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	25	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Adults
 - Men
 - Men
 - Women
 - Women
- Government workers
- Government workers
- Health Care Workers
 - Doctors
 - Doctors
 - Pharmacists
 - Pharmacists
- High-risk population
- High-risk population
- Military
- Military
- People living with HIV/AIDS
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Uniformed Services Project / Kenya Medical Research Institute

Planned Funds:

UNCLASSIFIED

Activity Narrative:

In FY05, activities will be intensified in this program area so as to give the following results (1) strengthened capacity of health care professionals in KPS to care for HIV infected TB patients, (2) improved diagnostics and treatment of TB among HIV-positive individuals in the selected prisons, and (3) strengthened delivery of integrated HIV and TB services. This will contribute toward strengthening both health worker capacity and making integrated TB/HIV services to a wider group of Kenyans.

TB and HIV burden is high in the Kenyan prisons. This is due to several factors, such as overcrowding, poor nutrition, delay in diagnosis, and poor medical services. Kenya Prisons Service (KPS), CDC/ Kenya Medical Research Institute, in partnership with the National Leprosy and Tuberculosis Program and the National AIDS Control Council has been running a TB/HIV project at Kamiti Maximum Prison since 2003. The objectives of this program have been (1) to strengthen Directly Observed Treatment of TB patients (inmates, prison staff and their family members), and (2) to care and support the HIV infected prisoners. The activities have included the following (1) TB screening for new inmates, cellmates of diagnosed TB cases and TB screening of VCT clients; (2) TB patients who are HIV infected are put on Cotrimoxazole; and (3) HIV- positive patients who do not have signs of TB disease are put on Isoniazid preventive therapy. In collaboration with Kenya Medical Research Institute and the National Leprosy and Tuberculosis program, the Prison department will rollout TB/HIV services in 20 prisons nationally where 4000 TB patients will be tested for HIV, 2000 HIV infected individuals will be screened for TB, and 1500 will be referred for treatment. TB patients with HIV will be put on cotrimoxazole while some will be referred to designated ARV centers, train 30 health care workers in TB/HIV care, renovate and revamp the existing prison health facilities, and develop referral systems for patients who are infected with both TB and HIV.

The USG in Kenya through CDC has had an effective collaboration with the Kenya Department of Defense (KDOD) since 2001, enabling the USG to assist the military to introduce a comprehensive HIV prevention and care program. In the FY04 COP, a similar partnership was initiated with two other uniformed services of Kenya, the Kenya Prisons Service and the National Youth Service. In this FY05 COP, we propose to continue support for the Prisons Service and the Youth Service, and add support for the Kenya Wildlife Service and the Kenya Police Department. All of these uniformed services share some features, with young men and women often serving in locations far from home, and thus they are vulnerable to high-risk behaviors. Although each uniformed service has unique needs and a unique population needing specialized and tailored services, all of these uniformed services will be empowered to develop and implement a comprehensive program of HIV prevention and care, modeled on the effective program of the military. Linkages between these services will be encouraged so that they can learn from the successes and challenges encountered by the other services. We also plan to have the KDOD staff provide technical assistance to their counterparts in the other services. Funds for the KDOD program will continue to be channeled through the USDOD but this mechanism is not available for non-military uniformed services, so funds for these activities will be channeled through the Kenya Medical Research Institute (KEMRI). CDC Kenya has a cooperative agreement with KEMRI in place and this mechanism will be used to support the activities of the non-military uniformed services. During this COP, no funds will be provided directly to the uniformed services; instead, CDC through KEMRI will provide training and other services and goods needed for program implementation. The UK Department of International Development (DFID) is also supporting some elements of the projects with the Kenya Police and the Kenya Prisons Service.

Activity Category

- Development of Network/Linkages/Referral Systems
- Information, Education and Communication

% of Funds

- 20%
- 10%

UNCLASSIFIED

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Infrastructure | 25% |
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 15% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 5% |
| <input checked="" type="checkbox"/> Training | 25% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	30	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Government workers
- Health Care Workers
 - Doctors
 - Nurses
- High-risk population
- HIV/AIDS-affected families
- Military
- Police
- People living with HIV/AIDS
- Prisoners
- Youth

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / Kenya Medical Research Institute

Planned Funds: **Activity Narrative:**

ACTIVITIES APPROVED IN FY04 (Kenya COP 2004 p. 55). KEMRI will expand and integrate TB/HIV services to 2 additional districts. As part of the national expansion of integrated TB/HIV services, KEMRI will support the following activities in Siaya and Bondo Districts—training for community health workers (ambassadors) to support referral, adherence to care, and defaulter tracing for HIV-infected patients with tuberculosis, implementation of testing for HIV among patients seen at TB clinics, with provision of basic services such as cotrimoxazole preventive therapy and referral to HIV treatment centers, and improved screening for tuberculosis at HIV care clinics.

There is a long-standing collaboration between the Kenya Medical Research Institute (KEMRI) and the US Centers for Disease Control and Prevention in Kenya. This collaboration was initially research-based, but in 1999 expanded to include HIV prevention and treatment activities and has now supported implementation of extensive programs in voluntary counseling and testing, prevention of mother to child transmission services, HIV/TB co-infection, and treatment for HIV.

Integrated HIV/TB activities are high priority in this area. Testing for HIV among TB patients at the Provincial Hospital in nearby Kisumu district has shown that more than 80% of TB patients in this region are also infected with HIV. These activities will link to well-established local VCT and PMTCT programs, and an established referral network between the district hospitals and the network center at the Provincial Hospital.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	50%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	640	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	14	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative issues:

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

- Result 1: Increase integration with programs providing prevention, care and treatment to adults living with HIV/AIDS.

- Result 2: More comprehensive package of care for HIV infected individuals including safe water, nutritional support and cotrimoxazole.

- Result 3: More extensive community network expansion and development of new networks, to care for People living with HIV and AIDS.

- Result 4: Establish legal support programs, including inheritance planning and the rights of widows to inherit property.

- Result 5: Increase integration with programs providing prevention, care and treatment to adults living with HIV/AIDS.

Total Funding for Program Area (\$): **Current Program Context:**

VAs described in Kenya's five year strategy for Implementation of the Emergency Plan, general medical care for HIV associated conditions is provided in most health care facilities in the country, and services specific to HIV are being expanded. Comprehensive care clinics for patients with HIV have now been established at more than 100 facilities including both National Referral Hospitals, 6 of 8 Provincial Hospitals, more than 15 District Hospitals, and approximately 8 rural health facilities. Non-ART services are provided to patients receiving ARVs and to patients who meet criteria for but are unable to access ARVs, patients in whom ART is deferred pending further adherence counseling and/or resolution of inter-current medical conditions, and patients who have not yet become eligible for treatment with ARVs. The package of basic non-ART health services includes prevention, diagnosis, and management of opportunistic infections and a broad range of supportive services such as counseling and legal advice. Some programs have incorporated other services such as improved access to safe water, malaria prevention, and nutritional support. The provision of basic HIV care in health facilities lays the ground-work for the provision of antiretroviral therapy through improvements in infrastructure, laboratory and pharmacy capacity, ability to follow patients over time, and establishment of critical referral links to community-based support services.

VnProvision of home based care and other social support for people living with HIV/AIDS through NGOs and CBOs is part of Kenya's National AIDS Strategic Plan 2000-05, and the National AIDS and STD Control Program (NAS COP) Home-based Care Strategy for 2004-2008; there is an effort to standardize practice to meet national guidelines. Home-based care guidelines for Kenya were finalized in 2003 with significant technical and financial contributions by USG agencies; USG agencies have been further involved in guideline dissemination and use in practice. Six hospices in Kenya currently provide end-of-life care primarily for cancer patients (many of whom have HIV); some are expanding services to patients with HIV.

VnA key focus of our Kenya's 5 year strategy for Emergency Plan Implementation is to expand access to a basic package of services for people with HIV/AIDS that includes prevention and treatment of opportunistic infections, psychosocial support, and referral linkages to legal and other services. New and continuing activities will contribute to the provision of such a package of care to more than 100,000 people, and provision of aspects of palliative care to a total of more than 175,000 people with HIV/AIDS. In many settings the package of basic services will be expanded to include improved access to safe water for drinking, nutritional support where medically indicated, and programs addressing gender violence. Provision of home and community services will augment health facility associated services where these are available and serve populations that can not yet access facility based care (50,000 additional people). Legal support will be offered to protect property and other essential rights of widows and orphans to mitigate their vulnerability when a head of household dies of AIDS, and community networks of PLWHAs will be strengthened with program activities promoting wellness, nutrition, mutual psychosocial support, and/or mutual economic security. These activities will be evaluated through targeted evaluation or operations research on the impact of improved household nutrition and/or economic status on need for health services, effective methods for strengthening referral linkages between practical/social support services and health care services, evaluation of women's burden in care giving situation relative to male caregivers, and the impact of microfinance and income generating activities on coping abilities and health of people with HIV.

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: FANTA / Academy for Educational Development

Planned Funds:

Activity Narrative:

The Academy for Educational Development's Food and Nutrition Technical Assistance Program (FANTA) will study the effects of poor nutritional status and what significance it has on reducing the capacity of PLWHA to prevent opportunistic infections, maintain daily functioning, or benefit fully from ART. An increasing body of scientific and programmatic experience points to the important role food and nutrition interventions play in the treatment and care of people living with HIV/AIDS. As programs in Kenya (and elsewhere) integrate food interventions into ART and care interventions, there is a critical need for information about the specific impacts of food supplementation on the success of ART and on the health status of clients. There is also a need for information about the optimal types of food interventions for various programming contexts (ART, home-based care), both in terms of food content and distribution approach.

FANTA will conduct operations research on impacts of food supplementation in HIV Treatment and Care Services. They will work with Kenyan partners, the Kenya Medical Research Institute (KEMRI), the World Food Program (WFP), the University of Nairobi, and Insta Products to conduct operations research on the impacts of food supplementation in ART services and in home-based care programs. In consultation with local partners and with international and Kenyan researchers, FANTA will identify sets of food supplementation packages that will be provided to clients receiving ART, along with nutritional counseling. The impacts of the different food packages will be assessed in terms of nutritional status, daily functioning, response to treatment, and management of side effects, as well as acceptability, sustainability, and cost. A similar approach may be used for clients of community-based or home-based palliative care.

FANTA will conduct the operations research at 6 sites to ensure the study covers different contexts. Given the context-specific nature of these issues, FANTA will work closely with implementing institutions to document not only the impacts of food supplementation but also how food interventions are implemented and will seek to identify key factors that influence the impact of the supplementation. This research builds on FANTA's ongoing formative research in Kenya on the food and nutrition needs of ART clients. The results of the operations research will be disseminated widely among the Government of Kenya (GoK), USAID, Private Voluntary Organizations and research institutions to inform integrated programming of food and treatment and care.

In addition to the links with other partners implementing nutrition related services, this activity will link to care and treatment services being implemented at the chosen facilities. This activity will contribute to the result of improved quality and availability of basic package for HIV care, including nutritional support.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	17%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	17%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Policy and Guidelines	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	3%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	13%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	2,000	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Marquette University

Planned Funds:

Activity Narrative: Marquette staff have been in Kenya since 2002 working on HIV/AIDS prevention, care and training of health care providers. Malnutrition has been found to play a role in increased risk of contracting HIV and other major illnesses and modern drug therapies are less effective with patients with inadequate nutrition. Marquette has been quite successful in their current programming in enhanced nutrition to support the HIV/AIDS drug therapy.

This year Marquette will enhance its current program by scaling up the number of HIV/AIDS patients in their program to 10,000 who will receive clinical/nutritional and safe water interventions to improve the efficacy of treatment with or without ARVs. Critical nutritional support, care and treatment will be enhanced in three partner community based programs in Nairobi, Mombasa and Voi. Innovative agricultural interventions will be integrated into communities along with micro enterprise to support sustainability efforts impacting 15,000 households. Links to a variety of other partners providing ART and Non-ART health services, including Eastern Deanery and the FHI supported clinical programs in Coast Province.

PLWAs and their families are serviced by a Volunteer Community Health Workers (CHWs). These CHWs will be linked to a nurse, thus not only will patients benefit but family members, and the households of the CHWs and Nurses.

Marquette will be networking with many other HIV/AIDS projects in Kenya. Representatives from Ministry of Health, CDC, CRS, KMTC, University of Nairobi, National Nurses Association of Kenya, and Archdiocese of Nairobi participate in an existing advisory board for the project.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	55%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	15	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

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Target Populations:

- Community health workers*
- Nurses*
- People living with HIV/AIDS*

Key Legislative Issues:

- Twinning*

Coverage Area:

State Province: Coast
State Province: Nairobi

ISO Code: KE-300
ISO Code: KE-110

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Nazareth Hospital

Planned Funds:

Activity Narrative:

Nazareth Hospital has 350 patients on ARVS and another 500 on regular follow-up. Since 2001, the hospital has provided proactive care and treatment to the patients. It has now become necessary to provide holistic care to individuals to fit the WHO definition of health as physical, mental, social, psychological and economical well-being of an individual. Nazareth Hospital has recognized and will now act on the reality that patients who do not adhere to treatment are influenced by social economic and psychological factors. Some of their patients have failed to honor the doctor's appointment due to lack of bus fare, because they did not have someone to leave their children with, or are too weak to come to hospital and the family members have withdrawn support, or they did not take their medication because they had no food to eat. Nazareth Hospital will address these problems affecting adherence to treatment by our patients beyond their physical health to include social economic factors.

Nazareth Hospital will establish and equip 10 PLWHA social-economic support groups in the community. 200 people with HIV/AIDS will receive basic community based support including multivitamins and those who are malnourished will receive nutritional supplementation. They will strengthen 5 existing PLWHA community networks, training two family members of each of their patients' households on home based care, and training and equipping community women groups to take care of orphans and vulnerable children.

They will complement treatment and care being provided at the hospital and the home based care campaigns to ensure their success by looking at the individuals holistically.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	10%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care.	500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	170	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Widows

Key Legislative Issues:

Coverage Area:

State Province: Central
State Province: Nairobi

ISO Code: KE-200
ISO Code: KE-110

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Horizons / Population Council

Planned Funds:

Activity Narrative:

Ever since the Council was established in Kenya in 1998, its core mandate has been to conduct operational research in the area of HIV/AIDS. In the recent years, Population Council has assisted the Ministry of Health to pilot the Safe Motherhood Demonstration Project in Western Kenya, which, among other components, involved training health workers in essential obstetric care including intrapartum care. The Council team has also been active in assisting the ministry of Health develop a curriculum for pre-service training for health workers. The Council has team of competent senior researchers composed of mainly locally recruited staff. They also get backstopping from their colleagues in the Washington HQ.

A qualitative study conducted by Population Council and Plan International in Bondo district found the following to be the major needs caregivers of youth and OVCs: inadequate child-rearing knowledge and skills, lack of food and poor nutrition, and lack of other basic necessities such as shelter and school requirements for youth and OVCs. The Population Council/Horizons Program, in collaboration with Plan International Kenya, proposes an intervention to address the identified needs of different age groups of caregivers including child caregivers, men and women of reproductive age, and elderly caregivers.

During the first year of the proposed project, 800 youth and OVC caregivers of different ages will be trained. These include the elderly, adults of reproductive age as well as child caregivers. They will be trained in child rearing including child rights, succession issues, and providing a conducive environment for youth and OVCs to live in. Child caregivers will receive education appropriate to their age. 200 members of the two communities will be trained to provide psychosocial support to 800 caregivers and 3000 OVCs. 100 support groups for caregivers will be formed through which support will be channeled. The project will work with the support groups to ensure that 500 OVCs of school going ages that are currently out of school go to school. The project will also sensitize communities to initiate support for children caring for siblings as well as destitute caregivers. 1000 households will be trained in modern farming techniques, food storage to improve on food security and nutrition, and will be provided innovative plans and seedlings to grow.

Plan International will be subcontracted to implement the proposed intervention while Horizons will conduct the targeted evaluation component of the project. The project will create extensive community network expansion and development of new networks, where needed with increased human capacity development that addresses current and future needs through both pre-service and in-service training.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%

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- Human Resources 35%
- Linkages with Other Sectors and Initiatives 20%
- Local Organization Capacity Development 10%
- Quality Assurance and Supportive Supervision 15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	800	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community members
- HIV/AIDS-affected families
- Orphans and other vulnerable children

Key Legislative Issues:

- Volunteers

Coverage Area:

State Province: Coast
 State Province: Nyanza

ISO Code: KE-300
 ISO Code: KE-600

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Kenya Medical Research Institute

Planned Funds:

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Activity Narrative:

Kenya Medical Research Institute (KEMRI) will expand ongoing activities at 7 sites Nyanza Province to provide treatment, including ongoing counseling and prevention, and diagnosis, and management of opportunistic infections and cancers to 9,100 HIV-positive individuals at 17 points of services, and support training for 200 health care workers. Services will be provided at the New Nyanza Provincial Hospital in Kisumu, several district hospitals in Nyanza Province, numerous health centers in Bondo, Siaya, Kisumu, and Nyando Districts, and the clinic at the main campus of the Kenya Medical Research Institute (KEMRI). Services include all aspects of care, including intensive adherence counseling and community based support for adherence, and will include a program that places special emphasis on prevention of HIV transmission from people receiving treatment for HIV. Most of the training of health care workers will be practical training; health care workers are invited to join the functioning clinics on attachment, where they receive directed training and gain experience in all aspects of HIV treatment and clinic management. The program also places special emphasis on identification and treatment of HIV infected patients in the in-patient setting, with subsequent referral to outpatient and community based services. Activities will include support for health care worker salaries through renewable contracts in accordance with emergency plan guidance to meet critical needs at facilities where activities are being implemented. Activities will also support infrastructure improvement through renovation and furnishing of supported sites, and production and distribution of informational materials. Approximately 10% of the funds will be used for procurement of commodities such as test kits and laboratory reagents, and this partner will be responsible for assisting with collection of data concerning the numbers of people served by the supported facilities and reporting these data nationally and through the Emergency Plan. Funds will also support collaborative meetings of representatives from each institution for continuing medical education and experience sharing; this activity will strengthen the network of HIV care in Nyanza Province.

There is a long-standing collaboration between the KEMRI and the US Centers for Disease Control and Prevention in Kenya. This collaboration was initially research-based, but in 1999 expanded to include HIV prevention and treatment activities and has now supported implementation of extensive programs in voluntary counseling and testing, prevention of mother to child transmission services, and treatment for HIV. The largest of the clinics supported by this collaboration has already enrolled more than 5000 patients in care and is providing ARVs to more than 500 patients, making it the largest program among the Provincial Hospitals in Kenya.

These are priority populations because of the enormously high rates of HIV in this region of Kenya (overall 15% in the Province, with sentinel surveillance rates as high as 41% in some districts). In addition to serving the general population, services are provided to participants in US government funded research programs and their families. The Nyanza Province Hospitals are all part of a well-established network in that province (with regular meetings of represented hospitals and links to CME activities at the network center Provincial Hospital). There are well-established referral linkages from local VCT and PMTCT programs, and an established referral network between the district hospitals and the network center at the Provincial Hospital. There is a further linkage with CRS-supported sites in Nyanza province. The practical training described above links directly to classroom training supported by NASCOP and Mildmay. The impact of these services at a population level will be evaluated by SI activities conducted through the same partner. These activities will contribute to the results of expanded provision of a basic package of care services, improved systems for commodity procurement and distribution, integrated prevention and treatment programs, and expanded networks of care for patients with HIV/AIDS.

Activity Category
 Commodity Procurement

% of Funds
15%

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- Community Mobilization/Participation 30%
- Local Organization Capacity Development 25%
- Quality Assurance and Supportive Supervision 5%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	9,100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	17	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nairobi
State Province: Nyanza

ISO Code: KE-110
ISO Code: KE-800

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Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AMKENI Project / EngenderHealth

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

USAID's AMKENI Project will increase capacity of 40 sites to provide quality management of opportunistic infections through provider training and laboratory upgrading; facilitate linkages between each AMKENI-supported site and other available HIV care and treatment programs; conduct operations research in project areas to evaluate the relationship between HIV-related stigma, availability of HIV treatment, and PMTCT/VCT health-seeking behavior, and strengthen linkages between facility and communities.

USAID's AMKENI Project, a partnership of EngenderHealth, Family Health International (FHI), IntraHealth International, and Program for Appropriate Technology in Health (PATH), has been improving family planning, reproductive health, and child survival services within Coast and Western Provinces and working with communities to generate support for and utilization of these services since 2001. For the past two years, the Project has also been involved in rolling out PMTCT and VCT services in Coast and Western Provinces. Additionally, project technical staff are members of the technical Division of Reproductive Health and technical committees at the National AIDS and STD Control Program (NAS COP) that have been over-seeing the national rollout of these services. These experiences give the project solid experience in all of the proposed facility and community-based activities. In addition, AMKENI draws on the expertise of its partners, both globally and within Kenya.

All AMKENI interventions are designed and implemented with the Ministry of Health (MOH), specifically the Division of Reproductive Health (DRH) and the NAS COP, ensuring that activities meet GOK priorities and guidelines. At the provincial and district level, these activities will be planned, implemented and monitored in partnership with Provincial Health Management Teams (PHMTs), District Health Management Teams (DHMTs) and other relevant government agencies. The Project will fit within district/provincial plans, so as not to be disruptive, but rather complementary to MMOH goals. AMKENI will also continue to coordinate activities with other HIV and AIDS projects/organizations such as FHI's "IMPACT" project, Population Services International (PSI) and COPHIA, as well as community-based programs. These activities will contribute to the results of improving quality and availability of basic package for HIV care, including safe water, nutritional support, and cotrimoxazole and strengthening networks for care of PLWHAs.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation

% of Funds
5%
5%

- Human Resources 10%
- Local Organization Capacity Development 40%
- Needs Assessment 10%
- Quality Assurance and Supportive Supervision 5%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	11,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	80	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	40	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	28	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Coast	ISO Code: KE-300
State Province: Nyanza	ISO Code: KE-600
State Province: Western	ISO Code: KE-900

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / James Finlay (K) Ltd. Medical Department

Planned Funds:

Activity Narrative:

The James Finlay Kenya Ltd (JFK) Central Hospital is currently the only health facility within the James Finlay Tea plantation that is providing comprehensive HIV/AIDS treatment under FY04 President's Emergency Plan funds. JFK serves a population of approximately 80,000 employees and their dependents including those residing within and outside the tea estates. As with the limited availability of antiretroviral treatment at James Finlay (Ltd) Kenya, palliative care and basic HIV/AIDS health care support services have been inadequate. The JFK medical department and its chain of health centers and dispensaries will provide palliative care/basic health care support to HIV-infected adults, children, and their families in the company and surrounding communities in the second year (FY05) based upon expansion of their existing year-1 (FY04) activities. The patients will be identified and referred from the Prevention of Mother To Child Transmission of HIV infection (PMTCT), the Counseling and Testing sites, and the inpatient or outpatient departments. Focusing upon the network model, JFK will extend palliative care/basic health care support services throughout its plantation to include their dispensaries and health centers. With this expansion, 1000 individuals will receive palliative care services within their communities at more than 10 of its facilities. Clinical services will include follow-up treatment of opportunistic infections, nutritional counseling, monitoring of patient disease progression, and provision of Cotrimoxazole prophylaxis. All Palliative Care/Basic Health Care Support programs will be linked to antiretroviral therapy programs at the James Finlay Central Hospital (refer to 3.3.11), and will provide support for those on treatment through involvement in patient follow-up and adherence counseling. Activities under this entry will contribute to the development of the continuum of care in the tea estates and targets for both clinical care and antiretroviral therapy.

In addition to providing routine and ongoing care for opportunistic infections, target groups such as People Living with HIV/AIDS will be the focus of treatment initiatives aimed at providing psychological and spiritual support for positive living and prevention of HIV transmission and super-infections. James Finlay Central Hospital and its associated dispensaries will provide diagnostic and treatment services for malaria given the high, seasonal prevalence of severe highland malaria.

In order to implement the above palliative care services, JFK Hospital will train 17 health care workers (both existing and new, ranging from doctors, to nurses, to pharmacists, to nutritionist to social workers) in palliative care services. Finally, expansion of ongoing training initiatives focusing upon HIV/AIDS treatment will be in the area of end-of-life care in the home-based setting.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	45%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	10%

- Strategic Information (M&E, IT, Reporting)
- Training
- Workplace Programs

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10%
20%
5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	17	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Orphans and other vulnerable children
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kericho District Hospital, Kenya

Planned Funds:

Activity Narrative:

The Kericho District Hospital (KDH) is currently the only Ministry of Health public hospital providing comprehensive HIV/AIDS treatment in the south Rift Valley Province, serving approximately 500,000 individuals in Kericho District alone and in excess of .1 million in the south Rift Valley Province. Similar to the limited availability of antiretroviral treatment, comprehensive HIV/AIDS palliative care and basic health care support services have been scarce in the south Rift Valley Province. Kericho District Hospital will scale-up palliative care/basic health care support to HIV-infected adults, children, and their families in the south Rift Valley Province in year-two based upon expansion of their existing year-one activities. Focusing upon the network model, Kericho District Hospital will extend palliative care/basic health care support services to one District Hospital (Kapkatet District Hospital), one Sub-District Hospital (Londiani Sub-District Hospital), and seven rural health clinics. With this expansion, 4,000 individuals will receive palliative care services at the ten facilities.

In addition to providing routine and ongoing care for opportunistic infections, target groups such as People Living With HIV/AIDS (PLWHA) will be the focus of treatment initiatives aimed at providing psychological and spiritual support. Given the high, seasonal prevalence of severe highland malaria in regions covered by Kericho District Hospital and associated treatment facilities all ten sites will provide opportunities for both diagnosis and treatment of malaria in this high-risk population. Similarly, safe water supplies using low-cost, water treatment resources will be provided where safe water supplies are not available.

In order to implement such palliative care services, Kericho District Hospital will train 50 health care workers (both existing and new, ranging from doctors, to nurses, to pharmacists) in palliative care services. Physical infrastructures will be renovated and laboratory facilities will be brought up to a level consistent with the corresponding level of screening and care. Finally, expansion of ongoing training initiatives focusing upon HIV/AIDS treatment will be in the area of end-of-life care in the home-based setting.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Infrastructure	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	50	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Family planning clients
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
- HIV/AIDS-affected families
- Ministry of Health staff
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Live With Hope Centre

Planned Funds:

Activity Narrative:

The Kericho Live With Hope Center is a faith-based organization serving the HIV/AIDS needs of the rural community in a markedly underserved and difficult-to-reach area of Kericho. It has been providing spiritual, psychosocial, nutritional, and home-based care services to 50 People Living With HIV/AIDS (PLWHA). It has also been relying on the support of local volunteers. In the current (FY04) year of the President's Emergency Plan, the Live With Hope Center enhanced both an active Persons Living With HIV/AIDS support group as well as an active home-based care program. Activities in the FY05 program will focus on expanding the increasing need of both areas in this community.

The Live With Hope Center will provide HIV/AIDS palliative care ranging from psychological/spiritual support to care aimed at improving the quality of life of Persons Living With HIV/AIDS to 200 individuals. The Live With Hope Center will link both diagnostic and treatment palliative care activities to the larger network provided by the Kericho District Hospital, the primary support network for the Live With Hope Center.

Through both the home-based care program as well as a newly opened Voluntary Counseling and Testing center, the Live With Hope Center will provide both diagnostic and therapeutic interventions for malaria, Cotrimoxazole prophylaxis, and treatment of other opportunistic infections (OIs). Two individuals will be trained in the provision of clinical palliative care services providing needed support to home-based care volunteers and their clients. Funds under this proposal will also be used for nutritional counseling, supplementation, and home visits.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	33%
<input checked="" type="checkbox"/> Human Resources	55%
<input checked="" type="checkbox"/> Logistics	12%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable

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Target Populations:

- Caregivers
- Community members
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- People living with HIV/AIDS
- Volunteers
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mission for Essential Drugs and Supplies

Planned Funds:

Activity Narrative:

The Mission for Essential Drugs and Supplies (MEDS) will train 200 healthcare providers in provision of non-ART health services at 10 mission sites, with the result that 4,000 people with advanced HIV will receive non-ART health services. These activities will allow implementation/expansion of treatment activities at numerous small mission hospitals that are otherwise not yet specifically supported to provide HIV care. This program will allow efficient expansion of the numbers of HIV-infected people receiving health services in these settings. In future years, increased direct support may be offered to facilities that demonstrate a capacity to provide these services. Funds will be used to conduct follow up supportive supervision, to procure commodities (such as laboratory equipment and reagents, and to strengthen logistics, particularly pharmacy management. This partner will maintain records of the numbers of people trained and will report nationally and through the Emergency Plan. They will also assist supported facilities to meet national and Emergency Plan reporting requirements.

The Mission for Essential Drugs and Supplies is a faith-based organization that has been conducting ongoing training for health care workers from facilities, home- and community-based programs primarily from the mission/faith-based sector. MEDS has been developing human/institutional capacities and strengthening health service delivery in mission health sector since 1986. To date, more than 6,000 health workers have been trained in various disciplines. MEDS was among the first organizations to support expansion of access to treatment for HIV. In 2001, when MEDS began supplying mission facilities with ARVs, it was obvious that there were unmet needs related to training in the provision of HIV care. MEDS was a pioneer in the training of health workers in the use of ARV to manage HIV/AIDS in Kenya. Since 2001, 1,792 health workers have been trained in the five program areas (164 doctors, 119 clinical officers, 102 pharmacy staff, 969 nurses, 178 laboratory staff, 59 theatre/maternity staff, 60 CBO/Home based program coordinators, 101 administrators/managers and 40 record keepers). A training manual on these training interventions has been developed to guide the trainers. MEDS has been stocking and supplying ARVs and some OI drugs to facilities with trained personnel and thus complementing these training activities.

These are priority activities because many of these facilities already have substantial capacity and can be supported to establish HIV treatment programs in a wide variety of geographic areas, including many areas where treatment services are not yet available. The activities link to ARV treatment training provided by this partner, TB/HIV services supported by the National Leprosy and TB Control Program and CHAK, the Christian Health Association of Kenya (for example these activities will establish the capacity for Mission facilities to provide treatment for patients referred from CHAK supported TB/HIV activities), and to PMTCT activities in mission facilities supported by CMMB and other partners. These activities will contribute to the results of expansion of provision of a basic package of services for people with HIV, integration of treatment and prevention services, and expanded networks of care for people with HIV.

Activity Category

% of Funds

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
- Medical/health service providers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / AIC Litein Hospital

Planned Funds:

Activity Narrative:

The African Inland Church (AIC) Litein Hospital is a faith-based mission hospital in Bureti District of the Rift Valley Province. It supervises five health centers and dispensaries in Nyanza and Rift Valley Provinces of Kenya as part the wider Africa Inland Church national health care delivery facilities. AIC Litein Hospital struggles to meet the needs of community members in the Bureti District as well as the larger African Inland Church, both of which the Litein Hospital serves.

Under the President's Emergency Plan, AIC Litein Hospital and its associated health centers and dispensaries will provide routine care for 250 HIV-positive persons not yet qualifying for ART with treatment of opportunistic infections, including TB and malaria given the high severe seasonal prevalence in this region. Cotrimoxazole prophylaxis and nutritional counseling will be provided. Psychological and spiritual support will also be provided as part of the palliative care package with support from groups of Persons Living With HIV/AIDS and its network of churches and faith-based activities.

In order to meet these palliative care needs, 30 health care workers will be trained by this mission hospital. Training will coordinate with larger training for antiretroviral therapy, and all palliative care services will be linked to the growing antiretroviral therapy and TB/HIV programs at this facility under 3.3.7 and 3.3.11.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	250	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations*
- Health Care Workers*
 - Doctors*
 - Nurses*
 - Pharmacists*
- HIV/AIDS-affected families*
- People living with HIV/AIDS*
- People living with HIV/AIDS*
- Religious/traditional leaders*

Key Legislative Issues:

Coverage Area:

State Province: Nyanza
State Province: Rift Valley

ISO Code: KE-600
ISO Code: KE-700

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Handicap International

Planned Funds:

Activity Narrative:

Handicap International will continue to support the Kitale AIDS program, building on an effective existing program to provide a basic package of treatment services, including diagnosis and management of opportunistic infections, and ongoing counseling to 2,500 individuals with HIV. A key component of these activities will be develop referral linkages to program providing antiretroviral treatment, for example at Kitale District Hospital.

Handicap International has a long history of assisting vulnerable populations. The organization had an initial focus on disability related to war, but has expanded to address disability from a variety of causes in more than 50 countries throughout the world. The organization has been working in Kenya since the early 1990s, providing relief services to populations devastated by conflict, poverty, and food shortages. In 1996, the organization began to support services related to HIV/AIDS for these same populations and has had a very successful relationship with the population in the area of Kitale. Specific accomplishments have included the installation of a combined counseling and voluntary screening center and a documentation and recreation center aimed at a young public (Chanuka centre), training of staff from the hospital and dispensaries to improve the care-management of people living with the AIDS virus and the disease, extension of the project for providing access to essential medicine via the creation of 13 new community-run pharmacies and training of community relay staff to facilitate home care for people living with AIDS. These treatment activities are integrated with other community services for people with HIV and HIV prevention activities aimed at the entire community.

This target population has been chosen because of relatively high rates of HIV and because of vulnerability due to poverty. These activities will link to other area care services including treatment at the Kitale District Hospital and treatment services at the Eldoret network center. These activities will contribute to the results of provision of a basic package of services to people with HIV/AIDS, strengthened integration of prevention and treatment services, and strengthening of networks for HIV care services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	40%

UNCLASSIFIED

- Quality Assurance and Supportive Supervision 10%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable

Target Populations:

- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Western

ISO Code: KE-900

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Eastern Deanery AIDS Relief Program, Kenya

Planned Funds:

Activity Narrative:

The Eastern Deanery AIDS Relief Program (EDARP) will expand services at 3 sites in the Eastleigh slums of Nairobi to provide non-ART health services to 7,000 people with advanced HIV. Services will include diagnostic testing (with a focus on testing patients with tuberculosis), counselling, prevention, diagnosis, and management of opportunistic infections, and community based services including end of life care and pain management. The program includes a very strong component of community-based support for adherence to treatment as well as support for human resources (salary for staff providing care at the service delivery points), logistics, particularly management of pharmaceuticals, infrastructure improvement (renovations at the facilities), and production and distribution of informational materials to patients. Although substantial technical support is provided to this program, the capacity of the organization is gradually being expanded so they can take on a greater proportion of the responsibilities for the activities. EDARP will maintain a database and report on numbers of people trained and served both nationally and through the Emergency Plan.

EDARP is a faith-based organization under the Roman Catholic Archdiocese of Nairobi that was established in 1993 as a response to the HIV pandemic that is affecting the people living in the Eastlands area of Nairobi. A network of community health workers and clinical sites has been established, and now provides services to many thousands of people with HIV. Key elements of the program have been expanded in recent years, including establishment of centers that provide counseling and testing for HIV, and demonstration programs in integrated TB and HIV services that have successfully introduced routine testing for HIV among people with TB and have served as models for scale up of these activities nationally.

The populations served by this partner are a priority because of high rates of HIV and because the population is extremely poor and would otherwise has very limited access to health care services. The activities link to a variety of services, including counseling and testing services and ART services supported by this partner, ART and palliative care activities supported through a track 1 partner, Catholic Relief Services, and nutrition support programs funded through Marquette University. The treatment services are also linked to the network center at Kenyatta National Referral Hospital. These activities will contribute to the results of expanded provision of a basic package of services for people with HIV, improved integration of prevention and treatment services, and strengthened networks of care for HIV.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%

UNCLASSIFIED

- Development of Network/Linkages/Referral Systems 5%
- Human Resources 40%
- Infrastructure 10%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	7,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mildmay International

Planned Funds:

Activity Narrative:

Mildmay International will continue to support mobile teams to provide training in HIV treatment, with a focus in the very heavily affected Nyanza Province. These activities will result in classroom and practical training of 600 health care workers in non-ART health services (as part of a package of training on comprehensive care of people with HIV/AIDS, also described in the ART services program area), with components of follow up supportive supervision and quality assurance at the sites where these trained health care workers are engaged. This activity will also directly support care for several thousand patients, however these targets are reported with the relevant facilities. Mildmay will be responsible to monitor the numbers of people trained and report these numbers both nationally and through the emergency plan.

Mildmay International is a Christian not-for-profit organization, involved in the provision of consultancy, training and AIDS palliative care services worldwide. The vision of Mildmay International is that adults and children living with HIV/AIDS in resource limited settings will increasingly have access to good quality, holistic and comprehensive care that caters for their physical, emotional, social and spiritual needs, thus improving the quality of their lives. This is done through empowering health care providers through education, training and consultancy, to develop appropriate HIV/AIDS care and rehabilitation services. Mildmay's international presence is currently strongest in Uganda; approximately 50 staff from the Kenyan Ministry of Health, including district medical officers, Hospital superintendents, and staff from the National AIDS and STD Control Program have participated in Mildmay HIV program management courses in the past year and have been empowered and motivated to establish or expand treatment programs in their areas. Mildmay International has established training teams in Uganda, primarily to meet needs related to Home-based care, and has adapted this model for training related to HIV treatment in Kenya. By October 2004, two multidisciplinary teams had already been hired and trained; the first trainings (for 60 health care workers) are scheduled for mid-November.

One of the problems with providing needed training on HIV care in Kenya is that the enormous training needs have to date been met either by pulling busy clinicians from their work places to facilitate the trainings or by having the trainings given by people with limited "on the ground experience" with HIV care provision in Kenya. These teams will split their time between service provision and training. They will help to ease the staffing deficiencies at facilities where they are working and will be well equipped to train based on their ongoing clinical experience. Classroom trainings will be conducted based on the approved national training curriculum, and follow up site visits should help to ensure continued provision of quality services. These activities are directly linked to ART services supported by this partner, TB/HIV and care services supported through CRS (Track 1 supported facilities in Nyanza Province including St. Camillus, St. Joseph's and St. Monica's Hospitals), KEMRI (Bondo, Siaya, Nyando, Kisumu District Hospitals and others, Partners supported through CHF (Lalamba, Merlin), and UCSF (at Lumumba) and to the network center at Nyanza Provincial Hospital. These activities will contribute to the results of expanded provision of a basic package of health services for patients with HIV, improved integration of prevention and treatment services and strengthened networks of treatment.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	70%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	600	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / New York University

Planned Funds:

Activity Narrative:

New York University (NYU) will support treatment at 2 sites in Mombasa, resulting in 400 individuals receiving non-ART treatment services and 30 health care workers being trained in non-ART health services. This will be accomplished by on site material and technical support at an established Family Care clinic at Coast Provincial Hospital and the Bomu medical clinic that will build the capacity of this local facility to sustain treatment services for people with HIV. Funds will provide salary support for health care workers in accordance with emergency plan guidance. Activities will include community mobilization, strengthening of logistics capacity (particularly pharmacy management), and procurement of commodities such as laboratory reagents. Data concerning the numbers of patients receiving services will be collected and reported both nationally and through the emergency plan.

NYU has a long history of providing quality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to provision of treatment in resource limited settings like Africa. The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV tests, basic hematology and chemistry tests, CD4 counts, and specialized HIV PCR testing to aid in the early diagnosis of HIV infected infants. The Bomu clinic is a private clinic that provides general medical services to thousands of patients and has recently expanded their capacity to provide specialized HIV services.

A key focus of the family clinic is the provision of services to children with HIV, and the identification children with HIV as a way of reaching entire families that are affected by HIV. Included among the populations served by these services will be participants in US government funded research programs. These activities link directly to ART services provided by the same partner and through referral to adult and pediatric HIV services provided at Coast Provincial Hospital, a network center. There are further links to area VCT and community based activities supported by FHI and advanced training in HIV care supported through FHI. These activities will contribute to the results of expanded availability of a basic package of care for people with HIV, improved integration of prevention and treatment activities and expanded networks of care for people with HIV.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Coast

ISO Code: KE-300

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of Manitoba

Planned Funds:

Activity Narrative:

University of Manitoba activities will result in the continuation and expansion of treatment services for patients with HIV who have been identified because of their participation in two large research studies. A total of 255 HIV infected individuals will receive treatment for HIV, including ongoing counseling, and prevention, diagnosis and management of opportunistic infections at Pumwani Maternity Hospital and a clinic in the Pumwani Majengo area of Nairobi. Adherence to care will be supported through extensive involvement of peer groups. Funds will be used to support health care worker salaries in accordance with Emergency Plan guidance, support infrastructure improvement (through renovation) and will support logistics (particularly pharmacy management) and dissemination of informational materials. The University of Manitoba will maintain data concerning the numbers of patients receiving services and will report this information nationally and through the Emergency Plan.

University of Manitoba has an extensive history of work in Kenya with vulnerable populations including sex workers and a long standing research collaboration with the University of Nairobi with a primary focus on evaluation of risk factors for maternal to child transmission of HIV. Since 1986, they have been the main provider of health care and counseling for over 1700 mothers and their families. This long-term association has nurtured and created a very trusting environment for patients to visit. To date they have been unable to provide antiretroviral treatment to the women and children in this cohort because of lack of resources. The University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers in the Majengo area of Nairobi. Extensive community based services have already been established that include extensive involvement of peers as educators and a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the treatment expertise among the University of Manitoba staff.

These activities link directly ART services provided by this partner and services provided at Kenyatta National Hospital, a network center. The activities will contribute to the results of expanded provision of a basic package of services for people with HIV, improved integration of prevention and treatment of HIV, and expanded networks of HIV care.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	255	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex workers
- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of California at San Francisco

Planned Funds:

Activity Narrative:

The University of California at San Francisco (UCSF) will expand services at an HIV treatment clinic in Nairobi and establish services at Lumumba, a municipal health center in Kisumu, western Kenya. These clinics will provide treatment for 3,000 people with HIV, and will provide training for 30 health care workers in palliative care. Services will include diagnostic testing, ongoing counseling with a particular focus on counseling for couples (including those with discordant HIV results) prevention, diagnosis and management of opportunistic infections. Funds will support salaries for health care workers in accordance with Emergency Plan guidance, and to improve infrastructure through renovation of structures at Lumumba. Activities will include community mobilization and dissemination of informational materials to patients. A specific activity that will contribute immensely to the improvement of the area network for care will be the establishment of a treatment hotline that will make expert consultation in HIV management available to health care workers in area clinics through mobile phones. This partner will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

Because of the geographic foci of the HIV epidemic in the United States, UCSF has vast experience providing HIV care and has long been recognized as one of the premier institutions providing HIV care in the United States. The faculty of UCSF also has extensive experience developing training materials and implementing HIV treatment programs in resource limited settings, including Kenya. UCSF has a long-standing research presence in Kenya—proposed activities will capitalize on their technical expertise in treatment.

Treated patients will include participants in USG sponsored research programs, couples with HIV, HIV-positive members of discordant couples, and general populations. Couples will be identified through a research study (funded separately) that will evaluate whether acyclovir treatment can reduce the risk of HSV transmission in discordant couples. The screening for the research study will identify couples in which both partners are HIV-positive; these couples will not be eligible for the study and will be referred for treatment. UCSF activities will augment services provided at the Provincial Hospital in Kisumu, which is a network referral center but is nearing capacity. The services supported by UCSF at Lumumba Health center will coordinate with the services at the Provincial Hospital so that together they become part of a multi-facility network center (particularly for purposes of training, including CME). These services link to ART services provided by the same partner, to counseling and testing, and prevention of mother to child transmission programs supported by KEMRI, and to training supported by Mildmay International. These activities will contribute to the results of expansion provision of a basic package of HIV treatment services, development of networks of care, and integration of prevention and treatment activities for HIV.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Nairobi
 State Province: Nyanza

ISO Code: KE-110
 ISO Code: KE-600

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

/ World Vision Kenya

Planned Funds:

UNCLASSIFIED

The overall goal of the World Vision Kenya (WVK) AIDS Treatment and Support for OVCs (KATSO) project is to reduce the spread and impact of HIV/AIDS in 10 districts in Kenya. World Vision now proposes to scale up its response to the prevailing need for holistic—emotional, material, and physical—care for those affected by the HIV/AIDS crisis. Using its large network of churches/FBOs and CBOs, WVK will initiate innovative HIV/AIDS care, support and prevention interventions, while scaling up programming in 10 districts in Kenya. These geographic areas have been selected based on high HIV/AIDS prevalence, existence of basic HIV/AIDS programs, and potential for community participation. The project will integrate prevention interventions, psychosocial support, food/nutrition supplementation, livelihood training, micro-enterprise training and advocacy into all programming initiatives.

World Vision will establish 30 Community Care Coalitions (CCC) which will identify and train 500 caregivers who will be trained and supported by 40 trainers to provide care at the household level. Each caregiver will be responsible for eight households, totaling 4000, and 500 home-based care kits will be provided. WVK will involve these same groups and households, especially those with chronically ill persons and headed by children or grandparents, in the design and implementation of the program. This involvement of beneficiaries will not only improve project implementation but also enhance sustainability and potential for replication in other communities. Coalitions will be formed and trained throughout program areas to serve as the main vehicle for delivering care and support to OVCs and PLWHAs, and 250 interpersonal psychotherapy groups will be formed and supported. It is expected that 4000 PLWHAs will receive care and support, including, as appropriate, palliative care and clinical treatment for opportunistic infections. To increase access to health services, 200 healthworkers will be trained, not only in service provision, but also in anti-stigma and discrimination against PLWHAs. In order to carry out these activities, 20 small grants will be made to CBOs and FBOs.

This program is a continuation and expansion of WVK's Kenya AIDS Treatment and Support for OVC (KATSO) project approved for funding under FY 2004 PEPFAR track 1.5. WVK, Mildmay International, and Sustainable Healthcare Enterprise Foundation (SHEF) will provide clinical care and treatment while providing training and follow-up to community health workers and MOH staff. WVK will also complement work being implemented by Family Health International in Bungoma, Kilifi and Naivasha Districts. Accordingly, KATSO will provide some baseline benchmarks and build on the experience of KATSO in the areas of ART and NAHS. WVK's partners, Mildmay International and Sustainable Healthcare Enterprise Foundation are responsible for the implementation of the ART, NAHS and CT components of KATSO. Both organizations have years of experience working hand-in-glove with the Ministry of Health in these program areas. This ongoing close collaboration with concerned government agencies ensure that all actions undertaken in these program areas are consistent with pertinent Government of Kenya policies, protocols, guidelines and programs. All planned interventions are in full compliance with pertinent Government of Kenya priorities and guidelines and based on ongoing discussions with local level authorities and community leaders. In particular, the government's OVC and HBC guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Home Affairs, the Ministry of Health and the National AIDS Control Council. The program will be implemented as part of larger district, provincial and national plans to slow the spread of the HIV/AIDS pandemic and mitigate its effects.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	700	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Women of reproductive age

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Rescue Committee

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

The International Rescue Committee (IRC) has been implementing an HIV/AIDS prevention program in outreach to hard-to-reach populations and rural communities such as Turkana District in Kakuma refugee camp (KRC) since September 2001 and in Lokichoggio since February 2004. IRC will increase integration with programs providing prevention, care, and treatment to adults living with HIV/AIDS, maintain and scale-up existing availability of diagnostic counseling and testing services in clinical and medical settings, and increase access to HIV/AIDS prevention services for high risk and under-served populations. Specific activities in these sites include providing services at two VCT sites, scale-up the present HIV clinic operating at KRC hospital with the pilot introduction of antiretroviral therapy (ART) in a care and maintenance refugee setting, strengthen training of health care providers on ART, adherence monitoring, and defaulter tracing, continue the provision of Prevention of Mother To Child (PMTCT) services at three clinics in KRC, and reinforce the referral links from traditional birth attendants. IRC will do refresher training using best practices and the network model.

IRC will strengthen and increase the provision of home-based care services to HIV/AIDS in these hard-to-reach populations and rural communities. They will be using a more comprehensive package of care for HIV infected individuals including strengthening referral links to and from curative services for the provision of Cotrimoxazole prophylaxis and other health issues as required. Seven health care workers will be trained, 70 people with advanced HIV will receive basic treatment services at 3 facilities and in home settings in refugee camps. The home-based services will be provided to 50 HIV-infected people in refugee camps including Kakuma, Kalokal and Lokichoggio, and establish a clinic to provide non-ART health services to 20 HIV infected individuals at Kakuma Refugee Hospital. In Kakuma, IRC will maintain and scale-up activities to ensure a continuum of prevention and care from BCC to VCT and PMCT to home-based care and a treatment program. Targets are modest because the treatment aspect of the program will be scaled-up partway through the target activity period, the relatively low rates of HIV infection in this population (and therefore a greater focus on prevention activities), the extreme remoteness of these areas, and the difficulties in conducting activities in the refugee camps.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation

% of Funds
 20%
 5%

UNCLASSIFIED

<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	70	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	7	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Mobile populations
 - Refugees/Internally displaced persons
 - Refugees/Internally displaced persons
- People living with HIV/AIDS
- People living with HIV/AIDS

Key Legislative issues:

Coverage Area:

State Province: Coast
 State Province: Rift Valley

ISO Code: KE-300
 ISO Code: KE-700

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: POLICY Project* / The Futures Group International

Planned Funds:

Activity Narrative:

POLICY

Building on more than 25 years of experience in population and development, the POLICY Project works with host-country governments and civil society groups to achieve a more supportive policy environment for family planning/reproductive health, HIV/AIDS, and maternal health. Multi-sectoral engagement, community and organizational empowerment, and promotion of human rights and gender equality characterize POLICY's approaches to better reproductive health policies and programs.

POLICY will strengthen community and faith based groups to mobilize support and improve the quality of life and reduce stigma in communities. They will work with property and inheritance rights for women's welfare and empowerment. POLICY will strengthen and increase legal services for PLHA and their families which are currently almost non-existent. POLICY will involve HIV-positive women and people from communities, including Muslim communities, to provide support and act as role models for wellness programs. This "living positively" approach has proven to be effective in mobilizing communities and reducing stigma.

POLICY will implement and enhance effectiveness, access and use of home and community support specifically in Muslim communities by training 80 Muslim women leaders of the National Muslim Women's Network to fight AIDS (NUR) to provide home and community support and address stigma in 4 selected Muslim communities; 10 Muslim women's HIV support groups established and strengthened, providing support in Muslim communities, addressing "positive living", nutrition, income generating activities (IGA), stigma, OVC and women's property and legal rights. POLICY will also strengthen the National Empowerment Network of People living with AIDS in Kenya (NEPHAK). 28 PLWHA community-based member organizations to provide home and community support services in 4 provinces/7 districts. NEPHAK home and community support services will lead to: increased use of wellness programs and paralegal services by 1,400 PLHA and their families learning "positive living" i.e. nutrition, parenting, succession planning, memory books, income-generating activities, treatment, disclosure as well as greater advocacy by PLWHA for greater and meaningful involvement in programs and stigma reduction. These activities will link to facility based treatment programs supported by Family Health International and other partners in the relevant geographic areas.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	750	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	156	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Women
- Community members
- Faith-based organizations
- Health Care Workers
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Religious/traditional leaders

Key Legislative Issues:

- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Nairobi	ISO Code: KE-110
State Province: North Eastern	ISO Code: KE-500
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Community Housing Foundation

Planned Funds:

Activity Narrative:

Community Housing Foundation (CHF) will provide sub grants to local NGOs and CBOs that will result in the provision of HIV treatment, including a basic package of health services for 5,000 people in at least 20 facilities, and training of 60 health care workers in palliative care. The key activities of the primary partner will be to develop capacity of local organizations and provide supportive supervision. Funds granted through CHF to sub partners will be used to pay health care salaries in accordance with Emergency Plan guidance, improve infrastructure, for example through renovation of clinic spaces, conduct community mobilization activities, and procure commodities such as laboratory reagents.

The primary implementing partner in this activity, CHF was awarded a cooperative agreement with CDC in late FY04. CHF has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. Under the terms of the cooperative agreement, CHF will first assist a number of local FBOs and CBOs specified in our FY04 COP, including Merlin (establishing care clinics at 3 district facilities in Nyanza Province), Lalimba supporting treatment in a remote area of Migori district, Nyanza Province, AID Village Infectious Diseases (supporting care for a rural Masaai population in southern Rift Valley Province), Christian Missionary Fellowship (establishing HIV care services at 9 clinics in Southern Rift Valley). Although CHF was awarded this cooperative agreement only on September 29, 2004, CHF staff in Kenya is already conducting baseline assessments of the capacity of these local and indigenous organizations and has pledged to provide at least 10 sub-grants prior to the end of December 2004. Under this COP, we propose to have CHF support a number of new sub-grantees recently identified when the USG Kenya team solicited "concept papers" from local groups. Some of the new groups proposed in this COP include the Community of St. Egidio (this group will establish treatment services in an underserved area of Eastern Province) and the Baraka ("Blessing") clinic, which will expand HIV treatment services provided in a Nairobi slum to include in addition to assisting these local organizations to develop and use local networks for referral of patients and for services not directly provided by the sub-grantee, CHF is also intending to develop a network among the sub-grantees so they can share lessons learned about local implementation of their activities. CHF intends to assist these local groups in grant-writing skills so that in the future, they can apply for PEPFAR funds directly.

A variety of target populations will be reached by these activities, but most of the target populations are vulnerable because of extreme poverty (for example, the slum populations), or because of remoteness and mobility (for example, the Masaai populations served by AID Village Infectious Diseases and Christian Missionary Fellowship). These activities link intimately with ARV treatment provided by the same partners and with a variety of other providers and network centers depending on the geographic locations will contribute to the results of provision of a basic package of care to patients with HIV, integration of prevention and treatment services for people with HIV, and expansion of networks of care services.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	5,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	60	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	20	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	15	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- HIV/AIDS-affected families
- People living with HIV/AIDS
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Liverpool VCT and Care - Kenya

Planned Funds:

UNCLASSIFIED

... will expand existing programs to support provision of non-ART health services to 2,500 patients with HIV at 4 sites, and train 30 health care workers in non-ART health services. HIV treatment services will be continued in Rachuonyo District and 2 sites in Nairobi, and will be implemented at the Provincial Hospital in Eastern Province (Embu). Support at Thika District Hospital is being phased out as this hospital is now becoming capable of managing these services without direct support. Supported services include diagnostic testing, prevention, diagnosis and management of opportunistic infections, and palliative care. Patients will be referred from a variety of sites including VCT, PMTCT, and integrated TB/HIV activities. Funds will be used to support salaries for health care providers in accordance with Emergency Plan guidance, to improve infrastructure and mobilization of the supported sites), and to procure commodities such as laboratory reagents. Supported activities will also include sensitization and dissemination of the informational brochures, for example information about the relationship between HIV and TB and HIV and the importance of seeking basic health services.

The primary implementing partner in this activity is the Liverpool Voluntary Counseling, Testing and Care Project (LVCT), which has been a CDC Kenya partner since 2002. LVCT is a local, Kenyan organization that started as a project under the Liverpool School of Hygiene and Tropical Medicine; when LVCT became a Kenyan NGO, they retained the name of Liverpool because of its wide recognition in Kenya as the leading organization providing VCT services locally executed contracts; on September 1, 2004, LVCT was awarded a CDC cooperative agreement to continue providing VCT services at both free-standing sites and within health facilities, to significantly increase their capacity to provide care to VCT clients who test HIV positive. LVCT staff provides some of these services directly; LVCT also works with a number of local community organizations and with government health facilities to improve their capacity to provide both technical and financial support to LVCT so they can provide these important services. LVCT's work concentrates on the geographic areas of Nairobi and Central Province, Eastern Province, and Nyanza province; especially in the case of Nyanza province, which has Kenya's highest rates of HIV infection, LVCT concentrates on assisting rural health facilities and CBOs. In the specific area of HIV treatment, Liverpool staff brings substantial medical expertise, and have played a crucial role in the development of training materials and a desk-top referral manual that has now been made available throughout Kenya.

Liverpool activities serve populations that are high priority for a variety of reasons. Their Nairobi based programs serve high risk populations from slum areas and meet needs for some very vulnerable and stigmatized populations such as the deaf and men who have sex with men. Liverpool activities will also help to establish a network referral center in an area that does not yet have one (Eastern Province). These activities link to ART services supported by the Liverpool in all sites, and to referral services at the network centers at Kenyatta National Hospital (for the Nairobi sites), and New Nyanza Provincial Hospital (for the Rachuonyo site). These activities will contribute to the results of expanded provision of a basic package of services for people with HIV/AIDS, linkage of prevention and treatment activities for HIV, and improved networks of treatment for people with HIV.

% of Funds
10%

UNCLASSIFIED

Category
Emergency Procurement
Emergency Plan for AIDS Relief
National Plan Kenya FY 2005

UNCLASSIFIED

- Community Mobilization/Participation 5%
- Development of Network/Linkages/Referral Systems 5%
- Human Resources 20%
- Information, Education and Communication 5%
- Infrastructure 10%
- Local Organization Capacity Development 30%
- Quality Assurance and Supportive Supervision 5%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / CARE International

Planned Funds:

Activity Narrative:

The safe water system (point of use chlorination) will be integrated into the basic package of services offered to HIV-positive clients through HIV and PMTCT clinics in 56 health facilities in high burden districts in Nyanza Province. Promotion of the system and training about its use will reduce the risk of diarrhea in people with HIV and help reduce the risks associated with replacement infant feeding to prevent mother to child transmission of HIV in areas with very high HIV prevalence in western Kenya. Activities will include training of health care workers in the various facilities, production and distribution of informational materials about the safe water system, and community mobilization including promotion of the system at community meetings and events, and supportive supervision visits to the target health centers to ensure that accurate messages are passed to clients.

CARE International has had a longstanding presence in Kenya, implementing comprehensive treatment programs for children, supporting Prevention of Mother to Child Transmission Programs, and implementing a program of health interventions in the Homa Bay area of Nyanza Province, western Kenya, that has included programs in agriculture, sanitation, and safe water. They have successfully adapted the safe water system of point-of-use chlorination, modified storage (in clay pots that differ from the traditional water storage vessels in that they are narrow necked and have a spigot, so that stored water is not recontaminated), and behavior change (hand washing and washing of fresh vegetables) to the local situation in Homa Bay and have promoted it for use by the general community. Based on data from Uganda that have demonstrated the effectiveness of using the safe water system to reduce the risk of diarrhea among people with HIV/AIDS, the safe water system is now being promoted specifically for use by people with HIV. Provision of replacement feeding for infants born to HIV positive mothers can reduce HIV risk, but this practice may increase the risk of diarrhea among infants if contaminated water is used. This risk can also be reduced by point of use chlorination. Thus, education about point of use chlorination will be integrated into health centers/clinics that serve HIV infected clients include mothers enrolled in PMTCT programs.

The target populations in Nyanza Province have very high rates of HIV, and HIV infected individuals in the area have very high rates of diarrheal disease because of the unavailability of safe drinking water. We anticipate that materials developed and lessons learned through these activities will be applied to the expansion of promotion of the safe water system as part of the basic package of care services offered to people with HIV throughout Kenya. These activities will contribute to the results of strengthening outreach to hard-to-reach populations and rural communities, development of a comprehensive package of care for HIV-infected individuals, and integration of prevention and treatment services for people with HIV/AIDS.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: Palliative Care: Basic health care and support

Budget Code: (H8HC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International

Planned Funds:

Activity Narrative:

USAID's IMPACT project implemented by family health International will provide home and basic health care services to 2000 people with HIV/AIDS at 30 service outlets/programs. The project will include nutrition supplements, counseling, bereavement counseling, and training in legal issues related to HIV/AIDS. In addition, the project will provide training to 200 Home based care workers in various aspects of home and community services, including nutrition, gender violence and violence counseling. 150 people will be trained in legal issues of HIV/AIDS. Support groups will be established in conjunction with all treatment services, in part through collaboration with 5 faith based organizations.

FHI will support the Gender Violence Recovery Centre, Nairobi Women's Hospital, in establishing gender violence counselling and services in 20 health facilities. FHI will also continue to support existing homebased care activities in Western Kenya, including St. Mary's in Mumias.

At a national level, FHI will support NASCOP in formulating a national strategy on the integration of nutrition in the HIV care concept. National guidelines will be developed and institutionalized at facility level.

Family Health International is a US based PVO implementing HIV/AIDS programs in Kenya. FHI provides technical assistance and funding to local organizations to implement HIV/AIDS programs at different levels. FHI and its partners consistently plan strategies and design activities in full collaboration with relevant government of Kenya entities, with significant participation from NGOs, CBOs, PLWA organizations, and FBOs in the areas of coverage.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

- Gender
 - Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Coast	ISO Code: KE-300
State Province: Nairobi	ISO Code: KE-110
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International

Planned Funds:

Activity Narrative:

USAID's IMPACT project implemented by Family Health International will provide HIV/AIDS basic health care and support to 15,350 HIV infected individuals at 60 health care facilities in Coast, Western, Eastern, Nairobi, and Rift Valley Provinces. 800 health care workers will be trained in the provision of palliative care services. National Guidelines for preventive therapy and OI/cancers will be reviewed and strengthened.

Family Health International will continue to support and help to establish new comprehensive care centers at 20 centers/hospitals (ministry of health or faith based). Services will be established at an average of 2 additional sites (such as health centers) referring to the comprehensive care centers. Community health workers, community counselors and care providers will be trained on palliative care, preventive therapy, treatment literacy and adherence, and alcohol/ drug abuse counseling and referral. Linkages between the treatment centers and community services will be established and existing ones will be strengthened, and a referral monitoring system for care continuum will be established in all the treatment sites.

Family Health International is a US based Private Voluntary Organization implementing HIV/AIDS programs in Kenya. FHI provides technical assistance and funding to local organizations to implement HIV/AIDS programs at different levels. FHI and its partners consistently plan strategies and design activities in full collaboration with relevant government of Kenya entities, with significant participation from NGOs, CBOs, PLWA organizations, and FBOs in the areas of coverage.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	15,350	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	800	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	60	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	47	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Coast	ISO Code: KE-300
State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International
 Planned Funds:

Activity Narrative:

PSI will build on its current successes in implementing Community Based Organizations (CBOs) and Faith Based Organizations (FBOs). The advocacy outreaches will be facilitated by 80 PLWHAs in five regions who will give public talks about their HIV status and personal life experiences in order to actively seek acceptance in the community. The aim of advocacy sessions is to speak to men and women of all ages to promote behavior that will reduce the rate of new infections, fight stigma and discrimination associated with HIV, and increase acceptance of people living with HIV/AIDS. PSI will comprehensively train 80 PLWHAs to spearhead this program. They will demonstrate the importance of knowing and accepting one's HIV status and to advocate for the importance of positive living with HIV/AIDS.

PSI will build its capacity in the workplace as an important forum to address HIV prevention because men in the formal employment sector have disposable incomes which they often use to engage in high risk behavior. They will also deliberately target 45,000 community members through community-based organizations (CBOs) because this will enable us to reach the small business owners and employees in the informal sector who are often ignored because of their informal structures. They will take advantage of the CBO forums, especially microfinance institutions, to reach the target audiences. Advocacy sessions will also target 45,000 members of faith-based organizations, which play a significant role in influencing people's perceptions and perpetuating stigma. Religious leaders in Kenya are an important source of influencing public opinion. They will also target community audiences through advocacy-led sessions in 108 chief's barazas (chiefs' meetings with the local community). These are often well attended by community members because these often serve as the first link to local government structures in place.

PSI will, on a more targeted basis, give access to clean water to enhance the prevention of mother to child transmission (PMTCT) in those instances where baby formula is used. Currently, just 5% of Kenyan babies are fed with formula. However, this is likely to increase as PMTCT efforts scale up. Breastfeeding can reduce most of the gains related to Nevirapene administration, and microbial contamination of water used in formula is associated with increased rates of diarrhea, which in turn can induce more risky breastfeeding. PSI will provide a more comprehensive package of care for HIV infected individuals including safe water and nutritional support supplies for opportunistic infections and palliative care.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%

UNCLASSIFIED

- Human Resources 15%
- Information, Education and Communication 10%
- Linkages with Other Sectors and Initiatives 15%
- Local Organization Capacity Development 5%
- Training 5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	24,900	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	3,300	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Community health workers
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Volunteers
- Youth

Key Legislative Issues:

- Gender
 - Reducing violence and coercion
- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Capable Partners / Academy for Educational Development

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The Academy for Educational Development (AED) has nearly twenty years of experience in the battle against HIV/AIDS. Working with governments, communities, NGOs, employers and unions, AED operates programs in 25 countries that reduce stigma and discrimination, promote prevention with HIV-positives and others, provide care for orphans and vulnerable children, promote nutrition care and support, prevent mother-to-child transmission of HIV and reduce transmission through workplace prevention and education. AED has deep expertise in organizational development and monitoring and evaluation, and the CAP Resource Organization partners share their commitment and determination to make a difference in the fight against HIV/AIDS.

There are many small Faith Based Organizations (FBOs), Community Based Organizations (CBOs), and Non Governmental Organizations (NGOs) which would like to contribute to the fight against AIDS in Kenya. However, due to the very nature of the size and nascent work with the USG, we have decided to place them under an umbrella grant, which is the Capable Partners Program (CAP) through AED. CAP is designed to strengthen organizations working in any sector (e.g., health, environment, agriculture, micro enterprise, nutrition, education, information technology, gender, conflict mitigation, business development) or across multiple sectors. CAP's core activities include:

- Training and technical assistance in monitoring and evaluation, advocacy, public-private partnerships, and strengthening in areas such as increasing women's legal protection, addressing male norms and behaviors and stigma and discrimination
- Institutional strengthening incorporating participatory organizational assessment, the identification of priority needs and customized organizational development assistance;
- Grant programs to support the sustainable development of networks in targeted USAID-assisted countries; and
- NGO, FBO, CBO Connect.NET, an interactive electronic portal to exchange information; share best practices, build linkages and participate in distance learning activities, as well as an on-line library of practical information and resources for the development of these organizations development.

The objective of the USAID/Kenya Small Grant and Institutional Strengthening Program is to fund Kenyan FBOs, CBOs and NGOs working with People living with HIV/AIDS, this includes orphans and vulnerable children, youth, families affected HIV/AIDS, and school systems. FBOs, CBOs, and NGOs working more broadly to address HIV/AIDS and related issues in Kenya; and NGOs in other sectors which might expand their work under the parameters of the program. The program will provide organizational development technical assistance to improve the overall capacity of grantees. The program is intended to involve multiple sectors and work across sectors increasingly over time. Planned targets for the first year are 6,300 individuals receiving palliative care, 1,460 trained to provide palliative care, 30 service outlets, 15 of which offer malaria treatment.

At the moment there are three Home Based Care and Support organizations funded under CAP. (1) The Girango Children's Foundation, which will form PLWA groups to form active economic generating activities, give nutritional support to the ill and create effective voluntary support groups to visit the ill and integrate messages of how to live positively with HIV/AIDS. (2) Africa Focus, who will be training per educators to support youth in HIV/AIDS prevention, and (3) The Legal Concern Center (LCC), which works with networks, such as working closely with the Local Administration, Social Development Officers, Private Sector, NGOs, CBOs and other development partners.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	22%
<input checked="" type="checkbox"/> Information, Education and Communication	3%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	6%
<input checked="" type="checkbox"/> Local Organization Capacity Development	4%
<input checked="" type="checkbox"/> Policy and Guidelines	13%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	17%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	6,300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,460	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	15	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
 - Street youth
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
 - Primary school
 - Secondary school
- Teachers
- Widows
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing women's legal protection
 - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Nyanza
 State Province: Rift Valley

ISO Code: KE-600
 ISO Code: KE-700

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Pathfinder International

Planned Funds:

Activity Narrative:

The overall goal of Pathfinder Home and Community Support activity is to work with Government and private sector to enhance capacities of communities and families who to provide multi-sector support services for OVCs and guardians. Pathfinder will strengthen outreach to hard-to-reach slum populations and provide a more comprehensive package of care for HIV infected individuals including safe water, nutritional support and cotrimoxazole. They will use more extensive community network expansion and development of new networks, where needed with increased human capacity development that addresses current and future needs through both pre-service and in-service training; start legal support programs, including inheritance planning and the rights of widows to inherit property; and increase integration with programs providing prevention, care and treatment to adults living with HIV/AIDS. This activity will result in training of more than 2000 individuals to provide general HIV-related palliative care and will support provision of services to approximately 11,000 PLWHAs.

Pathfinder will sub-grant to Meru Hospice, which is located in an area without adequate care for HIV/AIDS associated conditions. They will provide OI medications and prophylaxis, food & other forms of nutritional support, comprehensive psychosocial support to the same group members, provide quality home & palliative care services to 50 PLWHA from the 4 support groups who are bed ridden and for recovering through regular home visits, provide end of life care to those with extremely advanced disease. The program will also support family members who are caring for the 200 PLWHA by teaching them basic skills in home palliative care.

This activity will link to facility based health services and network centers supported by a variety of partners, including the network center being established at Embu (Eastern Province Provincial Hospital) with support from Liverpool VCT, and will contribute to the results of improving quality and availability of basic package for HIV care, including safe water, nutritional support, and cotrimoxazole, strengthening networks for PLWHAs, reducing vulnerability of HIV-positive individuals and their families, and increasing human capacity to provide care to PLWHAs

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%

- Quality Assurance and Supportive Supervision
- Training

5%
15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	11,250	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,500	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	20	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community-based organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kenyan National AIDS and STI Control Program

Planned Funds:

Activity Narrative:

The National AIDS and STI Control Program (NAS COP) is the arm of the Ministry of Health that is responsible for implementation of medical interventions related to treatment and prevention of HIV/AIDS. NAS COP will oversee the implementation of all HIV treatment programs in Kenya. Specific activities supported by NAS COP will result in provision of care to 15,000 HIV-infected individuals in approximately 25 sites not already directly supported by emergency plan funds. NAS COP will coordinate efforts of all partners in the area of non-ART health care and will provide supportive supervision to both Ministry of Health sites and other facilities. NAS COP will also oversee the development, printing and distribution of specific guidelines for use of cotrimoxazole and fluconazole prophylaxis and will maintain a monitoring and evaluation system for tracking of HIV care services. These activities will also result in the training of 400 health care workers not included in other targets in non-ART health care.

The supervisory structure at NAS COP includes a core staff at a national level that consists of a small technical and administrative staff, and an expanding staff responsible for M&E. A system of regional supervision of HIV/AIDS treatment activities has been established, with Provincial ART Coordinators (PARTOS) who are responsible to assist with establishment of services at additional sites, site evaluations and supervision for ART programs. All activities are closely linked to other MOH and Emergency Plan- supported HIV treatment and prevention activities and are also linked to the networks of care in the Private and Mission sectors, and are specifically linked to logistics/systems strengthening (particularly for KEMSA, the Kenya Medical Supplies Association, supported by John Snow Incorporated).

NAS COP supported activities are essential to the formation/strengthening of the linkages needed in the network model, and to the development of a sustainable system to provide HIV treatment in Kenya. These activities link directly to ART services provided at the same treatment sites, to a variety of network centers depending on geographic location, and to numerous other partners providing community based services for people with HIV/AIDS. These activities will contribute to the results of expanded provision of a basic package of health services for people with HIV/AIDS, integration of prevention and treatment services, and improved networks of HIV service providers.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Policy and Guidelines	12%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	8%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	15,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	400	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	25	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	25	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of Washington

Planned Funds:

Activity Narrative:

The University of Washington will support provision of comprehensive services to people with HIV/AIDS, including prevention and treatment of opportunistic infections and supportive counseling, to 500 people with HIV, including participants in USG funded research, and will train 40 health care workers in palliative care. University of Washington will support treatment services at Coptic Hospital, a faith-based facility in Nairobi that has provides services to both the general population and to individuals identified through research programs at the University of Nairobi. Funds will be used to support salaries of health care providers in accordance with Emergency Plan guidance, logistics (primarily pharmacy management), dissemination of informational materials (about ARVs and adherence) to patients, and procurement of commodities such as laboratory reagents. This partner will maintain data concerning the numbers of clients served and will report this information both nationally and through the Emergency Plan

The University of Washington has a long presence in Kenya and extensive experience in HIV prevention and treatment both in the United States and internationally. The University has a long-standing research collaboration with the University of Nairobi, and has provided extensive capacity building in immunology and epidemiology, including supporting long-term training for University of Nairobi staff in the United States. University of Nairobi staff has also donated their time to supporting the establishment of care services at nearby Coptic Hospital. Coptic is a faith-based hospital that has been the primary provider of low cost antiretroviral drugs for patients referred from University of Nairobi and private clinic settings in Nairobi. This collaboration has already resulted in the establishment of the Hope Clinic, currently providing treatment for several hundred patients.

These services will link directly to the Nairobi network center at Kenyatta National Hospital and to other services provided through the expanding partnerships between other US-based Universities and the University of Nairobi, and to ART services and community activities provided by this partner. These activities will contribute to the results of providing a comprehensive package of care to people with HIV.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%

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- Logistics 10%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	40	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable

Target Populations:

- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DELIVER* / John Snow Inc

Planned Funds:

Activity Narrative:

USAID's DELIVER project implemented by John Snow Inc will continue to supply Home-based care kits to end users in selected districts. 15,000 PLWHA will receive home based care kits.

This activity will be carried out through a system of Public Health Technicians (over 200) and community health workers to provide HIV relief and prevention commodities to people with HIV. Initially, commodities will be delivered directly to the divisional level (lower than District) with systems and mechanisms put in place for re-supply according to need from the District level. Geographical emphasis will be on areas already served with functional home-based care programs such as USAID's COPHIA project.

JSI/DELIVER has been in supply chain management of reproductive health commodities in Kenya for over 10 years, and has been responsible for the safe and secure distribution of all TB commodities for the last three years in Kenya. This program is based on successes from the TB program, and emphasizes tight financial management and accountability. During the last six months since the beginning of the President's Emergency Plan half of the country (Nyanza, Western, Nairobi, and Coast provinces) has been mobilized through the use of public Health Officers to distribute home-based care kits and condoms.

This activity will link to treatment programs being implemented in the relevant geographic areas (for example those supported by Family Health International in Western Province and those supported by Kenya Medical Research Institute in Nyanza), and will contribute to the results of improved quality and availability of a basic package for HIV care and strengthened networks for care of PLWHAs in hard-to-reach populations and rural communities.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	15,000	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	21	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tenwek Hospital

Planned Funds:

Activity Narrative:

The Tenwek Mission Hospital is a 300-bed, faith-based hospital in Bomet District serving an estimated population of 500,000 people. The Tenwek Mission Hospital faces the challenge of meeting the multiple needs of Kenyans with HIV/AIDS ranging from diagnosis and treatment of opportunistic infections to end-of-life care. Approximately 80% of the patients admitted to their adult medical ward are HIV-positive, most with advanced disease. In the current FY04 year, Tenwek Mission Hospital began offering palliative care/basic health care support to HIV-infected adults, children, and their families focusing upon the diagnosis and treatment of opportunistic infections. To date they have 107 HIV-positive patients who are receiving non-ART care. These activities will expand next year in treating 300 individuals with palliative care services.

An area of need and focused attention in FY05 will be both hospital and home-based end-of-life/hospice care. Tenwek Hospital's current hospice program struggles to expand to meet the increasing HIV-related needs of their surrounding community. To address this need, Tenwek Hospital plans to increase access to palliative/home-based care supplies and to train more people in this area, particularly hospice care. Representatives from the established and growing Persons Living With HIV/AIDS group will be trained in palliative care and recruited to be involved in the larger palliative care program.

Given the high, seasonal prevalence of severe highland malaria in regions covered by the Tenwek Community Health Department and associated rural health facilities all sites will provide opportunities for both diagnosis and treatment of malaria and other endemic disease. Similarly, safe water supplies using low-cost, water treatment resources will be provided where safe water supplies are not available.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Faith-based organizations
- Health Care Workers
 - Doctors
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- People living with HIV/AIDS
- People living with HIV/AIDS
- Religious/traditional leaders

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

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Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Insta Products
Planned Funds: []

Activity Narrative:

There is a proven role for nutrition in effective drug therapy and palliative care for people with HIV/AIDS. As HIV infection progresses into AIDS disease, hyper metabolic responses, mal-absorption of nutrients in the gut, diarrhea, and anorexia all contribute to severe challenges to intake and maintenance of adequate nutrition; protein, energy, and micro nutrients. A primary reason for non-adherence to ART is the lack of appropriate food to take with anti-retroviral drugs. For Insta Products, nutrition is a fundamental crosscutting success factor common to nearly all dimensions of HIV/AIDS and those affected by it. Superior supplemental nutrition will be provided to PEPFAR criteria targeted groups through the Insta Products business plan. The expectation for this project is that USAID will "kick start" demand for efficacious products via supplies of specified nutritional porridge mix from Insta Products. This porridge will be distributed to target populations through Insta Product's supply chain and via supply relationships with partner NGOs that will reach at least 5,000 orphans and to 3,000 other people infected and affected by HIV. During this initiation period, product performance data will be collected and fed back optimizing products and creating sustainable supply systems. As these foods begin being distributed in the first quarter of the project, a simultaneous efficacy study will be commenced with the FANTA project to validate product performance and provide direction for improvements.

This activity will improve the health and nutritional status of children and adults with HIV/AIDS and vulnerable families affected by HIV. Insta Products is a manufacturer that will formulate and distribute low cost, nutritionally dense, natural processed porridge mix that measurably will improve the nutritional status of target groups; customize nutrition products to meet the unique needs of sub groups including weaning infants and toddlers; young children, pregnant and nursing mothers, and other working adults any of whom may be HIV-positive; they will also formulate 3 base products and up to 3 custom products that are compatible with specified ART drugs; and engage with Food and Nutrition Technical Assistance project (FANTA), the University of Nairobi, and the Kenya Medical Research Institute (KEMRI) to execute efficacy studies working toward a menu of optimized supplemental food formulas benefiting PLWHA; employ current scientific and medical knowledge of Nutrition and HIV/AIDS in the product design criteria of supplemental nutrition products; and reach targeted groups through links into existing NGO community services projects and Ministry of Health facilities to increase people's health and decrease healthcare costs.

Insta Products is the only private sector company on the Government of Kenya (GoK) Drafting Subcommittee on the Development of National Guidelines on Nutrition and HIV / AIDS. Meetings are regularly being held by Insta Products staff with KEMRI, nutrition staff at Kenyatta Hospital, medical practitioners, WHO Kenya, GoK Ministry of Health and Nutrition, and USAID Office of Population, Health and Nutrition to assure that the most complete data, current policies, and knowledge are applied to its nutrition initiatives.

Table with 2 columns: Activity Category and % of Funds. Rows include Commodity Procurement (72%), Human Resources (3%), and Infrastructure (25%).

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Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	8,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Volunteers
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Coast
State Province: Western

ISO Code: KE-300
ISO Code: KE-900

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Walter Reed Project / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

The Kenyan Department of Defense (KDOD) will provide basic health care and support to over 1,500 HIV-positive military personnel and their dependents at 5 KDOD medical facilities in FY05. Activities will focus upon improving the quality of life of KDOD military and their families affected by HIV/AIDS. These activities will range from the provision of clinical care to HIV-infected individuals who are not yet eligible for antiretroviral therapy (e.g. the diagnosis and treatment of HIV opportunistic infections and/or symptom relief) or do not have access to antiretroviral therapy (e.g. psychological and spiritual support through an active Chaplaincy program until adequate antiretroviral therapy can be obtained).

Expanding from one primary site this year, these services will be offered in 5 regional centers. These centers are well distributed nationally to ensure fair geographical distribution thus ensuring the services are near the people who need them. These sites are: Naval Medical Center at Mombasa, Forces Memorial Hospital in Nairobi, Lanet Barracks in Nakuru, Moi Barracks in Eldoret, and the Air Force Medical Center in Nanyuki. Referral systems and networking among smaller and larger military clinics will be developed to assure continuity in care.

In partnership with the CDC/US Army Medical Research Unit, the KDOD in the last 3 years has been successful in encouraging KDOD military to come forward for testing so that those who need care can be assisted. Over 12,000 people have been tested and 566 registered in an HIV comprehensive care clinic. To date, 340 are on antiretroviral therapy, and the remaining 226 are receiving basic health care and support. FY05 activities will build upon the success of this program to assure linking between HIV testing and availability of basic health care and support services both in the central clinic as well as the 4 additional, peripheral clinics to be added.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	45%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	40	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Men
- Women
- Women
- Government workers
- Government workers
- Health Care Workers
- Health Care Workers
- Doctors
- Doctors
- Medical/health service providers
- Medical/health service providers
- Nurses
- Nurses
- Pharmacists
- Pharmacists
- Military
- Military
- People living with HIV/AIDS
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

- Result 1: HIV prevention and care for OVCs and family members improved. \n\n
- Result 2: Existing OVC programs strengthened and expanded to include socioeconomic empowerment.
- Result 3: Situational analysis on OVC in Kenya completed.
- Result 4: Capacity of national and local government coordinating structures on OVC strengthened.
- Result 5: National policy on OVC developed and disseminated.

Total Funding for Program Area (\$): **Current Program Context:**

An assessment by UNAIDS, UNICEF and USAID, "Children on the Brink", estimated that Kenya has between 1.5 to 1.7 million children orphaned due to AIDS. HIV/AIDS is eroding family and community capacity to meet the needs of OVCs, including economic and food security, education, nutrition, health, and emotional well-being. Traditional community mechanisms have been, in many cases, overwhelmed by the sheer number of orphans, but the number of OVCs is expected to continue to rise. Developing and strengthening local structures is important to be able to meet this growing need, in a manner consistent with Kenyan government policies and guidelines. To address these needs, a variety of strategies will be used depending on the local context. Interventions will be based on strengthening existing resources in a manner that does not undermine them. Our current activities focus on strengthening communities to provide orphan support in a family environment, to increase outreach and support to Orphans and Other Vulnerable Children and Adolescents affected by HIV/AIDS. Programs will be linked with: PMTCT, Care and Treatment, Prevention, Access to primary health care, Nutrition, Education, Food security, Economic strengthening, psychosocial support and Protection. Interventions will strengthen local structures that can continue long-term action upon the termination of PEPFAR funding to that intervention and balance the need for emergency relief with developing sustainable programming and structures. Programs will focus on community based organizations and other groups to organize regular visits to such children and their guardians, to monitor their status, and to provide emotional and material support and protection. Interventions will strengthen community efforts to keep orphans and other vulnerable children in school or to provide them with educational alternatives; integration of the needs of children and youth who are HIV-infected, as well as affected, into broader efforts that support community-based care for people living with HIV/AIDS. Support will also be provided for succession planning, including development of memory books/boxes/baskets.

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Vision Kenya

Planned Funds: **Activity Narrative:**

The overall goal of the World Vision Kenya (WVK) is to mitigate the effects of the HIV/AIDS pandemic on communities and households while working to reduce HIV transmission. In the past WVK has used its own funds to integrate HIV/AIDS activities in all of its 39 Area Development Programs. Moreover, all of WVK's 530 staff have been trained in providing HIV/AIDS education and awareness messages. The current main areas of focus for WVK are training of church leaders, traditional birth attendants, youth peer educators, community psychosocial counselors, PMTCT service providers and community based organizations/faith based organizations (CBO/FBO) staff in providing HBC, supporting voluntary counseling and testing (VCT) services, providing food aid and treatment of infections for needy HIV-positive orphans and vulnerable children (OVC), life skills training for older OVCs, micro-enterprise development for foster families and assisting with the payment of OVC school fees.

World Vision is an international non-government organization that was established in 1974. It currently has 39 area development programs in 35 districts in Kenya. Since 1989 WVK has been involved with the implementation of HIV/AIDS activities. Specific problems to be addressed include: the lack of care and support of orphans and vulnerable children and people living with HIV/AIDS at the household and community level; the high incidence of HIV infection among youth and the unavailability of ART to HIV positive people needing treatment. This program is a continuation and expansion of WVK's Kenya AIDS Treatment and Support for OVC (KATSO) project. This project will complement work being implemented by other organizations in the districts and 6,480 orphans and vulnerable children will receive care and support through families and communities.

In 2005 World Vision will scale up its response to the prevailing need for holistic—emotional, material, and physical—care for those affected by the HIV/AIDS crisis. Using its large network of churches and faith based organizations, and community based organizations, WVK will initiate innovative HIV/AIDS care, support and prevention interventions, while scaling up programming in 10 districts in Kenya. These geographic areas have been selected based on high HIV/AIDS prevalence, existence of basic HIV/AIDS programs, and potential for community participation. All activities will be characterized by: the use of community-based mechanisms; quality training; alignment with government strategies; networking with existing and new partners, and gender awareness. Finally, all activities will benefit from strong monitoring and evaluation and capacity building in this competency. The project will integrate prevention interventions, psychosocial support, nutrition supplementation, livelihood training, micro-enterprise training and advocacy into all programming initiatives. All planned interventions are in full compliance with pertinent Government of Kenya priorities and guidelines and based on ongoing discussions with local level authorities and community leaders. In particular, the government's OVC guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	42%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	4%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Training	34%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	6,480	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	1,120	<input type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-800

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Community Housing Foundation

Planned Funds:

Activity Narrative:

Community Housing Foundation (CHF) will serve 3,000 orphans and vulnerable children through two programs. Through these two programs 448 caregivers and providers will be trained to care for OVCs. CHF will work with established partners to train community groups in organizational development, proposal writing, beneficiary selection, and management of community OVC support programs, referral and linking to existing support services. Through these partners OVC and HIV-impacted households will be trained in behavior change and in small business skills for sustainable income.

(CHF) is an international non-government organization that was established over 45 years ago. CHF will strengthen the capacity of non-government and faith based organizations to provide high quality, expanded and sustained HIV/AIDS services to OVCs. CHF will collaborate with Kibera Community Self Help Programme (KICOSHEP) and Gethsemane Garden Christian Center Academy to reach orphans and vulnerable children. These organizations will make sure OVCs are admitted in schools and their needs taken care of. Older orphans will be trained in business management and marketing their own business. Caregivers will start income generating projects by way of revolving fund. They will also be trained in psychosocial support including HIV/AIDS counseling, stigmatization, and discrimination of OVCS and their families.

CHF will link with existing care facilities, and appropriate Government of Kenya ministries including Ministries of Home Affairs, Health, Education, and Social Services and also National AIDS Control Council. The Government's OVC guidelines will be followed. Major focus will be on the programming principles and strategies in the priority areas of intervention. These organizations include:

- Kibera Community Self Help Programme
- Gethsemane Garden Christian Center Academy

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	32%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Infrastructure	8%
<input checked="" type="checkbox"/> Logistics	4%
<input checked="" type="checkbox"/> Training	36%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	3	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	3,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	448	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community members
- Faith-based organizations
- Orphans and other vulnerable children
- Students
 - Primary school
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Nairobi
State Province: Nyanza
State Province: Rift Valley

ISO Code: KE-110
ISO Code: KE-600
ISO Code: KE-700

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hope Worldwide

Planned Funds: **Activity Narrative:**

Hope Worldwide (HWW) will reach 10,617 orphans and vulnerable children through six community care groups in selected Nairobi slums. HWW will address the community capacity to care for the increasing number of orphans and vulnerable children, issue of poor access to basic care, psychosocial support, education, nutritional support and training for life skills, capacity building efforts within the community to care for OVCs.

HWW is a faith-based charity founded in 1991 by the International Churches of Christ. Its programs are designed to provide medical treatment, poverty relief and restore hope among those who are downcast as a result of disease, poverty or abandonment. They are directed toward helping people regain their worth and realize their potential. HWW has extensive experience in development and implementation of OVC programs in South Africa, which have been recognized as "best practice". This model is being used in development of the OVC program in selected Nairobi slums. HWW has been working with start-up funding from other sources in assisting households to take care of OVCs, provision of nutritional support and day care to 20 orphans. HWW has facilitated the networking of four community based organizations working the OVCs.

In the year 2005 HWW will scale up by establishing six community care groups that will help guide efforts in caring for OVCs in the community, build capacity of 100 alternative care providers that include traditional birth attendants, community health workers, community based organizations, faith based organizations and other community leaders and stakeholders. HWW will also provide psychosocial support and counseling that will incorporate play and art therapy to OVCs through establishment of community OVC support groups/clubs. It will undertake community participatory approaches to discuss HIV prevention, targeted education using curricula whose effectiveness has been proven. All activities are planned within the scope of the national program guidelines on OVCs with a focus on the programming principles and strategies in the priority areas of intervention. This program is part of a comprehensive community approach that incorporates the already existing youth friendly voluntary counseling and testing and educational research outreach. In particular, the government's OVC guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	17%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	37%
<input checked="" type="checkbox"/> Training	36%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	10,617	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	2,404	<input type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Samoei Community Response to OVC

Planned Funds:

Activity Narrative:

Under President's Emergency Plan FY05 funding, Samoei Community Response will provide food and clothing for 400 orphans and vulnerable children (OVC), pay school fees, and provide uniforms and other basic necessities. Samoei Community Response will train 50 caregivers in caring for OVC. Samoei Community Response will address the issue of stigma relating to OVC through advocacy and community sensitization aimed at achieving a community sense of responsibility towards OVC. Caregivers will be identified and sensitized through education and support group discussion on ways of offering support and psychosocial needs to OVC.

Samoei Community Response is a community-based organization in the Kericho District that has been working with OVC for the past three years. The community has been supporting the organization, and UNICEF recently awarded the organization with a three month grant of . These funds were used in providing partial school fees and uniforms for OVC and food for OVC living alone. This community based organization has an established grass-root structure comprising of young and old (both men and women) and those affected by HIV/AIDS.

All planned interventions are in full compliance with pertinent Government of Kenya policies and guidelines and based upon ongoing discussions with local authorities and community leaders. In particular, the Kenya government's OVC guidelines will be followed as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council. Samoei Community Response will also collaborate with other relevant entities such as the Ministry of Health's Kericho District Hospital in provision of health care services to the OVC and the Ministry of Education in the provision of free primary education and bursaries for secondary school students.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	80%
<input checked="" type="checkbox"/> Community Mobilization/Participation	2%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Training	13%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	400	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Faith-based organizations
- Orphans and other vulnerable children
- Teachers
- Volunteers

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Academy for Educational Development

Planned Funds:

Activity Narrative:

Academy for Educational Development/Speak for the Child (AED/SCF) Program will focus on seven Kenya districts hard hit by HIV/AIDS. According to 2003 estimates of orphan population (based on HIV prevalence) in these districts, numbers range from 25,376 to 77, 780. However, actual orphan caseload is higher, as urban orphans are usually sent to families in rural homes. The current main areas of focus for AED Speak for the Child Program will be to train 775 household mentors through 14 community based organizations to support 5,100 OVCs.

AED is an international non-government organization that was established in 1961 and began working in Kenya in 2000 with participatory learning and action exercises in Western Kenya. AED has implemented global health programs for more than 30 years. AED will work with existing local implementing partners in the new districts to enroll new OVCs and extend services to older OVCs.

In its scale up AED/Speak for the Child program will select experienced community based organizations (CBOs) with extensive outreach to OVCs. Through field-tested, intensive and ongoing training and monitoring, SFC will insure that a comprehensive program of orphan care is delivered and builds CBO capacity to administer, implement and monitor the program. CBOs will recruit and train household mentors in the SFC program, establish school, health clinic, and pharmacy agreements and procure commodities. Trained mentors visit households weekly to facilitate household problem-solving with caregivers on issues of health, nutrition, and psychosocial care. Mentors will also organize caregiver support groups which provide psychosocial support, assistance with legal protection, and economic support through microfinance activities. This project will complement work being implemented by other organizations in the districts and will provide care and support through families and communities to 5,100 orphans and vulnerable children. All activities will be characterized by: the use of community-based mechanisms; quality trainings; alignment with government strategies; networking with existing and new partners, and gender awareness. Finally, all activities will benefit from strong monitoring and evaluation and capacity building in this competency. The project will integrate prevention interventions, psychosocial support, food/nutrition supplementation, livelihood training, micro-enterprise training and advocacy into all programming initiatives. All planned interventions are in full compliance with pertinent Government of Kenya priorities and guidelines and based on ongoing discussions with local level authorities and community leaders. In particular, the government's OVC guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation

% of Funds

- 3%
- 5%

- Development of Network/Linkages/Referral Systems 65%
- Human Resources 2%
- Infrastructure 5%
- Training 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	5,100	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	775	<input type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area:

State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Peace Corps Scholarships / Forum for African Women Educationists

Planned Funds:

Activity Narrative:

Peace Corps Kenya will partner with Forum for African Women Educationists (FAWE) to provide scholarships to orphans in secondary and tertiary institutions. This will result in an increased access and retention rate as well as improved quality of education for 971 students orphaned through HIV/AIDS with special emphasis on girls.

FAWE has a track record and experience in providing scholarships to needy girls, advocating for consensus on the importance of girls education, initiating demonstrative interventions projects that address challenges of girls' education e.g. FAWE Award for Media Excellence (FAME). Peace Corps Volunteers in collaboration with FAWE members, heads of schools, and community elders will identify needy students in their communities and nominate them for selection as scholarship recipients. This process will expand the criteria for selection to include orphaned boys.

Peace Corps Volunteers serve in six out of eight provinces in Kenya in the remotest areas of this country. FAWE also has a wide membership network covering all eight provinces at the grass-root level. Since Peace Corps Volunteers serve for two years, the partnership with FAWE ensures a continued response once the Volunteers service is over.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input checked="" type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	971	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children

Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Capable Partners / Academy for Educational Development

Planned Funds: **Activity Narrative:**

Academy for Educational Development/Capable Partners (AED/CAP) Project will serve 55,000 orphans and vulnerable children through eleven programs. 14,420 caregivers will be trained in the area of nutrition, psychosocial support, legal rights, training for OVC-related services, and business development for older OVCs. These programs will oversee that OVCs have medical treatment, education, and will encourage community participation. Goals of AED/CAP will include supporting other the implementing partners to expand their interventions in mentally, intellectually, socially physically and economically empowering OVCs within households.

AED is an international non-government organization that was established in 1961. AED has implemented global health programs for more than 30 years. AED under their Capable Partners (CAP) program will provide direct support through sub-agreements and strengthen organizational capacity and sustainability of HIV non-government organizations and its networks. CAP adapts approaches to indigenous NGO contexts that have proven successful in the past.

In the year 2005 AED will work with eleven small faith based organizations and NGOs, community based organizations, other community leaders and stakeholders to provide psychosocial support and counseling that will incorporate play and art therapy to OVCs through establishment of community OVC support groups/clubs. It will undertake community participatory approaches to discuss HIV prevention, targeted education using curricula whose effectiveness has been proven. All activities are planned within the scope of the national program guidelines on OVCs with a focus on the programming principles and strategies in the priority areas of intervention. In particular, the government's OVC guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council. These organizations include:

Church World Service
Beacon of Hope
Kolanya Girls Boarding school
Makinidu Children's Center
Mothers Rural Care for AIDS Orphans
Neighbours in Action
Presbyterian Church of East Africa
Ripples International
St. Camillus Dala Kiye Children Welfare Home
Transkapei OVC Assistance Group
Tropical Institute of Community Health and Development
CAP - New grants

Activity Category Commodity Procurement**% of Funds**

51%

President's Emergency Plan for AIDS Relief

Country Operational Plan Kenya FY 2005

- Community Mobilization/Participation 12%
- Development of Network/Linkages/Referral Systems 8%
- Human Resources 7%
- Infrastructure 7%
- Training 15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	11	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	55,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	14,420	<input type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Pathfinder International

Planned Funds:

Activity Narrative:

The overall goal of the Pathfinder International is facilitate community-based HIV/AIDS prevention, care and support program in specific regions of the Kenya partnering with local faith based organizations, community based organizations and AIDS support organizations to implement a wide range of care and support programs to OVC, people living with HIV/AIDS and other affected families. Over 200 caregiver, OVC and ecumenical support groups have been formed while 47 local partner organizations to provide OVC support services including nutritional support, paralegal services, education support and counseling services.

Pathfinder International is an international non-government organization that was established in 1969. Since 1999 Pathfinder International has been involved with the implementation of HIV/AIDS activities in Kenya. Specific problems to be addressed include: provision of multi-sector support services for OVC and guardians, sensitization of community and religious leaders on HIV impact and OVC issues, train teachers in child and youth counseling. This program is an integrated approach to HIV/AIDS care, treatment and support facilitated by local community based organizations and faith based organizations, linking program beneficiaries with community and health facility services that complement and strengthen the comprehensive package of services for those infected and affected by HIV/AIDS. OVC beneficiaries are identified through the proposed home-based care program. This project will complement work being implemented by other organizations in the districts and 8,428 orphans and vulnerable children will receive care and support through families and communities.

In 2005 Pathfinder International will scale up its response to the prevailing need for holistic—emotional, material, and physical—care for OVCs. Pathfinder International will initiate innovative HIV/AIDS care, support and prevention interventions, while scaling up programming in other districts in Kenya. These geographic areas have been selected based on high HIV/AIDS prevalence, existence of basic HIV/AIDS programs, potential for community participation linking with other stakeholder initiatives, maximizing resources, referral networks and community support services. All activities will be characterized by: the use of community-based mechanisms; quality training; alignment with government strategies; networking with existing and new partners, and gender awareness. Finally, all activities will benefit from strong monitoring and evaluation and capacity building in this competency. The project will integrate prevention interventions, psychosocial support, nutrition supplementation, training and advocacy into all programming initiatives. All planned interventions are in full compliance with pertinent Government of Kenya policies and guidelines and based on ongoing discussions with local level authorities and community leaders. In particular, the government's OVC guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council.

UNCLASSIFIED

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	22%
<input checked="" type="checkbox"/> Community Mobilization/Participation	18%
<input checked="" type="checkbox"/> Human Resources	16%
<input checked="" type="checkbox"/> Infrastructure	1%
<input checked="" type="checkbox"/> Logistics	1%
<input checked="" type="checkbox"/> Training	42%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	8,428	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	1,600	<input type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children.

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Coast	ISO Code: KE-300
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-800
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / Academy for Educational Development

Planned Funds:

Activity Narrative: AED/Speak for the Child program will continue with activities approved in FY 04 COP (Kenya COP 2004 p. 66). The deferred funds will complete the work approved in the COP and will provide care and support to 400 OVCs through families and communities. This project will complement work being implemented by other organizations in the districts and will provide care and support through families and communities to 400 orphans and vulnerable children. All activities will be characterized by: the use of community-based mechanisms; quality trainings; alignment with government strategies; networking with existing and new partners, and gender awareness.

The project will integrate prevention interventions, psychosocial support, food/nutrition supplementation, livelihood training, micro-enterprise training and advocacy into all programming initiatives. All planned interventions are in full-compliance with pertinent Government of Kenya priorities and guidelines and based on ongoing discussions with local level authorities and community leaders. In particular, the government's OVC guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	400	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community members
- Orphans and other vulnerable children

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Western

ISO Code: KE-900

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / Hope Worldwide South Africa

Planned Funds:

[Redacted]

B5

Activity Narrative:

Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / Associazione Volontari per il Servizio Internazionale

Planned Funds:

Activity Narrative: Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

track1 / Christian Aid

Planned Funds:

Activity Narrative:

Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area:

National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / Christian Children's Fund, Inc

Planned Funds:

Activity Narrative: Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / PLAN International

Planned Funds:

Activity Narrative: Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category % of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / World Concern

Planned Funds:

[Redacted]

Activity Narrative:

Track 1 Round 2 Awards that have not yet been finalized. Post does not have sufficient current detail on targets or geographic coverage. Reviewers requiring additional information are instructed to contact USAID/GH/OHA for further details.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *defer-Peace Corps Scholarships / Forum for African Women Educationists*

Planned Funds:

Activity Narrative: Forum for African Women Educationalists (FAWE) will partner with Peace Corps Kenya to provide scholarships to orphans in secondary and tertiary institutions. This will result in an increased access and retention rate as well as improved quality of education for 6 students orphaned through HIV/AIDS with special emphasis on girls.

FAWE has a track record and experience in providing scholarships to needy students, advocating for consensus on the importance of education. Peace Corps Volunteers in collaboration with FAWE, heads of schools, and community elders will identify needy students in their communities and nominate them for selection as scholarship recipients.

Peace Corps Volunteers serve in six out of eight provinces in Kenya in the remotest areas of this country. These deferred funds will fully fund this activity to the level approved in COP. 2004 for 525 orphans.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	6	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input type="checkbox"/> Not Applicable

Target Populations:

Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

- Result 1: Full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities achieved.
- Result 2: Strengthened capacity of national and indigenous pharmaceutical management support systems.
- Result 3: Strengthened national management support systems for HIV/ AIDS related pharmaceuticals and commodities e.g., ARV drug forecasting, procurement distribution, quality assurance and monitoring.
- Result 4: Favorable national policy on drug procurement and logistics developed.

Estimated Percentage of Total Planned Funds that will Go Toward ARV
Drugs for PMTCT+

0.81%

Percent of Total Funding Planned for Drug Procurement

16.3%

Current Program Context:

Logistics management overall in Kenya is weak, and drug delivery is erratic (MOH sites must frequently come to central points to collect drugs). Information about stocks is kept in paper systems, reporting from MOH sites is generally incomplete, and stock outs are common. Procurement and distribution of drugs and supplies in Kenya are conducted by Kenya Medical Supply Association (KEMSA, the government supply system) and MEDS (Mission for Essential Drugs and Supplies, a faith-based organization that provides medicines to a country-wide network of mission, NGO, public and small community facilities). Both organizations serve important functions in the country. Currently, the capacity at KEMSA is stretched by responsibilities related to procurement and distribution of ARVs with Global Fund and Government of Kenya resources. John Snow Incorporated (JSI) has been supporting the Ministry of Health to build logistics management and planning capacity for drugs, test kits, and other commodities, and the current logistics system for distribution for ARVs is stronger than the general distribution system, but is not currently computerized and requires substantial further strengthening. Emergency Plan drugs are currently procured and distributed through MEDS, which has a substantially greater capacity than KEMSA at this time. There are well-developed systems for drug registration in Kenya, however post market surveillance is almost non-existent, and the capacity of the national quality control lab is limited by resources available. \n\nMany of Kenya's strategies for scaling up access to ART relate to strengthening national systems for procuring, storing, and distributing ARVs. Ongoing and expanded activities proposed in the FY05 COP will broadly support improvement in pharmaceutical management in Kenya. Both KEMSA and MEDS will be strengthened. For the time being, MEDS will continue to distribute drugs procured through the Emergency Plan; the strengthening of KEMSA improves the distribution of drugs purchased by the Government of Kenya/Global Fund. We have allocated the bulk of funds for ARVs to MEDS. Our plan is to procure and distribute drugs through MEDS until it becomes appropriate to procure through the central supply mechanism. In this case, we anticipate that MEDS would retain responsibility for distribution of Emergency Plan ARVs in Kenya. A small fraction of drug procurement funds are directed toward KEMRI, giving some added flexibility for drug purchase.\n\nActivities supported by the Emergency Plan will result in strengthening of key capacities, including the capacities to project needs for, procure, and distribute ARVs, and the capacity to monitor quality of ARVs at central governmental sites (national quality control laboratory, pharmacy and poisons board, KEMSA) and MEDS as well as at pharmacies at individual sites providing ART services. Two major technical partners collaborate with USG agency staff to support these activities, JSI and Management Systems for Health (MSH/RPM-plus). Both partners work collaboratively to assist at NASCOP with policy development related to drug procurement and distribution and strengthening of the drug registration process in Kenya; MSH/RPM-plus will also work in very close collaboration with the National Quality Control Lab to strengthen capacities there. MSH/RPM-plus will focus on strengthening of capacities at MEDS, and in the development of patient/provider relationships at facilities (drug dispensing, counseling related to medication adherence, assessment and reporting of adverse events). JSI will focus on strengthening of capacities at KEMSA, assisting NASCOP with forecasting overall national needs, and reporting from the MOH facilities. We face a challenge in that some sites must report drug needs and usage related to more than one supplier. Every effort is made to link and coordinate these systems to minimize reporting burdens for the individual sites. \n\n

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Kenya Medical Research Institute

Planned Funds: **Activity Narrative:**

The Kenya Medical Research Institute (KEMRI) will assist with forecasting and procurement of additional drugs needed to treat 45,000 Kenyans with ARVs. Three other major partners—Mission for Essential Drugs and Supplies, Management Systems for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus), and John Snow Incorporated (JSI) will maintain primary responsibility for procurement and distribution of pharmaceuticals nationally and under the Emergency Plan. This alternate mechanism through KEMRI has and will continue to allow some flexibility with respect to drug procurement that has helped to avoid stock outs and treatment interruptions.

These activities will complement and link intimately with all activities listed in the ART services program area, and with the other services listed in this program area. Three other major partners—Mission for Essential Drugs and Supplies, Management Systems for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus), and John Snow Incorporated (JSI) will maintain primary responsibility for procurement and distribution of pharmaceuticals nationally and under the Emergency Plan. These activities will contribute directly to the result of achieving a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.

Activity Category

- Commodity Procurement
 Logistics

% of Funds

95%
5%

Targets: Not Applicable**Target Populations:**

- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mission for Essential Drugs and Supplies

Planned Funds:

Activity Narrative:

The Mission for Essential Drugs and Supplies (MEDS) will forecast, procure, store, and distribute drugs purchased through emergency plan funds including ARVs for 45,000 patients. If funds for ARVs go through a central procurement mechanism, MEDS will maintain responsibility for forecasting, storing and distributing Emergency Plan pharmaceuticals. Specifically, MEDS will participate in the quantification of ARVs to meet the set target of 45,000 patients by end 2005, procure the required medicines and constantly communicate with suppliers for stock availability, properly store and warehouse Emergency Plan stocks, distribute pharmaceuticals in a timely and efficient manner to ensure continuity in patients' treatment, monitor quality assurance of the items procured and distribution through MEDS quality control laboratory, and maintain appropriate records on supplies for accurate program reporting, monitoring and evaluation.

MEDS is a faith-based organization that has been procuring and distributing drugs, primarily to the Mission sector in Kenya, since 1986. They have also been involved in providing training for health care workers from facilities, home- and community-based programs primarily from the mission/faith-based sector. MEDS was among the first organizations to support expansion of access to treatment for HIV in late 2001. MEDS has a well functioning procurement, storage, and distribution capacity. MEDS also has substantial ability to conduct quality control testing for some pharmaceuticals, although this capacity needs to be strengthened, particularly in the area of antiretroviral drugs.

These activities will complement and link intimately with all activities listed in the ART services program area, and with the other services listed in this program area. MEDS, will receive support from Management Systems for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus), primarily in the area of improving quality control. These activities will contribute directly to the result of achieving a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	90%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%

Targets:

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- People living with HIV/AIDS
 - Youth
 - Girls
 - Boys

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Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Management Sciences for Health

Planned Funds:

Activity Narrative:

Management Systems for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus) will support forecasting, procurement, and tracking of supplies of antiretroviral drugs and other pharmaceuticals for 45,000 people. Specifically, MSH/RPM plus will coordinate requests from Emergency Plan partners institutions and assist Mission for Essential Drugs and Supplies (MEDS) with appropriate procurement requests. MSH/RPM Plus will assist with contacting pharmaceutical companies about available stocks and projected deliveries and will assist sites with making necessary adjustments to deal with stock shortages (for example assist with distribution of recommendations for dosing with tablets if a liquid formulation of a product is in short supply). MSH/RPM plus will also develop and strengthen national capacity for quality control pharmacy and poisons board, national quality control laboratory and other organizations by working with these partners on policy issues, laboratory upgrading, and operating procedures. MSH/RPM plus will work with MEDS to strengthen quality control testing and will assist sites through training and supportive supervisory visits to develop standard operating procedures for provider patient interactions related to pharmaceutical management (including dispensing practices, monitoring and reporting of adverse events). MSH/RPM plus will procure equipment and supplies needed to upgrade site pharmacies, the national quality control laboratory, and the quality control laboratory at MEDS.

MSH/RPM Plus is an international NGO that has local Kenyan experience, regional experience, and international experience in procuring health commodities with funds from the USG. MSH/RPM Plus has assisted several Emergency Plan focus countries with obtaining necessary procurement waivers. MSH/RPM Plus pioneered in producing a guidance document on how to procure test kits and other commodities for USAID missions and agencies. MSH/RPM Plus has developed a comprehensive quantification tool that allows morbidity and proxy consumption to be determined for all essential drug and ART commodities. This quantification tool also has scaling up functions that aid decision making for procurement of ARVs in rapidly expanding programs. In Kenya, MSH/RPM Plus was funded under track 1.5 in FY04 and has provided essential assistance in obtaining waivers and procuring ARVs.

These activities will link intimately with all activities listed in the ART services program area, and with the other services listed in this program area. The distinction between the activities supported by MSH/RPM plus and those supported by John Snow Incorporated (JSI) is that at a central level, MSH/RPM plus is focused primarily on establishing and maintaining quality control and providing assistance with required forecasting for Emergency Plan pharmaceuticals. At the site level, MSH/RPM plus focuses on activities related to the interaction between the provider and patient whereas other partners (MEDS in the case of the Emergency Plan pharmaceuticals and JSI in the case of Government of Kenya pharmaceuticals) are responsible for delivery of drugs. These activities will contribute directly to the results of developing a favorable national policy around drug procurement and logistics, strengthening capacity of national and indigenous pharmaceutical key logistics services for HIV/AIDS related pharmaceuticals and commodities, strengthening capacity of national and indigenous pharmaceutical management support systems, and a achieving a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.

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Activity Category

- Commodity Procurement
- Local Organization Capacity Development
- Quality Assurance and Supportive Supervision
- Training

% of Funds

- 20%
- 40%
- 20%
- 20%

Targets:

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Nurses
- Ministry of Health staff
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / John Snow Inc

Planned Funds:

Activity Narrative:

John Snow Incorporated (JSI) will support logistics for delivery of antiretroviral drugs and other pharmaceuticals to 140 public, NGO/Mission, and Private ART facilities. A specific focus of the JSI activities is to strengthen capacity of Kenya Medical Supplies Agency (KEMSA). KEMSA is the Kenya Government organization responsible for ensuring medical supplies to government facilities and is currently responsible for distribution of all pharmaceuticals procured with resources from the government of Kenya and the Global Fund (but not the pharmaceuticals purchased through the Emergency Plan). JSI will work with partners to update product selection, develop standard treatment guidelines, verify registration status, quantify requirements and update forecasts to enable uninterrupted procurement. JSI will begin to implement a computerized automated logistics management information system (LMIS) in pharmacies of all ART sites nationally to enable timely and accurate collection and reporting of ARV drug and patient data to the National AIDS and STD Control Program (NASCOP), KEMSA and the Mission for Essential Drugs and Supplies (MEDS), for all ART programs regardless of drug supply or funding source. ART facility databases will be linked to a centralized LMIS to: enable tracking of ARV drugs from the port to the client (thereby monitoring diversion or wastage); ensure resupply mechanisms (including providing transport where needed). A performance improvement (PI) strategy will be implemented that keeps pace with the dynamic nature of ART service delivery, especially related to evolving treatment protocols, drugs and prices. PI approaches will include enhancing training curricula and procedures for supervision and monitoring and evaluation to ensure indicators from the LMIS will be used for quality monitoring through the system and to address site-specific needs.

JSI is an international NGO that has broad experience providing supply chain management assistance and transportation for a variety of health commodities including, HIV tests, and a variety of essential drugs. Under the various contracts JSI has designed and is in the process of implementing LMIS and inventory management systems under the guidance of the Ministry of Health, and in conjunction with Government of Kenya's health sector reform strategies of integration and decentralization. JSI has already provided essential assistance to KEMSA that has facilitated distribution of antiretroviral drugs from the Government of Kenya to approximately 5,000 people.

These activities will link intimately with all activities listed in the ART services program area, and with the other services listed in this program area. The distinction between the activities supported by JSI and those supported by Management Systems for Health/RPM plus is that at a central level, JSI is primarily focused on strengthening of capacity at KEMSA. JSI takes on very substantial responsibility for supporting delivery of pharmaceuticals purchased by the Government of Kenya to sites and collecting necessary returns from the sites, whereas MSH/RPM plus focuses on activities related to the interaction between the provider and patient. These activities will contribute directly to the results of developing a favorable national policy around drug procurement and logistics, strengthening capacity of national and indigenous pharmaceutical key logistics services for HIV/AIDS related pharmaceuticals and commodities e.g., ARV drug forecasting, procurement distribution and quality assurance monitoring, strengthening capacity of national and indigenous pharmaceutical management support systems and a achieving a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Logistics	30%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%

- Strategic Information (M&E, IT, Reporting)
- Training

5%
5%

Targets:

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- Host country national counterparts
- Implementing organization project staff
- Ministry of Health staff
- Orphans and other vulnerable children
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: **National**

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

Result 1: Increased demand for, understanding of, and acceptance of ART.

Result 2: Strengthened physical infrastructure for ARV delivery.

Result 3: Strengthened referral network for provision of ART.\n

Result 4: Strengthened human resource capacity to deliver ARV treatment. \n

Result 5: Expansion of ARV treatment for clinically qualified HIV positive patients.\n

Result 6:

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+

5%

Total Funding for Program Area (\$):

Current Program Context:

Plans for ARV scale up in Kenya are coordinated through the National AIDS and STD Control Programme (NAS COP); as described in Kenya's 5 year plan for Implementation of the Emergency Plan, accomplishments to date include the preparation of a detailed national strategic plan, development of training materials, and formulation of a communication strategy to inform leaders, health care providers, patients and community members about treatment with ARVs. ARV programs have been established at more than 80 institutions identified by the MOH and USG partners. As of September 2004, the emergency plan has provided site support to programs providing care for more than 8000 patients and has supported the procurement of drugs for approximately 4000 patients. At the beginning of 2004, an estimated 11,000 people were receiving ARVs in Kenya. By September 2004, with the combined efforts and resources of the Government of Kenya, NGOs such as MSF, and the US Government, this number more than doubled; the estimate for the end of September, 2004 was that more than 24,000 people were taking ARVs in Kenya. Treatment programs are being scaled-up in accordance with the existing health care network in Kenya, through which patients are referred from District to Provincial to Referral Hospitals (most Mission hospitals function at the level of a district hospital/health center). Designated referral centers for HIV care have been chosen based on both their position in the existing network for general medical care, current and potential HIV treatment capacity, and geographic variations in HIV prevalence. Needs for scale up include drugs and logistics support (see ARVs narrative), staffing, training, information, and infrastructure. Kenya is fortunate to have large numbers of trained, unemployed health care workers, who are available to work toward treatment scale up. Although Kenya is rich in technical capacity, the available technical capacity has been exceeded by the current pace of scale-up, so there is also a need for high quality in country technical assistance such as that available from University Partners. Finally, we recognize the need for informing the general population about treatment. This will help ensure continued expansion of the numbers of patients seeking services and will help to reduce stigma and discrimination associated with HIV. New and continuing activities will expand direct support that includes provision of drugs to 45,000 people and other direct support to an additional 15,000 people. Our five-year strategy for Implementation of the Emergency Plan includes a map of the sites as well as a summary of the progress that we expect to make in the coming year. In accordance with the five-year strategy, activities are being undertaken to address the above needs, including support for central coordination of scale up efforts, improvement of critical infrastructure, and development of training programs through which more than 2800 health care workers will be trained. In addition, a variety of partners will provide material and technical support to an expanding number of specific sites. Activities in the heavily affected areas of western Kenya and Nairobi will be expanded; services will be established in less affected, but currently underserved areas in Coast, Central, and Eastern Provinces. All programs will provide treatment for women and children and people with disabilities, but several programs will specifically target these groups.

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Unilever Tea Kenya

Planned Funds:

Activity Narrative:

The Unilever Tea Kenya (UTK) Central Hospital is an employee-based, welfare facility for the UTK employees and their dependants. UTK is based mainly in Kericho, Bomet, and Bureti districts of Rift Valley province with a branch in Limuru district of Kenya's Central Province. The company's medical department has about 14 years experience running HIV/AIDS workplace awareness campaign programs. The UTK Central Hospital has been providing antiretroviral therapy since April 2004 under the President's Emergency Plan. Currently, the hospital is the only health facility within the UTK that is providing comprehensive HIV/AIDS care. In FY04, the hospital has put 138 patients with advanced AIDS on antiretroviral therapy. The medical department serves a population of approximately 100,000 employees and their dependents including those residing within and outside the tea estates. HIV/AIDS is the leading cause of mortality in adults in the company.

The UTK Central Hospital will expand its antiretroviral therapy program to more employees including factory workers and their dependents in FY05 based upon ongoing President's Emergency Plan (FY04) HIV activities. Focusing upon the network model, UTK will extend antiretroviral therapy program to more than 25 of its health centers and dispensaries, the latter will serve as sites to link prevention, palliative care, counseling, and testing referral to the UTK Central Hospital. With this expansion, UTK will provide antiretroviral therapy to 550 patients (410 new, 140 in treatment for 12 months). This will be achieved through training of 20 health workers in comprehensive HIV care and strengthening of the referral mechanism. Funds under this proposal will be used to procure equipment, reagents and supplies for patient evaluation, diagnosis, treatment, and monitoring. The funds will be used to encourage positive living, prevent HIV infection, increase community mobilization, reduce stigma and discrimination, and enhance treatment literacy and adherence. The funds will also support logistics of setting up an electronic patient monitoring system for long-term patient follow-up. The comprehensive HIV care clinic will be expanded to accommodate the increasing number of patients.

UTK Central Hospital will serve as a referral facility for the affiliated health centers and dispensaries through the network model. Special needs of children, young adults, and women in both HIV diagnoses and treatment will be given strong emphasis. PMTCT-plus will be built upon the successful PMTCT program in the area. HIV-infected pregnant women and members of their families identified in the PMTCT clinics will be referred for comprehensive HIV care including antiretroviral treatment at the central hospital. Strong links will be maintained with Kericho District Hospital, the local, public, Ministry of Health hospital.

Activity Category

Commodity Procurement

% of Funds
40%

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- Community Mobilization/Participation 5%
- Information, Education and Communication 10%
- Infrastructure 5%
- Logistics 20%
- Training 15%
- Workplace Programs 5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	140	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	20	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	20	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	550	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	36	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	410	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	24	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Factory workers
- Family planning clients
- Health Care Workers
 - Doctors
 - Nurses
 - Pharmacists
- High-risk population
- HIV/AIDS-affected families
- Ministry of Health staff
- People living with HIV/AIDS
- Pregnant women
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Central
 State Province: Rift Valley

ISO Code: KE-200
 ISO Code: KE-700

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

The Kenya Medical Research Institute (KEMRI) will expand ongoing activities at 7 sites Nyanza Province to provide treatment, including antiretroviral therapy to 2,600 individuals, including 1,515 new and 1,085 who will be in treatment for more than 12 months and training for 200 health care workers. Services will be provided at the New Nyanza Provincial Hospital in Kisumu, several district hospitals in Nyanza Province, and the clinic at the main campus of the KEMRI. Services include all aspects of care, including intensive adherence counseling and community based support for adherence, and will include a program that places special emphasis on prevention of HIV transmission from people receiving treatment for HIV. Because classroom training in this geographic area is provided by Mildmay, most of the training of health care workers supported through these activities will be practical training; health care workers are invited to join the functioning clinics on attachment, where they receive directed training and gain experience in all aspects of HIV treatment and clinic management. The program also places special emphasis on identification and treatment of HIV infected patients in the in-patient setting, with subsequent referral to outpatient and community based services. Activities will include support for health care worker salaries through renewable contracts to meet critical needs at facilities where activities are being implemented, support for infrastructure improvement through renovation and furnishing of supported sites, and production and distribution of informational materials. Approximately 10% of the funds will be used for procurement of commodities such as test kits and laboratory reagents, and this partner will be responsible for assisting with collection of data concerning the numbers of people served by the supported facilities and reporting these data nationally and through the Emergency Plan. Funds will also support collaborative meetings of representatives from each institution for continuing medical education and experience sharing; this activity will strengthen the network of HIV care in Nyanza Province.

There is a long-standing collaboration between the Kenya Medical Research Institute (KEMRI) and the US Centers for Disease Control and Prevention in Kenya. This collaboration was initially research-based, but in 1999 expanded to include HIV prevention and treatment activities and has now supported implementation of extensive programs in voluntary counseling and testing, prevention of mother to child transmission services, and treatment for HIV. The largest of the clinics supported by this collaboration has already enrolled more than 5000 patients in care and is providing ARVs to more than 500 patients, making it the largest program among the Provincial Hospitals in Kenya.

These are priority populations because of the enormously high rates of HIV in this region of Kenya (overall 15% in the Province, with sentinel surveillance rates as high as 41% in some districts). In addition to serving the general population, special services are provided to women through PMTCT-plus services and to participants in US government funded research programs and their families. The Nyanza Province Hospitals are all part of a well-established network in that province (with regular meetings of represented hospitals and links to CME activities at the network center Provincial Hospital). There are well-established referral linkages from local VCT and PMTCT programs, and an established referral network between the district hospitals and the network center at the Provincial Hospital. There is a further linkage with CRS supported sites in Nyanza province. The practical training described above links directly to classroom training supported by NASCOP and Mildmay. The impact of these services at a population level will be evaluated by SI activities conducted through the same partner. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%
<input checked="" type="checkbox"/> Workplace Programs	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	7	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,085	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,600	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,515	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nairobi
 State Province: Nyanza

ISO Code: KE-110
 ISO Code: KE-600

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Strengthening STD/HIV Control Project* / University of Manitoba

Planned Funds:

Activity Narrative:

The University of Manitoba will expand established community-based programs and will strengthen nascent HIV treatment programs in Nanyuki and Meru Districts to provide treatment, including antiretroviral therapy, to 850 people with advanced HIV disease and train 30 health care workers in ART delivery. In addition to setting up comprehensive treatment centers at the 2 facilities, this activity will engage members of existing community-based organizations to help mobilize the community and assist with improving basic knowledge about ARVs and adherence and toxicity monitoring. Funds will be used to support salaries for health care workers in accordance with Emergency Plan guidance and to improve infrastructure through renovations at supported sites. This partner will maintain data concerning the number of people served and will report both nationally and through the Emergency Plan.

University of Manitoba has an extensive history of work in Kenya with vulnerable populations including sex workers and horticultural workers. Work with the sex worker populations has included ongoing education and training in HIV care and prevention. University of Manitoba also has extensive experience developing workplace policies and programs and training medical professionals and para-professionals.

These populations are high priority because of their increased vulnerability—the main reason that most women are engaged in commercial sex work is that they have no alternate source of income; this work places them at enormously high risk for HIV. Horticultural workers are vulnerable because of poverty and mobility of these populations and have a higher incidence of HIV than do other members of the surrounding communities. The supported activities will link to network centers being established at Provincial Hospitals in Nyeri (by the Ministry of Health) and Embu (by the Ministry of Health with the support of Liverpool VCT, an Emergency plan funded partner). These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%

<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	30	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	850	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	850	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Commercial sex industry
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
- HIV/AIDS-affected families
- Mobile populations
- Sex partners
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Eastern
State Province: Rift Valley

ISO Code: KE-400
ISO Code: KE-700

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Department of Pediatrics / University of Nairobi

Planned Funds:

Activity Narrative:

This partner will work to strengthen the services available at Kenyatta National Referral Hospital (KNH), with an emphasis on the provision of treatment of children and participants in US Government sponsored research. Treatment, including antiretroviral therapy, will be provided to 870 people with advanced HIV, including 730 new patients and 140 who will be in treatment for 12 months. One hundred health care workers will receive training in ART both in the classroom as practicum sessions in the clinic. Key capacities at Kenyatta National Hospital to be strengthened include training capacity, capacity to conduct diagnostic testing in infants using PCR, and other diagnostic and management capacities, particularly with respect to care of children. Funds will be used to support salaries for health care workers in accordance with Emergency Plan guidance, improve infrastructure through renovation, and purchase commodities including laboratory reagents.

The University of Nairobi Pediatrics department has run research clinics on perinatal cohorts at the KNH for 12 years studying PMTCT, immune responses, and disease progression in women and children. It also manages a handful of patients receiving donated ART. Research doctors have undergone short courses on HIV treatment and have conducted numerous courses on ART. The Kenyatta National Hospital Comprehensive care center has been running for more than 5 years providing psychosocial care, and over the past 1 year providing ambulatory medical care to PLWHA including nutrition, opportunistic infection prophylaxis and treatment, and ART. It has dedicated staff providing psychosocial, nutritional, and medical care.

These activities link intimately to activities supported by Family Health International to support general logistics and infrastructure at the comprehensive care clinic at Kenyatta, to training activities supported by Family Health International, the National AIDS and STD Control Program, and JPHIEGO (because practicum trainings for many of the classroom trainings supported by these partners are conducted at Kenyatta), and to multiple activities in and around Nairobi that refer to Kenyatta National Hospital as a network center. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	140	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	50	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	40	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	870	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	300	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	730	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	250	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / James Finlay (K) Ltd. Medical Department

Planned Funds:

Activity Narrative:

The James Finlay Kenya Ltd (JFK) Central Hospital is currently the only health facility within the James Finlay Tea Plantation that is providing comprehensive HIV/AIDS treatment under FY04 President's Emergency Plan funds. JFK serves a population of approximately 80,000 employees and their dependants including those residing within and outside the tea estates. HIV/AIDS ranks third overall in disease morbidity, but it is the leading cause of mortality in adults in the company. Despite an elaborate AIDS awareness campaign, the HIV prevalence remains as high as 19% in some estates on the plantation.

In FY04, the JFK hospital provided antiretroviral therapy to 127 AIDS patients with advanced disease. The hospital is planning to expand its comprehensive HIV/AIDS antiretroviral program to its employees and their dependants in FY05 based upon their current (FY04) HIV activities. Focusing upon the network model, JFK will extend access to antiretroviral treatment to more than 20 of its health centers and dispensaries, the latter will serve as sites to link counseling and testing referrals to the James Finlay Central Hospital. With this expansion, JFK will provide antiretroviral therapy to 500 patients (360 new and 140 in treatment for 12 months). This will be achieved through training of 20 health workers in comprehensive HIV care and strengthening of the referral mechanism. Emphasis will be placed on adherence counseling and will be linked with prevention of HIV infection activities and positive living. FY05 funds under this proposal will be used to procure equipment, reagents and supplies for patient evaluation, diagnosis, treatment, and monitoring. The funds will be used for workplace programs to encourage positive living, prevent HIV infection, increase community mobilization, reduce stigma and discrimination, and increase treatment literacy and adherence. The funds will also support logistics of setting up an electronic patient monitoring system for long-term patient follow-up. The comprehensive HIV care clinic will be renovated to accommodate the increasing number of patients.

James Finlay Kenya Ltd (JFK) Central Hospital will serve as a referral facility for the JFK affiliated health centers and dispensaries in the network model. Gender inequality and the special needs of children and young adults in both HIV diagnoses and treatment will be a focus area from the James Finlay Central Hospital "down through the network" of affiliated health centers and dispensaries. Building upon the successful, almost universal, PMTCT program in the tea company, coordination and introduction of PMTCT-plus activities will be given more attention at the James Finlay Central Hospital. All pregnant women and members of their families who are identified as HIV-infected through the regular PMTCT program will be referred to the hospital for further management. Strong links will be maintained with Kericho District Hospital, the local Ministry of Health public hospital.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%
<input checked="" type="checkbox"/> Workplace Programs	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	140	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	20	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	20	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	38	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	360	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	35	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Factory workers
- Family planning clients
- Health Care Workers
 - Doctors
 - Nurses
 - Pharmacists
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Ministry of Health staff
- People living with HIV/AIDS
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

UNCLASSIFIED

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kericho District Hospital, Kenya

Planned Funds:

Activity Narrative:

The Kericho District Hospital (KDH) is currently the only Ministry of Health public hospital providing comprehensive HIV/AIDS treatment in the south Rift Valley Province, serving approximately 500,000 individuals in Kericho District alone and in excess of 1 million in the south Rift Valley Province. Kericho District Hospital will expand antiretroviral therapy in the south Rift Valley Province in FY05 based upon expansion of their rollout of antiretroviral therapy this year (FY04). To date in FY04, Kericho District Hospital has started antiretroviral therapy in 330 qualifying Kenyans. Focusing upon the network model, Kericho District Hospital will extend access to antiretroviral services to 1 District Hospital (Kapkatet District Hospital), 1 Sub-District Hospital (Londiani Sub-District Hospital), and seven Rural Health Centers. With this expansion, Kericho District Hospital will be able to provide antiretroviral therapy to 1500 patients (1220 new, 280 in treatment for 12-months) at three facilities (Kericho and Kapkatet District Hospitals and Londiani Sub-District Hospital).

Kericho District Hospital will serve as a referral facility for the south Rift Valley Province working through the network model with affiliated District and Sub-District Hospitals as well as Rural Health Centers. The seven Rural Health Centers will serve primarily as sites to link counseling and testing and non-antiretroviral therapy/clinic-base palliative care activities referring "up through the network" to the corresponding District and/or Sub-District Hospitals when appropriate. Gender inequality and the special needs of youth in both HIV diagnoses and treatment will be a focus area from the District Hospitals "down through the network" to the Rural Health Centers. FY05 funds will be used to encourage positive living, prevent HIV infection transmission or re-infection, begin community mobilization, reduce stigma and discrimination, and increase treatment literacy and adherence.

In the capacity to offer/coordinate training in south Rift Valley as well as other interested districts, Kericho District Hospital will offer training to doctors, nurses, and other health care workers. The Kericho District Hospital will also provide Quality Assurance and Control oversight for diagnostics (HIV and Opportunistic Infection(OI)), monitoring, and quality of treatment in the regional network for the proposed, new District, Sub-District, and Rural Health Center facilities as well as 3 existing FY04 President's Emergency Plan hospitals in the Kericho and Bomet Districts. Building upon the successful PMTCT program in the area, coordination and introduction of PMTCT-plus activities will be given direct attention at the antiretroviral treatment sites. HIV-infected pregnant women, sexual partners, children, and others members of their families will be referred from the PMTCT sites scattered throughout the districts to any of the antiretroviral therapy treatment centers in network model. Additional staff will be hired to manage the comprehensive HIV care clinic. Funds under this proposal will also be used to procure equipment, reagents, and supplies for patient evaluation, diagnosis, treatment, and monitoring. The funds will also support logistics of setting up an electronic patient monitoring system for long-term patient follow-up. Finally, infrastructure development will proceed in effort to establish an HIV/AIDS comprehensive care center necessary to meet the needs of the network referral system.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	280	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	15	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	80	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	80	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	63	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,220	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	48	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	3	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> HIV+ pregnant women |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> M&E specialist/staff |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Ministry of Health staff |
| <input checked="" type="checkbox"/> Family planning clients | <input checked="" type="checkbox"/> Orphans and other vulnerable children |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Nurses | |
| <input checked="" type="checkbox"/> Pharmacists | |
| <input checked="" type="checkbox"/> Pharmacists | |
| <input checked="" type="checkbox"/> High-risk population | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | |

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mission for Essential Drugs and Supplies

Planned Funds:

Activity Narrative:

The Mission for Essential Drugs and Supplies (MEDS) will conduct activities that will result in 200 healthcare providers being trained in provision of ART health services at 10 mission sites, and will lead to 500 people with advanced HIV (mostly new) ... receiving ART health services. This will allow implementation/expansion of treatment activities at numerous small mission hospitals that are otherwise not yet specifically supported to provide HIV care. In combination with other resources (such as ARVs that are procured through the Emergency Plan), this program will allow expansion of the numbers of HIV-infected people receiving ART health services in these settings. In future years, increased direct support may be offered to facilities that demonstrate a capacity to provide these services. Funds will be used to conduct follow-up supportive supervision, procure commodities such as laboratory equipment and reagents, and strengthen logistics, particularly pharmacy management. This partner will maintain records of the numbers of people trained and will report nationally and through the Emergency Plan. They will also assist supported facilities to meet national and Emergency Plan reporting requirements.

The Mission for Essential Drugs and Supplies is a faith-based organization that has been conducting ongoing training for health care workers from facilities, home- and community-based programs primarily from the mission/faith-based sector. MEDS has been developing human/institutional capacities and strengthening health service delivery in mission health sector since 1986. To date, more than 6,000 health workers have been trained in various disciplines. MEDS was among the first organizations to support expansion of access to treatment for HIV. In 2001, when MEDS began supplying mission facilities with ARVs, it was obvious that there were unmet needs related to training in the provision of HIV care. MEDS was a pioneer in the training of health workers in the use of ARV to manage HIV/AIDS in Kenya. Since 2001, 1,792 health workers have been trained in the five program areas (164 doctors, 119 clinical officers, 102 pharmacy staff, 969 nurses, 178 laboratory staff, 59 theatre/maternity staff, 60 CBO/Home based program coordinators, 101 administrators/managers and 40 record keepers). A training manual on these training interventions has been developed to guide the trainers. MEDS has been stocking and supplying ARVs and some OI drugs to facilities with trained personnel and thus complementing these training activities.

These are priority activities because many of these facilities already have substantial capacity and can be supported to establish HIV treatment programs in a wide variety of geographic areas, including many areas where treatment services are not yet available. The activities link to TB/HIV services supported by the National Leprosy and TB Control Program and Christian Health Association of Kenya (CHAK) (for example these activities will establish the capacity for Mission facilities to provide treatment for patients referred from CHAK supported TB/HIV activities), and to PMTCT activities in mission facilities supported by Catholic Medical Mission Board (CMMB) and other partners. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

UNCLASSIFIED

Activity Category

- Commodity Procurement
- Logistics
- Quality Assurance and Supportive Supervision
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 20%
- 10%
- 5%
- 5%
- 60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	10	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Faith-based organizations
- Health Care Workers
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / AIC Litein Hospital

Planned Funds:

Activity Narrative:

The African Inland Church (AIC) Litein Hospital is a faith-based mission hospital in Bureti District of the Rift Valley Province. It supervises five health centers and dispensaries in Nyanza and Rift Valley Provinces of Kenya as part of the wider Africa Inland Church national health care delivery facilities. Having started offering limited antiretroviral services on a cost recovery basis in the past 2 years independent of the President's Emergency Plan, the mission hospital has struggled to meet the needs of Kenyans with advanced HIV/AIDS due to inadequate infrastructure (e.g. physical structure and diagnostic equipment) and resources (e.g. a small number of inadequately trained staff).

In their first year (FY05) of the President's Emergency Plan, AIC Litein Hospital intends to offer antiretroviral therapy to 250 patients (243 new, 7 in treatment for 12 months). AIC Litein will serve as the treatment facility for its associated two Mission Health Centers and three Dispensaries in nearby districts covering a catchment area including the Rift Valley and adjacent Nyanza Provinces. In response to the inadequate number of staff trained in HIV/AIDS treatment, AIC Litein will train 30 health care workers including physicians, nurses, and pharmacists in order to offer antiretroviral therapy. Religious leaders will also be trained and educated about HIV/AIDS in effort to respond to the needs of the community members of the African Inland Church.

AIC Litein Hospital will be part of a larger network model in the south Rift Valley Province serving as a referral for associated health centers while referring complicated and advanced cases to Kericho District Hospital for more intensive care. As part of comprehensive services for HIV-infected individuals, Litein and its health centers and dispensaries will provide palliative care and supportive services (including patient follow-up and adherence counseling) with funding requested in 3.3.6.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	70%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	7	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	30	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	15	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	250	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	15	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	243	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	15	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Community members
- Community members
- Faith-based organizations
- Faith-based organizations
- Health Care Workers
- Health Care Workers
 - Doctors
 - Doctors
 - Nurses
 - Nurses
 - Pharmacists
 - Pharmacists
- HIV/AIDS-affected families
- HIV+ pregnant women
- People living with HIV/AIDS
- People living with HIV/AIDS
- Pregnant women
- Religious/traditional leaders
- Religious/traditional leaders
- Youth
 - Girls
 - Boys

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Nyanza
State Province: Rift Valley

ISO Code: KE-600
ISO Code: KE-700

UNCLASSIFIED

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Eastern Deanery AIDS Relief Program, Kenya

Planned Funds:

Activity Narrative:

The Eastern Deanery AIDS Relief Program (EDARP) will expand services at 3 sites in the Eastleigh slums of Nairobi to provide ART to 3000 people with advanced HIV, including 1950 new patients, and 1050 who will be in treatment for 12 months. The program includes a very strong component of community-based support for adherence to ART as well as support for human resources (salary for staff actually providing care at the service delivery points), logistics, particularly management of pharmaceuticals, infrastructure improvement (renovations at the facilities), and production and distribution of informational materials to patients. Although substantial technical support is provided to this program, the capacity of the organization is gradual being expanded to take on a greater proportion of the responsibilities for the activities. EDARP will maintain a database and report on numbers of people trained and served both nationally and through the emergency plan.

EDARP is a Faith Based Organization under the Roman Catholic Archdiocese of Nairobi that was established in 1993 as a response to the HIV pandemic that is affecting the people living in the Eastlands area of Nairobi. A network of community health workers and clinical sites has been established, and now provides services to many thousands of people with HIV. Key elements of the program have been expanded in recent years, including establishment of centers that provide counseling and testing for HIV, demonstration programs in integrated TB and HIV services that have successfully introduced routine testing for HIV among people with TB and have served as models for scale up of these activities nationally, and most recently, introduction of treatment with ARVs (with approximately 320 patients now on treatment).

The populations served by this partner are a priority because of high rates of HIV and because the population is extremely poor and would otherwise has very limited access to health care services. The activities link to a variety of services, including counseling and testing services, integrated TB/HIV activities, and palliative care services supported by this partner, ART and palliative care activities supported through a track 1 partner, Catholic Relief Services, and nutrition support programs funded through Marquette University. The treatment services are also linked to the network center at Kenyatta National Referral Hospital. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,050	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	10	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	3,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,950	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mildmay International

Planned Funds:

Activity Narrative:

Mildmay International will continue to support mobile teams to provide training in HIV treatment, with a focus in the very heavily affected Nyanza Province. These activities will result in classroom and practical training of 600 health care workers, with components of follow up supportive supervision and quality assurance at the sites where these trained health care workers are engaged. This activity will also directly support care for several thousand patients, however these targets are reported with the relevant facilities. Mildmay will be responsible to monitor the numbers of people trained and report these numbers both nationally and through the Emergency Plan.

Mildmay International is a Christian not-for-profit organization, involved in the provision of consultancy, training and AIDS palliative care services worldwide. The vision of Mildmay International is that adults and children living with HIV/AIDS in resource limited settings will increasingly have access to good quality, holistic and comprehensive care that caters for their physical, emotional, social and spiritual needs, thus improving the quality of their lives. This is done through empowering health care providers through education, training and consultancy, to develop appropriate HIV/AIDS care and rehabilitation services. Mildmay's international presence is currently strongest in Uganda. Approximately 50 staff from the Kenyan Ministry of Health, including District Medical Officers, Hospital Superintendents, and staff from the National AIDS and STD Control Program have participated in Mildmay HIV program management courses in the past year and have been empowered and motivated to establish or expand treatment programs in their areas. Mildmay International has established training teams in Uganda, primarily to meet needs related to Home-based care, and has adapted this model for training related to HIV treatment in Kenya. By October 2004, two multidisciplinary teams had already been hired and trained; the first trainings (for 60 health care workers are scheduled for mid-November.

One of the problems with providing needed training on ART in Kenya is that the enormous training needs have to date been met either by pulling busy clinicians from their work places to facilitate the trainings or by having the trainings given by people with limited "on the ground experience" with ART provision in Kenya. These teams will split their time between service provision and training. They will help to ease the staffing deficiencies at facilities where they are working and will be well equipped to train based on their ongoing clinical experience. Classroom trainings will be conducted based on the approved national training curriculum, and follow up site visits should help to ensure continued provision of quality services. These activities are directly linked to TB/HIV and care services supported through CRS (Track 1 supported facilities in Nyanza Province including St. Camillus, St. Joseph's and St. Monica's Hospitals), KEMRI (Bondo, Siaya, Nyando, Kisumu District Hospitals and others, Partners supported through CHF (Laimba, Merlin), and UCSF (at Lumumba) and to the network center at Nyanza Provincial Hospital. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	70%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	600	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / New York University

Planned Funds:

Activity Narrative:

New York University (NYU) will support treatment at 2 sites in Mombasa, resulting in 300 individuals receiving ART services, including 230 new and 70 who will be in treatment for more than 12 months, and 30 health care workers being trained. This will be accomplished by on site material and technical support at an established Family Care clinic at Coast Provincial Hospital and the Bomu medical clinic that will build the capacity of this local facility to sustain treatment services for people with HIV. Funds will provide salary support for health care workers in accordance with emergency plan guidance. Activities will include community mobilization, strengthening of logistics capacity (particularly pharmacy management), and procurement of commodities such as laboratory reagents. Data concerning the numbers of patients receiving services will be collected and reported both nationally and through the emergency plan.

NYU has a long history of providing quality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to provision of treatment in resource limited settings like Africa. The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV tests, basic hematology and chemistry tests, CD4 counts, and specialized HIV PCR testing to aid in the early diagnosis of HIV infected infants. The Bomu clinic is a private clinic that provides general medical services to thousands of patients and has recently expanded their capacity to provide specialized HIV services.

A key focus of the family clinic is the provision of services to children with HIV, and the identification children with HIV as a way of reaching entire families that are affected by HIV. Included among the populations served by these services will be participants in US government funded research programs. These activities link to non-ART services provided by the same institution and through referral to adult and pediatric HIV services provided at Coast Provincial Hospital, a network center. There are further links to area VCT and community based activities supported by FHI and advanced training in HIV care supported through FHI. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	70	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	30	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	230	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Coast

ISO Code: KE-300

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of Manitoba

Planned Funds:

Activity Narrative:

These activities will result in continuation and expansion of treatment services for patients with HIV who have been identified because of their participation in two large research studies. A total of 255 HIV-infected individuals will receive treatment for HIV, including antiretroviral drugs, at Pumwani Maternity Hospital and a clinic in the Pumwani Majengo area of Nairobi. Adherence to care and to ART will be supported through extensive involvement of peer groups. Funds will be used to support health care worker salaries in accordance with Emergency Plan guidance, infrastructure improvement (through renovation), logistics (particularly pharmacy management), and dissemination of informational materials. This partner will maintain data concerning the numbers of patients receiving services and will report this information nationally and through the Emergency Plan.

University of Manitoba has an extensive history of work in Kenya with vulnerable populations including sex workers and a long standing research collaboration with the University of Nairobi with a primary focus on evaluation of risk factors for maternal to child transmission of HIV. Since 1986, they have been the main provider of health care and counseling for over 1700 mothers and their families. This long-term association has nurtured and created a very trusting environment for patients to visit. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers in the Majengo area of Nairobi. Extensive community-based services have already been established that include extensive involvement of peers as educators and a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the treatment expertise among the University of Manitoba staff.

These activities link directly to Kenyatta Hospital, a network center, and will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category
 Commodity Procurement

% of Funds
10%

UNCLASSIFIED

<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	30	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	255	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	255	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex workers
- People living with HIV/AIDS
- Girls
- Boys

Key Legislative Issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of California at San Francisco

Planned Funds:

Activity Narrative:

The University of California at San Francisco (UCSF) will expand services at an HIV treatment clinic in Nairobi and establish services at Lumumba, a municipal health center in Kisumu, western Kenya. These clinics will provide treatment including antiretroviral therapy for 1000 people with advanced HIV, including 930 new patients and 70 patients who will be on treatment for 12 months, and will provide training for 30 health care workers in ART. Services will include diagnostic testing, ongoing counseling with a particular focus on counseling for couples (including those with discordant HIV results), prevention, diagnosis, and management of opportunistic infections. Funds will support salaries for health care workers in accordance with Emergency Plan guidance, and will improve infrastructure through renovation of structures at Lumumba. Activities will include community mobilization and dissemination of informational materials to patients. This partner will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

Because of the geographic foci of the HIV epidemic in the United States, UCSF has vast experience providing HIV care and has long been recognized as one of the premier institutions providing HIV care in the United States. The faculty of UCSF also has extensive experience developing training materials and implementing HIV treatment programs in resource limited settings, including Kenya. UCSF has a long-standing research presence in Kenya—these activities will capitalize on their technical expertise in treatment.

Treated patients will include participants in USG sponsored research programs, couples with HIV, HIV-positive members of discordant couples, and general populations. Couples will be identified through a research study (funded separately) that will evaluate whether acyclovir treatment can reduce the risk of HSV transmission in discordant couples. The screening for the research study will identify couples in which both partners are HIV-positive; these couples will not be eligible for the study, but will be referred for treatment. UCSF activities will augment services provided at the Provincial Hospital in Kisumu, which is a network referral center but is nearing capacity. The services supported by UCSF at Lumumba Health center will coordinate with the services at the Provincial Hospital so that together they become part of a multi-facility network center (particularly for purposes of training, including CME). These services also link to counseling and testing, and prevention of mother to child transmission programs supported by KEMRI, and to ART training supported by Mildmay International. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	70	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	30	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	930	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

- Twinning

Coverage Area:

State Province: Nairobi
 State Province: Nyanza

ISO Code: KE-110
 ISO Code: KE-600

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Vision Kenya

Planned Funds:

Activity Narrative:

World Vision will expand services currently being offered through its comprehensive programs for orphans and vulnerable children to include the establishment of treatment with antiretroviral drugs for 300 people (mostly children and their families) with advanced HIV in a pilot district in Central Province. Twenty health care workers will be trained in ART. Activities will build the capacity of multiple local faith-based and community organizations. This partner will maintain data concerning the numbers of persons served and will report both nationally and through the Emergency Plan.

The overall goal of the World Vision Kenya (WVK) AIDS Treatment and Support for OVCs (KATSO) project is to reduce the spread and impact of HIV/AIDS in 10 districts in Kenya. In recent years, WVK has used its own funds to integrate HIV/AIDS activities in all of its 39 Area Development Programs. World Vision now proposes to scale up its response to the prevailing need for holistic—emotional, material, and physical—care for those affected by the HIV/AIDS crisis. Using its large network of churches/faith-based organizations and community-based organizations, WVK will initiate innovative HIV/AIDS care, support, and prevention interventions, while scaling up programming in 10 districts in Kenya. These geographic areas have been selected based on high HIV/AIDS prevalence, existence of basic HIV/AIDS programs, and potential for community participation. The project will integrate prevention interventions, psychosocial support, food/nutrition supplementation, livelihood training, micro-enterprise training and advocacy into all programming initiatives. Furthermore, WV, Mildmay International, and Sustainable Healthcare Enterprise Foundation (SHEF) will provide clinical care and treatment while providing training and follow-up to community health workers and MOH staff.

This activity will link to the comprehensive services for orphans and vulnerable children being offered by this partner and to the network center being established at Nyeri Provincial Hospital. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	60%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	70	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	20	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	230	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Central

ISO Code: KE-200

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / African Medical and Research Foundation

Planned Funds:

Activity Narrative:

The African Medical Research Foundations (AMREF) will expand a successful HIV treatment program in Kibera, a very large informal settlement in Nairobi, Kenya and will build upon its experiences with this program to establish a new program in Eastern Province. As a result, 500 people with HIV will receive ART (360 new, 140 on for 12 months). Treatment will be provided by multidisciplinary teams; treatment services will be supported through extensive involvement of community health workers and peer educators, including many people who themselves have HIV/AIDS. Extensive activities related to community mobilizations, education of communities, sensitization of community leaders (including church, political leaders, administrative leaders, and youth), monitoring, nutrition education, counseling, recognition of adverse drug reactions, and early referral will be conducted. Evaluation components include the assessment of the feasibility and acceptability of caregivers supporting ART adherence and delivery at community level. Funds will be used to support health care worker salaries in accordance with Emergency Plan guidance.

AMREF has extensive experience and expertise in community-based HIV/AIDS prevention and care. The foundations have worked with behavior change and HIV/AIDS/STI education programs among truck drivers in the early 1980s to current ART delivery in Kibera. AMREF's current HIV/AIDS portfolio in sub-Saharan Africa include voluntary counseling and testing, antiretroviral therapy, prevention of mother to child transmission programs, behavior change, communication among youth and adolescents, laboratory capacity building, ART training for medical officers and nurses, and HIV/AIDS work place interventions. AMREF recently received grants from CDC to implement laboratory infrastructure strengthening and capacity development in Uganda, and ART and PMTCT projects in Kenya. The Kibera ART program is a collaborative effort of the Kenyan Ministry of Health (MOH), AMREF, Mbagathi District Hospital, the Kenya Medical and Research Institute (KEMRI), and the US government. This model of community-based ART has received recognition by WHO and other organizations. Key achievements of the ARV program include enrollment of nearly 200 patients on ART and over 400 on non-ART care. The program has achieved over 92% drug adherence, and works under the umbrella of a multi-disciplinary team of 16-health facility and 14 community health workers who have received extensive training. Laboratory and ART management information systems have been developed.

The slum residents that will be served by these programs are important target populations because of great need that relates not only to high HIV prevalence, but also very severe poverty and lack of basic services such as clean water, food, and education. These activities link to community services supported by KICOSHEP, to VCT and PMTCT services supported by this partner, and to the established network referral center established at Kenyatta Hospital (supported by University of Nairobi and Family Health International). The extensive community sensitization activities have already contributed substantially to a reduction in stigma and discrimination in this community and are expected to continue to do so. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Health Care Financing	30%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	140	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	10	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	360	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern
 State Province: Nairobi

ISO Code: KE-400
 ISO Code: KE-110

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / JHPIEGO
 Planned Funds:

Activity Narrative:

JHPIEGO will provide training to 375 health care workers (including supervisors) in the provision and support of treatment services in at least 20 ART sites in 20 districts in the eastern half of Kenya. This will directly contribute to the provision of care for 4000 people however, these patient targets are counted at the facilities providing the care. The training program will build on established materials already prepared by the National AIDS and STD Control Program (NAS COP) and will result in accreditation of the providers in accordance with national standards that are being developed. JHPIEGO will develop training teams who have on-the-ground experience, but also have dedicated time available for training so that they are not pulled from critical clinical activities to act as trainers. These services will complement similar training being done by NAS COP and by other partners such as Mildmay International, FHI, and Indiana University in other areas of the country. A key element of the training will be on-site follow up to ensure that lessons learned in training are rapidly and successfully implemented. This partner will maintain data concerning the numbers of people trained and will report nationally and through the Emergency Plan.

JHPIEGO has strength and experience both in implementing trainings and in developing training materials. JHPIEGO has provided Technical Assistance to Ministry of Health in Zambia in the training of Health workers in antiretroviral therapy, and in Kenya, has worked with FHI/IMPACT to support the Comprehensive Care Services to include ARV treatment in 18 sites that are currently operational and providing services.

Over the past 2 years, materials developed by the National AIDS and STD Control Program (NAS COP) have been used to train multidisciplinary teams including doctors, nurses, counselors, pharmacists, and other health care providers involved in the care of people with HIV/AIDS. While these trainings have contributed to the establishment of many successful treatment programs, the implementation of the trainings needed throughout Kenya has placed a stress on NAS COP. Even when financial support for a specific training has been made available, the identification of capable, available trainers has been difficult. The participation of JHPIEGO and other partners will help to ease this burden and will contribute to the rapid expansion of treatment capacity. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients and strengthened human resource capacity to deliver ARV treatment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	55%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	375	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Eastern
 State Province: Nairobi

ISO Code: KE-400
 ISO Code: KE-110

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will oversee implementation of ARV treatment programs in conjunction with prevention of mother to child transmission (PMTCT) programs being established and expanded in several areas of Kenya. Through these programs, 500 people with HIV—mostly HIV-infected women identified through the PMTCT programs—and their family members, will initiate antiretroviral therapy at 5 facilities. Fifty health care workers will be trained in ART provision, many as a component of PMTCT-plus trainings. The precise sites have not been finalized; EGPAF will be asked to prioritize establishment of treatment capacity at PMTCT sites in areas where access to other ART programs is currently limited, such as the southern part of Eastern Province. In implementing this program, EGPAF will strengthen the management capacity of 3 new partner NGOs through technical assistance and the development of management tools and systems.

EGPAF will take advantage of experience gained through programs implemented under track 1 of the Emergency Plan in other African countries to implement these services. A special focus and area of expertise for this group is support of provision of services for children. In 2004, the Foundation formed a strong international partnership for HHS/CDC Track 1.0 funds. Just seven months after the award of Project HEART (Help Expand Anti-Retroviral Therapy for Children and Families), the Foundation has gained critical experience in planning and implementing care and treatment services. Project HEART has experienced enormous success, moving rapidly to reach children and families with HIV care, support, and treatment in four African countries: Côte d'Ivoire, South Africa, Tanzania, and Zambia. As of August 1st, over 7,000 men, women and children have been enrolled in care and over 4,000 are receiving ARVs in three of the four countries, including 562 children. One of the strengths of the Foundation is its flexible approach, relying on international experience while supporting national standards and protocols. For example, the Foundation encourages use of MOH and Kenyan training organizations, contributes to comprehensive MCH services through training, supplies, equipment, and technical assistance and the use of national information systems and procedures. The Ministry of Health administration from local to national levels has been supportive, providing management and supervision, IEC materials, some test kits, staff to support activities, and other logistic support.

When identified through PMTCT, some HIV-infected women are candidates for treatment with antiretrovirals. These women often have family members (partners or children) who also require care, and the infants born to HIV-infected women should receive basic care and prevention, even if transmission of HIV has been prevented at birth. The establishment of treatment programs in conjunction with programs to prevent mother to child transmission has been a successful model for reaching these women and family members. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	55%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	5	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	50	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	50	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	250	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	250	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV+ pregnant women
- HIV+ pregnant women
- Infants
- People living with HIV/AIDS
- People living with HIV/AIDS
- Pregnant women

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Central
State Province: Coast
State Province: Eastern

ISO Code: KE-200
ISO Code: KE-300
ISO Code: KE-400

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Community Housing Foundation

Planned Funds:

Activity Narrative:

Community Housing Foundation will provide sub-grants to local nongovernmental organizations (NGOs) and community-based organizations (CBOs) that will result in the provision of HIV treatment, including antiretroviral therapy to 2500 people, including 200 new patients and 500 who will be in treatment for 12 months at more than 20 facilities, and will result in training for 60 health care workers in ART. The key activities of the primary partner will be to develop capacity of local organizations and provide supportive supervision. Funds granted through CHF to sub-partners will be used to pay health care salaries in accordance with Emergency Plan guidance, improve infrastructure, for example through renovation of clinic spaces, conduct community mobilization activities, and procure commodities such as laboratory reagents.

The primary implementing partner in this activity, the Community Housing Foundation (CHF) was awarded a cooperative agreement with CDC in late FY04. CHF has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. Under the terms of the cooperative agreement, CHF will first assist a number of local faith-based organizations (FBOs) and CBOs specified in our FY04 COP, including Merlin (establishing treatment clinics at 3 district facilities in Nyanza Province), Lalamba (supporting treatment in a remote area of Migori district, Nyanza Province), AJO Village Infectious Diseases (supporting treatment for a rural Masaai population in southern Rift Valley Province), and Christian Missionary Fellowship (establishing HIV treatment services at 9 clinics in Southern Rift Valley). Although CHF was awarded this cooperative agreement only on September 16, 2004, CHF staff in Kenya are already conducting baseline assessments of the capacity of these local and indigenous organizations and has pledged to provide at least 10 sub-grants prior to the end of December 2004. Under this COP, we propose to have CHF support a number of new sub-grantees recently identified when the USG Kenya team solicited "concept papers" from local groups. Some of the new groups proposed in this COP include the Community of St. Egidio (this group will establish treatment services in an underserved area of Eastern Province) and the Baraka ("Blessing") clinic which will expand HIV treatment services provided in a Nairobi slum. In addition to assisting these local organizations to develop and use local networks for referral of patients and for services not directly provided by the sub-grantee, CHF is also intending to develop a network among the sub-grantees so they can share lessons learned about local implementation of their activities. CHF intends to assist these local groups in grant-writing skills so that in the future, they can apply for PEPFAR funds directly. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	20	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	60	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	2,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Internews Network

Planned Funds:

Activity Narrative:

Media can be a powerful force for raising awareness, building knowledge, and influencing public opinion. The media has a critical role to play in helping to create an enabling environment for social change. This proposed program will build on our current efforts to train and equip the media to play this essential role. Internews will provide training for 8 journalists on issues related to antiretroviral treatment and 8 cameramen trained in camera work to produce higher quality stories on HIV. An estimated 500,000 people will be reached through six television features on ART and other HIV services and millions of people will be reached through regular reports aired on 13 radio stations. Specifically, Internews will add specific material on ART to Nairobi Media Resource Center, provide one training seminar with follow-up assistance focused on ART for the television journalists, a 3-day training course on camerawork to produce higher quality stories on HIV, and a Swahili-language seminar with follow-up assistance focused on ART for the radio journalists. Training seminars for journalists will include opportunities for personal interaction and discussion with people living with HIV/AIDS as well as visits to sites providing treatment. Another part of workshops is to introduce them to at least two people living with HIV/AIDS who are currently benefiting from ART. The PLWHA's share their stories and are also interviewed. Putting these voices on air and discussing the realities of ART from a personal perspective can be very powerful.

Internews has already supported the airing of several successful media programs related to HIV, and specifically to HIV treatment. In 2004, Internews held workshops relating to ART issues – one on the relationship and differences between ART and AIDS vaccines, and the latter on Nevirapine being used for PMTCT. The PMTCT workshop also focused on the difference between using Nevirapine for PMTCT and as a daily ART. As a result, at least 12 feature reports/programs on these issues aired on radio. During these programs and trainings the need for more workshops directly dealing with ART became clear.

These programs can bolster and support other HIV prevention, care, and treatment efforts, increasing their chances of success. Even the best designed AIDS intervention can fall prey to rumors, misperceptions, and misinformation. The best services in the world will not be effective if no one knows about them or is afraid to use them. This program, called "Local Voices" equips journalists and talk show hosts with the tools to report on these complex issues in a way that will be readily understood by their audiences, and fosters public discussion of these issues through lively interactive programming. By focusing on ART on television and radio and getting accurate information out to the general public, it will support the Government's efforts for ART scale-up. This activity will contribute to the result of increasing demand for, understanding of, and acceptance of ART.

Activity Category

- Information, Education and Communication
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 50%
- 5%
- 45%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- Media
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Liverpool VCT and Care - Kenya

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Liverpool Voluntary Counseling and Testing will expand on existing programs to provide 2000 people with advanced HIV with antiretroviral therapy at 4 sites (Embu, Rachuonyo, 2 sites in Nairobi), including 1300 new patients, and 700 patients who will be on treatment for 12 months. This activity will support ART services at Embu Provincial Hospital, helping to develop this site as a network center. Patients will be referred from a variety of sites including VCT, Prevention of Mother to Child Transmission (PMTCT), and integrated TB/HIV activities. Funds will be used to support salaries for health care providers in accordance with Emergency Plan guidance; improve infrastructure (through renovation of clinics at supported sites), and procure commodities such as laboratory reagents. Supported activities will also include sensitization and mobilization of the communities in the areas of the supported facilities and dissemination of informational brochures to patients for example, information about ARVs and the importance of adherence.

The primary implementing partner in this activity is the Liverpool Voluntary Counseling, Testing and Care Project, (LVCT), which has been a CDC Kenya partner since 2002. LVCT is a local, Kenyan organization that started as a project under the Liverpool School of Hygiene and Tropical Medicine; when LVCT became a Kenyan NGO, they retained the name of Liverpool because of its wide recognition in Kenya as the leading organization providing VCT services in Kenya. LVCT has received CDC technical and financial support through locally executed contracts; on September 1, 2004, LVCT was awarded a CDC cooperative agreement to continue providing VCT services at both free-standing sites and within health facilities, to continue providing training in counseling, testing, and support supervision, and to significantly increase their capacity to provide ART care to VCT clients who test HIV positive. LVCT staff provides some of these services directly; LVCT also works with a number of local community organizations and with government health facilities to improve their capacity to provide both CT and ART services at the local level. Under this COP, we propose to continue both technical and financial support to LVCT so they can provide these important services. LVCT's work concentrates on the geographic areas of Nairobi and Central Province, Eastern Province, and Nyanza province; especially in the case of Nyanza province, which has Kenya's highest rates of HIV infection, LVCT concentrates on assisting rural health facilities and CBOs. In the specific area of HIV treatment, Liverpool staff brings substantial medical expertise, and have played a crucial role in the development of training materials and a desk-top referral manual that has now been made available throughout Kenya.

Liverpool activities serve populations that are high priority for a variety of reasons. Their Nairobi based programs serve high risk populations from slum areas and meet needs for some very vulnerable and stigmatized populations such as the deaf and men who have sex with men. Liverpool activities will also help to establish a network referral center in an area that does not yet have one. These activities link to non-ART services supported by the same partner in all sites, and to referral services at the network centers at Kenyatta (for the NBO sites), and New Nyanza Provincial Hospital (for the Rachuonyo site). These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category

- Commodity Procurement
- Community Mobilization/Participation
- Development of Network/Linkages/Referral Systems
- Human Resources

% of Funds

10%
5%
5%
20%

UNCLASSIFIED

- Information, Education and Communication 5%
- Infrastructure 10%
- Local Organization Capacity Development 30%
- Quality Assurance and Supportive Supervision 5%
- Strategic Information (M&E, IT, Reporting) 5%
- Training 5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	4	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	700	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	30	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,300	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Eastern
 State Province: Nairobi
 State Province: Nyanza

ISO Code: KE-400
 ISO Code: KE-110
 ISO Code: KE-800

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / CARE International
Planned Funds:

Activity Narrative:

CARE Kenya will support two local organizations to provide training to a total of 30 health care workers on antiretroviral therapy, and provide treatment, including antiretroviral drugs, to 100 individuals with advanced HIV. CARE will also build the capacity of local organizations to appropriately identify people needing antiretroviral therapy, refer them to care and treatment, and conduct community based activities in support of care and treatment. Activities will include supportive supervision for these organizations.

The primary implementing partner in this activity, CARE Kenya, was awarded a cooperative agreement with CDC in late FY04. CARE has many years of experience in Kenya, including implementation of prevention of mother to child transmission programs and capacity building for local organizations

Northeastern Province has low population density and very low rates of HIV when compared to other areas of Kenya, but is home to vulnerable mobile populations. While the bulk of programming in this Province is focused on prevention, it is critical to have treatment available to the small number of people who need it to ensure there is both actual and perceived equity in the provision of these services. Providing care, even when the need is relatively small, will facilitate prevention efforts such as testing, in that there will be services available for the small number of people who are found to be HIV-positive. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	80%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	30	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
- Mobile populations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: North Eastern

ISO Code: KE-500

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International

Planned Funds:

Activity Narrative:

Family Health International (FHI) will expand established programs in several geographic areas of the country and will expand activities to include new areas, primarily in Eastern Province. As a result of these activities, 4500 people with HIV will receive antiretroviral therapy (1050 will initiate treatment, 3450 are expected to be in continuous treatment for 12 months) at 20 facilities in 4 Provinces and 600 health care workers will be trained in the provision of antiretroviral therapy. These activities will include strengthening of 3 facilities that are already serving as network referral centers (Nakuru, Coast, Kenyatta) and will strengthen an additional facility (Kakamega Provincial Hospital in Western Province) to serve as a network referral center. Activities will include procurement of commodities such as laboratory reagents and pharmaceuticals, production and dissemination of informational materials such as pamphlets addressing adherence to antiretrovirals, infrastructure improvement (for example through renovation of clinic facilities at supported sites), and logistics strengthening, particularly in the area of pharmacy management. This partner will track, and assist sub-partners with tracking the numbers of people served and will report nationally and through the Emergency Plan.

In addition to supporting outpatient provision of ARVs, specific activities will increase the opportunities to detect eligible patients for ART in the in-patient wards and from key service areas of the health facilities like TB clinics, MCH/FP services. All services will be tightly linked across the spectrum of care with other services supported by this partner and services (particularly home-based care supported by Pathfinder and systems strengthening services supported by JSI and RPM plus). Prevention services in care settings will be strengthened through improvement of institutional infection prevention practices, reinforcement of behavior change, sustenance of low risk behavior, condom use, appropriate nutrition for People Living with HIV/AIDS (PLWHA), and reduction of risk of infection among discordant couples. Substance abuse treatment programs will be introduced as appropriate to help ensure adherence to treatment and to reduce the risk of transmission from HIV-infected individuals in care. These activities link to additional advanced training provided through New York University. FHI will also strengthen the private sector approach by supporting 15 private companies in Mombasa and Nairobi to provide staff and their respective families with ARVs, supporting 20 pharmacies in Mombasa and Nairobi to work closely with the identified private companies and offer ARVs at access prices, and working with HMOs to include ART as part of their services at a reduced price to the employers. FHI's breadth of activities and the focus of some of these activities on particularly vulnerable groups such as women will contribute to reduction in violence and coercion as well as stigma and discrimination. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	20	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,050	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	600	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	4,500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	3,450	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- HIV/AIDS-affected families
- Infants
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kenyan National AIDS and STI Control Program

Planned Funds:

Activity Narrative:

The National AIDS and STI Control Program (NAS COP) is the arm of the Ministry of Health that is responsible for implementation of medical interventions related to treatment and prevention of HIV/AIDS. NAS COP will oversee the implementation of all antiretroviral treatment programs in Kenya. Specific activities supported by NAS COP will result in treatment of 15,000 people with HIV who are not included in other reported targets (12000 new and 3000 continuing for at least 12 months), at approximately 60 sites, 25 of which are not otherwise supported by the emergency plan. These activities will also result in the training of 400 health care workers not included in other targets.

Specific supported activities will include the coordination of all partners in the area of ART provision, and supervision of treatment in Ministry of Health and other facilities. Specific guidelines for treatment with antiretrovirals will be kept updated, printed, and distributed, and the national system for tracking the numbers of people receiving antiretroviral treatment will be improved. Funds will be used to support hiring of health care worker through renewable temporary contracts at facilities with critical staff shortages

The supervisory structure at NAS COP includes a core staff at a national level that consists of a small technical and administrative staff, and an expanding staff responsible for monitoring and evaluation. A system of regional supervision of HIV/AIDS treatment activities has been established, with Provincial ART Coordinators ("PARTOS") who are responsible to assist with establishment of services at additional sites, site evaluations and supervision for ART programs. All activities are closely linked to other MOH and PEPFAR supported HIV treatment and prevention activities and are also linked to the networks of care in the Private and Mission sectors, and are specifically linked to JSI supported logistics/systems strengthening (particularly for KEMSA, the Kenya Medical Supplies Association).

NAS COP-supported activities are essential to the formation/strengthening of the linkages needed in the network model, and to the development of a sustainable system to provide HIV treatment in Kenya. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category

- Commodity Procurement
- Development of Network/Linkages/Referral Systems

% of Funds

- 10%
- 10%

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<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	25	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	3,000	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	400	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	15,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	12,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of Washington

Planned Funds:

Activity Narrative:

University of Washington will expand a long-standing research collaboration with the University of Nairobi to provide HIV care, including antiretroviral therapy to 300 people with advanced HIV in Nairobi, and training of 40 health care workers in ART. University of Washington will support treatment services at Coptic Hospital, a faith-based facility in Nairobi that provides services to both the general population and to individuals identified through research programs at the University of Nairobi. Funds will be used to support salaries of health care providers in accordance with Emergency Plan guidance, logistics (primarily pharmacy management), dissemination of informational materials (about ARVs and adherence) to patients, and procurement of commodities such as laboratory reagents. This partner will maintain data concerning the numbers of clients served and will report this information both nationally and through the Emergency Plan.

University of Washington has a long presence in Kenya and extensive experience in HIV prevention and treatment both in the United States and internationally. The University has a long-standing research collaboration with the University of Nairobi, and has provided extensive capacity building in immunology and epidemiology, including supporting long-term training for University of Nairobi staff in the United States. University of Nairobi staff has also donated their time to supporting the establishment of care services at nearby Coptic Hospital. Coptic is a faith-based Hospital that has been the primary provider of low cost antiretroviral drugs for patients referred from University of Nairobi and private clinic settings in Nairobi. This collaboration has already resulted in the establishment of the Hope Clinic, currently providing treatment for several hundred patients.

These services will link directly to the Nairobi network center at Kenyatta national hospital and to other services provided through the expanding partnerships between other US-based Universities and the University of Nairobi. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Human Resources	20%

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- | | |
|--|-----|
| <input checked="" type="checkbox"/> Information, Education and Communication | 5% |
| <input checked="" type="checkbox"/> Local Organization Capacity Development | 40% |
| <input checked="" type="checkbox"/> Logistics | 5% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 5% |
| <input checked="" type="checkbox"/> Training | 10% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	140	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	40	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	160	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Indiana University School of Medicine

Planned Funds:

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Activity Narrative:

The Indiana University Partnership with Moi Teaching and Referral Hospital, in Eldoret will expand one of the most successful programs in Kenya to provide treatment, including antiretroviral therapy, for 6000 patients, including 4040 new and 1960 who have been on ARVs for 12 months, at 5 sites including the Regional Referral Hospital in Eldoret. 200 health care workers will be trained in ART provision. Three new sites will be integrated into an existing and well-established network system. Supported activities will include: strengthening of the regional referral center (Moi Teaching and Referral Hospital) to serve as a referral center for HIV/AIDS care, including strengthening of laboratory capacity and management of complicated medical cases such as those failing first line ART; viral load monitoring; establishment of quality; and best practice standards for HIV treatment. Patients are referred from a variety of sources including VCT and PMTCT programs supported through this partner and other emergency plan partners. In addition to training of health providers at each site, training in comprehensive care of patients with HIV reaches medical students and post-graduate physicians and pediatricians at Moi University to provide comprehensive HIV care. The program uses novel approaches to the support of treatment, including involvement of HIV-positive persons as care extenders, and a special program called the "HAART and Harvest Initiative", which is a demonstration/training farm that enables food prescriptions for eligible patients. Funds for this partner will be used to support salaries of health care providers in accordance with Emergency Plan guidance, to improve infrastructure (through renovation and construction of clinic spaces, and to improve logistics, particularly pharmacy management. This partner will maintain records of the numbers of people served and will report both nationally and through the Emergency Plan.

Moi University Faculty of Health Sciences (MUFHS) is one of two schools of medicine, nursing and public health in Kenya, now providing medical and health education to 670 students. Indiana University School of Medicine (IUSM) has collaborated with MUFHS since MUFHS' inception in 1990. IUSM has supported a team of faculty members on-site in Eldoret for the last fourteen years. The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by MUFHS and MTRH in collaboration with IUSM and other academic centers. Doctors of the World, one of AMPATH's newest affiliates in the AMPATH Network for western Kenya, is an international health, development and human rights organization. It has operated capacity building programs in 25 countries, addressing urgent health issues including TB and HIV, women's health, and child health. AMPATH encompasses a balance of HIV prevention and treatment within a framework of education, research, and clinical service to ensure its relevance and sustainability in Kenya. The program is directed by the Dean of MUFHS and the Director of MTRH, and the institutions cooperate closely in the implementation of the program. AMPATH is supported by funding from private donors, IUSM, USAID, the Bill and Melinda Gates Foundation, the PVF Foundation, and the MTCT-Plus Initiative. AMPATH has already met or exceeded all goals and targets that were listed in the original Track 1.5 PEPFAR proposal. Adult and pediatric teams are now following more than 4,000 HIV-infected patients, and about half of these patients are being treated with arvs. AMPATH has been designated as an official training center for HIV/AIDS by the Government of Kenya and NASCOP.

These activities support and/or link to the network center at Moi Teaching and referral Hospital, and link to other services such as VCT and prevention of mother to child transmission programs supported primarily by this partners. There are well-established links with other services supported by this and other partners for example, diagnostic testing among TB patients, orphan support programs and other community services, and the pre- and in-service training provided by this partner will contribute to services provided through many other partners and institutions in Kenya. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	5	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,960	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	280	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	100	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	6,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	400	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	4,040	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	120	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tenwek Hospital

Planned Funds:

Activity Narrative:

The Tenwek Hospital is a 300-bed, faith-based hospital in Bomet District serving an estimated population of 500,000 people. Approximately 80% of the patients admitted to their adult medical ward are HIV-positive, most with advanced disease. To date in FY04, Tenwek Hospital has started antiretroviral therapy in 144 qualifying Kenyans. Building upon the antiretroviral program initiated this year, Tenwek Mission Hospital plans to expand activities to reach 300 patients (195 new, 105 on treatment for 12 months).

In effort to expand antiretroviral therapy activities in FY05, Tenwek Hospital will offer training to doctors, nurses, and other health care workers. Working within the network model, Tenwek Mission Hospital will serve as a local referral center for antiretroviral therapy to rural health centers in the Bomet District and refer complicated cases to Kericho District Hospital for more intensive care. Tenwek Mission Hospital will link antiretroviral programs closely to the Tenwek Community Health Department's counseling and testing sites throughout Bomet and surrounding districts. One clinical officer and nurse will be hired to support the comprehensive HIV care clinic.

Other areas of specific attention in FY05 include coordination and introduction of PMTCT-plus activities to assure antiretroviral therapy is available to all persons regardless of gender and infants born to mothers with HIV. Finally, a small proportion of funds will be used to improve clinic logistics (e.g. infrastructure) as well as monitoring. Access to antiretroviral therapy by women and children will be given extra attention through health workers and community sensitization to remove barriers such as disempowerment, stigma, and discrimination. Funds under this proposal will be used to procure equipment, reagents, and supplies for patient evaluation, diagnosis, treatment, and monitoring. The funds will also support logistics of setting up an electronic patient monitoring system for long-term patient follow-up.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	105	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	5	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	20	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	20	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	24	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	195	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	12	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Health Care Workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Doctors
 - Medical/health service providers
 - Medical/health service providers
 - Nurses
 - Nurses
 - Pharmacists
 - Pharmacists
- HIV/AIDS-affected families
- HIV/AIDS-affected families
- HIV+ pregnant women
- People living with HIV/AIDS-
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Walter Reed Project / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

Under FY05 President's Emergency Plan funding, the Kenyan Department of Defense (KDOD) will continue support for the first military ART site in Kenya; expand to four new clinics, and treat 1000 soldiers (including 270 on continuous treatment and 730 new patients), military dependents and KDOD civilian employees with antiretroviral drugs. This will contribute to the result of increased numbers of people on treatment nationally. With the support of CDC/US Army Medical Research Unit, the KDOD has in the last 2 years developed capacity to manage and run a successful comprehensive care clinic for HIV/AIDS. The clinic is located in the main military hospital, the Forces Memorial Hospital, situated in the national capital city of Nairobi.

In the FY04, this clinic registered 566 HIV-positive patients. Out of this number 340 are already on antiretroviral therapy, 424 of them have or continue to receive treatment for Tuberculosis in the same clinic. In total, KDOD has trained 75 members of staff on ARV administration and treatment of tuberculosis. Twenty-five of these are actively involved in the central clinic. The remainder will need refresher training to manage the 4 peripheral centers. In FY05, the KDOD hopes to improve the current clinic in terms of infrastructure, staffing and supply of antiretroviral drugs and in addition operate the 4 peripheral clinics. To achieve these targets the KDOD will need to train additional staff to run the current clinic and to run the 4 peripheral clinics. This will contribute to the result of increased numbers of people on ARVs nationally. Staff of various cadres will be trained both locally and overseas and USDOD is being relied upon to give support in this. Improvement of the infrastructure and of the laboratory services will also be undertaken.

Even though treatment sites are decentralized to the 4 main military regions, namely Coast, Mount Kenya region, and 2 in the Rift Valley, the care and treatment of KDOD AIDS patients will continue to be closely monitored by staff from the main military hospital in liaison with the Ministry of Health to ensure maintenance of standards of care as per national guidelines. Data on the epidemic will be collected systematically and shared openly to facilitate in monitoring of the epidemic and to assess the services provided. The KDOD policy on testing, in particular diagnostic and routine, will continue to be developed alongside the national law on HIV/AIDS. This law is currently undergoing enactment process in the Kenyan Parliament.

Activity Category

- Development of Network/Linkages/Referral Systems
- Infrastructure
- Policy and Guidelines
- Quality Assurance and Supportive Supervision
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 10%
- 30%
- 10%
- 10%
- 10%
- 30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	5	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	270	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	25	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	730	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Government workers
- Health Care Workers
- Health Care Workers
 - Doctors
 - Doctors
 - Medical/health service providers
 - Medical/health service providers
 - Nurses
 - Nurses
 - Pharmacists
 - Pharmacists
- Military
- Military
- People living with HIV/AIDS
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Uniformed Services Project / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

Activities in this area by the Kenya Prison Service (KPS) will result in (1) initiation of demand for and acceptance of ARV treatment by the prisons community, (2) human resource capacity to deliver ARV clinical services strengthened in the prison service, and (3) opening up a facility for PMCTC plus for the prisons community.

The Kenyan Prisons Service proposes to start and develop one central site at the country's main prison at Karniti in the outskirts of the capital city of Nairobi for care and treatment of the needy HIV-positive prisons staff, their dependants and the civil population in the neighborhood of the prison. With the support of CDC/UK Department For International Development, the KPS has in the last 1 year developed a basic Medical Center in the above prison, 2 members of staff have been trained in readiness for ART. 10 more staff will be trained; the facility will be improved to facilitate care and treatment. Liaison with the Ministry of Health will be developed to ensure maintenance of standards of care as per national guidelines. Data on the epidemic will be collected systematically and shared openly to facilitate monitoring of the epidemic and to assess the services provided. In this regard a data center in each of the Uniformed Services Departments will be supported. The Uniformed Services policies on testing in particular diagnostic and routine will continue to be developed in line with the existing and future national guidelines.

The USG in Kenya through CDC has had an effective collaboration with the Kenya Department of Defense (KDOD) since 2001, enabling the USG to assist the military to introduce a comprehensive HIV prevention and care program. In the FY04 COP, a similar partnership was initiated with two other uniformed services of Kenya, the Kenya Prisons Service and the National Youth Service. In this FY05 COP, we propose to continue support for the Prisons Service and the Youth Service, and add support for the Kenya Wildlife Service and the Kenya Police Department. All of these uniformed services share some features, with young men and women often serving in locations far from home, and thus they are vulnerable to high-risk behaviors. Although each uniformed service has unique needs and a unique population needing specialized and tailored services, all of these uniformed services will be empowered to develop and implement a comprehensive program of HIV prevention and care, modeled on the effective program of the military. Linkages between these services will be encouraged so that they can learn from the successes and challenges encountered by the other services. We also plan to have the KDOD staff provide technical assistance to their counterparts in the other services. Funds for the KDOD program will continue to be channeled through the USDOD but this mechanism is not available for non-military uniformed services, so funds for these activities will be channeled through the Kenya Medical Research Institute (KEMRI). CDC Kenya has a cooperative agreement with KEMRI in place and this mechanism will be used to support the activities of the non-military uniformed services. During this COP, no funds will be provided directly to the uniformed services; instead, CDC through KEMRI will provide training and other services and goods needed for program implementation. The UK Department of International Development (DFID) is also supporting some elements of the projects with the Kenya Police and the Kenya Prisons Service.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	25%
<input checked="" type="checkbox"/> Workplace Programs	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	10	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Government workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- Police
- People living with HIV/AIDS
- Prisoners
- Youth

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Physical Plant Expenditure / To Be Determined

Planned Funds:

Activity Narrative: These activities will equip and furnish 6 new provincial level HIV treatment facilities and support the establishment and furnishing of 6 new district level HIV treatment facilities. US Government agencies have worked in collaboration with DFID, the UK development agency and the Kenyan Ministry of Health to develop standardized plans for HIV treatment facilities. DFID has agreed to fund construction of 6 Provincial level treatment facilities, which the USG will furnish. Six of eight provincial level facilities and fifty of seventy-four district level facilities require construction and or renovation in order to scale up HIV treatment in Kenya.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Infrastructure	80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / Kericho District Hospital, Kenya

Planned Funds:

Activity Narrative:

The Kericho District Hospital (KDH) is currently the only Ministry of Health public hospital providing comprehensive HIV/AIDS treatment in the south Rift Valley Province, serving approximately 500,000 individuals in Kericho District alone and in excess of 1 million in the south Rift Valley Province. The Kericho District Hospital is currently completing activities related to the rollout of an aggressive HIV antiretroviral program approved under the FY04 President's Emergency Plan (Kenya FY04 COP, page 81). Kericho District Hospital has been successful in the opening of an HIV/AIDS clinic providing antiretroviral therapy currently to Kenyans throughout the south Rift Valley Province and from the adjacent Nyanza Province.

Since initiating PEPFAR activities in April 2004 with no pre-existing HIV/AIDS program, the Kericho District Hospital has enrolled over 600 patients in its HIV/AIDS clinic and initiated antiretroviral therapy in more than 330. Additionally, 2 comprehensive HIV/AIDS treatment teams (totaling approximately 60 health care providers) have been trained at the Ministry of Health-approved AMPATH Training Institute in Eldoret, Kenya.

FY04 deferred funds will be used to continue approved FY04 activities at Kericho District Hospital. Specifically, it is anticipated that approximately 100 Kenyans will have antiretroviral therapy initiated and 1 remaining treatment team (approximately 30 health care providers) will receive training in antiretroviral therapy. Funds under this proposal will be used to procure equipment, reagents, supplies for patient evaluation, diagnosis, treatment, and monitoring. The funds will also support logistics of setting up an electronic patient monitoring system for long-term patient follow-up. The comprehensive HIV care clinic will be renovated to accommodate the increasing number of patients needing care. In addition, the funds will be used for community mobilization and sensitization to encourage positive living, prevent HIV reinfection, reduce stigma and discrimination, and increase treatment literacy, access to antiretroviral therapy, and adherence.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Community Mobilization/Participation	14%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	6%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	16%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	70	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	18	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	30	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	30	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	25	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	30	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	7	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Family planning clients
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
- HIV/AIDS-affected families
- Ministry of Health staff
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / Tenwek Hospital

Planned Funds:

Activity Narrative:

The Tenwek Hospital is a 300-bed, faith-based hospital in Bomet District serving an estimated population of 500,000 people. Tenwek Hospital was approved for antiretroviral therapy funding under the FY04 President's Emergency Plan (Kenya FY04 COP, page 81). Tenwek Hospital is currently completing activities related to the rollout of HIV antiretroviral therapy to Kenyans in Bomet and adjacent Districts in the south Rift Valley Province where antiretroviral programs are scarce.

Since initiating PEPFAR activities in FY04 in April 2004, the Tenwek Hospital has enrolled over 200 patients in its HIV/AIDS clinic and initiated antiretroviral therapy in more than 140 qualifying patients. Additionally, approximately 15 health care providers have been trained at the Ministry of Health-approved AMPATH Training Institute in Eldoret, Kenya.

FY04 deferred funds will be used to continue approved FY04 activities at Tenwek Hospital. Specifically, it is anticipated that approximately 50 additional Kenyans will have antiretroviral therapy initiated and 10 health care providers will receive training in antiretroviral therapy. Funds under this proposal will be used to procure equipment, reagents, and supplies for patient evaluation, diagnosis, treatment and monitoring. The funds will also support logistics of setting up an electronic patient monitoring system for long-term patient follow-up. In addition, the funds will be used for community mobilization and sensitization to encourage positive living, prevent HIV re/infection, reduce stigma and discrimination, and increase treatment literacy, access to antiretroviral therapy, and adherence.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	36%
<input checked="" type="checkbox"/> Community Mobilization/Participation	14%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	6%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	4%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	35	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	5	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	5	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	10	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	50	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	8	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	15	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	3	<input type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers*
 - Community health workers*
 - Doctors*
 - Medical/health service providers*
 - Nurses*
 - Pharmacists*
- HIV/AIDS-affected families*
- HIV+ pregnant women*
- People living with HIV/AIDS*

Key Legislative Issues:

Coverage Area:

State Province: Rift Valley

ISO Code: KE-700

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)
Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / African Medical and Research Foundation

Planned Funds:

Activity Narrative: These funds have been reallocated from the University of Nairobi to this partner (both partners activities approved for funding in FY04 COP: AMREF page 74, University of Nairobi page 80).

African Medical Research Foundation (AMREF) will continue and expand a successful HIV treatment program in Kibera, a very large informal settlement in Nairobi, Kenya. By September 2004, there were 200 people receiving antiretroviral treatment through this program, which provides both clinical care and extensive community-based support for the participants. This program is developing models of locally appropriate care, and was among the first in Kenya to demonstrate effective use of standardized regimens and reduced frequency of laboratory monitoring in line with World Health Organization guidelines for treatment of HIV in resource limited settings. Rates of adherence as well of rates of response are very high. The reallocated funds will allow the program to meet the 2004 targets with optimum quality, but allowing the addition of a medical officer to the health center staff.

AMREF has extensive experience and expertise in community-based HIV/AIDS prevention and care. Programs have ranged from behavior change and HIV/AIDS/STI education programs among truck drivers in the early 1980s to current ART delivery in Kibera. AMREF's current HIV/AIDS portfolio in sub-Saharan Africa include Voluntary Counseling and testing, antiretroviral therapy, prevention of mother to child transmission programs, Behavior Change and Communication among youth and adolescents, laboratory capacity building, ART training for medical officers and nurses, and HIV/AIDS work place interventions. AMREF recently received grants from CDC to implement laboratory infrastructure strengthening and capacity development in Uganda, and ART and PMTCT projects in Kenya. The Kibera program is a collaborative effort of the Kenyan Ministry of Health (MOH), AMREF, Mbagathi District Hospital, the Kenya Medical and Research institute (KEMRI) and Global AIDS program, Centers for Disease Control and Prevention (CDC) Kenya.

The populations served by this program are an important target because of great need that relates not only to high HIV prevalence, but also very severe poverty and lack of basic services such as clean water, food, and education. These activities link to community services supported by KICOSHEP, to VCT and pMTCT services supported by this partner, and to the established network referral center established at Kenyatta Hospital (supported by University of Nairobi and Family Health International). The extensive community sensitization activities have already contributed substantially to a reduction in stigma and discrimination in this community and are expected to continue to do so. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	1	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	50	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nairobi

ISO Code: KE-110

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: dofor / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

ACTIVITIES APPROVED IN FY04 (Kenya 2004 COP p. 75). These funds are to support the treatment of HIV, including antiretroviral therapy to a total of 750 HIV infected people at New Nyanza Provincial General Hospital; Bondo; Siaya; and Kisumu District Hospitals.

There is a long-standing collaboration between the Kenya Medical Research Institute (KEMRI) and the US Centers for Disease Control and Prevention in Kenya. This collaboration was initially research-based, but in 1999 expanded to include HIV prevention and treatment activities and has now supported implementation of extensive programs in voluntary counseling and testing, prevention of mother-to-child transmission services, and treatment for HIV. The largest of the clinics supported by this collaboration has already enrolled more than 5000 patients in care and is providing ARVs to more than 500 patients, making it the largest program among the Provincial Hospitals in Kenya.

These are priority populations because of the enormously high rates of HIV in this region of Kenya (overall 15% in the Province, with sentinel surveillance rates as high as 41% in some districts). In addition to serving the general population, special services are provided to women through PMTCT-plus services and to participants in US government funded research programs and their families. The Nyanza Province Hospitals are all part of a well-established network in that province (with regular meetings of represented hospitals and links to CME activities at the network center Provincial Hospital). There are well-established referral linkages from local VCT and PMTCT programs, and an established referral network between the district hospitals and the network center at the Provincial Hospital. There is a further linkage with CRS supported sites in Nyanza province. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART. Please NOTE: Because only part of the funding for this activity was deferred, the targets are prorated.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	20	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	350	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	350	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nyanza

ISO Code: KE-600

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / Community Housing Foundation

Planned Funds:

Activity Narrative:

ACTIVITIES APPROVED IN FY04. This funding is reallocated to HIV Clinical Care and ART activities approved in the FY04 COP (for Merlin p 79 of FY04 COP, Lalmba p 79, Christian Missionary Fellowship p 78, AID Village Infectious Disease Clinics p80) to allow expansion of the activities of these partners. Reallocation is from other activities approved in FY04 that have adequate funding to meet targets without the deferred funding (activities of the National AIDS and STD Control Program in ART, FY04 COP page 56). Specifically, these deferred funds will allow improved quality of services at Christian Missionary Fellowship and Lalmba, and expansion of the numbers of patients treated at AID Village Infectious Disease Clinics and Merlin (no additional service points, 300 additional patients receiving ARVs through Merlin, 600 additional new patients receiving ARVs through AID Village Infectious Disease Clinics).

At the time of the FY04 COP, we had planned to fund these activities directly through contracts, but were unable to do that because of changes in the guidance on using this funding mechanism. Funding that was approved for these partners is now being administered through Community Housing Foundation (CHF), a capacity building organization that will help strengthen the grants management capacity of these partners; as a result, there will be enhanced capacity building of these local organizations.

CHF has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. In addition to assisting these local organizations to develop and use local networks for referral of patients and for services not directly provided by the sub-grantee, CHF is also intending to develop a network among the sub-grantees so they can share lessons learned about local implementation of their activities. CHF intends to assist these local groups in grant-writing skills so that in the future, they can apply for PEPFAR funds directly.

These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	30%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	900	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	900	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Nyanza
 State Province: Rift Valley

ISO Code: KE-600
 ISO Code: KE-700

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: (HTXS)
 Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / Catholic Relief Services

Planned Funds:

Activity Narrative:

The Catholic Relief Services Consortium will continue to support treatment of HIV, including the provision of antiretroviral therapy, to 3500 patients at 10 service delivery sites in Nairobi, Central, Eastern, Rift Valley, Nyanza, and Western Provinces. We have maintained FY05 targets at FY04 levels because of the current plans for level funding of track 1 partners. This partner has the capacity to dramatically expand these targets (to approximately 10,000 patients) if expanded funding becomes available.

A consortium of partners, including Catholic Relief Services, Catholic Medical Mission Board, Futures Group, The Institute of Human Virology at the University of Maryland, and the Interfaith Medical Alliance, implements this program. They have established agreements with 10 Mission facilities in Kenya, and have supported rapid scale up of treatment at these facilities.

These activities link to a variety of services provided by Mission facilities in Kenya (including testing and counseling services and prevention of mother to child transmission services) and in many cases to facilities in the Ministry of Health system. For example in Kisumu, St. Monica's Hospital is being integrated into the network center at the Provincial Hospital there (see KEMRI activities) and there are treatment referral linkages between Lalamba (supported through CHF) and St. Camillus, another of the facilities supported by CRS. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	10	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	3,000	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	3,500	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Central	ISO Code: KE-200
State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: track1 / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

TRACK 1 PARTNER. Activities supported by Columbia University and implemented by Indiana University will continue to provide treatment, including antiretroviral therapy, to 700 patients with advanced HIV disease at 4 service delivery sites in Rift Valley, Nyanza, and Western Provinces. We have maintained FY05 targets at FY04 levels because of the current plans for level funding of track 1 partners.

Columbia University has extensive experience implementing HIV treatment programs internationally, including the MTCT-plus program and track 1 programs in other countries. They have developed an extensive selection of training and information materials. In Kenya, they work primarily through Indiana University. This implementing partner has been working in Kenya since 1990, in partnership with Moi Teaching and Referral Hospital in Eldoret, Kenya.

These are essential links in the Eldoret network of care and link intimately with other services supported Indiana University in this geographic area. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

Activity Category

% of Funds

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	4	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	700	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Nyanza
State Province: Rift Valley
State Province: Western

ISO Code: KE-600
ISO Code: KE-700
ISO Code: KE-900

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)
Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defers / Family Health International

Planned Funds:

Activity Narrative: ACTIVITIES APPROVED IN FY04 COP (Kenya COP 2004 p. 69) Use deferred funds to complete work approved by the FY2004 COP, funding the work of 22 sub-recipients of FHI/ IMPACT. The objectives for these sub-recipients are to provide antiretroviral therapy or the training and orientation necessary for its effective implementation. Populations served include primarily people living with HIV/AIDS and health care providers in Coast, Western, and Rift Valley Provinces and Nairobi. Several programs focus on vulnerable populations including women, commercial sex workers (WHO collaborative group), and children (Lea Toto).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Commercial sex workers
- Medical/health service providers
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Coast	ISO Code: KE-300
State Province: Nairobi	ISO Code: KE-110
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

- Result 1: National HIV/AIDS Monitoring and Evaluation Framework completed and implemented.
- Result 2: Enhanced inter-agency and partner coordination of strategic information activities.
- Result 3: Strengthened human resource capacity to carry out SI activities.
- Result 4: Increased dissemination and utilization of strategic information to strengthen HIV/AIDS policies and programs.
- Result 5: Improved HIV/AIDS surveillance and monitoring systems.

Total Funding for Program Area (\$): **Current Program Context:**

The USG has provided extensive support to Kenya to collect several quality sources of baseline information on the HIV epidemic. The Kenya Demographic and Health Survey 2003 (KDHS) included measurement of adult HIV prevalence (7%) and important information on HIV knowledge and behavior linked to infection status. Sentinel surveillance in pregnant women has been conducted annually since 1990 and supported by the USG since 2001. The USG and its partners have supported development and implementation of national systems for monitoring program data for VCT, PMTCT, and HIV/AIDS care and treatment. CDC technical advisors have offices in the National AIDS and STD Control Programme (NAS COP) to assist surveillance, monitoring and evaluation. The Behaviour Surveillance Survey of 2002-3, conducted with USG support, focused on HIV risk of in-school and out-of-school unmarried youth in addition to high-risk adult groups. Also with USG support, the National AIDS and STD Control Programme (NAS COP) recently placed 83 data managers at district, provincial and national level. Key areas for improvement will also be required for blood safety through the National Blood Transfusion Service (NBTS) and National Public Health Laboratory Service (NPHLS). Facility-level monitoring systems and linkage with districts are being built to form a network for effective, efficient and timely exchange of information. GoK, NGO and FBO partners are being supported to strengthen facility-level collection of information so there can be timely reporting of Emergency Plan indicators. With this extensive support, national achievements receive at least indirect support by the Plan. A Services Provision Assessment (KSPA) being conducted now will present results in early 2005 to complete baseline data. InWork is ongoing to finalize a national M&E framework under the National AIDS Control Council (NACC) and technical support has come from the USG directly and through Measure Evaluation and other partners. There is close donor and GoK coordination in M&E and broad agreement with the three "ones" principles, including a single national M&E plan and national strategies that are in line with Emergency Plan goals. The World Bank has provided an M&E technical assistance to NACC and the UK's Department of International Development (DFID), through Futures Group, provides NAS COP with M&E support and development of an M&E framework for the Health Sector Strategic Plan that has a major HIV/AIDS component. The UN Joint AIDS Program (UNAIDS) has also assigned staff to institutionalize the Country Responses Information System (CRIS) at NACC. The Swedish Development Agency (SIDA) has an on-going support for health sector M&E at the district level, and numerous USG partners and other donors are supporting facility level information systems. With collaboration, these efforts will result in information systems that are sustainable and meet national, international and Emergency Plan requirements and result in improved strategic information for quality improvement and effective targeting of programs for prevention, care and treatment.

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Measure Evaluation* / University of North Carolina

Planned Funds:

Activity Narrative: This activity will contribute to improved USG inter-agency and partner coordination of strategic information activities in country. In addition, the activity will contribute to enhanced dissemination and utilization of strategic information for the HIV/AIDS response and to the implementation of a national M&E Framework.

To achieve this result, MEASURE Evaluation will work with the USG agencies and their implementing partners (IP) and sub-grantees to establish a system for collecting and storing information necessary for reporting on the Emergency Plan. Building on MEASURE Evaluation's past and ongoing M & E technical assistance to USG funded activities, this activity will: establish one USG reporting system, sub-contract a local institution to provide technical assistance to IPs for the reporting of non-facility program data, and assist in the establishment of one USG non-facility based program database. To enhance IPs' capacity to use these systems, MEASURE evaluation will train SI focal points in data collection, management, and utilization.

MEASURE evaluation will also continue to provide technical assistance to the Kenya National AIDS Control Council (NACC) to strengthen national data systems to collect and report on national and international HIV/AIDS outcome and impact indicators including those for the Emergency Plan. MEASURE will deploy a resident SI advisor to work closely with the USG, NACC, and other stakeholders to achieve this objective.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%
<input checked="" type="checkbox"/> Training	15%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

120

Not Applicable

Target Populations:

- Community-based organizations*
- Country coordinating mechanisms*
- Faith-based organizations*
- Government workers*
- Health Care Workers*
 - Medical/health service providers*
 - Private health care providers*
- Host country national counterparts*
- Implementing organization project staff*
- Infants*
- International counterpart organization*
- M&E specialist/staff*
- Media*
- Ministry of Health staff*
- National AIDS control program staff*
- Nongovernmental organizations/private voluntary organizations*
- Policy makers*
- Policy makers*
- Program managers*
- University*
- USG in country staff*
- USG Headquarters staff*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / The Nursing Council of Kenya

Planned Funds:

Activity Narrative: This activity will contribute to increased utilization of the nursing workforce database to strengthen HIV/AIDS programs and policies that target health care workers. To achieve this, the Nursing Council of Kenya (NCK) in collaboration with the Kenya Ministry of Health (KMOH), Emory University, and CDC will expand and decentralize a surveillance system for the nursing workforce in Kenya.

In 2002, the NCK and its partners developed a computerized database of all nurses registered to work in Kenya between 1960 and 2004. With PEPFAR support, this database will be expanded to capture data on the attrition and mortality in the nursing workforce that may be due to HIV/AIDS and occupational exposure to HIV infection. Expansion of the database to include nurses working in mission and private health care facilities will result in comprehensive information to guide health sector human resource policy and planning. In addition, this database will be adapted and piloted for other cadres of health workers in year two.

In an effort to decentralize the nursing workforce data management and use, the NCK will implement provincial nursing workforce data management systems in Nairobi and Nyanza provinces where the impact of HIV is highest. The provincial systems will provide timely information to guide health-sector workforce planning that is crucial in achieving PEPFAR's treatment and care goals. The surveillance system will also provide information on the health sector's readiness to scale up treatment and care for people living with HIV/AIDS. A total of 20 districts and two district health boards will be supported to use the surveillance system for monitoring and evaluation of the nursing workforce. This support will enhance their human resource capacity to data utilize the nursing workforce database in planning nursing workforce programs and policies.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	60%
<input checked="" type="checkbox"/> Training	10%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	<input type="checkbox"/> Not Applicable

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Target Populations:

- Country coordinating mechanisms*
- Government workers*
- Health Care Workers*
 - Community health workers*
 - Doctors*
 - Medical/health service providers*
 - Nurses*
 - Pharmacists*
 - Private health care providers*
 - Midwives*
- Host country national counterparts*
- Implementing organization project staff*
- International counterpart organization*
- M&E specialist/staff*
- Media*
- Ministry of Health staff*
- National AIDS control program staff*
- Nongovernmental organizations/private voluntary organizations*
- Policy makers*
- Program managers*
- Trainers*
- USG in country staff*
- USG Headquarters staff*

Key Legislative Issues:

Coverage Area:

State Province: Nairobi
State Province: Nyanza

ISO Code: KE-110
ISO Code: KE-600

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Macro International

Planned Funds:

Activity Narrative:

This activity will contribute to increased dissemination and utilization of strategic information for improved HIV/AIDS program and policies.

In collaboration with the National Council for Population and Development (NCPD), ORC Macro will develop and disseminate the 2004 Kenya Service Provision Assessment (KSPA) and the Kenya Demographic Health Survey (KDHS) data use packages. The KSPA package will consist of: 1) summary report on HIV indicators; 2) a matrix linking the Kenya Emergency plan and Ministry of health indicators to specific questions from the KSPA; 3) CD with the KSPA data set and user instructions; and 4) a series of data users' seminars and workshops for central and provincial government staff. A total of 4,000 copies of the summary report and 1,000 CDs with KSPA data set, final report, and HIV summary report will be distributed. To enhance utilization of the KSPA report, 500 national and provincial level SIM & E specialists, other public health workers and Emergency Plan St staff will be trained on how to use the KSPA results for program evaluation and planning. Building on their work in the Kenya Demographic and Health Survey (KDHS), ORC Macro and NCPD are well placed to enhance the dissemination and utilization of the KSPA report, a relatively new survey to most SIM & E specialists in Kenya.

In partnership with the relevant government agencies, the Kenya Central Bureau of Statistics (CBS) and ORC macro will assist to systematically disseminate the 2003 KDHS findings on youth. A total of 30,000 user-friendly Kenya youth fact sheets and 500 CDs with power point presentations of key findings on youth from the 2003 KDHS will be prepared. To enhance local capacity in dissemination of the youth findings, 325 specialists working with youth will be trained to present the 2003 KDHS youth findings. Eight dissemination seminars will be held in all the eight provinces. The seminars will also include discussions on using the 2003 KDHS findings for program planning and evaluation. These activities will result in enhanced utilization of strategic information to guide youth programming.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	50%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	825	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Medical/health service providers
 - Private health care providers
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Media
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental, organizations/private voluntary organizations
- Policy makers
- Program managers
- USG in country staff
- USG Headquarters staff
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information
 Budget Code: (HVSI)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / United Nations Children's Fund
 Planned Funds:

Activity Narrative:

This activity will improve the monitoring system for orphans and vulnerable children (OVC) in Kenya. With USG support, UNICEF has worked with the Ministry of Home Affairs and other stakeholders in conducting a situation analysis of OVCs in Kenya. This is an on-going process that will provide a more detailed characterization of OVC numbers and needs in the country. PEPFAR funds will build on this process by supporting UNICEF and its local network of partners to complete and disseminate the national Situation Assessment and Analysis (SITAN) of OVC. The findings of the SITAN will contribute towards the development of a monitoring and evaluation system for OVCs that is linked to the overall PEPFAR SI plan as well as contribute to the national M&E effort.

To implement the monitoring and evaluation system for OVCs, UNICEF will provide technical assistance and training to OVC program managers and M & E focal points in 24 districts to establish OVC databases that capture all key indicators.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	24	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Community-based organizations | |
| <input checked="" type="checkbox"/> Government workers | |
| <input checked="" type="checkbox"/> Community health workers | |
| <input checked="" type="checkbox"/> Infants | |
| <input checked="" type="checkbox"/> M&E specialist/staff | |
| <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Orphans and other vulnerable children | |
| <input checked="" type="checkbox"/> Program managers | |
| <input checked="" type="checkbox"/> Primary school | |
| <input checked="" type="checkbox"/> Volunteers | |

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Key Legislative Issues:

Coverage Area: National

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

This activity will result in improved HIV surveillance and in the increased dissemination and utilization of strategic information to strengthen HIV/AIDS policies and programs. The Kenya Medical Research Institute (KEMRI) is part of the Ministry of Health and has been the primary partner and host of the Centers for Disease Control and Prevention/HHS and the Walter Reed Army Medical Research Institute (DoD) for over 25 years in conducting infectious disease and epidemiological research, including with HIV. CDC/KEMRI maintains a jointly funded Demographic Surveillance Site (DSS) that monitors a population of 130,000 in Nyanza Province, with HIV prevalence in adults of approximately 25%. The DSS has been used to evaluate the impact of HIV on mortality at a population level (life expectancy in this population is less than 40 years, primarily because of HIV), and the impact of HIV on orphanhood (approximately 1/3 of children under the age of 15 are orphans). Intensive HIV prevention and treatment programs are now being implemented in the area of the DSS (Bondo and Siaya Districts in Nyanza Province). The DSS will be used to monitor the impact of these interventions on all cause mortality, HIV specific mortality, and the rates of opportunistic infections such as tuberculosis. This information will evaluate program impact and provide information for program improvement in the future.

In other evaluation efforts, KEMRI evaluate the impact on the "families matter" curriculum for behavior change and prevention of HIV among youth and will evaluate interventions to prevent transmission of HIV from persons attending a large HIV clinic ("prevention with positives"). This will also result in dissemination and utilization of strategic information to improve these important HIV behavior change programs.

KEMRI will also continue to provide training for Ministry of Health staff in strategic information and assist in collection, data entry, management, analysis, and utilization of program information for directly supported health facilities. This will result in improving human resource capacity to carry out SI activities and build capacity of local institutions.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	75%
<input checked="" type="checkbox"/> Training	10%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Men*
- Women*
- Discordant couples*
- HIV/AIDS-affected families*
- HIV+ pregnant women*
- Orphans and other vulnerable children*
- People living with HIV/AIDS*
- Pregnant women*

Key Legislative Issues:

Coverage Area:

State Province: Coast	ISO Code: KE-300
State Province: Eastern	ISO Code: KE-400
State Province: Nairobi	ISO Code: KE-110
State Province: Nyanza	ISO Code: KE-600

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Institute for Family Health / Family Health International

Planned Funds:

Activity Narrative: This activity will contribute to increased data utilization for improved HIV/AIDS programming and enhance the capacity of national staff and institutions to carry out SI activities. In collaboration with Family Health International (FHI)'s Institute of Family Health, and the National AIDS and STI Control Programme (NASCO), Kenyatta University will undertake four targeted evaluations relevant to PEPFAR goals and objectives. The evaluations will be jointly determined in collaboration with the USG SI team, and program managers working in the Emergency Plan.

PEPFAR support will strengthen in-country operations research capacity through the support of one Ph.D and three M.Sc. theses related to the four targeted evaluations. These evaluations will inform the Emergency plan program planning and guide the scale up of sound and effective HIV/AIDS interventions. Linking the university faculty and students with important HIV/AIDS programs will enhance collaboration between institutions and develop SI expertise in Kenya.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	40%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	4	<input type="checkbox"/> Not Applicable

Target Populations:

- National AIDS control program staff
- Program managers
- University

Key Legislative Issues:

Coverage Area: National

State Province: **ISO Code:**

Program Area: Strategic Information

Budget Code: (HVSf)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mission for Essential Drugs and Supplies

Planned Funds:

Activity Narrative:

This activity will strengthen the HMIS/M&E capacity at the Mission for Essential Drugs and Supplies (MEDS) and lead to improved monitoring systems for ARV procurement, storage, and distribution.

MEDS is a faith-based organization that is involved in ARV procurement for mission hospitals in Kenya. The USG is currently supporting the national Kenya Medical Supplies Agency (KEMSA) to strengthen its institutional capacity for commodity procurement and logistics. In the short term, the USG relies on MEDS for ARV procurement. Hence, PEPFAR funds will provide support to strengthen the capacity of MEDS in the management of information relating to ARV procurement, storage, and supplies.

MEDS will improve their information system and train their staff and pharmaceutical personnel in mission hospitals in strategic information relating to the management and dispensing of ARVs and related commodities. This activity will help MEDS to generate data for its own management use and contribute to the Emergency Plan's SI data needs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%
<input checked="" type="checkbox"/> Training	40%

Targets:

Target	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	<input type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Faith-based organizations
 - Doctors
 - Medical/health service providers
 - Pharmacists
 - Private health care providers
- Host country national counterparts
- M&E specialists/staff
- Nongovernmental organizations/private voluntary organizations
- Program managers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Strategic Information
 Budget Code: (HVSI)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of Kwazulu-Natal; HEARD Mobile Task Team
 Planned Funds:

Activity Narrative: This activity will continue to support the development of integrated information systems for HIV/AIDS that embrace the ministries of Health (MoH), Education (MoEST), and Social services. This will contribute to the completion and implementation of the national HIV/AIDS Monitoring and Evaluation Framework. It will also contribute to improved monitoring systems.

Schools represent Kenya's largest social network and it is important that HIV-related information collected from schools is shared with the MoH and other partners. Currently, the USG is supporting the MoEST to develop and implement the District-level Education Management & Monitoring Information Systems (DEMMIS). DEMMIS is being piloted in three districts and includes a standard reporting interface with proxy HIV/AIDS impact indicators linked with the overall national level database.

With PEPFAR support, DEMMIS will be implemented in 20 out of the 75 education districts. In partnership with the University of Kwazulu-Natal and Kenyatta University, HEARD Mobile Task Team will provide technical assistance to the 20 education districts to collect, analyze, and use HIV/AIDS related information. The information generated will help to monitor the impact of (and responses to) HIV/AIDS on the education sector, develop a reporting interface between education, health, and social services ministries and strengthen multi-sectoral collaboration in SI.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	45%
<input checked="" type="checkbox"/> Training	15%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2,000	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> M&E specialist/staff <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Students <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary school <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Trainers | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> USG in country staff <input checked="" type="checkbox"/> USG Headquarters staff <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|--|---|--|

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information
 Budget Code: (HVS1)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International
 Planned Funds:

Activity Narrative:

The activity will improve HIV/AIDS monitoring systems at the sub-national level. Through the IMPACT Project, FHI has been the largest USAID/Kenya's HIV/AIDS prevention and care project. FHI, and its partners, has a relatively well-established SI infrastructure at the sites they working in. This infrastructure will need to be strengthened and linked to the overall USG/national SI plan. The activity will thus help to support sub-national coordination and partner support to design, collect, analyze, disseminate and use monitoring, evaluation, and research data and link to the national SI plan.

Specifically, FHI will strengthen its facility-based management information system (MIS) for a broad range of interventions as well as develop a comprehensive system to collect and collate non-facility based HIV/AIDS program information. FHI will train 40 program managers and M & E focal points on the relevant SI systems in 5 out of the 8 provinces of Kenya.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%
<input checked="" type="checkbox"/> Training	25%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Country coordinating mechanisms
- Medical/health service providers
- Host country national counterparts
- Implementing organization project staff
- M&E specialists/staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- Trainers
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Eastern

ISO Code: KE-400

State Province: Nairobi

ISO Code: KE-110

State Province: Nyanza

ISO Code: KE-600

State Province: Rift Valley

ISO Code: KE-700

State Province: Western

ISO Code: KE-900

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kenyan National AIDS and STI Control Program

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The National AIDS and STD Control Programme (NAS COP) is the Ministry of Health Department responsible for HIV/AIDS strategic information and therefore has a central role in the development and implementation of national systems. This activity, through the NAS COP/CDC Cooperative Agreement, will contribute to all five results in the SI program area.

First, it will result in improved HIV/AIDS surveillance and monitoring systems through the continued support of annual sentinel surveillance in pregnant women and STI patients to monitor prevalence trends, through the expanded development of VCT, PMTCT, TB/HIV, home-based care and ART program monitoring systems, and the development new systems for patient monitoring for ART and care at the facility level. The AIDS case reporting system has been incomplete and may be replaced by systems linked to care and treatment. The use of SAVVY will also be piloted and methods of monitoring epidemic hot spots will be explored. Surveillance in pregnant women will be linked to PMTCT data collection to assist in program evaluation in sentinel sites. Support supervision by NAS COP staff based both nationally and at provincial and district levels will ensure quality surveillance and monitoring systems.

Second, this activity will result in better dissemination of strategic information, utilizing surveillance data, program data and targeted evaluations for program improvement and for measuring progress against national and international targets. Examples of this information include reporting of surveillance results on an annual basis, continued dissemination of Demographic and Health Survey and BSS findings, dissemination of the study of health worker attitudes to testing, and other targeted evaluations of programs. This will help to advocate for continued scale-up of services and encourage increasing political and civil society support.

Third, this will result in strengthened human resource capacity to carry out SI activities. NAS COP will train facility level staff in national data management systems. In order to meet needs for data management at district, provincial and national level, NAS COP has hired 83 data managers, who will continue on-the-job training so that data management can be decentralized and produce quality, timely data for national needs and the Emergency Plan. USG staff and consultants work side-by-side NAS COP M&E officers in conducting SI activities and strengthening their capacity to lead SI activities in the country.

Fourth, NAS COP provides leadership in partner coordination in HIV health services programs; this activity will result in enhanced partner coordination of SI activities. As HIV/AIDS programs are integrated into health systems, such as PMCT as part of the Reproductive Health Department, NAS COP will help to coordinate the supervision and monitoring of these programs through sharing strategic information. The HMIS section of the MoH will partner with NAS COP to ensure effective integration and reporting of data. Finally, USG NGO and FBO partners will provide information to NAS COP as part of the national reporting system. In the past this has been inconsistent, but a strong NAS COP M&E unit will help to strengthen and coordinate USG partners and integrate them within the national reporting system.

Fifth, NAS COP has an important role in the completion and implementation of the National HIV/AIDS M&E Framework that relates to health services and this activity will contribute to achieving this result. This will include the evaluation of critical program elements, the review of guidelines and procedures for data capture, analysis and reporting, and the development of national targets.

Activity Category

- Local Organization Capacity Development
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 20%
- 60%
- 20%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

300

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Country coordinating mechanisms
- Faith-based organizations
- Government workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Media
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Program managers
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / Kenya Medical Research Institute

Planned Funds: []

Activity Narrative: ACTIVITIES APPROVED IN FY04 (Kenya 2004 COP p. 87). The Kenya Medical Research Institute (KEMRI) will expand model information systems for 7 activities (VCT, PMTCT, TB/HIV, Care, Treatment, Blood Safety, Diagnostic Counseling and Testing) and strengthen national and regional capacity to collect, enter and analyze data for monitoring sites supported through the Emergency Plan to conduct HIV prevention and treatment activities. This activity will contribute to the result of improved HIV/AIDS surveillance and monitoring systems.

There is a long-standing collaboration between the Kenya Medical Research Institute and the US Centers for Disease Control and Prevention in Kenya. This collaboration was initially research-based, but in 1999 expanded to include HIV prevention and treatment activities and has now supported implementation of extensive programs in voluntary counseling and testing, prevention of mother to child transmission services, HIV/TB co-infection, and treatment for HIV. KEMRI has supported extensive collection of data related to these activities and has assisted with the development of national and regional capacity to collect these data. KEMRI staff have developed data capture systems and created a data base that includes more than 150,000 VCT encounter records and over 100,000 PMTCT client encounters. They have assisted with the development of systems for collection of data related to treatment.

Activity Category Strategic Information (M&E, IT, Reporting) % of Funds 100%

Targets:

[] Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) 80 [] Not Applicable

Target Populations:

- [] M&E specialist/staff
[] National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Abt Associates

Planned Funds:

Activity Narrative:

Kenya is undergoing a major health care provision policy reform through the emerging National Social Health Insurance Scheme. In 2002, USAID/Kenya, through technical assistance from the PHR+ project (of Abt Associates), provided the Government of Kenya (GoK) with support to carry out the second National Health Accounts (NHA). The results of the NHA were the primary source of data for the costing exercise within the proposed Health Insurance Scheme. The FY04 activity was expected to provide a monitoring and impact evaluation of the pilot insurance scheme. But due to many obstacles in the implementation of the scheme, this activity did not take place. In the recent months, there have been developments in this area and USG intends to carry out this activity in FY05.

The activity will focus on the further NHA analysis of costs related to HIV/AIDS service provision within the proposed insurance scheme. This will also help the GoK use these results in HIV/AIDS planning and therefore contributing to the result on increased data utilization for improved HIV/AIDS policy advocacy and programming.

Specifically, data from the national health sector household and institutional financial expenditure survey will be analyzed, reports will be written and disseminated, and planners from the Ministry of Planning and National Development and the Ministry of Health will assist in using these results to improve the national response to HIV/AIDS.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%
<input checked="" type="checkbox"/> Training	10%

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

0

Not Applicable

Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.14: PROGRAM PLANNING OVERVIEW

- Result 1: Improved capacity to implement and monitor HIV/AIDS programs by networks, local non-governmental organizations, and community based organizations.
- Result 2: Comprehensive policies and strategies on HIV/AIDS developed and disseminated in the public sector and in faith based and NGO networks.
- Result 3: Stigma and discrimination around HIV/AIDS reduced.
- Result 4: Strengthen national logistics capacity in the procurement, storage, and distribution of all necessary health commodities and drugs.
- Result 5: Legislation in place to protect the rights of HIV/AIDS infected and affected people and families.

Total Funding for Program Area (\$):

Current Program Context:

HIV/AIDS has a qualitatively different impact than a traditional health problem such as malaria. It rips across social structures, targeting young people, particularly girls. By cutting deeply into all sectors of society, AIDS undermines vital economic growth, reducing GDP in the region by perhaps a third over the next twenty years. Moreover, by putting huge additional demands on already weak public services it is setting a potential conflict over inadequate resources. As noted in our Five Year Strategy, the USG team will capitalize on the strongly expressed concern of the President of Kenya and help his government put in place a strong and compassionate response to HIV and AIDS across all sectors and at every level of society.

For the past 20 years, USG agencies have made concerted efforts to raise awareness and understanding of the social and economic impact of the HIV epidemic on human development in Kenya. USG agencies in Kenya work closely with the Ministry of Health and other government bodies to complement and strengthen national programs. We have helped to strengthen political and popular support for a national response to the HIV/AIDS epidemic. USG funds were used to support the Ministry of Health develop various policy documents and guidelines in areas such as home-based care and preventing mother-to-child HIV transmission. We have assisted the Ministry of Education develop its own AIDS policy, linked to the national policy. We have supported cost sharing by people using public sector health facilities, to a point where these funds currently form the mainstay of most hospitals' operations and maintenance budget. The USG has provided support to ensure the collection of timely data and their utilization. For example, we assisted with the publication of several editions of the AIDS in Kenya booklet that has serves as an advocacy tool for policy makers. USG agencies have sponsored Kenyan participants in courses, study tours, and meetings to increase their understanding and enhance their involvement in HIV/AIDS work.

Our Five Year Strategy states that donor harmonization is a key component in the struggle to control HIV/AIDS. In the area of policy analysis and systems strengthening we work closely with other donors. Several donors jointly support the National AIDS Control Council (NACC), assisting it in developing its strategy, participating and funding its Joint AIDS Program Reviews, and assisting in developing the capacity of its staff and its associated organizations. For example, we have worked with the World Bank (whose Multi-country AIDS Program provides funding support to NACC) on HIV/AIDS policy development and with the UK's Department for International Development on Kenya's National Health Strategic Plan.

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / American Federation of Teachers - Educational Foundation

Planned Funds:

Activity Narrative:

The activity by American Federation of Teachers – Educational Foundation (AFT-EF) and Kenya National Union of Teachers (KNUT) will result in 1) comprehensive policies and strategies in the education sector on HIV/AIDS developed and disseminated, 2) stigma and discrimination reduced. The activity will strengthen inter-organizational linkages with the Ministry of Education Science and Technology (MoEST), Teachers Service Commission (TSC), National AIDS Control Council (NACC), UNICEF, USAID and NGOs to coordinate the teachers AIDS programs. In addition AFT-EF will inform and provide access to the MoEST HIV/AIDS policy to 476 schools and provide policy education to 6,200 teachers.

On a national level, AFT-EF and KNUT will link with the Network of Teachers Living Positively to address stigma and discrimination against HIV-positive persons. The program promotes and supports teacher-driven HIV/AIDS school interventions, including anti-stigma and orphan programs. They will form a network of services with the Center for British Teachers (CfBT) to create a strong, sensitive and well-informed force of educators in 5 districts (see CfBT entry). Both organizations, in collaboration with TSC and MOEST, will address the issue of teacher-student relationships and gender dominance. The elected KNUT national president, secretary general and treasurer serve on the program management team, and KNUT's district secretaries participate in district-level program implementation. MOEST, TSC and NACC are also represented on the national advisory/coordinating committee. An additional 5 KNUT district offices will launch campaigns to disseminate and educate 22,000 members on the HIV/AIDS policy for the education sector recently developed with the Mobile Task Team (see MTT entry). Five districts will have trained KNUT executive leaders, HIV/AIDS coordinators, master trainers, peer educators, sensitized head teachers, and District Education Officers to implement school-workplace peer-education, counseling and referral programs.

The 1.3 million-member American Federation of Teachers – Educational Foundation (AFT-EF) has a long and distinguished history working with teacher organizations in Africa, including the Kenya National Union of Teachers (KNUT) with whom it has worked since 1995. The AFT has two decades of experience managing workplace HIV/AIDS prevention programs for teachers in American schools and has been a consultant to CDC in developing a US business and labor workplace education project. Since 2001 it has collaborated with teacher organizations in South Africa, Zimbabwe, Kenya and Swaziland in developing school-work place HIV/AIDS peer-education programs. KNUT is a Kenyan partner and a highly respected labor organization which has earned a distinguished reputation as a professional activist organization among its members, the Government of Kenya and within the international labor community. With a presence and representation in every public school and tertiary institution in Kenya, offices in every district and representation on major national commissions, it has a network unparalleled in its ability to reach and mobilize teachers at school level and to give voice to their concerns in negotiations with government and within education policy forums.

Activity Category

- Linkages with Other Sectors and Initiatives
- Training

% of Funds

- 40%
- 40%

UNCLASSIFIED

Workplace Programs

20%

Targets:

Not Applicable

Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

476

Not Applicable

Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

6,200

Not Applicable

Target Populations:

- People living with HIV/AIDS
- Students
- Students
- Teachers
- Teachers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

This activity will result in improved quality assurance in laboratory services, through development of a proficiency testing program, validation of results and support supervision in collaboration between the Kenya Medical Research Institute (KEMRI) and the National Public Health Laboratory Services (NPHLS). KEMRI serves as a national reference laboratory and has been the site of testing and introduction of many new laboratory technologies in Kenya. Some of these functions will be transferred to the National Public Health Laboratory Services with the technical support and guidance of CDC/KEMRI lab staff. This includes the evaluation of rapid test kits, the introduction of dried blood spots for HIV testing (used in the KDHS and now in sentinel surveillance), and now new technologies for monitoring patients on ART. Future directions will include the testing of stored samples for estimating rates of recent infection (BED assays for HIV incidence), and measuring viral resistance.

KEMRI will also provide training and technical assistance to the National Public Health Lab Services staff and partner laboratories at provincial and district level in the management of HIV/AIDS related lab services. It will support ART sites with LIFA (Lab Information For Action) at the point of service. This will result in improved laboratory infrastructure and human resource capacity and improved quality of diagnostic laboratory services.

As the primary Government of Kenya biomedical research institute, KEMRI is the home of CDC offices and laboratories and has been a center of excellence for over 25 years, assessing laboratory technologies and conducting research in collaboration with HHS/CDC, JICA and other partners. KEMRI has a highly trained laboratory team who work closely with CDC professional staff in operating the laboratories. The KEMRI cooperative agreement will support these technical staff to maintain their national leadership in lab services and training, will support the operation of the CDC/KEMRI lab, including travel and training costs and procurement of reagents, test kits and equipment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	50	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers*
- Ministry of Health staff*
- National AIDS control program staff*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ACE Communications

Planned Funds: []

Activity Narrative:

This activity by new USAID partners ACE Communications and Kenya Legal and Ethical Issues Network on HIV/AIDS (KELIN) will result in 1) legislation in place to protect the rights of HIV/AIDS infected and affected persons/families and 2) Stigma and discrimination around HIV/AIDS reduced. The activity will provide a policy framework that provides legal protection to people infected and/or affected by HIV/AIDS in Kenya. This will include protection of orphans and vulnerable children, right to care and support for People Living with HIV/AIDS (PLWHAs), right to anti-retroviral treatment of PLWHAs and elimination of stigma. The organizations will build capacity in 21 PLWHA networks and train 30 law students on legal, ethical and human rights issues pertaining to HIV/AIDS.

To attain its objectives ACE communications and KELIN will implement a range of intervention programs that will include; Providing free legal consultations to the community members in the 8 provinces (8 districts) by holding legal awareness/aid clinics; Use of multiplicity of media including radio, Television and newspapers to raise the profile of critical issues in the public domain; Capacity building of 30 law students (upcoming lawyers) in the Nairobi and Moi public universities on handling legal, ethical and human rights matters pertaining to HIV/AIDS; Developing replicable templates that can be adapted at a policy level in the public and private sector; Capacity building of 21 PLWHAs Networks and Organizations on legal, ethical, human rights issues relating to HIV/AIDS hence increased capacity (systems strengthening) of such networks/organizations for delivery of effective programs in the legal, ethical and human rights areas; Executive briefings and training on skills for key personnel that are potential advocates by virtue of their offices; Direct lobbying with key policy making bodies and institutions in the country that include parliament, judiciary and government.

ACE communications has been working in the area of HIV/AIDS for over 5 years and has helped raise the awareness of HIV/AIDS through providing video and other media messages that helped make the disease real in Kenyans minds. Its partner KELIN has trained lawyers, law students, paralegals, and Members of Parliament on issues related to HIV/AIDS they have also rendered legal opinions and advice on legal, ethical and human rights issues on HIV/AIDS to the judiciary, policy makers, other Non-Governmental Organizations, Faith Based Organization and the community at large.

Activity Category

- Information, Education and Communication
- Local Organization Capacity Development
- Training

% of Funds

- 30%
- 30%
- 40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	21	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	30	<input type="checkbox"/> Not Applicable

Target Populations:

- People living with HIV/AIDS
- Policy makers
- Youth

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Commission for Human Rights and Justice

Planned Funds:

Activity Narrative:

This activity by USAID's new partner the Commission for Human Rights and Justice (CHRJ) will result in 1) stigma and discrimination around HIV/AIDS reduced and 2) Legislation in place to protect the rights of HIV/AIDS infected and affected persons/families. The activity will reduce stigmatization and discrimination against people living with HIV/AIDS via the development of comprehensive national policy and laws through mobilizing networks of NGOs and stakeholders in all the 8 provinces in the country to advocate for development of policies and laws to protect people living with HIV/AIDS from discrimination in both government and private sectors and reach 9,000 people with pamphlets on stigma issues.

The Commission for Human Rights and Justice will attain its objectives by: - Using the established Networks of NGOs/Stakeholders at provincial level to draft such policies and laws for presentation to the relevant Govt. departments (including the National Assembly) for consideration and adoption thereof. Towards this end a comprehensive draft National policy/guideline aimed at preventing discrimination against people living with HIV/AIDS will be developed; Ensuring that proposed policies guidelines and/or laws contain provisions on sanctions so that people who are discriminating in any way or in any context against someone living with HIV/AIDS, would do so, knowing that there will be repercussions; Working closely with key government departments such as the National Assembly; the Ministries of Labor, Justice and Constitutional Affairs, Education, Science and Technology; the office of the Attorney General; the Judiciary and the police department and various civil society groups such as the National Council of Churches of Kenya, representatives from the Supreme Council of Kenyan Muslims (SUPKEM), and People Living with HIV/AIDS (PLWHAs), Trade Unions, Workers' Unions, and the National AIDS Control Council on the establishment of anti-discrimination policies and laws as well as a Register to record discrimination. Such Register will provide avenues where people who have been discriminated against, or who have first hand knowledge of such can report these matters. The said Register will be made available in all Government departments as well as in private sector organizations. Towards this end a comprehensive draft National Register to record discrimination will be developed; Producing 9,000 advocacy and lobby pamphlets; Producing over 3000 copies of the developed comprehensive national policy/guidelines and laws to facilitate lobbying and/or enactment; and, Producing over 3000 copies of a National register to record discrimination in both public and private sectors to facilitate lobbying for adoption.

The CHRJ has three years experience in advocacy for legal and human rights of all Kenyans including those living with HIV/AIDS. In particular, the organization has been involved in legal/human rights awareness as well as HIV/AIDS awareness among communities practicing female genital mutilation (FGM) in Kenya working to minimize this gender-based assault on female sexuality.

Activity Category

Policy and Guidelines

% of Funds

100%

Targets:

Not Applicable

Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

8

Not Applicable

Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

9,000

Not Applicable

Target Populations:

- Nongovernmental organizations/private voluntary organizations*
- People living with HIV/AIDS*
- Policy makers*

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of Kwazulu-Natal, HEARD Mobile Task Team

Planned Funds:

Activity Narrative:

This activity by the Mobile Task Team on the impact of HIV/AIDS on education (MTT) will result in comprehensive policies and strategies developed and disseminated in the public sector. This activity will mitigate the consequences of HIV/AIDS and strengthen systems via developing sector specific HIV/AIDS policies and prioritized implementation plans with at least two other ministries of the Government of Kenya.

MTT proposes to replicate the process undertaken by Ministry of Education, Science and Technology (MoEST) with at least two ministries from the Public Service for example Health or Social Services and any other key ministries, perhaps including Planning and Finance, to develop sector specific HIV/AIDS policies and prioritized implementation plans, within the context of the Kenyan government's HIV/AIDS priorities. These sectoral policies may then be aggregated to inform a review and update of the Kenyan National HIV/AIDS Policy Framework. The success of the MoEST policy development process and current roll-out of decentralized implementation planning confirms this can be achieved and provides a national and provincial model for replication. Specifically, in the twelve-months commencing April 2005, the MTT proposes to facilitate the development of sectoral policy at the national level in the Public Service, the Ministry of Health (MoH) and the Ministry of Social Services (MoSS). This process will involve preliminary and planning meetings (three in total; one for each of the sectors), three major policy development workshops (one for each of the three sectors) to produce governing principles and a draft sectoral policy in each case, and concluding, consolidation and future planning meetings (three in total; one for each of the sectors). Thus, by the end of the 2005 period, the process will generate 3 complementary draft sectoral policies, including governing principles and planning guidelines for further consultation, endorsement and ratification. In the following twelve-month period (2006), these draft policies will be subjected to stake-holder consultation and comment, final draft, Kenyan government ratification and publication, prior to the inclusive development of national and decentralized implementation plans and monitoring frameworks. Within this second period (2006) planning should also commence on the development of any other sector policies and plans still-outstanding, and the holding of a national multi-sectoral workshop to integrate this cluster of sectoral policies into a revised Kenyan National HIV/AIDS Policy.

The Mobile Task Team of the University of Kwazulu-Natal works and trains in 19 African countries, including Kenya, in the development of HIV/AIDS strategic planning, policy development, implementation planning, Monitoring and Evaluation, Information Systems and training. The most recent example of the Team's work is the facilitation of the Kenyan MoEST HIV/AIDS education sector policy and implementation planning process.

Activity Category

- Linkages with Other Sectors and Initiatives
Policy and Guidelines

% of Funds
20%
80%

Targets:

Not Applicable

Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2	<input type="checkbox"/> Not Applicable
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Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
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Target Populations:

- Government workers
- Policy makers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Council for Population and Development

Planned Funds:

Activity Narrative:

This activity by the National Council for Population and Development (NCPD) will result in comprehensive policies and strategies on HIV/AIDS developed and disseminated in the public sector. The activity will develop policies and implementation plans addressing the integration of HIV/AIDS and Reproductive Health into other health and non-health interventions by working in 8 districts and training approximately 240 individuals.

NCPD intends to attain its objectives by: Developing a plan of action that integrates the objectives of the existing youth policy and HIV/AIDS programs into youth activities and services; Organizing and conducting 10 Workshops per district for various stakeholders depending on their needs, age and background. Organizing and facilitating 8 District Workshops to sensitize district leaders on various policies and lobby them to be at the lead in spreading messages on behavior change; Working in collaboration with National AIDS Control Council (NACC), Non-governmental organizations (NGOs), private sector, Faith Based Organizations (FBOs) and other government ministries who are members of District Population and Family Planning Committees to implement components of existing District Strategic Plans; Linking the NCPD officer, at the District level, with AIDS constituency committees within the district; and, highlighting existing policies, policy gaps and guidelines gaps. Conducting an assessment on perception of people on various policies and messages as well as their impact on behavior change.

The National Council of Population and Development has extensive experience working on multi-sectoral issues both at district and national levels. It has experience in impact assessment and tracking the implementation of programs through the Kenya Service Provision Assessment (KSPA) of 1999, Kenya Demographic and Health Survey (KDHS) of 1993 and 1998. The organization has also provided leadership to stakeholders involved in further analysis of KSPA and KDHS which was used to inform policy and promote the use of information among policy makers and managers. NCPD collaborates with some of USAID's sub-contracts for example POLICY and MACRO/ORC currently working on the 2004 KSPA. The organization has also worked with UNFPA assisting in the implementation and coordination of their 1st to 5th country programs including the current 6th country program.

Activity Category

Policy and Guidelines

% of Funds

100%

Targets:

Target Description	Value	Applicability
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	8	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	240	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- HIV/AIDS-affected families
- Policy makers
- Students
- Teachers
- Youth

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Key Legislative Issues:

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: POLICY Project* / The Futures Group International

Planned Funds:

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Activity Narrative:

USAID's POLICY project implemented by the Futures Group International will continue its activities in Kenya resulting in 1) Comprehensive policies and strategies on HIV/AIDS developed and disseminated 2) stigma and discrimination around HIV/AIDS reduced and 3) improved capacity to implement and monitor HIV/AIDS programs by several local faith-based and non-governmental organizations and networks of people living with HIV/AIDS. This activity will assist in the development of policies and plans that promote and sustain access to quality HIV/AIDS information and services, work on gender issues and minimizing stigma and discrimination in 4 provinces of Kenya. POLICY will strengthen the multisectoral HIV/AIDS response, improve the capacity of five organizations - three Faith-Based Organizations (FBOs), one Non-Governmental Organizations (NGOs), one People Living with HIV/AIDS (PLWHA) network to implement and monitor their policies and programs. In addition POLICY will train over 180 persons on networking and advocacy.

POLICY will attain its objectives by:

- Capacity building: Training over 180 workplace policy makers/senior managers, 60 PLWHA, 60 FBOs, and 60 United Disabled Persons of Kenya (UDPK) network/organizations' members in the first year and more in subsequent years. Twenty-five Parliamentarians will participate in capacity building and consultation meetings. Enhancing leadership, networking and advocacy capacity for leaders of the Network for Empowerment of People Living with HIV/AIDS (NEPHA), The Seventh Day Adventist (SDA) church, Kenya Network of Religious Leaders Affected by HIV/AIDS (KENERELA), the National Council of Muslims and the Positive teachers Association and other policy makers for an effective multi-sectoral response to HIV/AIDS prevention, care and support;
- Minimizing stigma and discrimination: Strengthening business, private and public sector organizations to develop policies and programs to scale up HIV/AIDS prevention, care, support and treatment services. Five policies will be reviewed/expanded by five different workplaces to address reduction of stigma, discrimination and comprehensive prevention and care for PLWHA. Enhance capacity for policy makers and senior level managers within FBOs/ PLWHA networks, and private/public sectors as well as politicians to understand the problems and solutions of stigma and discrimination at the individual and community level so that these issues can be addressed in all their programs and policies;
- Strategic planning: Strengthen national level strategic planning and plan implementation to provide direction to all sectors for the national HIV/AIDS response towards realization of prevention, care and support and treatment goals using the increased HIV/AIDS resources in Kenya;
- Increased community awareness: Support KENERELA and NCMK to develop publications/booklets on personal experiences of PLWHA;
- Enhance accountability: Collaborate with National AIDS Control Council (NACC), National AIDS and STI Control Programme (NASOP) and development partners to monitor implementation of the national strategic plan and advocate for the enactment of the HIV/AIDS bill into law;
- Educate Parliamentarians: Hold consultative and capacity building meetings with parliamentarians to address issues of the HIV/AIDS Bill and on emerging policy issues;
- Continue to work on gender issues including mainstreaming gender into HIV/AIDS programs and jointly with the Kenya National Commission on Human Rights POLICY will enhance advocacy for access to women's property ownership and inheritance rights.

The POLICY II project is a worldwide five-year contract whose purpose is to help build a supportive policy environment for family planning and reproductive health programs by encouraging policies and plans that promote and sustain access to quality family planning and related health information and services. POLICY Kenya is part of this global cost plus award fee contract and is funded by USAID in Kenya. POLICY works to help build a supportive policy environment for family planning and reproductive health programs by encouraging policies and plans that promote and sustain access to quality HIV/AIDS, Family Planning (FP) and Reproductive Health (RH) information and services. Since 1995 POLICY/Kenya has taken the lead in promoting development and dissemination of HIV/AIDS policies and guidelines and worked towards the "breaking of silence" around HIV/AIDS in Kenya leading to the formation, in November 1999, of the National AIDS Control Council (NACC).

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POLICY has also assisted in the establishment of a National Network for Empowerment of People Living with HIV/AIDS (NEPHAK) and also in building the capacity of AIDS Control Units (ACUs) located in the different ministries of the government of Kenya.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Policy and Guidelines	60%
<input checked="" type="checkbox"/> Workplace Programs	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	180	<input type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Faith-based organizations
- People living with HIV/AIDS
- Policy makers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Coast	ISO Code: KE-300
State Province: Nairobi	ISO Code: KE-110
State Province: Rift Valley	ISO Code: KE-700
State Province: Western	ISO Code: KE-900

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: POLICY Project / The Futures Group International

Planned Funds:

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Activity Narrative:

USAID's POLICY project implemented by the Futures Group International will continue its activities resulting in 1) legislation in place to protect the rights of HIV/AIDS infected and affected persons and 2) improved capacity to implement and monitor HIV/AIDS programs by networks, and local non-governmental and community based organizations. The activity will provide advocacy for Orphans and Vulnerable Children (OVC) and enact legislation to protect their rights, strengthen the capacity of four network organizations to undertake the Monitoring and Evaluation necessary to both operate their expanded programs effectively and to report to the USG on key indicators. In addition POLICY will describe the extent and composition of stigma and discrimination and indicators to measure the impact of programs designed to address it.

POLICY will achieve its objectives by:

- Developing an OVC Policy and plan. Provide technical assistance to the Orphans and Vulnerable Children (OVC) task Force to finalize the OVC policy, to enact OVC legislation and, support policy dialogue around the passage of the legislation in parliament. POLICY will also spearhead the development of a costed implementation plan to address the critical OVC policy needs focusing on inheritance and succession, bereavement, child-headed households, access to education and, protective services. Produce, review or update information to inform planning, policies and programs and for use in OVC advocacy, policy analysis, and program development and, generate advocacy materials to be used in the campaigns against HIV/AIDS stigma and discrimination targeting OVCs. The sharing of technical information and dissemination of best practices will also be undertaken to assist communities in coping with increasing numbers of OVC and Most Vulnerable Children;
- Strengthening the institutional capacity of organizations working on OVC. Build the institutional capacities of GOK and at least five other NGOs, Faith Based Organisations (FBOs) and selected Community Based Organizations (CBOs) to formulate strategies that enhance orphans' access to the basic needs of children as stipulated in the human rights charter. Training in OVC policy development, advocacy and, management and, fundraising initiatives will also be undertaken. The work with NGOs, FBOs and CBOs in the first year will result in support for 500 OVC;
- Community views of HIV: POLICY will work to transform community views of HIV by facilitating community forums/hearings in at least 12 communities to raise awareness about HIV and the adverse effects of OVC stigma and discrimination and, strengthen the networking of organizations working on OVC issues at the community level to undertake anti-stigma campaigns leading to improved services for 1200 OVC;
- Strengthening networks: Work with 4 networks to strengthen their ability to collect and use strategic information to improve their services and to report to the USG on the performance of USG-funded activities. We propose to work with the Network of People Living with HIV/AIDS in Kenya (NEPHAK), the National Council of Muslims in Kenya (NCMK), the Kenya Network of Religious Leaders Affected by HIV/AIDS (KENERELA) and Seventh Day Adventist Church (SDA). These organizations represent key partners for the President's Emergency Plan in implementing its vision of strong networks for a sustained response. We propose to undertake the following activities with each organization: User satisfaction survey: Assist partner organizations to carry out user satisfaction surveys among their member populations to ascertain how well the expanded surveys are meeting their needs and what problems, if any, there are; Develop M&E systems: Assist partner organizations to develop simple M&E systems that will allow them to record their activities and those of their member organizations and to develop and implement indicators that will assist them to measure their effectiveness. These indicators will also feed into the national M&E framework and support the President's Emergency Plan reporting; Assist partner organizations to understand the information available to them (surveillance; number of people infected by age, sex and location; national AIDS strategies; Global Fund activities; President's Emergency Plan vision and strategy), re-package and disseminate that information to their members, and use that information to support policy dialogue, advocacy and program planning; Stigma and discrimination: Assist partner organizations to understand, adapt and apply POLICY stigma and discrimination indicators already developed in both South Africa and Mexico, collect information on these indicators, and use this information

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to develop plans to address the most salient problems.

The POLICY II project is a worldwide five-year contract whose purpose is to help build a supportive policy environment for family planning and reproductive health programs by encouraging policies and plans that promote and sustain access to quality family planning and related health information and services. POLICY Kenya is part of this global cost plus award fee contract and is funded by USAID in Kenya. POLICY works to help build a supportive policy environment for family planning and reproductive health programs by encouraging policies and plans that promote and sustain access to quality HIV/AIDS, Family Planning (FP) and Reproductive Health (RH) information and services. The POLICY project has extensive experience working on stigma and discrimination and CGO/FBO strengthening. POLICY staff are members of the USAID working group on Stigma and Discrimination and have recently completed two studies in South Africa and Mexico to define the components of stigma and discrimination and develop indicators to measure them. In CBO/FBO and network strengthening POLICY has worked for many years in Kenya and elsewhere to enhance capabilities in advocacy, planning, research and community outreach.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	80%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	4	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Religious/traditional leaders

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Community Housing Foundation

Planned Funds:

Activity Narrative:

The Community Housing Foundation (CHF) will support at least two local organizations to enable them to conduct activities relating to advocacy and development of appropriate policies. One of these groups, the Movement of Men against AIDS in Kenya (MMAAK) is a Kenyan NGO operating in the country for the last 4 years. The organization seeks to include men in all levels of HIV/AIDS activities. The organization will support 300 HIV-positive men in 5 extensions of MMAAK trained in advocacy, policy issues, and stigma reduction. The organization will ensure participation of HIV-positive men in prevention, and will sensitize 500 men in religious institutions on the importance of involvement of men in HIV/AIDS mitigation interventions.

Another group to be supported by CHF is the Kenya Episcopal Conference - Catholic Secretariat (KEC-CS), which is responsible for coordinating and facilitating the programs of the Catholic Church at a national level through its various commissions. The KEC-CS is proposed to receive funding for AB/Y activities in the over 5000 primary schools operated by the Catholic Church in Kenya. The funds requested in this area will assist the KEC-CS to develop a clear policy on how to effectively respond to the epidemic, maximize services, lobby the government and advocate for the rights of the infected and affected especially the poor. The organization will also develop clear policies on how to deal with its own workforce when affected or infected with HIV/AIDS including HIV prevention education in church sponsored schools and among youth. KEC-CS proposes to hold consultations throughout the church's hierarchical structure and technical experts, to prepare a comprehensive policy document on the role, duties and responsibilities of the Catholic Church in Kenya and its agents in regard to HIV/AIDS. Based on this, KEC-CS will then conduct sensitization workshops for over 30 bishops, 600 priests, and 1,500 religious brothers and sisters on issues relating to stigma, advocacy, and the application of these policies.

CHF was awarded a cooperative agreement with CDC in late FY04. CHF has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. Under the terms of the cooperative agreement, CHF will first build the capacity of a number of local FBOs and CBOs specified in our FY04 COP, and then take on new partners. Under this COP, we propose to have CHF support the Kenya Episcopal Conference and the MMAAK as both of these groups submitted good proposals when the USG Kenya team recently solicited "concept papers" from local groups. Both the KEC and MMAAK will also be doing activities in other sectors under this COP: KEC with AB/Y activities in Catholic schools, and MMAAK with involving HIV-positive men as AIDS educators. CHF will also foster networking among these and other sub-grantees so they can share lessons learned about local implementation of their activities. CHF intends to assist these local groups in grant-writing skills so that in the future, they can apply for PEPFAR and other funds directly. If appropriate, CHF may also assist other sub-grantees with activities related to the reduction of stigma and discrimination and/or development of appropriate policies regarding HIV. These activities will contribute to the result of comprehensive policies in networks and religious bodies developed and disseminated.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	35%
<input checked="" type="checkbox"/> Policy and Guidelines	30%
<input checked="" type="checkbox"/> Training	35%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2,930	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Faith-based organizations
- People living with HIV/AIDS
- Religious/traditional leaders
- Religious/traditional leaders
- Students
- Teachers
- Youth

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Internews Network

Planned Funds:

Activity Narrative: The activities of USAID's Local Voices Project implemented by Internews will result in stigma and discrimination around HIV/AIDS reduced. The activities will strengthen journalists and talk-show hosts on accurate reporting and presentation on HIV/AIDS policy issues resulting in 1.5 to 3 million Kenyans reached with accurate information.

Internews expects to meet its objectives by training up to 20 experienced radio journalists previously trained on technical aspects of HIV/AIDS coverage for in-depth coverage of policy considerations, especially with regard to scaling up of treatment.

USAID's "Local Voices" project implemented by Internews Network began in September 2002. It has the overall goal to create a more supportive social environment for preventing and mitigating the impacts of HIV/AIDS, through an enlightened and committed local broadcast community in Kenya. Internews has extensive experience working with the media in Kenya including organizing training on feature HIV/AIDS radio reporting; maintaining a Media Resource Center; organizing workshops to discuss various topics for example the recently held workshop (in collaboration with USAID and the US Embassy) for radio station owners, station managers, editors and senior producer that provided a discussion forum for decision makers to talk about the burning issues around HIV/AIDS coverage including the touchy issue of sponsorship of HIV/AIDS programs on their radio station.

Activity Category
 Community Mobilization/Participation **% of Funds**
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Business community
- Caregivers
- Community leader
- Community members
- HIV/AIDS-affected families

Key Legislative Issues:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International

Planned Funds:

Activity Narrative:

USAID's IMPACT project implemented by Family Health International (FHI) will continue working with its sub-partner Kenya AIDS NGO Consortium (KANCO) and result in 1) Stigma and discrimination around HIV/AIDS reduced and 2) Improved capacity to implement and monitor HIV/AIDS programs by local non-governmental and community based organizations. The activities will aim to minimize stigma and discrimination through: providing information, education and communication (IEC) - on HIV/AIDS, prevention, care, treatment and support via five resource centers; and building capacity in 50 Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs) by training 100 individuals from these organizations.

KANCO will continue its resource centers in Kakamega, Nakuru and Mombasa, and start up 2 additional centers to serve as technical resources for Non-governmental Organizations (NGOs), Community Based Organizations (CBOs), Faith Based Organizations (FBOs), government ministries, People Living with HIV/AIDS (PLWHA), and the general population. KANCO will continue capacity development and technical assistance to 10 NGO/CBOs per province (Western, Rift Valley, Mombasa, Nairobi, and Eastern) and upgrade their expertise so that those that have not received substantial HIV/AIDS funding in the past are able to accept funds and use them effectively.

Family Health International is a US based PVO implementing HIV/AIDS programs in Kenya. FHI provides technical assistance and funding to local organizations to implement HIV/AIDS programs at different levels. FHI and its partners consistently plan strategies and design activities in full collaboration with relevant government of Kenya entities, with significant participation from NGOs, CBOs, PLWA organizations, and FBOs in the areas of coverage. Technical assistance from one partner to another creates strong partnership and synergy in the geographic area where program activities are taking place.

Activity Category

- Information, Education and Communication
- Local Organization Capacity Development

% of Funds

- 30%
- 70%

Targets:

Target Description	Value	Applicability
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

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Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Coast

ISO Code: KE-300

State Province: Eastern

ISO Code: KE-400

State Province: Nairobi

ISO Code: KE-110

State Province: Rift Valley

ISO Code: KE-700

State Province: Western

ISO Code: KE-900

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: %IMPACT / Family Health International

Planned Funds:

Activity Narrative:

The activities of USAID's IMPACT project implemented by Family Health International (FHI) will result in 1) Improved capacity to implement and monitor HIV/AIDS programs by networks and faith based organizations 2) comprehensive policies and strategies on HIV/AIDS developed and implemented by local faith based organizations. FHI will build the capacity of a new sub-partner the Supreme Council of Kenya Muslims (SUPKEM) in order to strengthen the Muslim response to HIV/AIDS by: developing an operational policy fully owned by the entire community that will unify, strengthen and coordinate Muslim community response; strengthening the acceptance of the policy by sourcing from the Qur'an, sunna and harmonizing with the national policy; and, developing approaches, communication strategies and educational materials that will address the specific Muslim concerns. The program will train 400 participants on the policy. Dissemination of the policy will be through the development of posters, radio program (Iqra), brochures, fliers, and 1000 copies of the policy will be distributed nationwide. The development of the policy will take a community mobilization approach to ensure buy-in from the community.

SUPKEM has participated in the formulation of different policies including government policies and guidelines on HIV/AIDS interventions. Family Health International is a US based PVO implementing HIV/AIDS programs in Kenya. FHI provides technical assistance and funding to local organizations to implement HIV/AIDS programs at different levels. FHI and its partners consistently plan strategies and design activities in full collaboration with relevant government of Kenya entities, with significant participation from NGOs, CBOs, PLWA organizations, and FBOs in the areas of coverage. Technical assistance from one partner to another creates strong partnership and synergy in the geographic area where program activities are taking place.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Policy and Guidelines	50%

Targets:

Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	400	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Faith-based organizations
- Religious/traditional leaders
- Youth

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Key Legislative Issues:

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Management Sciences for Health

Planned Funds:

Activity Narrative: This activity will result in improved access and use of quality diagnostic laboratory services through improved laboratory policies and management, including use of Standard Operating Procedures (SOPs). Management Sciences for Health has worked in Kenya for the last 19 years and in other parts of Africa and the world for 33 years. Through its RPM+ program for rational pharmaceutical management and other activities it has worked at Mombasa Coast General Hospital to improve laboratory management and quality of services.

In this activity, these lessons will be extended to other Provinces including Private and Mission laboratories through a National training program on: national lab policy issues; standardization of laboratory algorithms and SOP's for lab services; capacity building through refresher courses including strengthening lab systems to support ART monitoring; laboratory management needs assessment; implementation of Good Laboratory Practices (GLP), QA, External Quality Assurance Schemes, supportive supervision, specimen handling and storage, bio-safety; improve existing lab information systems for action at facility levels and eventually integrate the systems into HMIS; strengthen systems to monitor staff performance. MSH/RPM Plus will closely collaborate with NASCOP, NPHLS, KEMRI, CDC, JSI/DELIVER, AMREF, FHI and other stakeholders in the private sector such as CHAK and other USG HIV care and support grantees.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target	Value	Applicability
Number of individuals trained in the provision of lab-related activities	60	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Capable Partners / Academy for Educational Development

Planned Funds:

Activity Narrative: The activities of USAID's Capable Partners project implemented by Academy for Educational Development will result in improved capacity to implement and monitor HIV/AIDS programs by local Non governmental, faith-based and community based organizations. The project aims at strengthening approximately 20 small Kenyan Non-governmental Organizations (NGO), Faith-Based Organizations (FBOs) and Community Based Organizations (CBOs) working with orphans and vulnerable children; or working more broadly to address HIV/AIDS and related issues in Kenya; and in other sectors which might expand their work under the parameters of the program.

The program will provide organizational development technical assistance to improve the overall capacity of grantees. These will include groups currently working with HIV/AIDS-affected populations specifically orphans to deliver services to their clients more effectively and efficiently. The Capable Partners project will work with these organizations to: Increase their organizational and technical capacity and improve their skills to identify and quantify problems faced by orphans and vulnerable children; Increase their ability to create community- and family-based activities to support orphans and vulnerable children; Increase their capacity to work in their communities through awareness-raising and advocacy programs on HIV/AIDS prevention; Increase the capacity of those organizations not currently working specifically on HIV/AIDS to work in their respective communities by conducting awareness campaigns on the importance of the A-B-C continuum.

Academy for Educational Development is a US based non-profit charitable organization established in 1961.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	20	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Faith-based organizations <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Traditional healers <input checked="" type="checkbox"/> High-risk population <input checked="" type="checkbox"/> HIV/AIDS-affected families | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> Primary school | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|--|--|---|

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kenyan National AIDS and STI Control Program

Planned Funds:

Activity Narrative:

This activity will support the National Public Health Laboratory Service (NPHLS) through the National AIDS and STD Control Programme (NAS COP). NPHLS is the Division of the Ministry of Health responsible for policy, coordination, training, supervision, and administration of laboratory services in the country. This includes establishing guidelines and standards for government, mission, and private sector laboratories. The NPHLS has been supported for many years by the USG through activities in blood safety. For the last three years it has been supported as an activity within the NAS COP-CDC Cooperative Agreement in order to develop the reference laboratory functions of the NPHLS, improve training and supportive supervision.

This activity will result in improved access and use of quality diagnostic laboratory services and improved laboratory infrastructure and human resource capacity. Through this activity, NPHLS will include expansion of laboratory services for patients requiring HIV care and treatment, including CD4/CD8 monitoring, viral load measurement, liver function and other basic tests for ART monitoring.

Second, over 500,000 clients of PMCT and VCT services will require HIV testing in 2006. Dried blood spot samples are taken for quality control in a 1 of 10 clients. These samples will be retested either at the national reference lab in Nairobi or at Provincial labs where staff are trained in DBS testing methods. The NPHLS and NAS COP laboratory staff also conduct sentinel surveillance testing of pregnant women and STI patients on an annual basis at 43 sites. This activity will support the procurement of laboratory supplies, test kits, laboratory testing and data management of lab results at the central lab in Nairobi.

Third, support supervision will be provided to labs performing HIV testing throughout the country to ensure maintenance of proper standards and use of SOPs, universal precautions, maintaining equipment, and proper handling and storage of samples and data. This will result in improved quality assurance in laboratory services and through the training during supportive supervision visits, will result in improved human resource capacity.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

Not Applicable

Number of individuals trained in the provision of lab-related activities

200

Not Applicable

Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests

70

Not Applicable

Target Populations:

- Medical/health service providers
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DELIVER* / John Snow Inc

Planned Funds:

Activity Narrative: This activity will result in improved access and use of quality diagnostic services through the supply of diagnostic reagents, test kits and medical equipment to laboratories in government and mission hospitals providing HIV/AIDS treatment and care.

JSI/DELIVER is a US NGO that has over twenty years experience in logistics and procurement services. They have worked with the MOH of Kenya for many years in the specialized field of procurement and logistics management and currently assist the MoH in procurement, logistics and distribution for drugs and other commodities through several donors including the Global Fund, World Bank, GTZ, and the USG.

JSI has already performed a needs assessment with the National Public Health Laboratory Services (NPHLS) for HIV test kit and reagents and for laboratory equipment needed to upgrade laboratory services in government provincial and district hospitals. During this plan period, the NPHLS proposes to channel its procurement through JSI/DELIVER which will be responsible for: procurement of equipment, reagents, supplies and test kits; instituting reliable, responsive data management systems for stores and equipment inventories; logistics for efficient distribution of kits, reagents, and supplies; development of training on tools for management and supervisory systems and logistics; and systems for sustained servicing and maintenance of equipment. JSI will collaborate with other specialized partners such as KEMRI, CDC, AMREF, FHI, Crown Agents and others in delivery of these services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	60%
<input checked="" type="checkbox"/> Logistics	25%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kenya Medical Supplies Agency

Planned Funds:

Activity Narrative:

USAID will continue its grant to Kenya Medical Supplies Agency (KEMSA) that will result in strengthened public sector logistical capacity in the procurement, storage and distribution of all necessary health commodities and drugs. The grant will be used to continue the strengthening of management systems and structures of KEMSA by a management consultant company, hired by the Ministry of Health, on a three year contract which began in April 2004. The company will continue to work in 6 main areas: 1) Commercial activities – moving KEMSA from a push system to a pull or demand system and ensuring that KEMSA is able to meet its operational costs from the business that it does; 2) Capacity building – looking to transfer or infuse managerial and financial skills into KEMSA and rationalizing the staffing pattern of KEMSA; 3) Systems development – ensuring that appropriate management information systems are in place including financial, logistics and quality control systems; 4) Renovation – developing a comprehensive long-term renovation/rehabilitation plan for KEMSA and assist to rehabilitate KEMSA's infrastructure to acceptable standards; 5) integration of parallel systems – amalgamating the various parallel health commodities supply systems into one system based at KEMSA; and 6) Mobilizing funds – assisting to mobilize funds from the government and various donors to assist in carrying out some of the activities listed above.

The three year contract with the management consultants is being implemented in three distinct phases. Phase I – is immediate and covers the first 6 months (May to October 2004) during which the team assessed and understood the situation on the ground and start setting up business processes and manning them; Phase II – covers 24 months from November 2004 to October 2006 during which the management consultants will implement the designed processes and systems and skill-up all staff to private sector competency levels of performance; Phase III – covers the last 6 months November 2006 to April 2007 whereby the management consultants will be phasing out and toning down their day to day involvement with KEMSA allowing KEMSA's own management to take full control of running the organization.

KEMSA is the government of Kenya public sector health commodities supply agent involved in ensuring the delivery of all health commodities including antiretrovirals to public sector health institutions.

Activity Category

- Local Organization Capacity Development
- Logistics

% of Funds

- 80%
- 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Ministry of Health staff

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Association of Public Health Laboratories / Association of Public Health Laboratories

Planned Funds:

Activity Narrative: Through twinning, APHL US-based affiliate laboratories will build Quality Assurance Management Systems through technical assistance, training and staff development for national partners including the National Public Health Laboratory Services and the Kenya Medical Research Institute. Also included in this cooperative agreement are procurement of specialized laboratory equipment and reagents for new and promising technologies for CD4 and viral load measurement, HIV testing and tuberculosis diagnostics.

In this next year, activities will include the assessment and initial planning for HIV resistance testing in Kenya. An initial needs assessment will be completed through FY04 funding in February to March 2005. Selection and procurement of appropriate equipment, planning of training and supervision, and an initial exchange visit with training of key national laboratory personnel will follow. A national Quality Assurance plan will be designed based on this work. This second-year funding will focus on the implementation of the plan, the extension of assessment to peripheral facilities, and the ongoing training of staff. This will result in improved Quality Assurance in lab services and in improved lab infrastructure and human resource capacity.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	40	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Ministry of Health staff

Key Legislative Issues:

- Twinning

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / Kenya Medical Research Institute

Planned Funds:

Activity Narrative:

ACTIVITIES APPROVED IN FY04 (Kenya COP 2004 p. 94) The Kenya Medical Research Institute (KEMRI) will evaluate 4 newer and possibly cheaper tests for CD4/CD8 and viral loads. New technologies will be evaluated for accuracy and appropriateness for use in the local Kenyan context. Technical assistance will be provided to the national program related to choice of laboratory technologies and their implementation as part of the national health care system. Activities will include procurement of laboratory equipment and reagents, hiring of laboratory staff, and the provision of training of 50 laboratory staff from MOH and other facilities. This will result in improved access and use of quality diagnostic services by identifying tests and equipment that can be used by less sophisticated laboratories and will therefore support treatment and care goals.

There is a long-standing collaboration between the Kenya Medical Research Institute (KEMRI) and the US Centers for Disease Control and Prevention in Kenya. This collaboration was initially research-based, but in 1999 expanded to include HIV prevention and treatment activities and has now supported implementation of extensive programs in voluntary counseling and testing, prevention of mother to child transmission services, HIV/TB co-infection, and treatment for HIV. KEMRI has extensive laboratory expertise and has played a critical role in the scale up of HIV treatment, with responsibilities and accomplishments that have included training, evaluation of new technologies such as HIV test kits, and provision of quality assurance.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	64	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Medical/health service providers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: defer / The Futures Group International

Planned Funds:

Activity Narrative:

ACTIVITIES APPROVED IN FY04 COP (Kenya COP 2004 p. 86, 91) Use deferred funds to complete work approved by the FY2004 COP for USAID's POLICY Project implemented by The Futures Group International that will result in better HIV/AIDS policy analysis and formulation via using data to better inform policies and programs and increasing the number of agencies involved in HIV/AIDS policymaking.

This will include updating policymakers on WHO and PEPFAR initiatives to advocate for sustained treatment programs, gender issues and producing the HIV/AIDS Policy Index to provide information on changes in the policy environment (SI in the FY04 COP) Assist National AIDS Control Council (NACC) in design of national strategic plan and assuring inclusion of HIV/AIDS issues in National Development Plan (through Technical Assistance to NACC, National AIDS and STI control Program (NAS COP), and the Ministry of Planning and National Development) and participation of HIV/AIDS stakeholders in development of the National Health Sector Strategic Plan (Cross-cutting in the FY04 COP).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	5	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	25	<input type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Community leader
- Community members
- Country coordinating mechanisms
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
 - Policy makers

UNCLASSIFIED

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

Result 1: Continued effective and efficient management of the Emergency Plan program in Kenya.

Result 2: Strengthened capacity of USG Interagency Team to manage the program by staff recruitment and improved communications and coordination.

Result 3:

Total Funding for Program Area (\$):

Current Program Context:

The US Mission to Kenya's 2004 Country Operational Plan stated that we would take a transformational approach, "effecting fundamental and rapid change in how we lead, conceive of, organize, implement, and report on our work in the face of a health and humanitarian catastrophe with the devastating scope of the AIDS pandemic." This has been a year of opportunity and challenge as we strive to meet the goals we set for ourselves.

Coordination of the Emergency Plan program in Kenya has built on efforts begun five years ago with an interagency forum for HIV/AIDS programs under the Ambassador's leadership. The forum includes representatives of key Embassy offices, the US Army Medical Research Unit, the Peace Corps, the Centers for Disease Control and Prevention, and the US Agency for International Development. This group, now called the Emergency Plan Interagency Team, meets regularly to coordinate programming, resource allocation, reporting, and other activities.

Good coordination exists between USG and other international partners. A USG representative sits on the Country Coordination Mechanism (CCM) group guiding Global Fund activities. HHS/CDC and USAID are represented on the National AIDS Control Council (NACC) Technical Working Group, which manages the World Bank MAP program for Kenya, and on the Health Donors Coordination Group. USG agencies work closely with the UK's DFID, Japan's JICA, and other bilateral donors.

There is also good coordination between USG partners and the host government. USG implementing agencies are represented on the major Government of Kenya coordinating councils dealing with funding, programming, and technical aspects of HIV/AIDS. There is close coordination with, and technical support provided to, numerous technical working groups and task forces, such as PMTCT, VCT, ART, Blood Safety, Lab, HBC, M&E, and Health Sector Reform. Meetings have been held between Mission leadership, the Minister of Health, and her senior staff to discuss coordination and other issues related to PEPFAR. The USG Emergency Plan Interagency Coordinator meets regularly with his MOH counterpart and with the head of NACC.

In implementing the Emergency Plan in Kenya, we have faced several administrative and management challenges. For example, we have had difficulty procuring an adequate supply of antiretroviral drugs to meet the demands of very rapid scale up of ART services. Our Track 1 partners have made substantial contributions to the scale up of services, but continued success will depend on effective coordination with in-country programs and close communication among the partners. The large numbers of new awards and partners has substantially increased our administrative and implementation responsibilities, yet USG staffing has not grown quickly enough to meet the needs for program development, monitoring, and supervision.

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

[Redacted]

Activity Narrative:

Administrative Costs will support the program and technical assistance required to implement and manage the Emergency Plan activities. Peace Corps personnel, travel, management, and logistics support in-country will be included in these costs.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: base / US Centers for Disease Control and Prevention

Planned Funds: [Redacted]

Activity Narrative: Government agencies in Kenya, particularly within the Ministry of Health, will receive technical support with the development and distribution of policies, guidelines, and plans for implementation of HIV prevention and treatment programs. More than one hundred local Kenyan and international NGOs, FBOs, and community organizations implementing HIV prevention and treatment programs will receive technical and administrative support. This will be accomplished by 7 directly hired USG staff, 76 locally hired staff (of whom 35 are professional), and 3 contractual staff. These are technical programmatic experts as well as management and administrative staff (total includes 9 new positions to assist in the areas of care and treatment, prevention, laboratory and data support as well as coordination of health communications and training activities). Note: While many of these staff are deeply involved in program implementation, their technical and administrative duties are difficult to separate, and they are listed here rather than with program budgets. Personnel costs make up slightly more than 1/2 of CDC's management budget. Other costs include the costs to conduct trainings (for example in the use of epidemiologic software) that are directly implemented by CDC staff, costs related to fiscal and budgetary management, secretarial support, information and communications technology, facilities rent and maintenance, warehouse management, security, motorpool support, and domestic and international travel.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

Please see other CDC Management and Staffing Activity Narrative.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area:

National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of Defense

Planned Funds:

[Redacted]

Activity Narrative:

Administrative Costs will support the program and technical assistance required to implement and manage the Emergency Plan activities. DOD personnel, travel, management, and logistics support in-country will be included in these costs.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Agency for International Development

Planned Funds:

[Redacted]

Activity Narrative:

USAID and its partners work with Kenyan organizations to prevent HIV transmission and provide care, treatment, and support to individuals, families, and communities affected by the epidemic. USAID is the largest bilateral donor in HIV/AIDS. With its population and child health funds USAID also supports public and private sector reproductive health activities, part of the Kenyan Demographic and Health Survey, and health sector financing, systems, and sustainability.

USAID supports the majority of its HIV/AIDS programs through US- and Kenyan-based organizations, which manage and implement in-country activities. Activities are funded through cooperative agreements and contracts awarded by USAID/Washington, or directly by the Mission. These activities are carried out at field level through direct collaboration with the Ministry of Health and other Kenyan governmental authorities. Many implementing agencies have worked in Kenya for several years, and have offices in Nairobi and in selected provinces. This investment by USAID has enabled it to quickly implement Emergency Plan activities.

USAID/Kenya's HIV/AIDS funding has grown dramatically in the past decade, from [Redacted] in FY 1995 to [Redacted] in FY 2005. This increase has made it possible to expand HIV/AIDS programs to a scale where they can have a truly national impact. It has also presented a significant management, staffing, and coordination challenge. In FY 2005 USAID will hire eight new staff to manage the Emergency Plan portfolio. In order to meet the expanding contracting workload, especially the larger demands of new partners, the Mission will add one US and one locally-hired contracts officer. The health office will expand from 14 to 21. To handle the management burden, USAID will hire two team leaders (one US and one internationally-recruited), a locally-hired financial analyst, and a locally-hired monitoring and evaluation specialist. To manage and technically backstop activities in PMTCT and OVC two local experts will be hired.

USAID will continue to actively participate in the USG/Kenya Emergency Plan Interagency Team. It will also provide administrative and financial support to the Interagency Coordinator, paying for the coordinator and an administrative assistant and supporting the strategic information liaison officer through an institutional arrangement.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1. Is an AIDS Indicator Survey (AIS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, will HIV testing be included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
When will preliminary data be available?		
2. Is a Demographic and Health Survey (DHS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, will HIV testing be included?	Yes	No
When will preliminary data be available?		
3. Is a Health Facility Survey planned for FY05?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
When will preliminary data be available?		
4. Is an ANC Surveillance Study planned for FY05?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, approximately how many service delivery sites will it cover?	44.00	
When will preliminary data be available?	September 01, 2005	
5. Other significant data collection activity:		

Name:

Brief description of the data collection activity:

Preliminary data available:

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005? Yes No