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2006

Kenya

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Country Contacts

Contact Type	First Name	Last Name	Title	Email
U.S. Embassy Contact	Warren	Buckingham	Interagency Coordinator	wbuckingham@usaid.gov
USAID In-Country Contact	David	Elkins	PEPFAR liaison	delfkins@usaid.gov
Peace Corps In-Country Contact	Susan	Mugwe	Associate Peace Corps Director - Education	smugwe@ke.peacecorps.gov
DOD In-Country Contact	Samuel	Martin	Director USAMRU, Kenya	SMartin@nairobi.mimcom.net
HHS/CDC In-Country Contact	Kevin	DeCock	Country Director	kdecock@ke.cdc.gov

Table 1: Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

The only substantive changes in Kenya's Five-Year Strategy deal with refinements to the approach by which we will achieve it. We are undertaking both programmatic and process changes that we are confident will strengthen Emergency Plan contributions to the larger HIV/AIDS response in Kenya.

On a programmatic level, many activities currently undertaken by a diverse portfolio of USAID centrally procured and bilateral implementing agreements are being recompleted. This competition is being undertaken to meet two primary objectives: (1) accommodating the fact that a number of central procurements are at the end of their project periods and/or at their funding ceilings, and (2) meeting USAID/Kenya's need to reduce the number of implementing partners that it directly manages. In the 2006 COP these activities are entered under the APHIA II project name with partner TBD. USAID wishes to assure O/GAC that the single RFA for APHIA II will result in up to six separate awards, so there is virtually no likelihood that a single bidder will exceed the 10 percent cap.

Our planning process this year has been greatly enriched by formation of Interagency Technical Teams (ITTs) that include key Government of Kenya, donor, and multilateral agency technical counterparts among their membership. Their contributions have led us to conclude that we will utilize the ITTs year-round to monitor, revise, and continually improve our efforts.

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
	Target 2010: 929,678			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		181,000	0	181,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		10,500	0	10,500
Care				
	Target 2008: 1,250,000			
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting period		165,000	20,000	185,000
Number of OVC served by an OVC program during the reporting period		115,600	0	115,600
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		450,000	200,000	650,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		68,200	0	68,200
Treatment				
	Target 2008: 250,000			
Number of individuals receiving antiretroviral therapy at the end of the reporting period		62,500	7,000	69,500

2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
Target 2010: 929,678				
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		362,200	0	362,200
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		21,500	0	21,500
Care				
Target 2008: 1,250,000				
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting period		225,000	30,000	255,000
Number of OVC served by an OVC program during the reporting period		231,400	30,000	261,400
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		517,000	283,000	800,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		78,000	0	78,000
Treatment				
Target 2008: 250,000				
Number of individuals receiving antiretroviral therapy at the end of the reporting period		102,000	10,000	112,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: APHIA II

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3599

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHA) account)

Prime Partner: To Be Determined

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount:

Early Funding Request Narrative: Early funding is needed for partners under USAID's new APHIA II service delivery cooperative agreements, which will start mid-2006. This funding request will go toward activities in all program areas. It will ensure the continuation of existing service delivery activities, rapid work plan approval and implementation of new projects, and a seamless transition from old to new partners.

Early Funding Associated Activities:

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Program Area: Counseling and Testing

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This component will improve access to HIV/AIDS service and reduce new infect

Program Area: PMTCT

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This activity will continue the expansion of PMTCT services in public sector

Program Area: Counseling and Testing

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This APHIA II TBD activity will build on activities approved in 2005 and imp

Program Area: PMTCT

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION In order to expand access to services that will prevent mother-to-child HIV

Program Area: Counseling and Testing

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This activity will build on activities approved in 2005 and implemented thro

Program Area: PMTCT

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This APHIA II TBD activity will expand PMTCT services in south Rift Valley a

Program Area: Palliative Care: TB/HIV

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION These activities will continue the activities previously implemented by the

Program Area: PMTCT

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION In order to expand access to health services that will prevent mother-to-chi

Program Area: Other Prevention

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This APHIA II TBD activity will continue the expansion of STI prevention and

Program Area: PMTCT

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION In 2006, with support from USAID, the facilities that APHIA II RFA mechanism

Program Area: Other Prevention

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This APHIA II TBD activity will improve access to HIV/AIDS service and reduc

Program Area: Other Prevention

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This activity is built on the IDU activities implemented through UNODC thro

Program Area: PMTCT

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION APHIA II will continue to provide technical assistance to a number of health

Program Area: Other Prevention

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Planned Funds: [redacted]
Activity Narrative: 1. ACTIVITY DESCRIPTION The local NGO and FBOs will target high-risk populations including women

Program Area: OVC
Planned Funds: [redacted]
Activity Narrative: 1. ACTIVITY DESCRIPTION This APHIA II TBD activity will provide care and support services to an addi

Program Area: Abstinence/Be Faithful
Planned Funds: [redacted]
Activity Narrative: 1. ACTIVITY DESCRIPTION This activity will build on HIV/AIDS prevention activities that were approve

Program Area: Abstinence/Be Faithful
Planned Funds: [redacted]
Activity Narrative: 1. ACTIVITY DESCRIPTION This APHIA II TBD activity will continue the expansion of abstinence-based p

Program Area: Palliative Care: Basic health care and support
Planned Funds: [redacted]
Activity Narrative: 1. ACTIVITY DESCRIPTION In Kenya, the concept of holistic palliative care services is not well unde

Program Area: Palliative Care: Basic health care and support
Planned Funds: [redacted]
Activity Narrative: 1. ACTIVITY DESCRIPTION During FY 06, the World Vision Kenya (WVK) Kenya AIDS Treatment and Support

Program Area: OVC
Planned Funds: [redacted]
Activity Narrative: 1. ACTIVITY DESCRIPTION This program plan and activity description is a continuation and expansion o

Program Area: Palliative Care: Basic health care and support
Planned Funds: [redacted]
Activity Narrative: 1. ACTIVITY DESCRIPTION Persons living with HIV/AIDS, their families and caregivers must have access

Program Area: Palliative Care: Basic health care and support
Planned Funds: [redacted]
Activity Narrative: 1. ACTIVITY DESCRIPTION Dur

Mechanism Name: BCC/SM-PSI

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3588
Planned Funding(\$): [redacted]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Global Fund Administration Support Analysis

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3818
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3459
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3618
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3277
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: ABT Associates
New Partner: No

Sub-Partner: Ministry of Health, Kenya
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: FANTA

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3190
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Speak for the Child

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3245
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Capable Partners

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3247
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Africa Focus
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Beacon of Hope
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Church World Service, Inc.
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Kolanya Girls' Boarding Primary School
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Mothers' Rural Care for AIDS Orphans

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Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Neighbors in Action - Kenya
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Ripples International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: St. Camillus Dala Kiye Children Welfare Home
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Tropical Institute of Community Health and Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Makindu Children's Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Handicap International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
OVC
Counseling and Testing

Sub-Partner: Nazareth Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: ACE Communications
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: Commission for Human Rights and Justice
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3706

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAJ account)

Prime Partner: Adventist Development and Relief Agency

New Partner: No

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Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3212

Planned Funding(\$):

Agency: Department of Defense

Funding Source: GAC (GHAJ account)

Prime Partner: Africa Inland Church Litein Hospital

New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3222

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAJ account)

Prime Partner: African Medical and Research Foundation

New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)

Mechanism ID: 3274

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAJ account)

Prime Partner: American Association of Blood Banks

New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3198

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAJ account)

Prime Partner: American Federation of Teachers - Educational Foundation

New Partner: No

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Sub-Partner: Kenya National Union of Teachers
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: Other Prevention
Other/policy analysis and system strengthening

Mechanism Name: Twinning Center

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3482
Planned Funding(\$):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: American International Health Alliance
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3483
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: American Society of Clinical Pathology
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3264
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3696
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: Association of Schools of Public Health
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3725
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Associazione Volontari per il Servizio Internazionale
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3726
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: CARE International
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3236
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: CARE International
New Partner: No

Sub-Partner: Society for Women and AIDS in Kenya
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3236
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Medical Mission Board
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3730
Planned Funding(\$):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAJ account)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3670
Planned Funding(\$):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAJ account)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: Support of Orphans & Vulnerable Children Affected by HIV/AIDS

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3544
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: St. Camillus Dala Kiye Children Welfare Home
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes
Associated Program Areas: OVC

Sub-Partner: Mothers' Rural Care for AIDS Orphans
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3237
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Prime Partner: Centre for British Teachers
New Partner: No

Mechanism Name: Lea Toto

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3543
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Children of God Relief Institute
New Partner: No

Mechanism Name: Community-based Care of OVC

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3811
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Christian Aid
New Partner: No

Mechanism Name: Weaving the Safety Net

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3733
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Christian Children's Fund, Inc
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3272
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3672
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3233

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: Community Housing Foundation

New Partner: No

Sub-Partner: Africa Inland Church Health Ministries

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Baptist AIDS Response Agency, Kenya

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Apostles of Jesus AIDS Ministries

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Gethsemane Garden Christian Centre Academy

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Movement of Men Against AIDS in Kenya

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Other/policy analysis and system strengthening

Sub-Partner: Africa Infectious Disease Village Clinics, Inc

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Services

Sub-Partner: Center for Research and Development

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

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Sub-Partner: Great Commission Church International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Counseling and Testing

Sub-Partner: Kenya Episcopal Conference
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other/policy analysis and system strengthening

Sub-Partner: Upendo Widows Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Pillar of Hope, Kenya
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Our Lady of Perpetual Support for People Living with AIDS & Orphans, Kenya
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC
Counseling and Testing

Sub-Partner: Slaya Peasant Community Outreach Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC
Counseling and Testing

Sub-Partner: Nyarami VCT Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Kenya Assemblies of God
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Center for AIDS Awareness, Youth & Environment
Planned Funding:
Funding is TO BE DETERMINED: No

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New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Kabondo Community Health Development Group

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Kenya Society for People with AIDS

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC
Counseling and Testing

Sub-Partner: OleMita VCT

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Community Communication for Health Development In Africa

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Counseling and Testing

Sub-Partner: Nomadic Community Trust

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Counseling and Testing

Sub-Partner: St. Orsola Hospital, Tharaka

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Treatment: ARV Services

Sub-Partner: Soy AIDS and Youth Resource Center, Lugari

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Merfin

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

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Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Blood Link Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Blood Safety

Sub-Partner: Kenya Association for the Prevention of Tuberculosis & Lung Diseases
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV

Sub-Partner: Christian Missionary Fellowship International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support
Treatment: ARV Services

Sub-Partner: Hindu Council of Kenya
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Kenya Pediatric Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services
Other/policy analysis and system strengthening

Sub-Partner: Lalmba
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Services

Sub-Partner: Society for Women and AIDS in Kenya
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Palliative Care: Basic health care and support

Sub-Partner: Association of Hospice in Kenya
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: Nyanza Reproductive Health Society
Planned Funding:

UNCLASSIFIED

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Nyanza Reproductive Health Society

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Society of Hospital and Resource Exchange

Planned Funding: \$35,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing

Sub-Partner: HIV Life

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Counseling and Testing
Treatment: ARV Services

Sub-Partner: To Be Determined

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Other/policy analysis and system strengthening

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3215

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: Eastern Deanery AIDS Relief Program

New Partner: No

Mechanism Name: ACQUIRE

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3238

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: EngenderHealth

New Partner: No

Sub-Partner: IntraHealth International, Inc

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Society for Women and AIDS in Kenya

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Counseling and Testing

Mechanism Name: Contraceptive Research Technology and Utilization

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3575

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Family Health International

New Partner: No

Mechanism Name: Transport Corridor Initiative

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3545

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Family Health International

New Partner: No

Mechanism Name: ANCHOR

Mechanism Type: Headquarters procured, centrally funded (Central)

Mechanism ID: 3727

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Hope Worldwide

New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3240

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: Hope Worldwide

New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3259
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Impact Research and Development Organization
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3254
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Indiana University School of Medicine
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: The Indiana University's AMPATH project has implemented a very rapid and successful, scale-up of services in antiretroviral treatment since early 2004, and this is expected to continue in 2006. AMPATH is one of the most successful HIV care and treatment programs in Kenya, and has the largest number of people on ART out of all USG-supported treatment programs in Kenya. At their current burn-rate, the project will be out of funds in April 2006, and will need these early funds to support program costs until full funding becomes available.

Early Funding Associated Activities:

Program Area: Treatment: ARV Services
Planned Funds:
Activity Narrative: 1. ACTIVITY DESCRIPTION The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3260
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Insta Products
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3248
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Institute of Tropical Medicine
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3741
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: Institute of Tropical Medicine
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3256
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: International Medical Corps
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3225
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: International Rescue Committee
New Partner: No

Mechanism Name: Local Voices

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3234
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Internews
New Partner: No

Mechanism Name: Capacity Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3300
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: IntraHealth International, Inc
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3206
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: James Finlay (K) Ltd.
New Partner: No

Mechanism Name: ACCESS

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3478
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: Ministry of Health, Kenya
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Mechanism Name: Making Medical Injections Safer

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3291
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: DELIVER

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3257

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: John Snow, Inc.

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount:

Early Funding Request Narrative: This funding is needed to bridge a possible funding gap for the JSI/DELIVER Project which provides support for TB drug and ARV drug logistics in the public sector. This support is key for TB and ARV commodity distribution in the public and faith-based hospitals in Kenya, and the Kenya Ministry of Health is solely dependent on it. Any funding interruption will severely hamper drug availability for TB/HIV co-infected patients and ART patients and would threaten continuous drug supply.

ARV drugs request =
TB/HIV request =

Early Funding Associated Activities:

Program Area:Treatment: ARV Drugs

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This component will support the continued development of a logistics system

Program Area:Palliative Care: TB/HIV

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This component will continue to strengthen, improve and maintain the Nation

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3307

Planned Funding(\$):

Agency: Department of Defense

Funding Source: GAC (GHAI account)

Prime Partner: Kapkatet District Hospital

New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3308

Planned Funding(\$):

Agency: Department of Defense

Funding Source: GAC (GHAI account)

Prime Partner: Kaplong Mission Hospital

New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3311
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Kapsabet District Hospital
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3227
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Kenya AIDS NGO Consortium
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3201
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Kenya Medical Research Institute
New Partner: No

Mechanism Name: Uniformed Services Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3263
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Kenya Medical Research Institute
New Partner: No

Sub-Partner: Kenya Prisons Service
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Kenya National Youth Service
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Counseling and Testing

Sub-Partner: Kenya Wildlife Service

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Counseling and Testing

Sub-Partner: Kenya Police Department

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Other Prevention
Counseling and Testing

Mechanism Name: Kenya Department of Defense

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3262

Planned Funding(\$):

Agency: Department of Defense

Funding Source: GAC (GHAI account)

Prime Partner: Kenya Medical Research Institute

New Partner: No

Mechanism Name: South Rift Valley

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3476

Planned Funding(\$):

Agency: Department of Defense

Funding Source: GAC (GHAI account)

Prime Partner: Kenya Medical Research Institute

New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3261
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Kenya Medical Supplies Agency
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: This funding is needed in order to bridge a likely funding gap for KEMSA between 05 and 06 funds. KEMSA needs to undertake and complete warehouse renovations in readiness for ARVs that have been tendered for with the Global Fund and GOK resources. This money will facilitate better ARV storage capacity and security for the public sector treatment program, which greatly complements efforts by the Emergency Plan.

Early Funding Associated Activities:

Program Area: Treatment: ARV Drugs
Planned Funds:
Activity Narrative: 1. ACTIVITY DESCRIPTION This activity aims to enhance the quality and timeliness of delivery of publ

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3738
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Kenya Medical Training College
New Partner: Yes

Mechanism Name: FAHIDA

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3615
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Kenya Rural Enterprise Program
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3208
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Kericho District Hospital, Kenya
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3310
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Kilgoris District Hospital
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3209
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Live With Hope Centre
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3235
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Liverpool VCT and Care
New Partner: No

Sub-Partner: World Provision Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Osifigi VCT Centre, Ngong
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3305
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Longisa District Hospital
New Partner: No

Mechanism Name: MEASURE DHS+

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3194

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Macro International

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount:

Early Funding Request Narrative: An AIDS Indicator Survey is a central strategic information activity to measure progress in implementation of the Kenya National AIDS Strategic Plan and the Emergency Plan. Early funding for the following activities is required to begin planning for this activity early in the fiscal year and for data collection to start by June 2006. Since a DHS is planned for 2008, delaying data collection for an AIS until 2007 will reduce the utility of this information and will prevent the use of these data in the implementation of the COP07.

Early Funding Associated Activities:

Program Area: Strategic Information

Planned Funds:

Activity Narrative: 1. ACTIVITY DESCRIPTION This activity has several components. The first component will be the car

Sub-Partner: National AIDS Control Council, Kenya

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: Strategic Information

Mechanism Name: RPM/PLUS

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3243

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Management Sciences for Health

New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3216

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: Mildmay International

New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3676
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Mildmay International
New Partner: No

Mechanism Name: NA

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 4024
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Education, Science and Technology, Kenya
New Partner: No
Program Area: Abstinence/Be Faithful
Planned Funds:
Activity Narrative: 1. ACTIVITY DESCRIPTION The Kenya Ministry of Education, Science and Technology (MOEST) has recently

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3210
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Mission for Essential Drugs and Supplies
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: This funding will allow MEDS to bridge orders between the 2005 contract with USAID and a new 2006 contract. Since a number of patients will already be on drugs purchased with the current contract, there will be need to pay for new orders from pharmaceutical suppliers early so that lead times for drug procurement is reduced in order to avoid any treatment interruptions happening.

Early Funding Associated Activities:

Program Area: Treatment: ARV Drugs
Planned Funds:
Activity Narrative: 1. ACTIVITY DESCRIPTION The Mission for Essential Drugs and Supplies (MEDS) will forecast, procure,

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3309
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Nandi Hills District Hospital
New Partner: No

Mechanism Name: N/A**Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 3465**Planned Funding(\$):** **Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAC (GHAI account)**Prime Partner:** National AIDS & STD Control Program**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:**

Early Funding Request Narrative: An AIDS Indicator Survey is a central strategic information activity to measure progress in implementation of the Kenya National AIDS Strategic Plan and the Emergency Plan. Early funding for the following activities is required to begin planning for this activity early in the fiscal year and for data collection to start by June 2006. Since a DHS is planned for 2008, delaying data collection for an AIS until 2007 will reduce the utility of this information and will prevent the use of these data in the implementation of the COP07.

Early Funding Associated Activities:**Program Area:** Strategic Information**Planned Funds:** **Activity Narrative:** I. ACTIVITY DESCRIPTION Major activities planned in 2006-07 include: a national AIDS Indicator Surve**Mechanism Name: N/A****Mechanism Type:** Headquarters procured, centrally funded (Central)**Mechanism ID:** 3273**Planned Funding(\$):** **Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAC (GHAI account)**Prime Partner:** National Blood Transfusion Service, Kenya**New Partner:** No**Mechanism Name: N/A****Mechanism Type:** Locally procured, country funded (Local)**Mechanism ID:** 3231**Planned Funding(\$):** **Agency:** U.S. Agency for International Development**Funding Source:** GAC (GHAI account)**Prime Partner:** National Council for Population and Development**New Partner:** No**Mechanism Name: N/A****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 3223**Planned Funding(\$):** **Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAC (GHAI account)**Prime Partner:** Network of AIDS Researchers in East and Southern Africa**New Partner:** No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3217
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: New York University
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3221
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Pathfinder International
New Partner: No

Mechanism Name: Breaking Barriers

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3724
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: PLAN International
New Partner: No

Mechanism Name: Frontiers in Reproductive Health

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3241
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Population Council
New Partner: No

Sub-Partner: Program for Appropriate Technology in Health
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: Horizons

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3196

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Population Council

New Partner: No

Sub-Partner: Liverpool VCT and Care

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Christian Health Association of Kenya

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: PLAN International

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3249

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: Population Council

New Partner: No

Mechanism Name: HEALTH TECH IV

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3708

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Program for Appropriate Technology in Health

New Partner: No

Sub-Partner: Straight Talk Foundation, Uganda

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: Scouting Solutions

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3734
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Mechanism Name: TB Country Support/ TASC 2

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3255
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3826
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Salesian Mission
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3707
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Samaritan's Purse
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Abstinence/Be Faithful
 Strategic Information

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3244
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Samoel Community Response to OVC
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3258
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Tenwek Hospital
New Partner: No

Mechanism Name: POLICY Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3232
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Futures Group International
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3200
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Unilever Tea Kenya
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3195
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: United Nations Children's Fund
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3213
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: United Nations Office on Drugs and Crime
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3219
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of California at San Francisco
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3229
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University of Kwazulu-Natal, HEARD Mobile Task Team
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3218
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Manitoba
New Partner: No

Mechanism Name: Department of Obstetrics and Gynecology

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3224
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Nairobi
New Partner: No

Mechanism Name: Department of Pediatrics

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3205
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Nairobi
New Partner: No

Mechanism Name: Measure Evaluation

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3191
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University of North Carolina
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Strategic Information

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Strategic Information

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3668
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Pittsburgh
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3253
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: Coptic Hospital

Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3295
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3292
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3294
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3211
Planned Funding(\$):
Agency: Peace Corps
Funding Source: GAC (GHAI account)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: Working Capital Fund

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3671
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Working Capital Fund
New Partner: Yes

Mechanism Name: Support to Orphans and Vulnerable Children Affected by HIV/AIDS

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3729
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Concern
New Partner: No

Sub-Partner: World Relief Corporation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Food for the Hungry
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Christian Reformed World relief Committee
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Nazarene Compassionate Ministries
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3705
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Relief Corporation
New Partner: No

Sub-Partner: Scripture Union
 Planned Funding:
 Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Faraja
 Planned Funding:
 Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
 Planned Funding:
 Funding is TO BE DETERMINED: No
 New Partner:

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Anglican Church of Kenya
 Planned Funding:
 Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
 Planned Funding:
 Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
 Planned Funding:
 Funding is TO BE DETERMINED: No
 New Partner:

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: To Be Determined
 Planned Funding:
 Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: Kenya AIDS Treatment and Support for OVCs

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3220

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: World Vision Kenya

New Partner: No

Sub-Partner: Mildmay International
 Planned Funding:
 Funding is TO BE DETERMINED: Yes
 New Partner: No

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Associated Program Areas: OVC

Sub-Partner: Kenya Agency for the Development of Enterprises and Technology

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OVC

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
 Budget Code: MTCT
 Program Area Code: 01

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: Access to PMTCT services improved by increasing number of sites providing minimum package of services.

Key Result 2: Quality of PMTCT services increased through training on Ministry of Health guidelines and increased use of complete course of ARV prophylaxis by HIV+ pregnant women.

Key Result 3: PMTCT services integrated into network of facilities providing maternal and child health services.

Key Result 4: Awareness and demand for PMTCT services increased through community-level and mass media communications.

Key Result 5: Access to comprehensive HIV care services by HIV infected pregnant women and members of the child's family improved through referral to existing programs.

CURRENT PROGRAM CONTEXT

The Emergency Plan has enabled rapid expansion of services for PMTCT to all eight provinces in Kenya. Sites providing PMTCT services grew from under 250 in 2004 to about 700 by March 2005 providing services to over 150,000 women. The infrastructure has been improved in many health facilities, health workers trained and referral networks strengthened in public, private and faith-based systems. PMTCT was integrated into the University of Nairobi's Medical School undergraduate curriculum and similar efforts are on-going at other medical training colleges.

Expanding PMTCT programs to include HIV care and treatment for infected mothers and immediate family, and the use of efficacious regimens for ARV prophylaxis are priorities for 2006. The target is to provide services to 543,200 pregnant women—over half of all women who deliver in Kenya annually—and a full course of ARV prophylaxis to 32,000 HIV+ women. Programs will provide CT to at least 80% of all ANC clients. Strong integrated network systems and improved supervision will be crucial in the scale up of services. Integration of PMTCT into FP, ANC, routine MCH and other RH services will be emphasized.

NEW INITIATIVES

Pregnant women with WHO stage III and IV disease will be referred to comprehensive care centers for ART as a PMTCT strategy, with PMTCT+ services provided in provincial, district and high volume health centers. Geographic expansion will focus on achieving district-wide coverage. PMTCT programs will adopt a family approach to reduce stigma, increase uptake of services and improve adherence to ART through couple counseling, male involvement and community-based promotion of HIV care.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Human resource shortages have been exacerbated by a reduction in clinical staff following a recent civil servants' strike. Innovation will be required to support service delivery in affected sites. Supply of products including test kits and ARV drugs has been inconsistent. Local bureaucracy has delayed procurements, especially of Global Fund commodities. Extension of the ARV drug and test kit donation program to PMTCT sites is a priority. Community linkages will be required to support post natal follow up of mothers and exposed children for PMTCT+ services and to establish and sustain appropriate infant feeding practices. Targeted evaluations to identify safe infant feeding practices will be done to address the issue of child survival. Most HIV programs are currently very vertical so efforts will be made to strengthen networked linkages to integrate programs for maximum efficacy.

WORK OF HOST COUNTRY & OTHER DONORS

A national PMTCT strategy was formulated for 2003–2008 to increase access to service to 80% of all health facilities by 2007 and to reduce pediatric infections. This past year the national PMTCT Technical Working Group focused on the coordination of service delivery, infrastructure strengthening, standardization of M&E tools, and training of M&E officers. Collaboration efforts continued with DFID, GTZ, UNICEF and WHO through the PMTCT Technical Working Group and donor meetings. The Clinton Foundation and the Global Fund made plans to provide ARV drugs for pediatric care.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	1,443
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	32,000
Number of health workers trained in the provision of PMTCT services according to national or international standards	4,485
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	543,200

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations Children's Fund
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4072
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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 2006, with support from USAID, the facilities that UNICEF supports will counsel and test 8,000 pregnant women and provide antiretroviral prophylaxis for 244 HIV-positive women.

Significant changes from 2005 for this activity include more comprehensive coverage in the same districts increasing total number of women served.

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 2006 UNICEF will continue to work with the Ministry of Health to train 80% of appropriate health staff in PMTCT reaching 90 health care workers in 35 facilities, renovate fixed facilities, use mobile PMTCT/VCT facilities, and promote PMTCT in the communities served by these services. It will also roll out its stigma reduction campaign in these communities.

The districts in which UNICEF is working - Ijara, Garissa, Wajir, and Mandera in North Eastern Province, Marsabit, Isiolo 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 (about 3.3%), 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

UNICEF activities in the specific geographic areas will contribute to 1.5% of overall PEPFAR goals for PMTCT activities in Kenya in the funding period. It's good to note that UNICEF works in hard to reach areas with low prevalence thus increasing equity and preventing further spread of HIV in these areas. Planned activities will improve equity in access to HIV prevention and care services since the currently underserved rural communities will have better access, and UNICEF will work to ensure there are adequate networks and linkages between their sites and medical sites where AIDS care and treatment are available for both adults and children.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY WILL END IN 2006, AND BE FOLLOWED ON BY APHIA II PMTCT ACTIVITIES (#4943).

The UNICEF PMTCT activities in Eastern and North Eastern provinces relate to Palliative Care, Counseling and testing, and HIV/AIDS treatment/ARV services in North Eastern province which are not PEPFAR funded. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment. UNICEF will use its stigma reduction module in order to reduce stigma within the community.

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4. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, family planning clients, infants, youth, and health care providers in public facilities, increasing access for community members who are generally mobile, marginalized and hard to reach. It also targets opinion leaders in pastoralist communities who will help reduce stigma and increase demand.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted to pregnant women, their spouses and the youth in hard to reach areas. Women have the highest HIV burden both through infection and as care givers. Identifying them through PMTCT will give them an opportunity to access care and improved pregnancy outcomes for themselves their spouses and their infants. Increased availability of PMTCT services will help reduce stigma at community and facility level.

6. EMPHASIS AREAS ADDRESSED

This activity includes major emphasis on training and minor emphasis on quality assurance and supportive supervision, infrastructure development, commodity procurement and community mobilization.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	35	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	244	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	90	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8,000	<input type="checkbox"/>

Target Populations:

- Adults
- Family planning clients
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Infants
- Pregnant women
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Eastern

North Eastern

Rift Valley

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4095
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute (KEMRI) PMTCT activities will involve counseling and testing of pregnant women in antenatal clinics (ANC) and in maternity wards, and provision of antiretroviral prophylaxis to HIV+ women and exposed infants. Postnatal follow-up of the infant and testing of the woman's partner, and other children and linkages to other services will be carried out. In FY2006, KEMRI will counsel and test 50,000 pregnant women, provide antiretroviral prophylaxis for 4,000 HIV-positive women, link 1500 women to antiretroviral therapy services and 1200 infants to pediatric HIV care. KEMRI will establish model sites where prevention, care, support, and treatment services can be accessed, and establish and strengthen formal linkages between PMTCT and other care and support services. Post-natal programs will be strengthened, with an emphasis on building follow-up systems 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. Male-only clinics will be established in 4 selected sites to increase male involvement. In 2006, KEMRI will work with the Ministry of Health to expand PMTCT services from the current 74 to 104 health facilities in the six districts of Kisumu, Nyando, Nyamira, Gucha Kisii and Suba in Nyanza Province. KEMRI will train a total of 1,284 service providers on PMTCT and on comprehensive HIV management for HIV-positive mothers and their families. Access to family services will be supported through facilitative supervision.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Male-only clinics will increase access to testing and treatment and care for affected families. This activity will contribute 9 % of the 2006 overall Emergency Plan PMTCT targets for Kenya. Technical assistance and support to facilities will contribute to improvement of quality of services.

3. LINKS TO OTHER ACTIVITIES

This activity relates to the KEMRI ARV Services program in Nyanza Province (#4091). Linkages across the different PEPFAR funded programs will be strengthened to facilitate the HIV+ pregnant woman and her family members access quality HIV prevention and care services. This activity is most immediately linked to Palliative Care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV+ woman in the ante-natal and post natal settings, care of the HIV exposed infant in the post natal period, referral for pediatric HIV diagnosis and referral to the ART sites for women and infants based on the national guidelines.

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV+ pregnant women, HIV+ infants and HIV affected families. Health care providers in the Ministry of health including Doctors, Nurses and other Health Care workers such as clinical officers, will be targeted for training. Community mobilization efforts will work with community based groups to address factors affecting uptake of PMTCT services

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programming, by providing training on couple counseling, risk assessment, and stigma reduction, and supporting

women to mitigate potential violence or other negative outcomes of disclosure. Community mobilization efforts for increasing male partner support and involvement will also address male norms and behavior thereby increasing PMTCT service uptake.

6. EMPHASIS AREAS

The activity includes major emphasis on training and minor emphasis on community mobilization/participation; development of Network/Linkages/Referral Systems, and Quality Assurance and Supportive Supervision.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	104	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	4,000	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	1,284	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	50,000	<input type="checkbox"/>

Target Populations:

- Adults
- Community-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- HIV/AIDS-affected families
- Pregnant women
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

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

Coverage Areas

- Nyanza

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4097
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This activity will continue the expansion of PMTCT services in public sector and faith-based health facilities in Coast and Western Provinces building on the support previously provided through USAID's AMKENI EngenderHealth Project. In 90 facilities, across 10 districts counseling and testing will be provided to 28,000 pregnant women and antiretroviral prophylaxis to 2,000 HIV-positive women. Service delivery will continue to incorporate best practices including the opt-out approach for testing, rapid testing and appropriate referrals for care, treatment and support. Priority will be given to the provision of integrated services, including family planning, reproductive health, maternal and child health and the management of opportunistic infections. Effective referral linkages will be established to support postnatal follow up of HIV+ mothers and exposed infants.

Significant changes from 2005 to 2006 include the emphasis on providing counseling and testing to 80 percent of antenatal clients, the use of more efficacious regimens for ARV prophylaxis and the establishment of referral linkages for the provision of HIV treatment, care and support for HIV infected mothers and immediate members of the child's family. These program refinements will improve the geographic coverage for services within the districts and strengthen the service delivery networks.

Since 2003 the AMKENI project has supported the establishment of PMTCT services in Coast and Western Province in 58 sites. The new APHIA II TBD in 2006 will use Emergency Plan funding to increase the sites to a total of 90, train 150 service providers in PMTCT and 100 others in HIV stigma reduction. This activity will use the Ministry of Health's WHO/CDC-based curriculum, comply with Ministry's clinical and reporting guidelines, and participate in the MOH's Technical Working Group to ensure coordination of activities between the public and private sectors. Support to infrastructure development, procurement of medical equipment and improved data collation will enhance service provision. Facilitative supervision by the District Health Management Teams (DHMT) and innovative deployment of health workers will improve service quality. Behavior change communication (BCC) activities amongst rural community members will focus on stigma reduction, psychosocial support, promotion of antenatal care services, facility based deliveries and PMTCT services. Operations research to determine and test appropriate interventions for HIV stigma reduction among community members will be conducted.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 6.0% of 2006 overall Emergency Plan PMTCT targets for Kenya. Increase in number of sites contributes to the program's efforts to achieve district wide coverage for services. Support to high volume health centers and district hospitals will significantly strengthen networks for PMTCT and PMTCT plus services. Access to services and linkages to sites where medical treatment and care are provided will encourage rural women in underserved communities to attend antenatal care services. Subsequently health workers will be able to plan for post natal follow up of HIV positive women, infants and their family members.

This APHIA II TBD activity also contributes substantively to Kenya's 5-year strategy of encouraging pregnant women to know their status, availing services which can reduce mother-to-child infections and providing critical links to HIV/AIDS treatment as a step towards preserving the family unit. It also contributes to the strategy to integrate testing with other health services and improving the referral links among all of these services.

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3. LINKS TO OTHER ACTIVITIES

THIS APHIA II TBD ACTIVITY IS A FOLLOW-ON TO PREVIOUSLY APPROVED PMTCT ACTIVITIES OF AMKENI/EngenderHealth.

These activities will link to APHIA II's CT activities (#4190), BHCS activities (#4099) and ARV services (#4187). PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment. This activity will also conduct operations research on stigma reduction.

4. POPULATIONS BEING TARGETED

This APHIA II TBD activity targets adults of reproductive health age, pregnant women, family planning clients, infants, and HIV positive pregnant women. BCC activities will involve community leaders and community based organizations to increase demand for services amongst community members. Strategies to improve quality of services will target private and public health doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II TBD activity will increase gender equity in programming through partnering with women's groups in the design of community mobilization approaches. The behavior change communication (BCC) activities will promote a family approach to PMTC, to address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of services with appropriate referrals for PMTCT plus will also reduce stigma.

6. EMPHASIS AREAS

This APHIA II TBD activity includes major emphasis on training, quality assurance and supportive supervision to build capacity within MOH and private facilities to manage and supervise programs. There is minor emphasis on development of network/linkages/referral systems, and community mobilization, as detailed in the activity description in Section 1 above.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	90	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,000	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	250	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	28,000	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Infants
Pregnant women
Rural communities
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Other health care workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Other health care workers (Parent: Private health care workers)

Key Legislative Issues

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

Coverage Areas

Coast
Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4101
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

USAID'S CRTU project (implemented by Family Health International) will partner with the National AIDS and STD Control Program (NASCOOP) and the Division of Reproductive Health (DRH) to conduct a formative assessment to determine the potential program opportunities and barriers towards the provision of family planning (FP) services as part of the comprehensive PMTCT services. USAID/Kenya will contribute \$50,000 in Population funding to this integrated PMTCT and reproductive health activity in 2006. FHI proposes to work with NASCOOP, DRH and members of the National PMTCT Technical Working Group (TWG) to develop a training manual on the provision of FP services for HIV positive individuals. Reducing unintended pregnancies among HIV- positive women through FP services is one of the four cornerstones of a comprehensive program for prevention of mother- to- child transmission (PMTCT). In addition use of FP has various positive benefits including averting infant and child mortality, reduction in the number of children orphaned by AIDS and a reduction in HIV positive women's vulnerability to morbidity and mortality related to pregnancy and lactation. The 2003 Kenya DHS found that the steady increase in contraceptive use experienced in the early 1980s has slowed. The contraceptive prevalence rate among women in Kenya (regardless of HIV status) is only 39% although 98% of men and women know at least one method family planning.

PMTCT services are provided in ante natal and maternal child health (MCH) clinics where FP is an integral part of the services. However, in spite of the rapid scale up of the national PMTCT program, use of effective contraception methods remains an unexploited intervention. This low use of an effective HIV prevention intervention may be attributed to poor understanding of its potential role by policy makers, program managers and services providers. It may also be due to lack of tools and guidelines on how to provide effective and appropriate contraception for HIV positive women. Behavior change communication strategies may not be placing adequate emphasis on family planning as a prevention tool.

This activity will help the National PMTCT program to make recommendations for the provision of integrated FP/PMTCT services as part of the risk reduction strategy. It will help to define programmatic inputs required to strengthen this component. It will also contribute to strengthening linkages between HIV services and ante natal, maternal child health, maternity, reproductive health and family planning services in public, private and faith-based facilities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute substantively to Kenya's 5-year strategy to reduce mother-to-child infections and preserve the family unit. Recommendations for integration of FP will strengthen prevention and care and augment child survival strategies. This activity also supports the Emergency Plan's efforts to rapidly expand PMTCT programs through expanded training for health providers in various health services including family planning.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to PMTCT/JHPIEGO/DRH ACTIVITIES (#4811), and PMTCT NASCOOP activities (#4225) for coordination of the assessment. PMTCT APHIA II (#4191) sites will be used. The evaluation will support the development of recommendations to strengthen the integration of family planning and PMTCT. Tools will be developed to train health workers in the provision of family planning to HIV positive individuals.

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4. POPULATIONS BEING TARGETED

This activity targets men and women of reproductive health age, family planning clients, pregnant women, people living with HIV/AIDS, and HIV positive pregnant women. Strategies to improve integration of FP and PMTCT will target Ministry of Health including NASCOP staff, Ministry of Health staff working as program managers in the DRH, private and public health care, doctors, nurses and other health care workers such as clinical officers. The PMTCT TWG works with faith-based organizations, non-governmental organizations and implementing organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through increasing access to information for women. This activity has a wrap around component namely supporting linkages between HIV/AIDS and RH services.

6. EMPHASIS AREAS

This activity includes major emphasis on strategic information and needs assessment with minor emphasis on quality assurance and supervision as well as policy and guidelines. The study will contribute to the development of training manuals for family FP/PMTCT integration as detailed in the activity description in Section 1 above.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>

Target Populations:

Adults

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Pregnant women

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Implementing organizations (not listed above)

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Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

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Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Pathfinder International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4143
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Pathfinder International (PFI) has been supporting the implementation of PMCT services in 198 facilities located in 18 target districts in the four provinces of Nairobi (all districts), Eastern (Meru South, Meru North, Meru East and Tharaka Districts) Rift Valley (Nandi North, Nandi South and Uasin Gishu Districts) and Western (Trans Nzoia District). PFI supports facilities to provide comprehensive antenatal package for all pregnant women including screening, prevention and treatment for any infections (such as sexually transmitted infections and malaria), nutrition support, prophylactic nevirapine, counseling on safe infant feeding, counseling and HIV testing of women and their partners.

PFI has also facilitated the establishment of over 100 support groups, formed around PMCT sites by mothers who have benefited from the project services. In addition referral linkages have been established with organizations that are providing antiretroviral therapy, through which HIV positive clients are assessed and put on treatment where necessary. The number of HIV positive women and children on treatment is increasing steadily through these networks.

In FY2006, PFI will consolidate these activities and provide HIV counseling and testing to 128,000 pregnant women and provide antiretroviral prophylaxis for 7,157 HIV-positive women. At the community level, 600 counselors will be trained to strengthen the delivery of PMCT 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 PMCT services. In order to improve the quality of care, 500 health supervisors will learn management skills, including utilization of data for decision making. In 2006, this project will use its experience to consolidate progress in existing 210 health facilities in 18 districts to strengthen District Health Management Teams, and referral networks for PMCT-plus activities. Pathfinder will train 500 health workers in PMCT and comprehensive HIV management for HIV-positive mothers and their families.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 24% of the overall 2006 Emergency Plan PMCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of health facilities will contribute to improvement of the quality of services.

3. LINKS TO OTHER ACTIVITIES

Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, and family members as well and thus optimize utilization of complementary services created through Emergency Plan funding. This activity will relate to the ARV services of KEMRI (#4091) and the ARV services of Indiana University School of Medicine (#4234).

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV+ pregnant women, HIV affected families, and HIV+ infants. Health care providers including Doctors, Nurses and Other Health care workers will be targeted for training on PMCT using the national NASCOP PMCT CDC/WHO based curriculum.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved PMCT service delivery at ante-natal clinics and maternity units. Community Health

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workers will conduct community mobilization activities that will help increase service uptake as well as address issues of stigma and discrimination at community level.

6. EMPHASIS AREAS

This activity includes major emphasis on Quality Assurance and Supportive Supervision with minor emphasis on Training; Community Mobilization/Participation and Development of Network/Linkages/Referral Systems.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	210	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	7,157	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	500	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	128,000	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Eastern

Nairobi

Rift Valley

Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Medical and Research Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4145
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

African Medical Research and Educational Foundation (AMREF) will continue to support the implementation and expansion of PMTCT program in Machakos and Makueni districts in Eastern Province, and Kibera Slum area in Nairobi City, areas that recorded high HIV prevalence rates of 6% and 12% respectively among women. The program will consolidate activities to expand the scope of services within facilities and district. It will increase support to 13 new facilities in addition to the currently supported 15 sites, and will target to provide counseling and testing to 10,000 pregnant women, and provide a complete course of ARV prophylaxis to 500 HIV+ women. At least 4 of these health facilities will be supported to provide more efficacious ARV prophylaxis, develop models of providing PMTCT+ services to HIV+ women and their families, and provide care and follow up to a total of 450 HIV infected-exposed mother- infant pairs. All HIV+ women and their families identified through the PMTCT program will be provided with Basic Health Care and Support through strengthened linkages with Care and ART programs. AMREF will also support the training of 80 service providers on PMTCT and PMTCT+.

Significant changes from 2005 to 2006 for this activity include increasing the uptake of counseling and testing in both the antenatal and maternity settings to 80% from the current reported average of 50%. Other changes include the provision of PMTCT + in four health facilities that will ensure a continuum of care for the HIV+ woman, her HIV exposed infant and family as well as strengthening the linkages will be established with ART program.

Beginning 2004, AMREF has supported the introduction of PMTCT services in the 2 districts of Machakos and Makueni and Kibera slum in Nairobi with a focus on district and sub-district hospitals. In FY06, this activity will expand to lower level high volume facilities. AMREF will support the training of 70 service providers; strengthen the Health Management Information System at district level through staff training and computerization of the data management. AMREF will support the district to effectively use the national MOH/NASCOP data collection tools. AMREF will also develop innovative strategies for stigma reduction and will use the local radio station channel to reach a wider local audience. This will contribute to increase in uptake of services at facility level, as well as contribute to community support to PMTCT activities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT activities in the 2 districts of Machakos and Makueni and Kibera slum will contribute to approximately 2% of 2006 overall Emergency PMTCT targets for Kenya. The increase in number of sites contributes to the program's efforts to achieve district wide coverage for improving equity and access particularly in these underserved areas. The provision of PMTCT+ services to the women, infants and other members of the family provides an entry point for HIV+ individuals to access comprehensive HIV care and other HIV care and support services including safe Infant feeding practices. The improved district Health Management Information System will identify gaps in coverage that will be addressed to increase district wide coverage.

This activity contributes substantively to Kenya's 5-year strategy of providing HIV counseling and testing services to pregnant women thus increasing the number of women who learn their HIV status, as well as improving access of the HIV+ pregnant women to interventions for reducing HIV infection to infants.

3. LINKS TO OTHER ACTIVITIES

The PMTCT activities in Machakos and Makueni districts and Kibera slum relate to

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AMREF ARV Services (#4144) and CDC KEMRI ARV Services (#4091). AMREF has been supporting a successful ART site in Kibera, and will use this site to test the appropriate model for strengthening the linkages between the PMTCT program and ART program in the providing PMTCT+ services to the women, the infants and members of the woman's family. Further, women identified through the PMTCT program will be referred to the ART program for care and treatment.

4. POPULATIONS BEING TARGETED

This activity targets pregnant women, HIV+ pregnant women, and HIV+ infants (0-5years). The PMTCT+ initiatives will also target HIV affected families through providing mechanism for improving access to care of the family members of the HIV+ women. Public health care workers such as doctors, nurses, and other health care workers including nutritionist, clinical officers and public health officers will also be targeted for training using the nationally adopted CDC/WHO approved training packages, to equip them with knowledge and skills to provide comprehensive HIV prevention and care services.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programming through provision of HIV counseling and testing services of pregnant women, and improved access to other HIV care programs for the HIV infected woman, her infant and other family members. It will also reduce violence and coercion through stigma at the community level.

6. EMPHASIS AREAS

This activity includes major emphasis on quality assurance and supportive supervision. There is minor emphasis on Development of Network/Linkages/Referral Systems; Strategic Information (M&E, IT, Reporting) and Training as detailed above in section 1 above.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	28	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	500	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	80	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	10,000	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pregnant women

HIV positive infants (0-5 years)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Eastern

Nairobi

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Network of AIDS Researchers in East and Southern Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4146
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Network of AIDS Researchers in Eastern and Southern Africa (NARESA) will continue to support the implementation of PMTCT services in health facilities in a total of 12 districts. These include Bondo, Rachuonyo and Homa Bay in Nyanza Province; Nyeri, Muranga, Maragua, Kiambu and Kirinyaga in Central Province; Kitui and Mwingi in Eastern Province; Kajiado in Rift Valley Province and Kilifi District Hospital in Coast Province. All these districts recorded high HIV prevalence rates among women ranging from 6% in Eastern Province to 18% in Nyanza province. NARESA aims to support 139 existing and 36 new health facilities to provide HIV counseling and testing to 37,500 pregnant women and provide a complete course of anti-retroviral prophylaxis to 2,016 HIV positive women. 350 health workers will be trained to provide PMTC services. In addition, all 12 district hospitals will develop and implement mechanisms for follow-up clinics for HIV+ women and their infants (PMTCT+) with a target of providing care and follow up to 1,210 HIV-exposed mother-infant pairs.

Significant changes from 2005 to 2006 for this activity include supporting the introduction of PMTCT+ services with the distinctive feature of establishing a frame work for tracking HIV exposed infants through the model of following HIV+ mother and infant pairs in the post natal period. This will provide an entry point for establishing the infants HIV status and providing timely care for the HIV+ infant thus strengthening pediatric HIV care component. HIV counseling and testing in maternity settings will be also be strengthened.

NARESA has been supporting the expansion of PMTCT services in Kenya since 2003, and in 2004 provided support to 107 government health facilities to implement PMTCT services. In FY06, NARESA will continue to provide technical assistance in health service delivery, training of health service providers and supplementing essential drugs and supplies to 175 health facilities for the up scaling of PMTCT services, and PMTCT+ in 12 of these facilities. The project will also consolidate other continuing strategies for program uptake including using PLWA as peer counselors, providing joint monthly supervision with MOH staff, supporting continuing education for MOH staff and supporting the collection and use of data at both facility and national levels.

This activity will also support DRH and NASCOP to carry out a study on the Evaluation of HIV Testing and Counseling for Women with unknown HIV status at labor and delivery. Currently, CDC, UNICEF and WHO are finalizing the development of standardized Testing and Counseling PMTCT tools and job aids for use in PMTCT settings, that will be used in all PMTCT service delivery sites in Kenya. The study will evaluate the usefulness and acceptability of these tools in PMTCT service delivery.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT of HIV services in these districts will significantly contribute to PEPFAR goals for primary prevention and care by contributing 8% of 2006 overall Emergency Plan PMTCT targets for Kenya. Technical assistance and support to facilities will contribute to the goal of improving access to quality PMTCT services. The expansion in scope of services delivered to include PMTCT+ will provide an opportunity for the HIV+ women to access comprehensive HIV care services. Further, this model provides an opportunity for establishing the infant's HIV status through linkage with available pediatric diagnostic and treatment and care facilities. PMTCT+ will also provide an entry point for HIV prevention, care and treatment to other members of the woman's family.

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This activity also contributes to Kenya's 5-year strategy of encouraging women to know their HIV status and availing services to avert HIV infections among infants. It also contributes to improved networks for pediatric ART.

3. LINKS TO OTHER ACTIVITIES

This activity relates to KEMRI ARV Services (#4091). This activity is most immediately linked to Palliative Care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV+ woman in the ante-natal and post natal settings, care of the HIV exposed infant in the post natal period and appropriate referral to health facilities offering ARV services through the KEMRI ART Program.

4. POPULATIONS BEING TARGETED

This activity targets adults of reproductive age, pregnant women, Infants, HIV+ pregnant women, and HIV+ infants (0-5years). The PMTCT+ initiatives will also target HIV affected families through providing mechanism for improving access to care of the family members of the HIV+ women. Public health care workers will also be targeted for training using nationally approved training packages, to equip them with knowledge and skills to provide comprehensive HIV prevention and care services.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT of HIV services to pregnant women and their partners. HIV+ women have often reported violence, stigma and discrimination from partners and their families following disclosure of HIV+ status. This activity will also reduce violence and coercion through promotion of strategies for stigma reduction towards the HIV+ women through peer support networks at both facility and community levels.

6. EMPHASIS AREAS

This activity includes major emphasis on Quality Assurance and Supportive Supervision and minor emphasis on Training; Community Mobilization/Participation; Development of Network/Linkages/Referral Systems and Strategic Information (M&E, IT, Reporting) as detailed in section 1 above.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	175	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,016	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	350	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	37,500	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Infants

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Central

Coast

Eastern

Nyanza

Rift Valley

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Department of Obstetrics and Gynecology
Prime Partner: University of Nairobi
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4147
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In FY06, the University of Nairobi Department of Obstetrics and Gynecology will continue to support the PMTCT and PMTCT+ program in two facilities: Kenyatta National Hospital (KNH) and Pumwani Maternity Hospital (PMH). The program will provide HIV counseling and testing to 20,500 pregnant women, provide ARV prophylaxis to 1,137 HIV+ pregnant women and Highly Active Antiretroviral Treatment (HAART) to those who meet the WHO criteria. The program will strengthen the PMTCT+ component including couple counseling. In strengthening the linkage between PMTCT and HIV care services, the program shall support early infant HIV infection diagnosis by use of Polymerase Chain Reaction (PCR) for 680 infants, link all eligible infants to the pediatric ART program, and provide care and follow up for 680 HIV positive-exposed mother-infant pairs. Intra-partum and immediate post partum counseling and testing shall also be strengthened. In line with the capacity building mandate of the UoN, the program will facilitate a forum for PMTCT program agencies to review relevant operations research issues affecting PMTCT programming. In addition, 80 health workers will be trained in the provision of PMTCT services.

Significant changes from 2005 to 2006 for this activity include the strengthening of the PMTCT+ component to support early diagnosis of pediatric HIV infection and linkage to pediatric HIV care; and improving the model for follow up of the HIV+ women, their infants and partners. The establishment of a national forum for agencies to review relevant PMTCT operations research is another significant change. With support from CDC, the UoN has supported PMTCT and PMTCT+ activities in the two facilities since 2003, and has supported the integration of PMTCT training in the UoN pre-service training. In 2006, this activity will expand to include pediatric HIV diagnosis and linkage to pediatric HIV care services, strengthened intra-partum and post partum HIV counseling and testing to reach at least 80% of all women attending delivery services at the two institutions of whom currently over 50% are admitted with unknown HIV status; and will also support the training of 80 service providers.

Emergency Plan funding will be used to support integration of PMTCT training in the pre-service curricular training for nurses and clinical officers. The University of Nairobi will also host a nationwide forum for agencies to share operation research findings geared towards improved service delivery, program effectiveness, and efficacy of interventions among other program specific targeted evaluation topics.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT activities in these two high volume national referral facilities will contribute to approximately 4.4% of 2006 overall Emergency plan PMTCT targets for Kenya. Strengthening HIV counseling and testing of women during labor and around delivery will increase the number of women knowing their HIV status. Couple counseling and testing will contribute to more men knowing their HIV status and those who are positive will be able to access other HIV care services. Providing the national forum for agencies to share operations research in PMTCT programming will ensure that PMTCT interventions and approaches are evidence-based and technically sound thus contributing to overall improved Kenya PMTCT program outcome.

This activity also contributes substantively to Kenya's 5-year strategy of encouraging women and their partners to know their HIV status through couple counseling, capacity building for PMTCT service delivery through the pre-service integration of PMTCT training, and expansion of pediatric HIV care services.

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3. LINKS TO OTHER ACTIVITIES

This activity relates to University of Nairobi/Dept of Peds ART program (#4104) and Impact/FHI ARV services (#4187), and its follow-on APHIA II activity (#5367). Linkages across the different PEPFAR funded programs will be strengthened to facilitate the HIV+ pregnant woman and her family members access quality HIV prevention and care services. This activity is most immediately linked to Palliative Care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV+ woman in the ante-natal and post natal settings, care of the HIV exposed infant in the post natal period and referral to the ART sites.

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV positive pregnant women and HIV positive infants. Health Care providers in these two facilities including Doctors, Laboratory Workers, Nurses, Pharmacists and Other Health care workers for example Nutritionists and Social workers will also be targeted for training to improve service delivery. In addition, this activity targets health care workers currently undergoing pre-service medical training.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT of HIV services to pregnant women and their partners. It will also reduce violence and coercion through training of service providers on couple counseling and stigma reduction, who will in turn use the skills in improved PMTCT service delivery.

6. EMPHASIS AREAS

This activity includes major emphasis on Training and minor emphasis on Quality Assurance and Support Supervision, Development of Network/Linkages/Referral Systems and Strategic Information (M&E, Reporting).

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	2	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,137	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	80	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,500	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Coverage Areas

Nairobi

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4150
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

IRC will continue to support implementation of PMTCT of HIV to the refugee population and surrounding local population in Kakuma, and will expand activities to two additional sites in Lokichoggio and Kalokol areas of Turkana district in Rift Valley Province. The HIV prevalence in this region is relatively lower than the rest of the country, estimated at 0% in the 2003 KDHS; however the area is greatly underserved. Turkana district is an arid, vast and remote land with poor infrastructure, limited social services and high poverty rates. The total population of the target area is 271,000 people (of which 91,000 or 34% are refugees). Current estimates from the National AIDS and Sexually Transmitted Control Program (NASCO) indicate that approximately there are 16,000 HIV infected individuals in this area, with only 1% of these able to access any form of HIV care and support services. IRC is one of the very few agencies working to meet these needs.

The program targets to provide HIV counseling and testing to 3,200 pregnant women and provide a complete course of antiretroviral prophylaxis to 130 HIV positive women. IRC will also strengthen follow up and care of the HIV infected-exposed mother infant- pairs (PMTCT+), and support improved service delivery data management in line with the standardized Ministry of Health (MOH) reporting tools. Three service outlets will be equipped to provide PMTCT services.

Significant changes from 2005 to 2006 for this activity include the expansion of services targeting the local population as well as increasing geographical coverage to Kalokol and Lokichoggio areas. This will greatly increase access of PMTCT services to this underserved population. Strengthening the data management is another significant change. This will provide critical program information that will be used to improve service delivery. Finally, the focus on encouraging HIV+ mothers to seek skilled delivery attendance and provision of comprehensive care to the HIV infected mothers and exposed infants will encourage more women to seek PMTCT services thereby increasing the number of women knowing their HIV status and also increase number of pregnant women having skilled delivery attendance thereby contributing to improved maternal and child survival.

IRC has been operational in Kenya since 1992, focusing initially on health outreach activities in Kakuma Refugee Camp (KRC); from 1997, IRC became the sole implementing partner for the entire health sector in KRC, under the operational umbrella of UNHCR. With additional support from CDC, IRC started the implementation of an HIV/AIDS prevention and care program in Turkana District in KRC in September 2001, in Lokichoggio in February 2004 and in Kalokol in July 2005. Emergency Plan Emergency Plan Funds will be used to expand PMTCT activities to the local host population in Kakuma, Lokichoggio and Kalokol areas. IRC will work with the African Inland Church in this initiative. IRC will support the training of 35 service providers on PMTCT using the MOH Nationally adopted WHO/CDC based curriculum; provide essential medical supplies and strengthen staffing levels through staff secondment to AIC health facilities. In addition, standard Ministry of Health registers and reporting tools will be utilized to monitor PMTCT services.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will significantly contribute to PEPFAR goals for primary prevention and care by contributing 0.4% of overall 2006 Emergency Plan targets for Kenya in meeting the health needs of women in this special group (refugee setting). The expansion in geographic scope and increase in number of sites contributes to the programs efforts for increase access to quality PMTCT services for the refugee population as well as the local host population in this underserved area.

3. LINKS TO OTHER ACTIVITIES

Linkages across the PEPFAR funded programs will be strengthened to facilitate access to quality HIV prevention and care services by HIV+ pregnant women and their family members. This activity links to IRC activities in Palliative Care (#4148) and Counseling and Testing (#4774).

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV positive women, and refugees/internally displaced persons. The program also targets public and private health care workers namely Doctors, Nurses and other health care workers for training and capacity building.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT of HIV services to pregnant women and their partners. It will also address the health needs of the Refugees in Kakuma Refugee Camp, under the "Other" category.

6. EMPHASIS AREAS

This activity includes major emphasis on Quality Assurance and Supportive Supervision, with minor emphasis on Training and Strategic Information (M&E, IT, Reporting).

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	3	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	130	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	35	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,200	<input type="checkbox"/>

Target Populations:

Adults

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Refugees/internally displaced persons (Parent: Mobile populations)
- Pregnant women
- Rural communities
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Other health care workers (Parent: Public health care workers)
- Doctors (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Other

Coverage Areas

Rift Valley

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Medical Mission Board
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4152
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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 2006, these facilities will counsel and test 10,000 pregnant women and provide ART prophylaxis for 560 HIV positive women.

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 train service providers using national MOH 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.

CMMB will continue its activities in the faith based sector. It will expand the number of sites it supports by 7, from 60 to 67 during 2006. 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 97 service providers with skills in PMTCT. 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. In 2006 CMMB will expand into PMTCT+ or ART services in 15 facilities. It will work with PLWHA as CHW to link up facilities with communities and assist in follow up. This activity also includes support to Kenya Episcopal Conference and Christian Health Association of Kenya for activities integral to the program for amounts TBD.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CMMB activities country wide will contribute 2% of 2006 PEPFAR goals for primary prevention and care in PMTCT in Kenya. Planned activities will improve equity in access to HIV prevention and care services since the currently underserved rural communities will have better access, and CMMB will work to ensure there are adequate networks and linkages between their sites and medical sites where AIDS care and treatment are available for both adults and children. These activities will contribute to the result of increased access to 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 women and children who are potential candidates for ART.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY WILL END IN 2006, AND BE FOLLOWED ON BY APHIA II PMTCT ACTIVITIES (#4935).

The PMTCT activities of the CMMB project relate to non-PEPFAR-funded Palliative Care and Counseling and Testing, HIV/AIDS treatment/ARV services to be carried out by AIDSRelief (#4271), and APHIA II PMTCT Services (#4935). PMTCT services

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include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment. CMMB will also work closely with communities to increase awareness, reduce stigma and increase demand.

4. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, family planning clients and infants. Strategies to improve quality of services will target doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers in faith based facilities. It will work closely with opinion leaders within the church to improve demand and reduce stigma.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through partnering with other groups in the design of community mobilization approaches. This will address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of services with appropriate referrals for PMTCT plus will also reduce stigma.

6. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis on quality assurance and supportive supervision, development of network/linkages/referral systems, community mobilization and commodity procurement.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	67	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	560	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	97	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	10,000	<input type="checkbox"/>

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Target Populations:

Adults
Faith-based organizations
Family planning clients
Infants
Pregnant women
Religious leaders
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Traditional birth attendants (Parent: Private health care workers)
Other health care workers (Parent: Private health care workers)

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Local Voices
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4173
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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 20% of Kenyan women watch TV weekly, increasing to 59% in urban areas, and 75% listen to the radio at least once a week.

Media can be a powerful force in raising awareness, building knowledge and influencing public opinion. 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. Internews currently trains and supports radio journalists in HIV reporting relating to PMTCT issues, among others. In FY05 it conducted one workshop for 8 radio journalists on PMTCT issues as well as a training session in effective media relations for 8 NGOs working with PMTCT related issues.

In 2006, 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 4 TV journalists and 4 camera operators, at least five features on prime time TV will reach 4.5 million viewers, increasing demand for PMTCT services. A workshop for print journalists will also be held. Significant changes from 2005 COP will include training and working with TV and print media journalists as opposed to radio journalists only. Internews is currently working with the local journalists they have trained as co-trainers in preparation for exit. They intend to form an appropriate AIDS journalism organization for sustainability.

Without the support of the government, hospitals, NGOs and CBOs, the media cannot be effective in PMTCT reporting. It's therefore essential for Internews to train NGOs, CBOs, and hospital and government officials in effective media relations. It will host a one week seminar for 10 officials from the various sectors working in PMTCT related issues. It will also link up these officials with the trained journalists for effective media involvement in awareness and advocacy in PMTCT issues.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Internews PMTCT activities country wide will significantly contribute to PEPFAR goals for both primary prevention and care reaching about 4.5 million people. Planned activities will improve equity in access to HIV prevention and care services by raising awareness and increasing demand.

3. LINKS TO OTHER ACTIVITIES

The PMTCT activities of the Internews project country wide relate to Internews CT activities (#4174) promoting counseling and testing, and Internews ARV services (#4172) promoting HIV/AIDS treatment/ARV services. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections.

4. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, family planning clients, their spouses, the youth and the media. It's hoped that after these

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targeted messages people who would have otherwise felt uncomfortable to seek treatment and care will do so thus increasing access for all communities. BCC activities will also involve community leaders and community based organizations to increase demand for services amongst community members. Strategies to improve quality of services will target Ministry of Health staff, doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Women have the highest HIV burden both through infection and as care givers. This activity will increase gender equity in programming through working in the print and electronic media and partnering with health care workers, other donors and health care facilities in the design of community mobilization approach. The behavior change communication (BCC) activities will promote a family approach to PMTCT and letting women know where to get PMTCT services will give them an opportunity to access care and improve pregnancy outcomes for themselves their spouses and their infants. It will also address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of PMTCT messages will help reduce stigma, dispel rumors and misinformation and increase demand for PMTCT services at community and facility level.

6. EMPHASIS AREAS

This activity includes a major emphasis on information, education and communication and minor emphasis on local organization capacity development.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
National AIDS control program staff (Parent: Host country government workers)
Policy makers (Parent: Host country government workers)
Pregnant women
Professional Associations
Laboratory workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workers (Parent: Private health care workers)

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4181
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

CARE International has been supporting the implementation of PMTCT and PMTCT+ services in Siaya, Migori and Kuria Districts of Nyanza Province. This is region with a high HIV prevalence rate of 18% among women. This program builds on the PMTCT project that was started in the year 2001 in Siaya District with CDC funding. The project is a collaborative effort involving three key players i.e. Ministry of Health, CARE and CDC, each with definite roles and responsibilities. The Ministry of Health (MOH) is responsible for the provision of PMTCT+ services. CDC provides technical assistance and advice on effective models of care and provides strategic oversight. CARE Kenya builds the capacity of the MOH facilities staff to deliver high-quality, efficient PMTCT+ services, ensures linkages with other PMTCT service providers and communities, and facilitates supportive supervision.

The PMTCT activities of CARE International relate to counseling and testing of pregnant women in antenatal clinics (ANC) and in maternity units, and provision of antiretroviral prophylaxis to HIV+ women and exposed infants. Postnatal follow-up of the infant, testing of the woman's partner and other children, and linkages to other services are also addressed. In FY 2006, the program will provide HIV counseling and testing to 23,000 pregnant women and provide antiretroviral prophylaxis to 1,500 HIV-positive women.

Further, CARE will train 50 community resource persons as lay counselors as part of the referral system, and 50 service providers. CARE will support PMTCT services expansion to 12 additional sites resulting in a total of 30 supported sites, 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.

For improved child survival and nutrition, the Safe Water Systems (SWS) program intends to make water safe through disinfection and safe storage to avoid contamination. This will improve the safety of infant weaning and reduce diarrhea morbidity. Community mobilization and education would increase awareness so that community members can make informed choices on issues to do with techniques of disinfecting water, proper hygiene behavior and proper use of safe water storage facilities. The program intends to subsidize the purchase of chlorine to be included in Home Based Care (HBC) kits.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. This activity will contribute 4% of 2006 overall Emergency Plan PMTCT targets for Kenya.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to the KEMRI ARV program (#4091). PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment. All HIV + mothers and their family members will be referred to the ART program for ongoing care, treatment and support.

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV+ pregnant women, and HIV+ infants (0-5years). The PMTCT+ initiatives will also target HIV affected families through providing mechanism for improving access to care of the family members of

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the HIV+ women. Public health care workers including doctors, nurses and other health care workers for example clinical officers, nutritionists, social workers, will also be targeted for training using the nationally adopted CDC/WHO approved training packages, to equip them with knowledge and skills to provide comprehensive HIV prevention and care services.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues include increasing gender equity in HIV/AIDS programs, reduction of stigma and discrimination, linking care and support programs to income generation activities, and microfinance programs for women.

6. EMPHASIS AREAS

Major emphasis will be on Quality Assurance and Supportive Supervision; and minor emphasis will be on Community Mobilization/Participation; Information, Education and Communication; Infrastructure and Strategic Information (M&E, IT, Reporting).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	30	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,500	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	50	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	23,000	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Coverage Areas

Nyanza

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4184
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In order to expand access to services that will prevent mother-to-child HIV transmission (PMTCT), USAID's APHIA II project 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 2006, these private providers will counsel and test 20,000 pregnant women and provide antiretroviral prophylaxis for 1,120 HIV-positive women in 160 health facilities.

In FY2005 Emergency Plan funds were used to train private nurse-midwives to offer PMTCT, VCT, FP and PAC services, all of which are important in improving the well being of the mother and her baby. In 2006, APHIA II will work with the National Nurses Association of Kenya to train 285 private nurse-midwives and clinical officers to help them gain access to supplies and equipment, improve their business skills, and generate community demand for their services. It 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 40% 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 and 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will contribute 4.0% of 2006 PEPFAR goals for PMTCT primary prevention and care in Kenya. The increase in number of sites contributes to the program's efforts to achieve district wide coverage for services. Support to private providers will significantly strengthen their networks for PMTCT and PMTCT plus services. Access to services and linkages to sites where medical treatment and care are provided will encourage women in underserved communities to attend antenatal care services. Subsequently health workers will be able to plan for post natal follow up of HIV positive women, infants and their family members.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY ACQUIRE/INTRAHEALTH.

The PMTCT activities of the APHIA II project link to BHCS APHIA II activities providing Palliative Care services (#5072), ACQUIRE Engenderhealth activities providing counseling and testing (#4083), and ACQUIRE-Engenderhealth activities providing other prevention services (#4942) and HIV/AIDS treatment/ARV services being implemented by different partners. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment.

4. POPULATIONS BEING TARGETED

This activity targets women and men of reproductive health age, pregnant women, family planning clients, and infants. Strategies to improve quality of services will target

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private health care workers mainly nurses, mid wives and other health care workers such as clinical officers in private practice.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through partnering with other partners in the design of community mobilization approaches. This will address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of services with appropriate referrals for PMTCT plus will also reduce stigma.

6. EMPHASIS AREAS

This activity includes major emphasis on quality assurance and supportive supervision and minor emphasis on training, development of network/linkages/referral systems and community mobilization.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	160	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,120	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	285	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,000	<input type="checkbox"/>

Target Populations:

Adults

Family planning clients

Nurses (Parent: Public health care workers)

Infants

Pregnant women

Other health care workers (Parent: Public health care workers)

Nurses (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Populated Printable COP

Country: Kenya

Fiscal Year: 2006

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Coverage Areas

Central

Coast

Nairobi

Eastern

Western

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Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4191
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This APHIA II TBD activity will expand PMTCT services in south Rift Valley and Western Province, building on the support previously provided through USAID's IMPACT Project. It aims to increase the uptake of counseling, testing (CT) and ARV prophylaxis to at least 80% in selected sites. In 90 facilities across 8 districts CT will be provided to 32,000 pregnant women, ARV prophylaxis to 2,000 HIV-positive women and ART to 100 women including children. Service delivery will incorporate best practices namely opt-out approach and rapid testing. Sites will include, or be linked to, comprehensive care centers. Opportunistic infection prophylaxis, the use of more efficacious regimens for ARV prophylaxis and PMTCT plus services will start in selected sites. Improved capacity to carry out postnatal follow up of infected mothers and exposed babies especially in the mother and child health clinics (MCH) are priorities. Cost barriers to ART uptake in its sites will be addressed.

Significant changes from 2005 to 2006 include the provision of PMTCT plus services in selected district, provincial hospitals and high volume health centers, and the use of more efficacious regimens for ARV prophylaxis. Strategies to provide CT in maternity services during labor and delivery, emphasis on 80% uptake of CT and ARV prophylaxis and deployment of additional counselors to ANC sites are other important changes. Postnatal follow up of infants and mothers will include infant diagnosis, cotrimoxazole prophylaxis, treatment, support for infant feeding practices and appropriate linkages for nutritional support.

Since 2003 the IMPACT project has supported the establishment of PMTCT services in south Rift Valley and Western Provinces in 58 sites. In 2006 the new implementing partner (APHIA II TBD) will support an additional 32 sites, train 400 providers and provide logistical support, renovation, supervision and monitoring. Support to PMTCT plus services will include training of service providers, strengthening of laboratory and commodity logistics capacity, increased access to HB, FBC and CD4 assays and linkages to comprehensive care centers. Operations research will focus on improving service delivery. This activity will use the Ministry of Health's WHO/CDC-based curriculum for training, comply with MOH's clinical and reporting guidelines, and participate in the MOH's Technical Working Group.

Community links in rural areas to provide support especially to HIV+ pregnant women will be established through national organizations of PLWHA. 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 MCH clinics.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 6.0% of 2006 overall Emergency Plan PMTCT targets for Kenya. Additional sites contribute to the program's efforts to achieve district wide coverage for services. Support to high volume health centers, district and provincial hospitals to provide PMTCT plus services significantly increase opportunities to identify HIV infected patients, potential candidates for ART. Access to services, medical treatment and care will encourage rural women in underserved communities to attend ante natal care services. This will facilitate postnatal follow up of HIV positive women, infants and their family members.

This APHIA II TBD activity also contributes substantively to Kenya's 5-year strategy of encouraging pregnant women to know their status, availing services to reduce mother-to-child infections and providing HIV/AIDS treatment as a step towards

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preserving the family unit. It also contributes to the strategy to integrate services and improve the referral links.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED 2005 COP ACTIVITY PMTCT IMPACT/FHI.

This activity relates to CT activities described in the APHIA II TBD (IMPACT) entry (#4190), and ARV services in the APHIA II TBD (IMPACT) entry (#5367). PMTCT plus services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, management of opportunistic infections and ARV services. Strengthening laboratory services and improving commodity logistic systems is a crucial part of HIV/AIDS treatment services. Operations research on improving service delivery is included.

4. POPULATIONS BEING TARGETED

This APHIA II TBD activity targets adults of reproductive health age, pregnant women, family planning clients, infants, people living with HIV/AIDS, HIV positive pregnant women and HIV positive infants. BCC activities will involve community leaders and community based organizations to increase demand for services. Strategies to improve quality of services will target Ministry of Health staff, doctors, nurses, midwives, laboratory workers, pharmacists and other health care workers such as clinical officers and public health officers.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II TBD activity will increase gender equity in programming through partnering with women's groups in the design and implementation of community mobilization approaches. The behavior change communication (BCC) activities will promote a family approach to PMTCT. This will address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of services will also reduce stigma.

6. EMPHASIS AREAS

This activity includes major emphasis on training and development of network/linkages/referral systems with minor emphasis on renovation, quality assurance and supportive supervision as detailed in the activity description in Section 1 above.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	90	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,000	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	400	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	32,000	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Infants
Pregnant women
Rural communities
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

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

Coverage Areas

Rift Valley
Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4225
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Ministry of Health's National AIDS and STI Control Program (NAS COP) will continue to provide leadership and coordination to the national PMTCT program to ensure improved equity of access to PMTCT services. In collaboration with the MOH's Division of Reproductive Health, NAS COP will strengthen its supervisory function and Quality Assurance program to ensure delivery of high quality PMTCT services that reflect current scientifically proven interventions including use of more efficacious regimens. NAS COP will establish mechanisms for stronger linkages and coordination between PMTCT and other HIV care programs to ensure comprehensive care and support to the HIV+ woman, infant and family members (PMTCT+) within maternal and child health care settings.

Significant changes from 2005 to 2006 for this activity are the strengthening of the training function of NAS COP by improving coordination across MOH programs supporting the delivery of MCH services, between the national and district levels, and decentralization of the function to the district level. NAS COP, through the Technical Working Group (TWG), will provide the framework and guidance for the national roll out of more efficacious PMTCT ARV regimens. Other significant changes include strengthening the PMTCT+ component that will provide a framework for improved maternal and pediatric HIV care.

NAS COP has continued to provide national leadership in developing a comprehensive national PMTCT service delivery program. With Emergency Plan funds, NAS COP led the national process in adopting the WHO/CDC generic curriculum and has successfully developed the Kenya National PMTCT Training Curriculum. In FY 06, NAS COP will continue to provide national direction for staff capacity building to strengthen PMTCT service delivery. NAS COP will support the development and roll out of a national training plan based on identified needs, maintain a national data base on service providers trained with details of cadre of staff trained, training type, duration of training etc that will be used to inform the nation on staffing needs. To effectively provide support supervision, NAS COP will continue to work with DRH to support integration of supervision of PMTCT services within other Maternal, Child Health and family Planning supervisory structures at the district levels. NAS COP will also continue to improve PMTCT management information system in order to develop a dynamic data flow system to inform national gaps, coverage rates, and program uptake and monitor national targets.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

NAS COP has the mandate to provide guidance, direction and support for national PMTCT efforts. The NAS COP PMTCT activities will significantly contribute to PEPFAR goals for primary prevention by providing the national framework and guidance to PMTCT programming. The proposed national training plan and improved PMTCT management information system will provide critical PMTCT programming information such as staffing level, program uptake, coverage gaps etc, which will be used for improved national PMTCT programming.

Strong and effective linkages between PMTCT other HIV care programs at national level will significantly improve access to ART including pediatric HIV care and treatment services at facility level, thereby ensuring comprehensive care services in PMTCT sites.

3. LINKS TO OTHER ACTIVITIES

This activity relates to the following: NAS COP ART (#4223), NAS COP SI (#4221), and PMTCT JHPIEGO DRH (#4811). This activity is most immediately linked to

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palliative care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV+ woman in the antenatal and post natal settings, care of the HIV exposed infant in the post natal period and referral to the ART sites for women and infants. In collaboration with the DRH, this activity will strengthen support supervision efforts for PMTCT service delivery including improved data management and utilization at facility level.

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV positive pregnant women and HIV positive infants. Public and private health care workers including doctors, laboratory workers, nurses, pharmacists and other health care workers will also be targeted for training to improve service delivery.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT of HIV services to pregnant women and their partners. It will also reduce violence and coercion through training of service providers on couple counseling and stigma reduction, who will in turn use the skills in improved PMTCT service delivery. The activity also addresses male norms and behaviors through supporting national community level interventions.

6. EMPHASIS AREAS

This activity includes major emphasis on Quality Assurance and Support Supervision; and minor emphasis on Training; Information, Education and Communication; Strategic Information (M&E, Reporting); and Development of networks/Linkages/Referral Systems.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

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Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Infants

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Indiana University School of Medicine
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4233
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by MUFHS and MTRH in collaboration with Indiana University School of Medicine (IUSM) and other academic centers. AMPATH is a comprehensive program of HIV treatment, prevention, community mobilization, Counseling and Testing (CT), Prevention of Mother-To-Child HIV transmission infection (PMTCT), PMTCT-Plus, nutritional support, on the job training, and outreach activities. The Emergency Plan (EP) 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 be enrolled in the PMTCT+ program. More effort will be put towards monitoring and evaluation of the PMTCT program. Additionally, at least 50% of spouses of HIV-infected pregnant women will be offered CT in an effort to treat entire families. This is a key outcome of successful PMTCT. IUSM, MUFHS, and MTRH will use EP funds to expand PMTCT services and teach the skills to medical students. In 2006, this program will be continued and expanded to additional health facilities under AMPATH within Rift Valley Province to total 14. These facilities will counsel and test 20,000 pregnant women and provide antiretroviral prophylaxis for 1,000 HIV-positive women. 75 health workers will be trained to provide PMTCT services.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

IUSM in the Rift Valley region will contribute 3.7% of the PEPFAR target of \$17,200 for PMTCT primary prevention and care. Planned activities will improve equity in access to HIV prevention and care services in underserved rural communities. IUSM will help ensure there are adequate networks and linkages between their sites and other medical sites where AIDS care and treatment are available for both adults and children. These activities will contribute to increased access to CT services, particularly among underserved and high risk populations and result in 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.

3. LINKS TO OTHER ACTIVITIES

The PMTCT activities of the Indiana University Medical School in the Rift Valley region relate to Indiana University's Palliative Care activities (#5103), ARV services (#4234) providing HIV/AIDS treatment/ARV services and nutrition program activities, and counseling and testing services. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment.

4. POPULATIONS BEING TARGETED

This activity targets the general population, adults of reproductive health age, pregnant women, family planning clients, University students, infants, and HIV positive pregnant women. Behavior Change and Communication (BCC) activities will involve community leaders and community based organizations to increase demand for services amongst community members. Strategies to improve quality of services will target health care providers in public health facilities including doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers. The program will also target traditional birth attendants.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted to pregnant women and their spouses. IUSM through AMPATH will continue providing nutritional support through its HIV farm as well as micro finance and micro credit activities. Increased availability of PMTCT services will help reduce

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stigma and discrimination at community and facility level.

6. EMPHASIS AREAS

This activity includes major emphasis on training. Minor emphasis will be placed on, community mobilization, development of networks/linkages systems such as the nutritional programs, and local MUFHS, and MTRH organizational capacity development.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	14	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,000	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	75	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	20,000	<input type="checkbox"/>

Target Populations:

Adults

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

Infants

Policy makers (Parent: Host country government workers)

Pregnant women

Rural communities

University students (Parent: Children and youth (non-OVC))

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

Microfinance/Microcredit

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Coverage Areas

Rift Valley

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Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Medical Corps
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4239
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The International Medical Corps (IMC) will continue to support the implementation of PMTCT activities in the three districts of Tana River and Taita Taveta in Coast Province, and Suba District in Nyanza Province. These districts have been historically underserved and also recorded very high HIV prevalence rates among women ranging from 7% in Coast province to 18% in Nyanza Province in 2003 KDHS. The PMTCT activities of IMC relate to counseling and testing of pregnant women in antenatal clinics (ANC) and in maternity units, and provision of antiretroviral prophylaxis to HIV+ women and exposed infants. Postnatal follow-up of the infant and testing of the woman's partner, and other children and linkages to other services will be carried out. In FY 2006, IMC-supported facilities will counsel and test 23,000 pregnant women, provide antiretroviral prophylaxis for 1,800 HIV-positive women, link 300 women to antiretroviral therapy services and 200 infants to pediatric HIV care. IMC will use the Ministry of Health's WHO/CDC-based PMTCT 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. In 2006, IMC will support an additional 25 new sites for a total of 58 sites, and will train 121 service providers and 500 community PMTCT promoters and adherence counselors. Community workers will be an additional resource to supplement the scarcity of Ministry of Health (MOH) personnel.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. This activity will contribute 2.7% of the 2006 overall Emergency Plan PMTCT targets for Kenya.

3. LINKS TO OTHER ACTIVITIES

This activity will relate to ARV services through KEMRI (#4091) and to ARV Services in the APHIA II IMPACT (#5367) entry. Linkages to antiretroviral treatment centers, known as Comprehensive Care Clinics (CCC), will be strengthened to ensure immediate and appropriate care for the woman, exposed infants, and family members, optimizing the utilization of complementary services created through PEPFAR funding.

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV+ pregnant women, HIV affected families and HIV+ infants. Health care providers including doctors, nurses and other health care workers for example public health officers will be targeted for training.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programming, by providing training providers on couple counseling, risk assessment, and stigma reduction. Community health workers will also contribute towards stigma reduction through their community mobilization efforts.

6. EMPHASIS AREAS

This activity has major emphasis on Training; and minor emphasis on development of Network/Linkages/Referral Systems linkages between Community Health Workers and health facilities; Community Mobilization/Participation and Quality Assurance and Supportive Supervision.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	58	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,800	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	121	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	23,000	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive Infants (0-5 years)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Coast

Nyanza

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4251
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kenya Department of Defense (KDOD) medical service provides health care to military personnel, their dependents, and the civilian staff employed by KDOD. In total, this population is estimated at 100,000. The young men and women working for the KDOD often serve away from their homes; therefore, they are vulnerable to risky sexual behaviors. The various camps and stations have significant numbers of young families. With the support of the US Government, the KDOD started offering limited prevention of mother-to-child transmission (PMTCT) services three years ago. The KDOD currently offers PMTCT services in 14 of the 40 military camps sites nationwide. In FY 2005, six new PMTCT sites will be added at military sites. KDOD has a target to provide counseling and testing in the PMTCT setting to 5,000 pregnant service women, spouses of service personnel, and underserved populations in neighboring facilities to the military barracks. This will contribute to 1% of the overall national target of 543,200 pregnant women accessing PMTCT services in FY 2006. Antiretroviral prophylaxis will be provided to 300 HIV-infected pregnant women, and HIV-infection-exposed infants will be provided with cotrimoxazole prophylaxis.

In FY05, 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 service provision to enable them to meet approved Ministry of Health (MOH) standards as set out in the national guidelines on PMTCT. Quality assurance will be ensured through establishment of a strategic information and monitoring system that will facilitate data analysis. Regular consultations and sharing of experiences within the military and with the MOH will be undertaken in an effort to improve PMTCT services. The KDOD will address the various PMTCT site infrastructure renovations requirements as necessary. Linkages with HIV care and treatment services including antiretroviral treatment offered by the KDOD will be strengthened to ensure that all those identified as HIV-infected have access to them. Linkages will also be made to family planning services. The KDOD will continue to receive technical assistance from the United States Department of Defense (USDD).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to overall PEPFAR and Kenya government national goal of ensuring that at least 80% of all health facilities are providing PMTCT services by the end of 2007. The planned activities will also improve equity in access to HIV prevention and care services of the most at risk populations. These activities will contribute to the result of increased access to counseling and testing services, and those identified, as HIV-infected will be referred for care and treatment.

3. LINKS TO OTHER ACTIVITIES

Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding. The PMTCT activities will relate to the following KDOD activities: palliative care (#4252), counseling and testing (#4249), and HIV/AIDS treatment/ART services (#4250). PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections, and HIV/AIDS treatment.

4. POPULATIONS BEING TARGETED

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This activity targets adults of reproductive health age, pregnant women, HIV-exposed/ infected infants, and HIV positive pregnant women. Strategies to improve quality of services will target health care workers, doctors, nurses, mid wives, clinical officers, and the local communities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted towards pregnant women and their male sexual partners. Identifying the women through PMTCT will give them an opportunity to access care for themselves, partners, and their children - all resulting in improved pregnancy outcomes. Increased availability of PMTCT and PMTCT+ services will increase access to HIV care and treatment and help reduce stigma at community and facility level.

6. EMPHASIS AREAS

The major emphasis area in this activity will be training health care workers to improve the uptake of PMTCT interventions. Minor emphasis will include infrastructure development at targeted health facilities as needed to provide appropriate client privacy and confidentiality. Supportive supervision, quality assurance, and strategic information planning will also be provided to improve PMTCT service delivery quality.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	20	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	300	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	20	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,000	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

Military personnel (Parent: Most at risk populations)

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Uniformed Services Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4258
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Uniformed Services is comprised of both Military, Kenya Department of Defense (KDD), and non-Military Services such as the, Prison Services (KPS), National Youth Service (NYS), Kenya Police Department (KPD), Kenya Wildlife Services (KWS), and Administration Police (AP). The former three services have been implementing PMTCT activities since FY04. The latter three plan to introduce and integrate PMCT services as part of their HIV prevention effort.

The USG in Kenya, through the CDC, has been collaborating with the Uniformed Services to implement PMTCT activities in their HIV/AIDS programs. This was done through training of the health care workers, minor infrastructure renovations, logistics supply, and management and technical assistance. In FY05, CDC provided support to the KDD, KPS, and NYS. These services have many similarities; the young men and women working there often serve away from their homes and are thus vulnerable to risky sexual behaviors. The various camps and stations have significant numbers of young families. Their health services are popular with the surrounding civilian communities who benefit from the PMTCT services.

In FY06, CDC will continue supporting KPS and NYS and extend similar support to the rest of the non-military Uniformed Services (KWS, KPD, and AP). The KDD will be supported directly by DOD. The Uniformed Services have 120 health facilities, six of which offer PMTCT services. In FY06 they therefore plan to: (a) increase access to quality PMCT services to both members of staff, families and neighboring communities by opening up eight more sites, (b) integrate quality PMCT service into routine maternal and child health services, (c) increase awareness, benefits and availability of PMTCT services within the selected sites. CT services will be offered to 2,000 pregnant women which will contribute to the overall national target of 543,200 pregnant women accessing PMCT services in FY 06, and 100 HIV infected women will given ARV prophylaxis. Women, their sexual partners and children who are HIV infected will be referred to the nearest comprehensive HIV care centers for further management.

In FY06, KPS will continue with the PMTCT services it started in six prisons camps, refurbish and equip PMTCT facilities in seven other prison camps, and train 24 health care workers in PMTCT service provision. The NYS will initiate PMTCT services at six health facilities and train 18 Health care workers in PMTCT service provision. The AP plans to refurbish two health facilities to offer PMTCT Services and train six health care workers. This will be a total of 48 health care providers trained, and 21 service sites offering PMTCT services.

The uniformed services will continue to receive technical assistance from CDC, use the national guidelines on PMTCT as approved by Ministry of Health, and consult and share experiences amongst themselves and other stakeholders in order to improve delivery of PMTCT services. Family planning services will be supported through appropriate training and supervision. The PMTCT sites will be supported to ensure that children exposed to HIV infection are provided with cotrimoxazole prophylaxis.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to overall PEPFAR and Kenya government goals of ensuring that at least 80% of all health facilities are providing PMTCT services by the end of 2007. The planned activities will improve equity in access to HIV prevention and care services of a "Most at Risk" Population. These activities will contribute to the result of increased access by pregnant women and their families to counseling and testing services, and those identified as HIV infected will be referred for care and

treatment.

3. LINKS TO OTHER ACTIVITIES

This activity relates to KEMRI's ARV services program (#4091). Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding. The PMTCT activities will relate to activities in the following program areas: palliative care, counseling and testing, HIV/AIDS treatment/ARV and CT services. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment.

4. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, infants, HIV positive pregnant women, public health care workers, such as doctors, nurses and other MOH staff. Strategies to improve quality of services will target health care workers, doctors, nurses, midwives, clinical officers, and the local communities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted to pregnant women and their male sexual partner. Identifying the women through PMTCT will give them an opportunity to access care, improve pregnancy outcomes, and access services for their partners and family members. Increased availability of PMTCT and PMTCT+ services will increase access and help reduce stigma at the community and facility levels.

6. EMPHASIS AREAS

The major emphasis area of this activity is infrastructure development. Minor emphasis areas include training, establishment of workplace programs, and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	21	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	100	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	48	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,000	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4301
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Prevention of Mother to Child Transmission of HIV has become one of the major interventions in prevention and control of HIV/AIDS in Kenya given that vertical transmission of HIV is the second most common mode of transmission in the country. Key components of the PMTCT program include integration of counseling and HIV testing of women in the antenatal clinics and maternity units, and administration of prophylactic ARV for the HIV+ women, also known as the minimum PMTCT care package. With support from Emergency Plan Funding, there has been an expansion in the number of health facilities offering PMTCT service countrywide. With the need to offer comprehensive care including access to ARV therapy to the HIV+ woman and her family, there is need to develop a referral system that will ensure access to treatment for the HIV+ mother, pediatric HIV diagnosis and treatment (for the exposed infant) and counseling and testing services for the partner. This will be addressed through the expanded component of PMTCT+. This will lead to more women, their partners and infants knowing their HIV status and hence accessing ART, thereby increasing the number of people on ARVs. All these activities will contribute to the Emergency Plan in Kenya goals of HIV prevention and treatment.

During FY 06 CDC will continue to work with government of Kenya agencies and non-governmental partners to support the implementation of PMTCT and PMTCT+ services in Kenya. CDC Kenya's multi-disciplinary PMTCT team will continue to provide technical guidance that includes the development and review of guidelines, operational procedures and manuals, educational materials and teaching modules for implementing PMTCT and PMTCT+ programs in Kenya. CDC Kenya staff work with local partners to ensure activities are based on the latest relevant science and that scientific knowledge is translated into program guidelines and practices both at national policy and service delivery levels. In collaboration with other partners, CDC staff conduct monitoring and evaluation activities including operational research for the PMTCT program, and ensure that information generated informs national PMTCT policy and practice.

CDC Kenya staff also support PMTCT activities at multiple service delivery sites to conform to national guidelines and technical strategies concerning all aspects of PMTCT including models of HIV testing in the antenatal and maternity units, provision of ARVs for prophylaxis and treatment, and care and support of the HIV+ woman, her infant and partner.

The CDC Kenya PMTCT technical team includes 6 professionals, 1 program assistant and 3 support staff. The technical staff include 1 senior technical advisor working 80% of the time; this staff member, an Associate Professor of Pediatrics has extensive national and international experience in clinical and programmatic HIV research including PMTCT, and works directly with the government of Kenya and other partners to ensure the technical soundness of the program. Other technical staff include 2 medical doctors with experience and expertise in Pediatrics, and Obstetrics and Gynecology respectively, who work directly with programs to ensure technical and up-to-date interventions, in particular the care of the HIV+ woman and pediatric HIV care; 2 program managers with nursing and public health experience who work directly with the sites in 34 districts to provide guidance on technical and effective program management at the service delivery sites, a behavioral scientist and a program assistant. The program assistant is engaged in a variety of tasks to provide logistics support to the team. The team is supported by three drivers, who enable the technical staff to conduct regular field visits and technical supervision. This budget includes costs for contractual services, printing of the curriculum and other post-held account funds.

Table 3.3.01: Activities by Funding Mechanism

Mechanism: South Rift Valley
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4804
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Since August 2001, the Kenya Medical Research Institute (KEMRI)/Department of Defense (DOD) has been implementing a Prevention of Mother-to-Child Transmission of HIV Infection (PMTCT) program in the Kericho District of the south Rift Valley Province. The number of PMTCT sites has increased from three to 34. This program has become one of the largest in Kenya outside Nairobi. Between January and June 2006, 10811 pregnant women presented for their first antenatal visit, of which 76% received their HIV test results. Among the 602 HIV-infected pregnant women, 85% received ARV prophylaxis. 65% of their infants received prophylaxis. With Emergency Plan support, KEMRI/DOD has scaled up PMTCT in 5 other districts (Bureti, Bomet, Transmara, Nandi North and Nandi South) of south Rift Valley Province.

Inadequate numbers of trained health workers, limited working space and infrastructure, weak logistics supply, inadequate management and supervision, and fear of stigma and discrimination in the communities limits the utilization of PMTCT services and further care and treatment by the HIV-infected women and family members. Low levels of male involvement, lack of appropriate infant feeding options, and limited access to family planning services are further barriers. The south Rift Valley Province has 250 health facilities and fewer than 40 are providing PMTCT services.

In 2006, KEMRI with assistance from the Walter Reed Project (WRP) will continue to work with the Ministry of Health (MOH) to scale up PMTCT services from the expected 50 health facilities at the end of FY05 to 120 in the six districts of south Rift Valley Province. Counseling and Testing (CT) services will be provided to 33,000 (about 50% of all pregnant women) women during the antenatal, intra-partum, and postnatal period. 1,600 HIV-infected mothers and 1,500 of their babies will receive ARV prophylaxis. A total of 200 health workers will be trained, minor working space renovations will be completed, and furniture and equipment will be provided in some of the facilities. In addition, technical assistance will be initiated from 4 locally employed staff. CT services will be extended to male sexual partners of the pregnant women, their young children, and family planning clients. Couples CT and focused antenatal care will be supported. Facility-based delivery will be encouraged as opposed to home delivery. The MOH will be supported to provide facilitative supervision. Dry Blood Spots will be used for rapid HIV antibody testing quality assurance and control activities. Psychosocial support groups will be encouraged to reduce fear of stigma and discrimination.

Linkages between PMTCT and HIV/AIDS care and treatment services will be strengthened by addressing barriers to the referral process. Emphasis will be placed on follow-up and referral as appropriate of the HIV-infected women, their HIV exposed children, and their sexual partners. Counseling regarding infant feeding practices will be provided. Family planning services will be supported through appropriate training and supervision. The PMTCT sites will be supported to ensure that infants born to HIV-infected women are provided with cotrimoxazole prophylaxis. The WRP research laboratories in Kericho will provide HIV PCR diagnostic testing services for infants infected with or exposed to HIV infection.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This KEMRI/WRP activity will contribute to approximately 6% of the total, direct PMTCT Emergency Plan targets of 543,200 pregnant women offered CT in FY06. This will also support government efforts of ensuring that at least 80% of all health facilities are providing PMTCT services by the end of 2007. Planned activities will

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improve equity in access to HIV prevention and care services since the currently underserved rural communities will have better access. KEMRI will work to ensure the availability of networks and linkages among medical sites where AIDS care and treatment are provided for both adults and children.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to Kericho District Hospital: ART (#4109), BHCS (#4110), and TB/HIV (#4112); Kapsabet District Hospital: ART (#4336), BHCS (#4337), and TB/HIV (#4881); Nandi Hills District Hospital: ART (#4332) and BHCS (#4333); Longisa District Hospital: ART (#4324) and BHCS (#4325); Kilgoris District Hospital: ART (#4334), BHCS (#4335) and TB/HIV (#4879); AIC Litein Hospital ART (#4122) and BHCS (#4123); and James Finlay Ltd. Medical Department: ART (#4105) and BHCS (#4106). This partner will collaborate with these ART, BHCS and TB/HIV activities to target evaluation of all those diagnosed as HIV infected for ART and BHCS care. They will also be screened for TB. Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding. The PMTCT activities will relate to the following activities: Palliative Care, CT, and HIV/AIDS treatment/ART.

4. POPULATIONS BEING TARGETED

This activity targets adults of reproductive age, pregnant women, family planning clients, infants, and PLWHA including HIV-positive pregnant women. Strategies to improve quality of services will target Ministry of Health staff, doctors, nurses, midwives, and other health care workers such as clinical officers and public health officers in both public and faith based facilities as well as the local communities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted towards pregnant women and their spouses. Women bear a high HIV burden through not only primary infection but also as caregivers. Identifying these women through PMTCT will provide an opportunity to access care for themselves, their spouses, and their infants - all targeting improved pregnancy outcomes. Increased availability of PMTCT and PMTCT+ services will increase access and help reduce stigma at community and facility levels. Men will be encouraged to come for CT services and male PMTCT clinics will be expanded.

6. EMPHASIS AREAS

The major emphasis area in this activity is training health care workers. Minor emphasis will be placed on infrastructure development, networks/linkages and referral systems development, and commodity procurement.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	120	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,600	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	200	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	33,000	<input type="checkbox"/>

Target Populations:

Adults

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

Infants

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.01: Activities by Funding Mechanism

Mechanism: ACCESS
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4811
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The ACCESS Project (implemented by JHPIEGO) will collaborate with the Ministry of Health's (MOH) Division of Reproductive Health (DRH) to strengthen its capacity to provide leadership and coordination to the National PMTCT program in partnership with the National AIDS and STI Control Program (NASCO). The DRH co-chairs the National PMTCT Technical Working Group (TWG). In 2006, the DRH will strengthen its supervisory function and quality assurance program and system to ensure the delivery of high quality PMTCT services in public sector and faith-based facilities. By providing leadership and coordination to the MOH National Reproductive Health program, the DRH will strengthen the integration of reproductive health (RH) and HIV services particularly PMTCT, Safe Motherhood and Child Survival services. Working with NASCO, the DRH will also supervise and coordinate the scale up of integrated family planning/PMTCT services both in public and faith based facilities. DRH will support the establishment of effective linkages between PMTCT, PMTCT plus services and HIV treatment services for HIV positive women, their infants and family members.

Through the decentralized district and provincial RH training and supervision teams the DRH will ensure that district training schedules integrate RH and HIV programs thus equipping health workers to manage comprehensive programs. The information communication and education (IEC) unit within the DRH will review the quality of IEC materials for PMTCT and work with NASCO to develop and disseminate standardized materials for behavior change communication (BCC) programs. The use of maternity services in Kenya is low. The 2003 KDHS showed that skilled attendants conduct only 42% of deliveries. The DRH will therefore support the districts to increase utilization of services and improve male involvement through the development of appropriate BCC programs in collaboration with district partners. This will also help to scale up the utilization of PMTCT services through the maternity services.

This activity includes support to the Division of Reproductive Health, MOH through a memorandum of understanding for activities integral to the program

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

DRH provides leadership, coordination and advocacy for national reproductive health programs. By supporting the provision of integrated RH/PMTCT services the DRH will significantly contribute to the PEPFAR goals for primary prevention. Access to services and linkages to sites where medical treatment and care are provided will encourage rural women in underserved communities to attend ante natal care services. Subsequently health workers will be able to plan for postnatal follow up of HIV positive women, infants and their family members. The decentralized training and supervision system will build capacity of health workers to manage comprehensive programs and improve efficiency of services.

This activity also contributes substantively to Kenya's 5-year strategy of availing services, which can reduce mother-to-child infections, and providing critical links to HIV/AIDS treatment as a step towards preserving the family unit. It also contributes to the strategy to integrate testing with other health services and improving the referral links among all of these services.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to the NASCO PMTCT activity (#4225). The DRH through its collaborative supervision activities with NASCO will strengthen the linkages between PMTCT services and support health workers to improve data collection for the national PMTCT program.

4. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, family planning clients, infants, and PLWHA including HIV positive pregnant women. Strategies to improve quality of services will target policy makers, National AIDS control program staff, Ministry of Health staff working as program managers in the DRH, doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers in both public and faith based facilities and the local communities. The PMTCT TWG works with faith-based organizations, no-governmental organizations and implementing organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted towards pregnant women and their spouses. Increased availability of PMTCT and PMTCT+ services will increase access and help reduce stigma at community and facility level. This activity has a wrap around component namely supporting linkages between HIV/AIDS and RH services

6. EMPHASIS AREAS

The activity includes a major emphasis on quality assurance and supportive supervision, and development of network/linkages/referral systems. There is a minor emphasis on information, education and communication, and strategic information.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

Target Populations:

Adults

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arouds

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: HEALTH TECH IV
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4812
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

PATH will carry out a study which will help PMTCT programs in Kenya define and promote safe infant feeding practices. Postnatal follow up of mothers and infants to address optimal exclusive infant feeding practice and complementary feeding is a critical child survival strategy. The 2003 Kenya DHS found that only 19% of women whose babies were 0-4 months old (regardless of HIV status) were currently exclusively breast feeding (EBF); at 0-6 months, 1% were using replacement feeding and 22% were using a bottle for mixed feeding. The cessation of breast feeding after 6 months and transition to weaning has been difficult for HIV+ mothers with infants often becoming sick as a consequence of poor nutritional practices.

The study will assist health workers and care givers to advise mothers on breast feeding cessation using an abbreviated AFASS (affordable, feasible, accessible, sustainable and safe) tool. This study will also address effective and cost effective strategies to assist health workers and mothers implement evidence based approaches on how HIV+ mothers should feed their infants during the transition to weaning foods.

It will begin with a baseline survey on current infant feeding patterns and include relevant morbidity and mortality data. PATH will carry out the study in collaboration with the National AIDS and STD Control Program (NASCOP), the Division of Reproductive Health DRH and the National PMTCT Technical Working Group (TWG) which includes PMTCT implementing partners. This activity will help the PMTCT program in Kenya make recommendations for complementary feeding and define the programmatic inputs required to strengthen this component.

PATH is a leader in nutrition and child health in low-income settings. PATH works on infant feeding and nutrition in PMTCT and HIV/AIDS care and support programs at both global and country levels. PATH also provides technical guidance and training on these issues.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute substantively to Kenya's 5-year strategy to reduce mother-to-child infections and preserve the family unit. Recommendations for safe infant feeding will strengthen post natal follow up and support child survival strategies.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to APHIA II PMTCT activities with IMPACT (#4191), AMKENI (#4097), and EGPAF (#4953), and APHIA II OVC activities with COPHIA (#5382). This targeted evaluation in these PMTCT and OVC sites will support the development of recommendations contributing to clinic based and home-/community based care and support for HIV positive children. Caregivers will receive training in nutrition to enhance care for orphans and vulnerable children.

4. POPULATIONS BEING TARGETED

This activity targets women of reproductive health age, pregnant women, infants, people living with HIV/AIDS, HIV positive pregnant women and HIV positive infants. Strategies to improve infant feeding will target Ministry of Health including NASCOP staff, Ministry of Health staff working as program managers in the DRH, private and public health care, doctors, nurses and other health care workers such as clinical officers and nutritionists.

5. KEY LEGISLATIVE ISSUES ADDRESSED

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This activity will increase gender equity in programming through increasing access to information for women. By identifying improved mechanisms for infant feeding it will address stigma and discrimination.

6. EMPHASIS AREAS

This activity includes major emphasis on strategic information and needs assessment with minor emphasis on quality assurance and supervision as well as policy and guidelines. The study will help to identify evidence-based approaches and contribute to the development of nutritional guidelines for safe infant feeding as detailed in the activity description in Section 1 above.

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 Infants
 People living with HIV/AIDS
 Pregnant women
 Women (including women of reproductive age) (Parent: Adults)
 HIV positive infants (0-5 years)
 Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
 Other health care workers (Parent: Public health care workers)
 Doctors (Parent: Private health care workers)
 Nurses (Parent: Private health care workers)
 Other health care workers (Parent: Private health care workers)
 Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Stigma and discrimination

Coverage Areas:

Populated Printable CDP
 Country: Kenya

Fiscal Year: 2006

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National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4935
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In order to expand access to health services that will prevent mother-to-child HIV transmission (PMTCT), APHIA II TBD will increase the capacity of faith-based mission facilities to provide these services. IT 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 2006, these facilities will counsel and test 22,000 pregnant women and provide ART prophylaxis for 1,232 HIV positive women.

APHIA II TBD 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. The APHIA II TBD 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.

The APHIA II TBD will continue its activities in the faith based sector. It will expand activities in the same sites as well as an additional 18 sites to bring the total number to 85. It 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 196 service providers with skills to provide PMTCT services. It will improve data collection and reporting through training and better tools. It will work with CHWs and TBAs to help track and motivate women to visit facilities for antenatal care. The project will establish support groups for continued counseling of HIV positive women. In 2006 APHIA II will expand into PMTCT+ or ART services in 15 facilities. It will work with PLWHAs as CHW to link up facilities with communities and assist in follow up. This activity also includes support to Kenya Episcopal Conference and Christian Health Association of Kenya for activities integral to the program for amounts TBD

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

APHIA II activities country wide will contribute 4.3% of 2006 PEPFAR goals for primary prevention and care in PMTCT in Kenya. Planned activities will improve equity in access to HIV prevention and care services since the currently underserved rural communities will have better access, and APHIA II will work to ensure there are adequate networks and linkages between their sites and medical sites where AIDS care and treatment are available for both adults and children. These activities will contribute to the result of increased access to 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 women and children who are potential candidates for ART.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITY BY USAID-PMTCT-CMMB-2006 ACTIVITY(#4152)

The PMTCT activities of the APHIA II project country-wide relate to the Palliative Care services carried out by non-PEPFAR partners and the HIV/AIDS treatment/ARV services carried out by AIDSRelief (#4271) in the same faith based facilities. This

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activity is a follow-on of previously approved activities by CMMB (#4152). PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment. The APHIA II TBD will also work closely with communities to increase awareness, reduce stigma and increase demand.

4. POPULATIONS BEING TARGETED

This APHIA II TBD activity targets adults of reproductive health age, pregnant women, family planning clients and infants. Strategies to improve quality of services will target doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers in faith based facilities. It will work closely with opinion leaders within the church to improve demand and reduce stigma.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II TBD activity will increase gender equity in programming through partnering with other groups in the design of community mobilization approaches. This will address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of services with appropriate referrals for PMTCT plus will also reduce stigma.

6. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis on quality assurance and supportive supervision, development of network/linkages/referral systems and community mobilization.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	85	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,232	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	196	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	22,000	<input type="checkbox"/>

Target Populations:

Adults

Faith-based organizations

Family planning clients

Infants

Pregnant women

Religious leaders

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Traditional birth attendants (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4943
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

In 2006, with support from USAID, the facilities that APHIA II RFA mechanism supports will counsel and test 8,000 pregnant women and provide antiretroviral prophylaxis for 244 HIV-positive women.

Significant changes from previous activities include more comprehensive coverage in the same districts increasing total number of women served.

In 2006 APHIA II- will continue to work with the Ministry of Health to train 80% of appropriate health staff in PMTCT reaching 90 health care workers in 35 facilities, renovate fixed facilities, use mobile PMTCT/VCT facilities, and promote PMTCT in the communities served by these services. It will also roll out the stigma reduction campaign in these communities.

The districts in which APHIA II TBD will be working - Ijara, Garissa, Wajir, and Mandera in North Eastern Province, Marsabit, Isiolo 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 (about 3.3%), 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

APHIA II TBD activities in the specific geographic areas will contribute to 1.5% of overall PEPFAR goals for PMTCT activities in Kenya in the funding period. These are hard to reach areas with low prevalence thus increasing equity and preventing further spread of HIV in these areas is a priority. Planned activities will improve equity in access to HIV prevention and care services since the currently underserved rural communities will have better access, and APHIA II TBD will work to ensure there are adequate networks and linkages between their sites and medical sites where AIDS care and treatment are available for both adults and children.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITY BY USAID-PMTCT-UNICEF-2006 ACTIVITY(#4072)

These PMTCT activities in Eastern and North Eastern provinces relate to Palliative Care, Counseling and testing, and HIV/AIDS treatment/ARV services in North Eastern province which are not PEPFAR funded. This activity links to the previously approved UNICEF PMTCT activity (#4072). PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment.

4. POPULATIONS BEING TARGETED

This APHIA II TBD activity targets adults of reproductive health age, pregnant women, family planning clients, infants, youth, and health care providers in public facilities, increasing access for community members who are generally mobile, marginalized and hard to reach. It also targets opinion leaders in pastoralist communities who will help reduce stigma and increase demand.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted to pregnant women, their spouses and the youth in hard to reach areas.

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Women have the highest HIV burden both through infection and as care givers. Identifying them through PMTCT will give them an opportunity to access care and improved pregnancy outcomes for themselves their spouses and their infants. Increased availability of PMTCT services will help reduce stigma at community and facility level.

6. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis on quality assurance and supportive supervision, infrastructure development, commodity procurement and community mobilization.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	35	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	244	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	90	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8,000	<input type="checkbox"/>

Target Populations:

Adults
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Infants
Pregnant women
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Religious leaders
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Eastern

North Eastern

Rift Valley

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4953
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

APHIA II will continue to provide technical assistance to a number of health facilities within targeted districts, providing PMTCT services. This assistance will increase management, as well as technical, capacity of staff at these sites improving quality and productivity. The project will also work to improve PMTCT outcomes, examining ways to increase compliance with infant feeding and treatment guidelines and to increase the number of women who return to facilities for delivery and post-partum follow-up. The APHIA II TBD will train 234 health providers in 96 facilities providing PMTCT services.

In 2006, the APHIA II TBD will work with several types of partners in Kenya. First, it will continue to support expansion and quality improvements for PMTCT services through working closely with the Christian Health Association of Kenya at 48 networked, faith-based facilities, with the explicit purpose of building programmatic and administrative capacity to implement HIV programs. Second, it will continue to support and quality improvements at 4 NGO facilities with maternity services, evaluating possibilities for future expansion to two more based on client load and performance. Finally, it will expand support for PMTCT services to 44 public sector facilities in the following districts: Thika, Nyandarua, Vihiga and Mbeere. Supported sites will counsel and test 60,000 pregnant women and provide ART prophylaxis for 3,360 HIV-positive women and offer ART services to 300 women including 100 children.

The APHIA II TBD will continue to participate in the Ministry of Health's (MOH) Technical Working Group to ensure coordination of site selection, project activities, monitoring and evaluation and linkages between these sites. They will comply with MOH clinical and reporting guidelines and will use the WHO/CDC-based national training curriculum. APHIA II will also help the more mature facilities to graduate to PMTCT+ sites, providing ART and other care and support services to HIV+ women and their families. This activity also includes support to CHAK for activities integral to the program for an amount TBD

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

APHIA II activities in the specific geographic regions will contribute to 11% of 517,200 pregnant women in COP 06 PEPFAR goals for PMTCT primary prevention and care. Planned activities will improve equity in access to HIV prevention and care services since the currently underserved communities will have better access, and APHIA II will work to ensure there are adequate networks and linkages between their sites and medical sites where AIDS care and treatment are available for both adults and children. On top of this APHIA II will offer PMTCT+ services in selected sites. These activities will contribute to the result of increased access to 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.

3. LINKS TO OTHER ACTIVITIES

THIS APHIA II TBD ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY EGPAF.

Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding. The APHIA II PMTCT activities in the specific geographic regions will relate to HIV/AIDS treatment/ARV services being carried out by EGPAF (#4158). PMTCT services

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include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment.

4. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, family planning clients, infants, and HIV positive pregnant women. Strategies to improve quality of services will target health care workers in public, private and faith based facilities such as doctors, nurses, and other health care workers such as clinical officers, mid wives and public health officers. It will also target host country government workers such as the National AIDS control program staff

5. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II TBD activity will increase gender equity in programming through PMTCT services targeted to pregnant women and their spouses. Women have the highest HIV burden both through infection and as care givers. Identifying them through PMTCT will give them an opportunity to access care and improved pregnancy outcomes for themselves their spouses and their infants. Increased availability of PMTCT and PMTCT+ services will increase access and help reduce stigma at community and facility level.

6. EMPHASIS AREAS

This activity includes major emphasis focused on training of health care workers in PMTCT service provision, minor emphasis will focus on local organization capacity development to manage PMTCT services, quality assurance and supportive supervision and infrastructure development.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	96	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	3,360	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	234	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	60,000	<input type="checkbox"/>

Target Populations:

Adults

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Infants

Non-governmental organizations/private voluntary organizations

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Central

Coast

Eastern

Nairobi

Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism: BCC/SM-PSI
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4994
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

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 under BCC/SM will build on this background to use this experience in mass media to inform couples and increase the uptake of services to prevent mother-to-child HIV transmission (PMTCT).

In 2005 an additional PMTCT campaign that focuses on communication of specific details about actions women should take and the services they can expect at facilities was implemented. In 2006, a third campaign could continue to emphasize these specifics about PMTCT as well as the need for HIV testing among pregnant women and to encourage partner support for PMTCT services. Specific goals and objectives of the campaign would be determined using newly available research as well as a process of discussion and consensus with key stakeholders at the national and international level (NASCO, USAID, CDC, etc.).

As with the previous two years, BCC/SM will continue to work with the National AIDS and STI Control Program (NASCO) 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. BCC/SM 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This campaign would contribute to the Kenya PMTCT 5-year strategy and PEPFAR targets by encouraging national uptake of PMTCT services. BCC/SM will expect to reach approximately 2,000,000 men and women of reproductive age who desire to have children in the future with a mass media campaign. Planned activities will improve equity in access to HIV prevention and care services by raising awareness and increasing demand.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES BY PSI.

THIS ACTIVITY IS LINKED TO USAID-CT-BCC/SM-PSI-2006 (#4930);

The PMTCT activities of the BCC/SM project country wide relate to Counseling and testing promotion activities (#4930). This activity carries forward previously approved activities by PSI. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections.

4. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, the youth and the media. It especially targets men and hopes to increase male involvement in PMTCT. It also targets ministry of health officials in public, private and faith based facilities, policy makers and non-governmental organizations. It's hoped that after these targeted messages people who would have otherwise felt uncomfortable to seek treatment and care will do so thus increasing access by the targeted communities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

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This activity will increase gender equity in programming through PMTCT messages targeted to pregnant women and their spouses. Women have the highest HIV burden both through infection and as care givers. Letting them know where to get PMTCT services will give them an opportunity to access care and improve pregnancy outcomes for themselves their spouses and their infants. Increased availability of PMTCT messages will help reduce stigma, dispel rumors and misinformation and increase demand for PMTCT services at community and facility level. Addressing both men and women will increase male participation and dispel male norms and behavior that affect male participation.

6. EMPHASIS AREAS

This activity will have a major emphasis on community mobilization and participation and a minor emphasis on information, education, and communication.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

Target Populations:

Adults

Community leaders

Faith-based organizations

Family planning clients

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Pregnant women

Religious leaders

Public health care workers

Private health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

Populated Printable CDP

Country: Kenya

Fiscal Year: 2006

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Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
 Budget Code: HVAB
 Program Area Code: 02

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: Current partners will be supported to scale up key AB interventions targeting more than 1,000,000 people.

Key Result 2: A standardized AB training curriculum will be developed with other donors and GOK.

Key Result 3: An increase of over 2005 funding levels will be dedicated to expanding AB interventions.

CURRENT PROGRAM CONTEXT

Prevention activities in Kenya have consistently promoted behavior change among young people emphasizing delayed sexual debut, reduced numbers of partners, and other risk reducing behaviors promoted through the "A" and "B" of the "A-B-C" continuum. US agencies have supported these efforts with diverse local and international partners. A highly regarded program working with Kenya Girl Guides has expanded to include the Boy Scouts.

Abstinence and faithfulness activities supported by USG in Kenya include peer education, networking, community theatre, mass media programs, and training, primarily targeting youth. These activities are strategically linked to community level behavior change interventions. For example, a particularly successful mass media program on abstinence targets young people with the now popularly adopted slogan, "Nimechill!" ("I have chilled" or abstained from sex until marriage). This program sets a foundation for projects focusing on improving communication between parents and young people about abstinence. Programs to promote faithfulness among married adolescent girls and abstinence for pre-marital couples are also underway. Programs funded in 2005 will be strengthened, including those targeting marginalized populations such as the physically and mentally handicapped. Activities have begun in the underserved geographic areas of eastern and central provinces and northeastern Kenya. We will continue to include special populations such as Muslim women, Imams, and pastoralists, and encourage those partners to work with the Council of Imams and Preachers, and the Young Muslim Association.

NEW INITIATIVES

In FY'06, new initiatives will continue to strengthen the AB message by working within the formal education structure as well as targeting out-of-school, high risk populations. In-service teacher training will begin in teacher training colleges to facilitate implementation of the AIDS syllabus as part of the standard school curriculum. New AB programs will also target truck drivers, their helpers and those youth who frequent truck stops along the main transit routes.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Stakeholder meetings have identified two critical areas: geographic distribution of activities for adequate coverage, and standardization of AB training curricula. The former will be addressed with our national partner, the National AIDS Control Council (NACC), and the latter with the Kenya Institute of Education (KIE).

WORK OF HOST GOVERNMENT & OTHER DONORS

Fitting into the National AIDS Strategic Plan, these interventions complement other donor-funded activities including Global Fund awards and the World Bank Total War on AIDS project which provide small grants to CBOs through NACC. Following the 2005 COP, the MOH/NASCOOP formed a Task Force on Youth and AB to coordinate youth interventions.

USAID collaborates with DFID to increase the coverage of the Centre for British Teachers training of teachers to implement the HIV/AIDS syllabus nationwide, and with UNICEF and KIE to produce the Life Skills manual. AB stakeholder meetings have pointed out the need to regularize the curricula for life skills rather than using 2005 funds to produce copies of the existing versions. CDC has been working with uniformed services of the Ministry of Home Affairs including the National Youth Service, the Ministry of Tourism, and the Kenya Wildlife Service. The US Department of Defense has a strong

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collaborative relationship with the Kenya Department of Defense.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,240,000
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	464,000
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	52,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4089
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

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. KEMRI and CDC have had a long collaboration in Nyanza Province, and KEMRI implements activities through a cooperative agreement with CDC Atlanta. Although some of the activities for this youth intervention are implemented by ITM, and are described in that entry, KEMRI is also actively involved in the study, primarily through the hiring of local staff and by supporting local implementation of the project.

One of the major activities being conducted by KEMRI in partnership with ITM is the implementation of a "Families Matter" curriculum which involves both the youth and their parents. This 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 in Asembo and Gem are very supportive of this approach of enabling parents to take a more active role in HIV prevention for their adolescent children. Staff hired by KEMRI will be involved in the continued "roll-out" of this intervention.

Efforts to change the social norms which contribute to the high risk for young girls in this part of Kenya 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention in youth, as the primary target group is young people, including children aged 10 - 14. It will primarily provide staffing and other administrative support in the implementation of the ITM project; therefore the specific targets related to this activity are listed in the CDC-AB-ITM entry and are therefore not duplicated in this entry.

3. LINKS TO OTHER ACTIVITIES

This activity will be very closely linked to AB activity (#4217) implemented by the Institute of Tropical Medicine and to the OP activity (#4852) and OP activity (#4094) being implemented by KEMRI and ITM in Nyanza province.

4. POPULATIONS BEING TARGETED

The primary population being targeted is rural youth, including both in-school and out-of-school youth. Ages of youth targeted range from 10 to the early 20's. Different, age appropriate curricula are used with these groups. In addition, their parents and community and religious leaders are targeted by the project. All of the targets relating to this study of model youth interventions are described in the ITM entry and are not duplicated here.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including increasing young women's access to income and productive resources.

6. EMPHASIS AREAS

The primary emphasis area is human resources, as the project has a large staff needed to implement and assess the impact of these interventions. Community mobilization to change social norms which encourage early sexual debut is also an important component of this project, along with IEC activities to educate the youth

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and their parents about abstinence and faithfulness.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

Children and youth (non-OVC)
Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

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

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4171
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

A total of 50,000 individuals will be reached with community outreach programs that promote abstinence and/or being faithful through 10 programs and 4,500 individuals will be trained to implement these programs. In addition 175,000 individuals will be reached through 5 mass media programs.

During FY 2004 and FY 2005 CHF provided sub-award grants to 3 organizations to build both organizational and technical capacity to enhance service delivery for the AB program. During this period CHF worked with the African Inland Church (AIC) to strengthen the "Why Wait" curriculum, which is being implemented through its wide network of schools in the country. This curriculum focuses on abstinence for school youth. CHF is also working with the Baptist Aids Response Agency (BARA) in strengthening the "True Love Waits" program focusing on abstinence among youth and the "True Love Stays" program focusing on fidelity among married couples. CHF has also signed a sub-award grant contract with the Kenya Episcopal Conference (KEC-Catholic Secretariat) for their work with youth in schools.

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 current cooperative agreement with CDC, CHF has done exceptionally well in responding to the national aspiration of increasing access to quality HIV prevention and care services in Kenya. In addition to assisting the local organizations to develop and use local networks for referral of patients and for services not directly provided by the sub-grantee, CHF has also facilitated networking among the sub-grantees so they can share lessons learned. Besides building the capacity of the local sub-partners in AB program implementation, CHF will continue to provide sub-grants and build their overall management capacity including proposal writing capabilities to enable them compete successfully for USG and donor funds independently. CHF will promote compliance with prescribed national standards for AB service delivery and continuous quality improvement at all sites through a program of support supervision.

During FY 2006, CHF will continue to build organizational and technical capacity while providing sub-award grants to AIC, BARA, KEC-Catholic Secretariat among others. In addition, CHF will build the organizational and technical capacity of new emerging partners identified collaboratively with CDC/Kenya, culminating in sub-award grants to partners implementing AB programs under the new COP. Specific activities to be carried out will include reaching out to the youth through the church network in Kajjado; reaching youth with an abstinence focus in Nairobi; targeting in and out of school youth in Laikipia; reaching youths in Schools in Mfangano Island; and outreach to youth by involving HIV positive men in outreaches. CHF will also strengthen organizational and technical capacities to improve overall program management and enhance networking and information sharing among partner organization. Other areas of focus will include improvement of data management and QA for partners through training of service providers. Moreover, CHF will work collaboratively with CDC to identify additional emerging partners to engage with during FY06.

Significant changes from FY 2005 to FY 2006 for this capacity building activities will include moving each partner organization progressively towards independent sustainability. NGO partners will received advanced training on grant writing and will be linked to other funding sources, with a view to "graduating" some partners from the LPATH program to make room for new, emerging NGO partners. The focus for newly identified partners will ensure wider coverage beyond the geographic scope of FY 2004 and FY 2005 partners, as well as scaling up activities among existing

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partners to reach rural and at-risk populations.

A new proposed group is the Nyanza Reproductive Health Society, which will implement a pilot "young men's prevention project" targeting young men in Kisumu and Nyanza Province. This project will be a partnership between NYRS, the University of Illinois, Chicago, and the Lumumba Health center in Kisumu, which is implementing a male circumcision randomized control trial. The predominant tribe in this area, Luo, does not traditionally practice male circumcision; the Luo also have the highest HIV incidence and prevalence in Kenya - 18% in adult men and 27% in women according to the most recent KDHS. Currently, the project has established a well known clinic that provides a full range of HIV prevention services to young men, including health education, counseling, VCT, and long term support groups for behavior change, as well as male circumcision. They have an existing cohort of 2,775 young men who visit their clinic regularly, and they have tested and counseled over 6,800 young men in the last three years. Although we do not yet have data to support widespread promotion of male circumcision, the press reports about the South Africa trial, which showed 65% protective effect against HIV acquisition, have generated demand for male circumcision in Kisumu, and many young men are now coming to the clinic requesting HIV prevention services. This funding to this proposed new sub-recipient will support AB interventions, and will offer an opportunity to enhance HIV prevention for a segment of the population that is often difficult to reach. These include pre-pubertal and peri-pubertal boys who can be given health education and prevention messages focusing on abstinence and delay of sexual debut. Teenage men who may have begun sexual activity will be targeted for messages of faithfulness to one partner. Higher risk young men will also be educated about the benefits and means of achieving faithfulness and reduction of sexual partners.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activities supported by CHF in this program area will work to prevent HIV infection in young people, including young men in the Kisumu area. These activities are consistent with the Kenya 5-Year Strategy which focuses on HIV prevention in youth.

3. LINKS TO OTHER ACTIVITIES

These interventions for young people, will link to interventions funded by CHF under OP activity (#4167), CT activity (#4170), HCS activity (#4170), and OVC activity (#4169).

4. POPULATIONS BEING TARGETED

Young adults, especially young men, will be targeted by these activities. The Nyanza Reproductive Health Society has already established referral networks among organizations of young men, including "boda-boda boys" (drivers of bicycles which carry passengers), fishermen, car washer, touts, street vendors, truck drivers, and other associations reaching young men.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This project will focus on changing male norms and behaviors through the provision of HIV prevention services targeted to young men.

6. EMPHASIS AREAS

The primary focus of CHF support to these local organizations will be to provide them with funding so they can employ staff to implement the activities. CHF will also help them train their staff and volunteers in the interventions, and will assist in capacity building of the local groups.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	10,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	4,500	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Faith-based organizations
- Program managers
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Primary school students (Parent: Children and youth (non-OVC))
- Secondary school students (Parent: Children and youth (non-OVC))
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders

Key Legislative Issues

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

Coverage Areas

- Central
- Nairobi
- Nyanza
- Rift Valley
- Eastern
- Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HYAB
Program Area Code: 02
Activity ID: 4179
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

CARE Kenya, in partnership with local and indigenous organizations in the Northeastern Province of Kenya, will reach 35,000 in- and out-of-school children, parents, and village elders, and train 300 people 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.

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 (KDHS) 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 paid to the issues of HIV prevention and care in this part of Kenya. However, the road to Garissa, the provincial capital, has recently been 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute towards the achievement of the Emergency Plan's prevention targets in AB. It will reach 35,000 underserved youth and their parents and train 300 people to provide AB education and training.

3. LINKS TO OTHER ACTIVITIES

This activity links to other activities in CT and OP. It will target strengthening the capacity of local organizations to identify and develop partnerships for referrals.

4. POPULATIONS BEING TARGETED

The activities implemented by CARE in this program area will work to prevent HIV infection among special populations including youth in underserved nomadic settings. It will target strengthening supportive environments to safeguard the current low HIV prevalence rates.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is increasing gender equity in HIV/AIDS programs and addressing male norms and behaviors.

6. EMPHASIS AREAS

This activity includes a major emphasis on local organization capacity development and minor emphasis on infrastructure, quality assurance and supportive supervision, and training as detailed in the activity description above. The factors that increase project costs include the insecurity, isolation, distance between locations, severe lack of infrastructure in the district, difficulty in recruiting and retaining qualified staff, and higher staff salaries to compensate for the hardship location. Project costs reflect the current lack of local capacity and need to provide training and other capacity building support to partners in the district.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
<i>Information, Education and Communication</i>	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	35,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	300	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders

Key Legislative Issues

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

Coverage Areas

- North Eastern

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Centre for British Teachers
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4183
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Primary School Action for Better Health model has been adapted and implemented as the Secondary School Action for Better Health (SSABH) program and will be implemented in 400 schools over a 13-month period. In partnership with the Ministry of Education and Ministry of Health, CFBT will mobilize and train 45 new trainers (making a total of 90 SSABH trainers since 2005) who will lead the training program for this integrated abstinence and being faithful/behavior change intervention. From each school, a total of six people will be trained (for a total of 2,400 individuals trained to promote HIV prevention through Abstinence and Being Faithful). The Headteacher, one teacher (as Peer Support Advisor) and four students (Peer Supporters) will be trained in implementing a school-based Peer Supporter behavior initiative, and will then be responsible for disseminating the program to all staff and students in their schools. The Headteachers will be trained to lead and support the program in their schools, while 50 Zonal Inspectors will be trained to monitor and mentor the teachers as they implement the initiative. 192,000 individuals will be reached with messages about preventing HIV/AIDS through abstinence and being faithful.

The training program employs a peer support approach among students who are in turn supported by the key teacher as Advisor. Peer supporters will be selected who are trusted and popular with their peers, and given focused training on communication, situational identification and change, and cues to prompt conversations that deal with both abstinence and being faithful considerations. Regular activities will be organized to support the peer supporters. A situational model/scripting approach will be used: identifying risky situations and circumstances and supplying strategies for reducing risk or avoiding situations/circumstances. Schools will be given reference and support materials and encouraged and assisted to set up anonymous question boxes, School Health Clubs and other extra-curricular activities.

Monitoring instruments will be developed for use by the Zonal Inspectors for actively supporting SSABH implementation at school level. The program is evidence-based, deals in an integrated and mutually-reinforcing manner with both abstinence and being faithful, with monitoring and evaluation an essential part of the overall program design, both to measure progress and to feed back into and enable adjustment of the training program. A preliminary sample of formative information will be collected from 12 schools to gather information on risky situations and circumstances and the scripting of sexual activity including cross-generational sex and concurrent sexual partnerships, abstinence or 'secondary abstinence', as well as the local understanding of HIV and HIV risks. This will be used to improve the validity of the survey questions and to provide information for the peer supporter training sessions. CFBT will assure quality SSABH implementation at every school, and survey and report teacher and student responses concerning its effectiveness.

In addition, a small evaluation program will be run under the auspices of CFBT, who will contract out the research function to Steadman Research Group and Kenyatta University. The evaluation will adopt the methodology established in the research model developed for CFBT by University of Windsor, Ontario, on earlier HIV/AIDS prevention programs. Steadman Research will collaborate with Kenyatta University researchers on data-gathering and analysis. Evaluation data will be collected using surveys and interviews with students and teachers in order to make an overall assessment of the impact of the program.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

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This activity contributes to the increased use of schools to target youth as well as educators. It is also a component of the comprehensive HIV/AIDS programming USG is developing along the major transport route running across Kenya.

3. LINKS TO OTHER ACTIVITIES

Selected sites will include those schools where the Kenya National Union of Teachers (KNUT) has already sensitized Headteachers to the impact of HIV and AIDS on the education sector and for the need for a concerted response. Liaison with KNUT has been formalized through the participation of CBT on the KNUT advisory committee. This activity also relates to activities in the following program areas: Policy and Systems Strengthening (#4156), Strategic Information (#4157) and Other Prevention (#4081). This activity also contributes to the implementation of the AIDS Policy for the Education Sector developed in 2005 with the assistance of the University of Kwazulu Natal Mobile Task Team.

4. POPULATIONS BEING TARGETED

The target populations for this activity include secondary school students and adults.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Through education of both students and teachers, stigma and discrimination against people living with HIV or AIDS will be reduced. Both target populations will learn how HIV is transmitted, how transmission can be prevented and how treatment and care of HIV and AIDS affected individuals empowers them to remain productive members of society.

Although this activity links the health and education sectors, there is no counterpart contribution outside of PEPFAR funding.

6. EMPHASIS AREAS

The major emphasis area is training, and minor emphasis areas include targeted evaluation which will study how the program is working, local organizational capacity development, and quality assurance and supportive supervision as the project uses an evidence-based approach.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target - Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	192,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	192,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	2,400	<input type="checkbox"/>

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Target Populations:

Adults

Teachers (Parent: Host country government workers)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Stigma and discrimination

Education

Coverage Areas

Central

Coast

Eastern

Nairobi

Rift Valley

Western

Nyanza

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Hope Worldwide
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4198
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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). In 2003, CDC funded Hope Worldwide through a locally executed contract to start up youth targeted HIV/AIDS prevention including VCT in slums of Nairobi. With funds from the Presidential Initiative, Hope worldwide will scale up these highly valued youth targeted activities initiated with funds from CDC.

Significant changes from FY 2005 to FY 2006 will be HWW's expansion to Kibwezi, an adjacent location to Makindu and which was previously supported by HHS/GAP funds. Program improvement will be another significant change in which HWW will reorganize its programmatic elements and concentrate on more targeted interventions

It will continue to 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 given 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the FY 2006 project period, a total of 30,000 individuals will be reached with community outreach programs that promote abstinence and/or being faithful through three project sites. 600 individuals will be trained to provide abstinence and faithfulness behavior change messages to young people through peer educator training, magnet theatre training and training teachers and community/faith based organizations' leaders. HWW will continue to implement the Men As Partners (MAP) life skills curriculum in all of its project sites.

3. LINKS TO OTHER ACTIVITIES

HWW's AB activities relate to PEPFAR-funded CT activity (#4786) and OVC activity (#4200). HWW is also funded for additional and separate AB activities under PEPFAR Track 1. HWW will further ensure that prevention is sustained as a component under the OVC activities to reduce the vulnerability of OVCs to HIV infection. HWW also implements an active VCT activity and will strengthen access to CT through mobile CT services to underserved populations.

4. POPULATIONS BEING TARGETED

This activity targets the general population with faithfulness messages and youth with abstinence and faithfulness messages. It works closely with primary and secondary school students within its geographic target areas and serves HIV/AIDS affected families and People Living with HIV/AIDS. This activity also targets "Most-at-Risk" populations including street youth and youth living in slums, discordant couples and truck drivers as well as youth who are exposed to truck drivers in various

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hot spots. The Kibwezi and Ongata Rongai sites target young migrant workers working in sisal farms and quarries. Community leaders, program managers and religious leaders will be targeted for training in promotion of HIV/AIDS prevention through their involvement in community-based organizations and faith based organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs and address male norms and behaviors as well as reducing violence and coercion through training youth using the Men As Partners curriculum. Stigma and discrimination will be reduced as a result of the varied approaches that will be employed in behavior change communication as HWW works to build competent communities.

6. EMPHASIS AREAS

The major emphasis will be on community mobilization and participation. Minor emphasis will be on human resources, development of networks and referral linkages, provision of information, education and communication materials and training youth and leaders.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	600	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Discordant couples (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Truck drivers (Parent: Mobile populations)
People living with HIV/AIDS
Program managers
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Migrants/migrant workers (Parent: Mobile populations)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

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

Coverage Areas

Eastern
Nairobi

Activities by Funding Mechanism:
Mechanism: Frontiers in Reproductive Health
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4203
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

Through the Frontiers project, Population Council will implement two activities: one targeting married adolescents, and the other working with three ministries to target youth in and out of school. Recent studies have highlighted emerging evidence of the heightened HIV risk that married adolescent girls face compared to their unmarried counterparts. Once married, intercourse is much more frequent and condom use virtually non-existent, with husbands of married adolescents being considerably older and much more likely to be HIV-infected. Further analysis revealed that the age and HIV profile of girls' husbands is a risk factor that overrides the related to the multiple partnerships of some unmarried girls. At the same time, married girls are less likely to have been reached with HIV information. Three interventions include the following: an education campaign to sensitize communities, families and young people that marriage is not protective for HIV and the benefits of premarital VCT through radio, drama and advocacy by church and civic leaders; promotion of premarital VCT services for couples, and support groups for married girls and families using an innovative "peer family" approach. This intervention will also include a focus on men and changing social norms to reduce HIV risk through reduction of concurrent and multiple sexual partnerships.

Messages will be conveyed through 100 local weekly radio programs. In Rachuonyo a total of 20,000 people will be reached by Magnet Theatre, a powerful, dilemma-based participatory form of theatre; 8,000 will be reached in Homa Bay where six drama groups will be trained. In Homa Bay 20 trained church and civic leaders will pass messages in church sermons, funerals, barazas, and other public events to reach 3000 people, while in Rachuonyo 8000 people will be reached with 60 trained leaders. In Rachuonyo, 200 married girls clubs will give 4000 girls venues through which they can receive information, advice and social support. In Homa Bay there will be 50 clubs reaching 1000 girls and 2000 families, including special attention to working with men. Through these interventions a total of 44,000 people will be reached with abstinence and/or be faithful messages. Population Council and PATH will work with local partners, Kendu Adventist Hospital and Radio Homa Bay, as well as local drama troupes. A baseline survey will be conducted in both Homa Bay and Rachuonyo in 2006 in order to eventually assess changes associated with the project.

Population Council and PATH have been collaborating with three GOK ministries: Health (MOH), Education (MOEST) and Social Services (MOGSCSS), to improve HIV preventive behaviors and reproductive health among young people aged 10-19 years through a multisectoral program, the Kenya Adolescent Reproductive Health Project (KARHP). Drawing from a 'life skills' curriculum, the project supports all three ministries by training their staff throughout Western Province. The staff reach in- and out-of-school youth, their parents, and the community at large with messages about abstinence and behavior change, reproductive health, gender equity, and stigma and discrimination against PLWHAs. Population Council and PATH provide technical assistance for the training sessions and for developing monitoring and supervisory follow-up mechanisms. Project staff work closely with Ministry staff at the provincial and national levels to build capacity to sustain management and financing of these activities beyond this initial training period. For 2006, most of the effort will be focused on expanding the approach to two pilot districts in each of two other provinces.

In addition to personnel, MOEST also trained parents affiliated with approximately one-third of all schools in the province. In 2006, it is expected that the project will have trained 1320 teachers and PTA members in 440 schools and 82 MOEST staff;

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195 Social Development Advisors and 60 MOGSCSS staff; and 396 MOH public health staff. This will bring to a total of 2,133 people from both activities trained in communicating AB messages. During 2006 a follow-up survey will be undertaken in the two pilot districts to measure the long-term impact of the approach at the population level.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

One project targets married adolescents with awareness of the HIV risk that they face within marriage. Abstinence is promoted by encouraging adolescents and their families to delay marriage. By promoting premarital VCT, the project promotes faithfulness within marriage and/or prevents transmission between discordant couples. The youth project increases knowledge of sexual and reproductive health issues using innovative approaches for public sector authorities to work not only with youth, but also with their parents, teachers and community leaders to improve HIV prevention through delayed sexual debut, secondary abstinence, and safer sexual practices among sexually active young people.

3. LINKS TO OTHER ACTIVITIES

Both projects create demand for VCT services, including the APHIA II CT activity (#4190). In addition, key messages and activities are conveyed through existing church structures, resulting in the strengthened capacities of local churches to address HIV risk, marital transmission, and premarital testing. The youth activity complements the CBT project targeting youth in secondary schools (#4183).

4. POPULATIONS BEING TARGETED

Specifically unmarried and married adolescents, parents, husbands and communities in Rachuonyo and Homa Bay districts will be targeted to understand the context of marriage. The intervention sites are Rachuonyo district. The youth project primarily targets girls and boys in two age groups, 10 to 14 years, and 15 to 19 years in primary and secondary schools, as well as unmarried out-of-school youth in the project communities. The project also reaches community and religious leaders, parents and local authority representatives.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Power imbalances in sexual decision-making and the right of women to protect themselves from HIV/AIDS, even within marriage, is emphasized. This activity will work toward increasing women's legal protection and addressing male norms and behaviors. Through the content of the life skills curriculum, group discussions and individual counseling sessions, the youth project will address gender equity, male norms and behaviors, violence and coercion, and stigma and discrimination.

KARHP has contributed to the development of policy guidelines on "guidance and counseling" in schools and to the development of national curricula on Family Life Skills & HIV/AIDS. Through advocacy and lobbying, adolescent issues are now continually being promoted as a priority when these ministries prepare their strategic plans.

6. EMPHASIS AREAS

The major emphasis will be community mobilization/participation in promotion of pre-marital VCT and VCT for newly married couples. Information, education and communication materials will be used to raise awareness of HIV risks associated with early marriage, including messages conveyed through the radio, through drama, and by community leaders. Community-level married girls clubs support and empower newly married adolescent girls in their early stages of marriage. A strong strategic information system will also be put in place. The major emphasis in the youth project is on training with minor emphases on IEC, policy and guidelines, and quality assurance and supportive supervision.

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Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	44,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	2,133	<input type="checkbox"/>

Target Populations:

Adults
 Community leaders
 Teachers (Parent: Host country government workers)
 Rural communities
 Girls (Parent: Children and youth (non-OVC))
 Boys (Parent: Children and youth (non-OVC))
 Primary school students (Parent: Children and youth (non-OVC))
 Secondary school students (Parent: Children and youth (non-OVC))
 Host country government workers
 Public health care workers

Key Legislative Issues

Addressing male norms and behaviors
 Increasing women's legal rights
 Increasing gender equity in HIV/AIDS programs
 Reducing violence and coercion
 Stigma and discrimination
 Education

Coverage Areas

Nyanza
 Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Institute of Tropical Medicine
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4217
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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 (KDHS) 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 1,500 parents will be reached with targeted HIV prevention messages, and 15 youth and adult community leaders will be trained.

One of the major activities being conducted by ITM is the implementation of a "Families Matter" curriculum which involves both the youth and their parents. This 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 in Asembo and Gem are very supportive of this approach of enabling parents to take a more active role in HIV prevention for their adolescent children.

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 reporting 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention in youth, as the primary target group is young people, including children aged 10 - 14. Targets in this project will contribute to HIV infections averted.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to KEMRI AB activity (#4089), KEMRI CT activities in Kisumu (#4087) and ITM OP activities (#4852).

4. POPULATIONS BEING TARGETED

The primary population being targeted is rural youth, including both in-school and out-of-school youth. Ages of youth targeted range from 10 to the early 20's. Age appropriate curricula are used with each group. In addition, their parents and community and religious leaders are targeted by the project.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including increasing young women's access to income and productive resources.

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6. EMPHASIS AREAS

The primary emphasis area is human resources, as the project has a large staff needed to implement and assess the impact of these interventions. Community mobilization to change social norms which encourage early sexual debut is also an important component of this project, along with IEC activities to educate the youth and their parents about abstinence and faithfulness.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	2,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	15	<input type="checkbox"/>

Target Populations:

Adults

Community leaders

Community-based organizations

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Council
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4218
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Population Council's (PC) 'Friends of Youth' (FOY) Project working in partnership with the Family Planning Association of Kenya (FPAK) will reach 7500 youth with abstinence and faithfulness messages through training 75 adult mentors and counselors. The effectiveness of the FOY activity in achieving behavior change for youth through close adult mentorship has been evaluated for effectiveness and is now being scaled up to previous control sites and other feasible areas. The intervention 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 at village level. 75 FOY adult mentors will be trained to work with 7500 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.

Significant changes from FY 2005 to FY 2006 include scaling up to two new project sites, namely Thika and Nairobi as well as providing better quality training, supervision and QA both for project counselors as well as adult mentors. Data management will be strengthened through establishing more effective linkages with other service delivery partners. An important addition to the project will be establishing linkages for adolescent care and treatment in both private and public health care facilities.

PC has done extensive work on effective youth interventions and this project will scale up 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 youth 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.

This activity also supports the Family Planning Association of Kenya as a sub-recipient for activities integral to the program.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the 2006 project period, a total of 7500 individuals will be reached with an intensive curriculum-based life skills training program through 75 adult mentors trained. Community outreach programs that promote abstinence and/or being faithful through four project sites namely Nyeri, Nyahururu, Thika and Mathare slums in Nairobi will contribute to the Emergency Plan prevention targets.

3. LINKS TO OTHER ACTIVITIES

Although PC is not funded under other program areas, its, FOY AB activities will contribute to achievement of targets in OP activity (#4075), CT activity (#4076), HCS activity (#4074). Most partners listed under AB are either directly involved in implementation of other program areas or provide essential linkages to these activities. PC-FOY will continue strengthening the referral system that encourages

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youth to adopt good health-seeking behavior for STIs and subsequently care as need may be. Linkages will be established with public health care facilities to supplement current linkages that exist with private health service providers.

4. POPULATIONS BEING TARGETED

This activity will target young men and women of reproductive age as well as youth including primary and secondary school students and out-of-school youth. It will continue to identify community leaders who will be instrumental in the recruitment of friends of youth. Religious leaders will be actively involved in this activity and the trusted adults selected will serve in a volunteer capacity and continue to receive only a minimal honorarium and occasional incentives such as training. Linkages will be established with health care providers in both the private and public sector. Support from community-based organizations mainly at sub-locational level will continue to be enlisted to ensure that both parents and youth continue to be supportive of this abstinence and faithfulness activity.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender issues by increasing gender equity in its HIV/AIDS programs and will continue to address male norms and behaviors, particularly ensuring that there is a greater involvement of male youth in abstinence campaigns. It will also work at reducing violence and coercion through reinforcing desirable behavior in its life skills training. Stigma and discrimination will be addressed through all program activities.

6. EMPHASIS AREAS

Major emphasis will be on community mobilization and participation as well as on information, education and communication. Linkages with other sectors, especially the health sector and the development of referral systems will be enhanced. Through its partnership with FPAK, local organization capacity development will be addressed while providing quality assurance and supportive supervision alongside training. Minor emphasis will be on health care financing through subsidizing costs on referrals for youth's health care. Human resource is also a minor emphasis as the project has a thin staff structure and relies heavily on the volunteer friends of youth to drive its implementation.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,500	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	70	<input type="checkbox"/>

Target Populations:

Community leaders

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues :

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Central

Nairobi

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS & STD Control Program
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	D2
Activity ID:	4226
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>1. ACTIVITY DESCRIPTION</p> <p>The Kenya National AIDS and STI Control Program (NASCOOP) 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. NASCOOP will continue strengthening a coordination mechanism for youth HIV prevention in Kenya. It will continue to explore feasible avenues of strengthening HIV prevention programs such as the integration of alcohol prevention efforts with HIV prevention work. NASCOOP will coordinate the development and distribution of print materials as needed in support of abstinence and faithfulness 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 reduced HIV/AIDS stigma and discrimination.</p> <p>Significant changes from 2005 to 2006 will be that NASCOOP will play a key role in ensuring that epidemiological data is captured, analyzed and presented for use in implementation of prevention programs.</p> <p>NASCOOP 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 NASCOOP 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.</p> <p>2. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This activity will contribute towards the achievement of the Emergency Plan prevention targets in AB. It will promote the ability of implementing partners to reach their varied emergency plan targets for the year and will guide the implementation of targeted interventions for greater efficacy in behavior change.</p> <p>3. LINKS TO OTHER ACTIVITIES</p> <p>This project will establish essential linkages with other NASCOOP coordinated national programs including CT activity (#4787), PMCT activity (#4225); ARV activity (#4223), non-ARV care activity (#4224), and strategic information activity (#4221). NASCOOP 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.</p> <p>4. POPULATIONS BEING TARGETED</p> <p>The activities implemented by NASCOOP in this area will target partners working towards the reduction of HIV prevalence through prevention of new and secondary infections.</p> <p>5. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>The primary legislative issue addressed in this project is increasing gender equity in HIV/AIDS programs and reducing stigma and discrimination.</p> <p>6. EMPHASIS AREAS</p> <p>This activity includes major emphasis on quality assurance, supportive supervision and strategic information.</p>

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Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

Adults

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Impact Research and Development Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4246
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Impact Research & Development Organization (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, in Nyanza Province. A referral and coordination center will be set up and 300 youth 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 improved HIV preventive behaviors among youth, 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 works within urban slums whose estimated youth population is 80,000. 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.

Significant changes from 2005 to 2006 for this activity include the implementation of a life-skills curriculum for use in training youth on behavior change skills. This will be done as an important addition to other education activities that are geared towards improving knowledge on HIV/AIDS. This activity will also form a key basis for planning a program evaluation for the program.

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 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.

These changes will contribute to testing a model of effective youth interventions. It will also improve social and community norms to promote HIV preventive behaviors in youth and young adults. Most importantly, it will make significant contributions to improved HIV preventive behaviors for youth through strengthening life skills.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Abstinence and faithfulness activities targeting youth in the slum areas of Kisumu will significantly contribute to the PEPFAR goals of averting HIV infections. Specifically, this project will train 300 leaders to reach 20,000 youth with AB messages.

3. LINKS TO OTHER ACTIVITIES

Tuungane's AB activities in Kisumu slums relate to activities in CT (#4087), ART (#4091), HCS (#4088) and STI treatment. Linkages between existing youth service providers include the Family Planning Association of Kenya, the Network for

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Adolescents and Youth in Africa, local youth groups, and the Municipal Council of Kisumu. A strong referral linkage will be strengthened for young people who test positive. Currently, referrals for young couples are made to the KEMRI/CDC PEPFAR-supported patient support center of the Nyanza provincial general hospital as well as the FACES project. PLWHAs are referred to Our Lady of Perpetual Support for People living with HIV/AIDS (OLPS) (#4170), a CBO subrecipient of PEPFAR funds through CHF.

4. POPULATIONS BEING TARGETED

This activity targets the general population including men and women of reproductive age as well as youth. It also targets special populations, mainly most at risk populations such as discordant couples, injecting drug users, men who have sex with men, street youth and out-of-school youth. At community level, this program will target community and religious leaders, most of whom will work in a volunteer capacity. Existing community structures will be utilized including youth and community organizations as well as faith-based organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This project will address key legislative issues particularly gender issues. The project will work at increasing gender equity in its programming, particularly enhancing the participation of young women in the AB activities. Participatory approaches will be employed to address male norms and behaviors as well as the reduction of violence and coercion through the life skills training. Stigma and discrimination will be addressed through intensive community education and sensitization forums.

6. EMPHASIS AREAS

This program will have a major emphasis in Community mobilization/participation. Minor emphasis will be in development of network/linkages/referral systems, Information Education and Communication, training and human resources.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	300	<input type="checkbox"/>

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Target Populations:

Community leaders
Community-based organizations
People living with HIV/AIDS
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

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

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Uniformed Services Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4257
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Activities promoting abstinence and faithfulness in young people have been a key component of a comprehensive HIV prevention program for the uniformed services. Uniformed services includes the National Youth Service (NYS), the Kenya Prisons Service (KPS), the Kenya Wildlife service (KWS) and the Kenya Police, all of whom are currently supported by PEPFAR through CDC. Populations served by these uniformed services share many similar characteristics, with young men and women often serving in locations far from home and are therefore predisposed to HIV risk. Abstinence and faithfulness activities will be strengthened across these services and close collaboration between these uniformed services will be fostered so that they can learn from the successes and challenges encountered by each other. By undertaking activities in this program area, the Uniformed Services will achieve results by improving HIV prevention behaviors among the young recruits of the NYS and KWS. This will contribute to increased adoption of abstinence and faithfulness among the youth and young adults as well as reducing HIV/AIDS stigma and discrimination. Social and community norms within uniformed services will also be improved.

In its AB program, the uniformed services will use three key approaches; 1) support the Chaplaincy functions of the uniformed services and enable them to integrate AB messages to their regular education, 2) provide a behavior change life skills training using the Men as Partners (MAP) curriculum and 3) to train youth to use Magnet Theatre by enhancing their HIV/AIDS knowledge competence and using them to attract greater youth participation in discussing AB behaviors that reduce their risk of HIV infection.

There has been an increased demand from the uniformed services to support Chaplains to implement AB activities as part of their regular faith-based roles. This approach would also help reach young spouses and other family and community members of the uniformed services using a faith-based environment that is a significant protective factor for reduced HIV risk. HIV prevention activities will be mainstreamed into the youth faith activities and intensive sensitization will be undertaken in churches and mosques that serve the uniformed services.

AB behavior change training will also be implemented for the uniformed services through use of the Men As Partners life skills curriculum. This curriculum addresses gender stereotypes and attitudes that increase vulnerability of young people, especially young men to HIV transmission. It also promotes a positive perception of sexuality leading to the adoption of abstinence and faithfulness as desirable life choices. In its first year of implementation, the NYS trained 1,200 service men and women with behavior change life skills focusing on abstinence and faithfulness and trained 60 Master trainers to implement the curriculum among NYS youth.

Magnet theatre and AIDS competency training will be the third approach that will be used in the behavior change AB training for the uniformed services. This strategy has been initiated with the NYS and demonstrates a great potential to use a peer-led approach in actively involving large audiences of youth in discussing ABC issues and drawing a majority consensus on making correct choices for HIV prevention. An underlying strength of this intervention is that it uses an adult facilitator mentorship and uses real-life situations to discuss sexual behavior affecting youth in a given uniformed service. An additional advantage is that the magnet theatre uses behavior magnification by having youth talk about their challenges and successes in making AB choices.

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This activity will reach a total of 8,000 recruits and 15,000 young family and community members of staff in the NYS and KWS with education and skills based training in abstinence and faithfulness. 350 trainers will be trained to enhance AB messages and interventions. Materials in support of this strategy will be developed and distributed in the Uniformed Services bases, camps and units.

Significant changes from 2005 to 2006 for this activity are an increased focus on strengthening the role of the Chaplaincy as well as initiating MAP life skills training and Magnet Theatre in the KWS. Activities already being implemented will continue to be strengthened through supportive supervision and update trainings. A project evaluation will be undertaken for the NYS project to provide lessons and directions for future interventions with the uniformed services.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB activities within the uniformed services will significantly contribute to overall PEPFAR Prevention targets for Kenya. HIV prevention education and appropriate life skills training will be provided for young recruits, youthful family members of the uniformed services community and young married couples. This activity will also aim at ensuring that interventions effectively contribute to behavior change and move away from general awareness raising activities

3. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive program and is linked to other KEMRI activities in this COP including in CT (#4255), OP (#5064), PMCT (#4258) and ART (#4259). Linkages between counseling and testing centers and care programs will be strengthened to improve utilization of PEPFAR-funded care programs.

4. POPULATIONS BEING TARGETED

This activity will target at least 8,000 recruits and 15,000 young family and community members of the uniformed services including youth, men and women of reproductive age as well as children. Religious and other community leaders within the uniformed services will have their capacity strengthened to provide leadership in this area. Faith based organizations, operating within the uniformed services will be the focal points of this activity.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender issues as relates to addressing male norms and behavior. The adoption of the MAP life skills curriculum for use with young recruits of the uniformed services is particularly significant in that it addresses gender norms that may increase vulnerability to HIV transmission among uniformed services. Intensive advocacy and policy implementation will be done with authorities in the uniformed services to effectively address existing workplace concerns related to sexual and gender violence and coercion. Stigma and discrimination will also be addressed through intensified training and public education through theatre and other interactive approaches for behavior change.

6. EMPHASIS AREAS

This activity will entail a major emphasis on training in MAP, Magnet theatre and AIDS competency for chaplains. All training in this area will be done within the 'workplace' of the uniformed services institutions and will focus on behaviors that are characteristic of this population. There will also be a minor emphasis in community mobilization/participation, development of networks/linkages/referral systems as well as development of information, education and communication strategies.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	350	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Prisoners (Parent: Most at risk populations)
- Program managers
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders
- Public health care workers

Key Legislative Issues:

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

Coverage Areas:

- National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4805
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

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 and Kalokol in northeastern Kenya. IRC will use community involvement and mobilization, capacity building of partners and IRC staff, involvement of PLWHAs, multisectoral approach, and partnership between different players to ensure a sustainable prevention program. Messages promoting abstinence and faithfulness will reach 50,000 refugees and nomads. 40 persons will be trained in the delivery of effective abstinence and faithfulness messages. 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.

Founded in 1933, the International Rescue Committee (IRC) is a leading non-sectarian, voluntary organization providing relief, protection and re-settlement services for refugees and victims of oppression or violent conflict. IRC is committed to freedom, human dignity and self-reliance. This commitment is reflected in well-planned resettlement assistance, global emergency relief, rehabilitation and advocacy for refugees in 33 countries around the world 21 offices in America that assist resettling refugees.

IRC has been operational in Kenya since 1992, focusing initially on health outreach activities in Kakuma Refugee Camp (KRC); from 1997, IRC became the sole implementing partner for the entire health sector in KRC, under the operational umbrella of UNHCR. With additional support from CDC, IRC started the implementation of an HIV/AIDS prevention and care program in Turkana District in KRC in September 2001 and in Lokichoggio (Loki) in February 2004 and Kalokol July 2005.

Turkana district is an arid, vast and remote land where government infrastructure and social services are weak, poverty is high, and local pastoralists exist only with great difficulty. The total population of the target areas (Kakuma, Lokichoggio and Kalokol) for this program is 271,000 people (of which 91,000 are refugees). Currently there are approximately 16,000 individuals infected by HIV in Turkana, of which less than 1% are receiving any form of care and support. IRC is one of the few agencies working to meet these needs.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are consistent with the Kenya 5-Year Strategy which focuses on HIV prevention in youth and will work with to provide a supportive adult environment that will reach the youth and young married persons from amongst the 50,000 beneficiaries with AB messages.

3. LINKS TO OTHER ACTIVITIES

IRC is implementing a comprehensive program in the Kakuma refugee camp, with links to IRC's OP activity (#4149); CT activity (#4774); PMCT activity (#4150), and care and treatment activities (#4809). There are links to OP and CT activities in Lokichoggio and Kalokol.

4. POPULATIONS BEING TARGETED

This activity will provide a major focus on younger youth aged 10 – 18 both through schools and within the refugee and host communities. Many of the young people living in the refugee camp have had their educations disrupted and can be considered out-of-school youth.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is services for refugees.

6. EMPHASIS AREAS

This activity has a major emphasis on human resources and a minor emphasis on infrastructure, quality assurance, and training as detailed in the activity description above. The factors that increase project costs include the insecurity, isolation, distance between locations, severe lack of infrastructure in the district, difficulty in recruiting and retaining qualified staff, and higher staff salaries to compensate for the hardship location. Project costs are reflect the current lack of local capacity and need to provide trainings and other capacity building support to partners in the district.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	40	<input type="checkbox"/>

Target Populations:

Adults

Refugees/Internally displaced persons (Parent: Mobile populations)

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Other

Coverage Areas

Rift Valley

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Twinning Center
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAJ account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4818
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kenya Episcopal Conference – Catholic Secretariat (KEC-CS) is currently implementing an HIV prevention program in the schools. There is also a mass media component using a Catholic radio station. This project is funded as a sub-grant under the CHF International capacity building project. KEC-CS has requested a twinning relationship with DePaul University, a Catholic university where several professors have expertise in HIV prevention activities promoting abstinence and faithfulness. These professors also have expertise in monitoring and evaluation.

The major activity which DePaul University will engage in under this twinning partnership will be to assist the KEC-CS in monitoring and evaluating their program which promotes abstinence and faithfulness among Catholic youth attending schools supported by the KEC-CS, as well as assessing the impact of the mass media activities which KEC-CS is also conducting.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This twinning relationship will contribute to HIV prevention in youth, a high priority in the Kenya 5-year Strategy. It will also assist in the evaluation of AB activities in Kenya. There are now many FBOs and CBOs implementing AB activities with PEPFAR funding. Most of these organizations do not have in-house capacity for a thorough assessment of the impact of their work, so the evaluation findings that this twinning project will generate will no doubt benefit other AB partners as well. In this regard, there are no specific targets attached to this entry.

3. LINKS TO OTHER ACTIVITIES

This project links to AB activities implemented by KEC-CS which are listed under the CHF capacity building project. This activity also links to the CHF AB activity (#4171).

4. POPULATIONS BEING TARGETED

The primary population being targeted by the interventions that will be evaluated are school children attending Catholic schools. A large FBO, the Kenya Episcopal Conference-Catholic Secretariat, will also benefit from this twinning partnership.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Twinning is the primary issue addressed in this project.

6. EMPHASIS AREAS

The major emphasis area is strategic information, as monitoring and evaluation is the primary activity to be supported by this project. A secondary emphasis area is local organization capacity development, as this activity will also build the capacity of KEC-CS to conduct monitoring and evaluation on their own in the future.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

- Faith-based organizations
- Children and youth (non-OVC)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Live With Hope Centre
USG Agency: Department of Defense
Funding Source: GAC (GHA) account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4919
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The Live with Hope Center (LWHC) is a faith-based organization that has been serving the HIV/AIDS needs of the urban dwelling areas of Kericho and its surrounding rural population since 2001. The LWHC has been offering comprehensive HIV services from prevention activities to support and care. In FY05, LWHC exceeded their targets of reaching 40,000 individuals through their prevention programs that promote abstinence and/or being faithful. Through their close working relationship with the Ministry of Education, LWHC has been successful in reaching over 200 schools in the area with their abstinence/be faithful message. They have also created sustainable programs in the schools through the establishment and maintenance of school-based health clubs that promote healthy living among the student population with a special focus on the primary schools which serve students under the age of 14.

In FY06, the LWHC plans to continue working with the schools in Kericho as well as extend its services to the neighboring districts. They will reach 100 more schools with the abstinence/be faithful message as well as maintain the initiative for behavior change by establishing school-based health clubs in 50 of these schools. In combination, these programs will successfully reach an additional 20,000 students. The LWHC will also continue their training program of local teachers by training more than 100 teachers in the comprehensive HIV/AIDS education program that promotes abstinence and HIV prevention through the ongoing training program at the local teacher's college.

In addition to the maintenance of existing abstinence and be faithful program activities, LWHC will also expand its AB program to special populations in Kericho. They will develop an HIV education program that will focus on abstinence and HIV prevention for over 200 identified street children that are currently homeless. They will also continue to augment the current existing services to the children's rehabilitation center where over 300 boys and girls have been mandated for correctional services through the juvenile justice system. The LWHC will also extend HIV education programs to serve over 500 disabled youth through working with existing schools and training centers in the area.

The focus of the AB program this year will also target more approaches to establishing and maintaining effective behavior change in the local youth and establish workshops for the youth to learn the skills required to change behavior. These workshops will train and mentor over 100 peer educators in behavior change.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Together with the Ministry of Education, the LWHC has concentrated on primary and secondary schools in the Kericho district in creating AB programs as well as behavior change through the establishment of school-based health clubs. This initiative will contribute to the overall national AB program that is focusing on students in the Kenyan school system. The LWHC's AB program in FY 06 will also continue its training efforts in the Kericho Teacher Training College which is in accordance with the national Emergency Plan agenda to train teachers in implementing this syllabus across all subjects. Street children will also be part of the FY 06 program along with the local rehabilitation school that reforms juvenile delinquents from around the country.

3. LINKS TO OTHER ACTIVITIES

LWHC's AB program is linked with community mobilization and awareness campaigns that advertise Live with Hope's stand-alone counseling and testing site (#4114) as

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well as other KEMRI South Rift Valley VCT sites (#4828). Through sensitization, education, and referral, they are also linked to KEMRI care and support services for people who have tested HIV positive.

4. POPULATIONS BEING TARGETED

LWHC will target specific populations that have been identified as most at risk for contracting HIV. They will extend their AB educational program to the disabled populations by focusing on the schools for the disabled in the area. They will also develop an educational program designed especially for the needs of the street youth. The LWHC will also continue their education program they have initiated in the local prison as well as the youth rehabilitation center. The adult education program, sponsored by the Emergency Plan, will bring the HIV education/prevention curriculum to community groups and religious organizations that exist in the area. In general, the AB program under the LWHC will also reach the general population of both adults and children/youth through their education program.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The AB program under the LWHC will focus on Kenyan girls at the primary level in an attempt at early intervention to empower the young girl to make smart decisions related to sexuality and reproductive health. The education program will use peer education and behavior change messages that challenge gender norms and behaviors to help protect youth from HIV infection. The LWHC HIV education program also provides opportunities for individuals in the support group and home-based care program to publicly discuss their HIV status and promote the eradication of stigma and discrimination that still inhibits many Kenyans from learning their status and seeking support.

5. EMPHASIS AREAS

The major emphasis area in FY 2006 is community mobilization and participation, encouraging optimal participation from the local community in the development and active participation in programs that emphasize abstinence and being faithful. Minor areas are human resources in the provision of stipends, and trainings and workshops for teachers, youth, and community groups.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	10,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	200	<input type="checkbox"/>

Target Populations:

- Adults
- Community-based organizations
- Disabled populations
- Faith-based organizations
- Street youth (Parent: Most at risk populations)
- Prisoners (Parent: Most at risk populations)
- Children and youth (non-OVC)

Key Legislative Issues

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

Coverage Areas

- Rift Valley

02: Activities by Funding Mechanism: APHIA II
 Mechanism: To Be Determined
 Prime Partner: U.S. Agency for International Development
 USG Agency: GAC (GHAI account)
 Funding Source: Abstinence and Be Faithful Programs
 Program Area: HVAB
 Budget Code: 02
 Program Area Code: 5024
 Activity ID:
 Planned Funds:
 Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity will build on HIV/AIDS prevention activities that were approved in 2005 in the AB program implemented through Family Health International (FHI) and its 22 partner NGOs and FBOs. In 2006, APHIA II (partner TBD) will implement programs to reach 6,000,000 youth with abstinence and be faithful messages through mass media complemented by HIV prevention programs for in- and out-of-school youth targeting 250,000 people. Twelve hundred people will be trained to provide AB programs among the youth. This program will work through FBO sub-partners including the Muslims and both the Anglican and Catholic churches to integrate life skills programs with their youth programs and will expand the coverage of these programs to an additional 50 churches and 50 mosques and Madrassas (Islamic schools). 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 activity will also produce 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 program will build parent-youth communication for HIV prevention through existing parent/teacher 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. Ten thousand out-of-school youth will be reached through peer education. The Community 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. APHIA II will continue partnerships with local organizations to implement abstinence and be-faithful programs targeting under-served populations and communities. Some of these partners will be targeting Muslim and Christian youth and out-of-school youth and will provide HIV/AIDS education using participatory IEC 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.

An additional 1500 youth will be trained to provide AB messages. 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. They will collaborate with local organizations to implement AB programs targeting underserved populations and communities by working with FBO sub-partners to expand programs with their youth programs. In addition, the activity will work to expand in-school life skills education among girls to 200 schools in Nairobi and Eastern Province. Emphasis will be placed on improving the distribution network of publications. During 2005 partners initiated the development of communication materials on abstinence, and during 2006, more abstinence only materials will be developed as a result of increased demand. 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.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This APHIA II TBD project will contribute to the Kenya 5-Year Strategy in which youth are a primary target. Targets in this project will also contribute to numbers of

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HIV infections averted.

3. LINKS TO OTHER ACTIVITIES

This APHIA II TBD activity links with other prevention activities with youth over 14 and to counseling and testing activities, i.e. encouraging youth to be tested. This activity links with OP activities described in the entry for APHIA II TBD (FHI/IMPACT) (#4960) and CT activities described in the APHIA II TBD (FHI/IMPACT) entry (#4190).

4. POPULATIONS BEING TARGETED

In-school and out-of-school youth and community and religious leaders in three provinces are the target group. This target population will be reached through local community, religious leaders, and teachers.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Gender will be addressed through many school programs including those targeting young girls. The materials developed under this activity will also address issues surrounding stigma and discrimination.

6. EMPHASIS AREAS

Emphasis areas covered by this activity include community mobilization through religious leaders and teachers. Activities will include peer education and training teachers and other leaders to promote AB messages for youth. In addition, the program emphasis includes information, education and communication through the development and printing of materials such as comic books and magazines articles, and curricula targeting youth and promoting AB.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	250,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,500	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers
- Teachers (Parent: Host country government workers)
- Rural communities
- Children and youth (non-OVC)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

- Gender
- Stigma and discrimination

Coverage Areas

- Central
- Coast
- Eastern
- Nairobi
- Nyanza
- Rift Valley
- Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5060
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This APHIA II TBD activity will continue the expansion of abstinence-based programs for youth through child-to-child programs in Coast and Western Province building on the support previously provided through USAID'S AMKENI project. This APHIA II TBD activity will train 2400 youth advocates in ten districts to implement a child-to-child school program targeting primary school children. The program will also promote abstinence and responsible decision making including promotion of counseling and testing to youth out of school to reduce the risk of contracting HIV/AIDS. These abstinence and behavior change activities will reach 20,000 youth in school and 40,000 youth out of school in urban and rural settings.

A significant change from 2005 to 2006 for this activity includes the involvement of church leaders and church-based youth groups to complement the peer family approach to establish and reinforce norms that reduce youth risk, vulnerability and stigma. Since 2005 the AMKENI project, implemented by EngenderHealth has supported the provision of messages to youth encouraging abstinence and safer behavior through a behavior change communication (BCC) program in Coast and Western Province. Emergency Plan funding will be used by the APHIA II TBD to expand these BCC activities in Coast and Western Province through training of additional youth advocates, development of community media messages and enrollment of peer families in 400 villages. Established peer families will help to recruit other families and develop culturally sensitive approaches to change social norms related to early sexual debut, early marriages and cross-generational sex.

This APHIA II TBD activity will work in close collaboration with the National AIDS and STI Control Program of the Ministry of Health, the District Health Management Teams and District Education Officers in Coast and Western Province, schoolteachers, community leaders, church leaders and youth.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB in this geographical area will contribute substantively to the Kenya 5 Year Strategy for primary prevention which puts youth first to protect them from infection. The child-to-child program provides significant support to the strategy of providing appropriate messages to pre-adolescents and their families.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY AMKENI.

The AB activities of the AMKENI project in Coast and Western provinces relate to counseling and testing. Community media messages will encourage safer behavior and promote CT.

4. POPULATIONS BEING TARGETED

This activity targets girls, boys, and primary school students, adults, out of school youth, community leaders, rural communities, religious leaders, teachers, other public health care workers including public health officers, community-based organizations and faith-based organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II TBD activity will address male norms and behaviors, reducing violence and coercion through peer family programs aimed at changing social norms.

6. EMPHASIS AREAS

This activity primarily emphasizes community mobilization/participation through peer

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education by youth advocates with a minor emphasis on training of youth, parents and community leaders as detailed in the activity description in Section 1 above.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	20,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	2,400	<input type="checkbox"/>

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Teachers (Parent: Host country government workers)

Rural communities

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Coast

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: BCC/SM-PSI
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5090
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

With 2005 PEPFAR funds, USAID began to embark on a new, more integrated interpersonal communication (IPC) effort via a two-pronged comprehensive in-school HIV prevention program. The 2006 schools program targets 10-15 year olds in 250 schools within 5 districts in Kenya (Nairobi, Mombasa, Busia, Kakamega and Thika), working with local youth drama groups in addition to other partners. This initiative will create an interactive HIV prevention in-school program that focuses on male-female relationships and re-evaluation of gender norms. In each school a club of 50 students will be formed with activities to include role-playing, drama, participatory discussion and essay writing contests. With each student holding peer discussions with at least four others, the total reached with AB messages will exceed 60,000. In addition, a comprehensive "schools-as-worksite" advocacy component targeting teachers, parents and boards of governors will promote positive behavior change and reduce stigma. This will occur in the same schools as the students program. This Bridge's existing cadre of HIV+ advocates (PLWHAs) will run this worksite program. The PLWHAs will be trained to ensure that they are conversant with all the topics in the students' curriculum and are able to facilitate the same competently with the teachers and parents. This is to ensure proper linkages in terms of knowledge, attitudes and practices with the parents and teachers.

In order to evaluate the effectiveness of this new primary schools program, the Bridge will have conducted a baseline survey in all 250 schools with "Chill" club members as well as with a set of control students, perhaps from another club within the same school, some time in October 2005. This survey will include questions which measure students' attitudes, beliefs, and behaviors with respect to the topics covered in the abstinence and life skills curriculum. The BCC/SM Bridge plans to carry out a follow-up survey to be conducted with the same students in July 2006 in order to gauge progress on these measures and program objectives. The Bridge works with over 30 local youth drama groups who interact with both in- and out-of-school youth.

Following on their extremely successful "Nimechill" campaign ("I have abstained [chilled]"), the BCC/SM Bridge will also develop two mass media campaigns addressing social norms and youth risk factors. Exposure to the upcoming mass media campaigns will also be measured in order to compare the effectiveness of mass media and IPC in improving students' self efficacy in abstaining from sex. Inclusion of a control group will potentially allow this Bridge to make a comparison between no exposure to either mass media or IPC, exposure only to mass media, exposure to only the IPC program, and exposure to both mass media and IPC and effectiveness in forming positive attitudes towards abstinence and avoidance of risk behaviors.

In addition to this evaluation, the BCC/SM Bridge will capture all program outputs and numbers of students reached using a well-organized monitoring system. Every session held will be documented using a standardized MIS form which will be returned on a monthly basis to the Bridge in Nairobi for data entry and analysis. This MIS will serve to measure progress with the curriculum and coverage of the program in all 250 schools and will also serve to validate evaluation results.

It is envisioned that evaluation results from the first year of this program should be available by September 2006, and will provide evidence-based input into the COP for 2007.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This is one of the activities that contributes to the promotion of abstinence and

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being faithful practices among youth, and builds on the network of education programs for in-school youth.

3. LINKS TO OTHER ACTIVITIES

BCC/SM will work closely with the Ministry of Education, Science and Technology, both in selection of schools and development of the curricula. This activity also links with BCC/SM activities in OP (#5006) and the FHI-CRTU AB activity (#5130).

4. POPULATIONS BEING TARGETED

Populations include primary and secondary school students, men and women of reproductive age, and teachers.

4. KEY LEGISLATIVE ISSUES

Messages will address gender norms and behaviors as well as stigma and discrimination.

5. EMPHASIS AREAS

This activity will particularly focus on information, education and communication in a workplace setting.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	60,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	500	<input type="checkbox"/>

Target Populations:

Adults

Teachers (Parent: Host country government workers)

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5091
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Capable Partners is a project of AED that acts as an umbrella organization in Kenya. One of their grantees is Handicap International who will be sub-granting to a consortium of organizations working with disabled Kenyans. Handicap International (HI) 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 overall approach of HI can simply be described in two forms: one is the restoration of a person's capacity in order to reduce the effect of vulnerability and the second is the restoration of the person's environment. In Nairobi, HI has been working on the involvement of deaf groups and working with groups of disabled persons to promote access to HIV/AIDS information.

The situation of disabled persons in Kenya is alarming like in most developing countries. Many live a life of discrimination, negative attitudes and exclusion from the mainstream community activities with no access to information and other basic necessities to live a comfortable life. In parallel, there is a lot of ignorance of the sexuality of the disabled; quite often it is assumed that disabled people are incapable of having sex or sexual relationships. This is clearly targeted toward those with sensory disabilities and physical disabilities. In all cases, the abuse and marginalisation they suffer combined with the inaccessibility to information and resources, predisposes them to HIV/AIDS. Compounding the problem of vulnerability to HIV exposure is the challenge of communicating messages about HIV/AIDS. Low literacy rates among disabled individuals and disadvantages in accessing radio and/or television messages for the deaf and the blind present real challenges to prevention efforts. Sex education programs for those with disabilities—and particularly for those with mental disabilities—are rare.

Through eight organizations working specifically with people with disabilities, the program will reduce their risk of acquiring HIV/AIDS by promoting accessibility of HIV/AIDS information and education among persons with various types of disabilities; developing appropriate communication materials for the various types of disabilities (the project therefore aims to translate existing HIV/AIDS information, including information, education and communication materials produced by National AIDS and STI Control Programme into formats such as braille, large print, sign language etc.); and promoting behavior change among youth with disabilities. The project will train 50 individuals to promote prevention behaviors. In Kenya, youth are currently the most affected age group. Peer educators (disabled youth themselves) will be trained in HIV/AIDS issues. The peer educators will be expected to assist others to build self-esteem by enabling disabled people to understand their rights and measures to protect themselves from abuse or unsafe sex and other risky behaviors that could predispose them to HIV/AIDS. On visiting a VCT centre, a disabled person should have equal access to testing and advice. This means that they should be able to fully communicate their concerns as well as understand the advice and support given. This will be made possible by training VCT counsellors on the needs of persons with disabilities and training a deaf person in counselling to be able to provide VCT services to the deaf. The project also aims to develop consciousness among family members and the community that they have a duty to protect disabled people from sexual exploitation and to ensure perpetrators face legal action.

The organizations to be supported are
 United Disabled Persons of Kenya
 Blind and Low Vision Network
 Dandora Deaf Self-Help Group

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Kenya Disability Action Network
 Kenyan Sign Language Research Project
 Kenya Society for the Mentally Handicapped
 Nairobi Family Support Services
 Disabled Group of Trans Nzoia

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In 2006 Handicap International proposes to implement one community outreach program that will reach 5000 young people, launch one mass media program that promotes AB and reach 50,000 individuals.

3. LINKS TO OTHER ACTIVITIES

This activity links to other Handicap International programs: under BHCS (#4214), Other Prevention (#4940), and Counseling and Testing (#4847)

4. POPULATIONS BEING TARGETED

The project expects to target a variety of populations with different interventions, particularly disabled youth.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed will be stigma and discrimination through the mainstreaming of disability into HIV/AIDS policy papers in the country. At the moment little is being done to provide access to this category of people to services on HIV/AIDS, reproductive health and sexuality. Gender will also be addressed due to a rise in gender-based violence of which almost 90% are sexual in nature. Service providers will be on the look-out for victims of such violence and appropriate services will be offered to them promptly to avoid complications that may arise. In all the activities of the project equity will also be a key focus. Female youth and disabled women in general will be provided with more access to services. The aim of this will be to provide 'more at risk' segments of the population with adequate information for prevention purpose and also care and support as access may have been compromised because of their condition.

6. AREAS OF EMPHASIS

The major area of emphasis is training due to the extensive training of health workers with a minor emphasis on community mobilization/participation and policy and guidelines.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	5,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	50	<input type="checkbox"/>

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Target Populations:

Adults

Community-based organizations

Disabled populations

Faith-based organizations

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Other

Coverage Areas

Rift Valley

Table 3.3.02: Activities by Funding Mechanism

Mechanism: NA
Prime Partner: Ministry of Education, Science and Technology, Kenya
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5100
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kenya Ministry of Education, Science and Technology (MOEST) has recently completed their Kenya Education Sector Support Programme (KESSP) in which one of the objectives is to implement the AIDS policy for the education sector including training teachers to implement the HIV/AIDS syllabus in schools.

AIDS is a major challenge to all the sectors of Kenyan society. In the education sector, the epidemic has severely affected quality, access, equity, supply and demand for education, thus reversing the gains made in the sector in the last ten years. Every Kenyan household is either affected or infected by the epidemic. This has untold physical and psychological effects on the infected and affected.

Strengthening the sector's capacity to respond to the epidemic will require a review of the policy on HIV/AIDS and curriculum for various categories of educational institutions (early childhood development, primary, secondary, vocational/technical and non-formal education) in collaboration with the Kenya Institute for Education. MOEST will need to initiate skills-based training relevant to AIDS in pre-service teacher training programmes. One of the prospective partners in this activity is the Kenya Education Staff Institute (KESI) which is being assisted by USAID to become a center of excellence for teacher training.

This APHIA II TBD activity will fund the development of curricula for pre-service teacher training to be used eventually in 34 diploma and teacher training colleges as well as the production of the same. First-year students will be targeted, with the expectation of training 12,000 teacher trainees per year (approximately 3000 per college), once the curriculum is available and all institutions are participating (in the first year, therefore, we expect to train 6000 teacher trainees). As the "Education Sector Policy on HIV and AIDS" will be one of the materials used in the course, the cost of reproduction of this booklet will also be covered.

Behavior change sensitization programs for communities, teachers, and personnel will help address HIV/AIDS in the education sector. Using a life-skills approach as part of the school health program, sensitization will help build the capacity of teachers to handle HIV/AIDS in educational institutions, and address substance abuse. Guidance and counseling services in educational institutions will be strengthened to help those suffering from stigma and trauma associated with HIV/AIDS.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This is one of the APHIA II TBD activities that contributes to the promotion of abstinence, being faithful and behavior change practices among youth.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY MOEST.

This APHIA II TBD activity will build on the 2005 activity with UNICEF and the Kenya Institute of Education to update and reproduce the Life Skills curriculum. It directly responds to the AIDS policy for the education sector which was developed with MTT using 2004 PEPFAR funding, and the development of the District Education Management and Monitoring Information System. It will then feed directly into the in-service teacher training being carried out by CBT. With the inclusion of the AIDS policy in the pre-service teaching curriculum, this activity will strengthen the AFT-EF/Kenya National Union of Teachers policy sensitization project. This activity also relates to the MTT PAS activity (#4156), MTT SI activity (#4157) and AFT-EF OP activity

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(#4081).

4. POPULATIONS BEING TARGETED

The populations which will be directly affected include teacher trainees and indirectly, their future students.

5. KEY LEGISLATIVE ISSUES

Messages will address gender norms and behaviors as well as stigma and discrimination. This is a wrap around in the education sector.

6. EMPHASIS AREAS

The major emphasis is on human resource development with minor emphases on information, education and communication as well as policy and guidelines.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	6,000	<input type="checkbox"/>

Target Populations:

Teachers (Parent: Host country government workers)

Key Legislative Issues

Stigma and discrimination

Education

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5130
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

Under Family Health International Institute of Family Health there will be two sub-contracted activities: one through I Choose Life (ICL) and the other through Kenyatta University (KU). During 2005, I Choose Life, in collaboration with FHI, developed an intervention to promote ABC messages in a balanced way. Four major enter-educate events were held at the University of Nairobi's Chiromo and Main Campuses. These events reached a total of over 6000 students with AB prevention messages. In 2006, ICL and FHI will continue with their collaboration to ensure that peer educators receive training in communication, counseling, negotiation and mentoring skills specific to putting Abstinence and Being faithful messages into practice. This will bring the total number of peer educators equipped with these skills since FY05 to 400. This peer education will be undertaken through weekly and monthly groups in two universities reaching about 18,000 students by the end of the FY06.

The Kenyatta University activity focuses on 300 house girls working in Nairobi. In 2005 baseline research was carried out to identify appropriate interventions for this target population. The question was whether house girls would require a general population prevention approach or one designed for a special group. The hypothesis was that they were a vulnerable, specialized group. KU will carry out key informant interviews and focus group discussions with the house girls and their potential employers. Earlier research determined that most house girls attend church on Sundays, and this is the venue which will be used (e.g. Bahati Baptist Church) for the survey. The findings of this research will help to develop interventions which will focus on abstinence and being faithful, however, as house girls pose a vulnerable group with little power, they (and the men of the house) will also learn about correct and consistent condom use with OP funding. KU will link with Nairobi Women's Hospital and the Federation of Women's Lawyers if young girls are identified as needing support and or intervention due to domestic violence/assault.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the 2006 prevention targets by targeting special youth groups, i.e. university students and house girls. Behavior change among the former is expected to have a multiplier effect as university students are viewed as "successful" role models by other youth. These activities are consistent with the Kenya Five-Year Strategy targeting young people as full partners in defining and delivering programs and messages.

3. LINKS TO OTHER ACTIVITIES

As both target populations are at risk for sexual activity which may not be possible to abstain from, both will be linked to OP interventions as well. This activity is also related to FHI-IMPACT CT activity (#4190) and FHI-IFH OP activity (#4100).

4. POPULATIONS BEING TARGETED

This activity targets university students who volunteer as peer educators and house girls.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues include volunteerism, addressing male norms and behaviors and stigma and discrimination.

6. EMPHASIS AREAS

The major emphasis area for this activity is community mobilization and participation since university students are also the main partners in the design and implementation

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of the activity. Since FHI is also imparting skills to ICL to carry out these peer education prevention activities, local organization capacity development is a minor emphasis area. ICL uses a network of peer educators to disseminate prevention messages, making development of network/linkages/referral systems, and information/education and communication minor emphasis areas. For the KU activity, the major emphasis is on information, education and communication with a minor emphasis on training.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	18,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	400	<input type="checkbox"/>

Target Populations:

Adults

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Addressing male norms and behaviors

Volunteers

Coverage Areas

Nairobi

Rift Valley

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya AIDS NGO Consortium
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5132
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The Kenya AIDS NGOs Consortium (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 which will focus on strengthening access to CT, the National Organization of Peer Educators which will undertake peer educator training, Kenya Medical Association which will provide training and guidance on ART and care access for young people, Maendeleo ya Wanawake which will facilitate the involvement of parents in supporting abstinence and faithfulness messages for youth, and Community Capacity Building Initiative which will strengthen the capacity of local groups as well as undertake monitoring and evaluation. KANCO will also work with selected most-at-risk populations of young people including out-of-school youth and young beach workers in Kilifi and 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 risk reduction messages including a comprehensive ABC strategy. KANCO will actively engage other local organizations that are a part of its consortium in delivering education and behavior change training for youth in Thika, Embu and Mlolongo.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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 three youth-friendly VCT sites. Fifteen youth will be trained in theater 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. These efforts will contribute to promoting HIV preventive behaviors among youth as well as increase access to HIV/AIDS prevention services for high-risk and underserved populations, including improved provision of STI services.

3. LINKS TO OTHER ACTIVITIES

KANCO's AB activities relate to KANCO activities in OP (#4153). This project will establish essential linkages with ten 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. The Kenya Medical Association will particularly develop linkages with health care providers to improve access to adolescent care and treatment services.

4. POPULATIONS BEING TARGETED

This activity will target men and women of reproductive age as well as youth in primary and secondary schools. It will also work with people living with HIV/AIDS through working with community-based organizations and faith-based organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs and will particularly enhance youth participation in its programs. It will address male norms and behaviors and reduction of violence and coercion as well as stigma and discrimination.

6. EMPHASIS AREAS

Major emphasis will be on community mobilization/participation, development of network and referral systems particularly youth HIV care referral networks. Through its resource centers, KANCO will maintain a major emphasis on strengthening information, education and communication strategies and supporting its sub-recipients through developing local organizational capacity and training. Minor

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emphases will be on human resources and strategic information.

Emphasis Areas

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central
Eastern
Nairobi

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5138
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

During FY 2006 CDC will continue to work with government of Kenya agencies and non-governmental partners to promote abstinence and faithfulness as an HIV prevention strategy. CDC Kenya now has a wide range of AB activities and partners, including 4 cooperative agreements designed to promote AB activities with young people. CDC has learned that three of these projects, implemented by the Kenya AIDS NGO Consortium, Impact Research and Development Organization (both local NGOs) and Hope WorldWide, need an intense level of technical assistance and guidance to ensure that their activities are focused on behavior change.

In addition, CDC supports a number of local FBOs and CBOs through a capacity building project with CHF International. The sub-grantees working in this area include the Africa Inland Church, the Baptist AIDS Response Agency, Kenya Episcopal Secretariat-Catholic Secretariat, and many others. Under the terms of this cooperative agreement, CHF provides capacity building in management and administration of the project, and CDC provides the technical assistance to the sub-grantees. The types of activities CDC technical staff engage in include training in workplan development, assistance with monitoring and evaluation plans, training to bring local CBO and NGO staff up to date in technical areas of HIV and AIDS, and other technical services. CDC Atlanta staff come to Kenya on a regular basis to assist the local partners in developing scientifically sound evaluation plans.

CDC Kenya staff also have a strong partnership with the non-military uniformed services of Kenya, including the National Youth Service, Kenya Prisons, Kenya Wildlife Service, and the police. CDC Kenya staff have had a key role in introducing the Men as Partners curriculum into the training offered young recruits in the National Youth Service; in FY06, CDC staff will play a similar role in introducing this curriculum, which emphasizes changes in male behaviors and attitudes, to young recruits into the Kenya Wildlife Service and the Kenya Military. CDC staff provide technical assistance to these uniformed services in areas such as training curricula, work plan development, and monitoring and evaluation strategies.

The CDC Kenya AB technical team includes one Direct Hire (USDH) working 25% in AB; this staff member has extensive international experience in working with FBOs implementing HIV prevention programs, and she works directly with implementing partners to ensure the technical soundness of the program. CDC has one locally employed technical staff member working on AB and youth programs on full-time basis; she also has extensive experience in this programmatic area, and spends most of her time out of the office, working directly with local partners. In addition, through our cooperative agreement with the Kenya Medical Research Institute, we have a number of staff who are employed by KEMRI to assist in the implementation of projects supporting AB activities in Nyanza province. This team will be supported by two locally employed drivers, one in Nairobi and one in Nyanza, whose work is devoted to supporting AB and youth interventions.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

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Targets

Target

Target Value

Not Applicable

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5272
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Every year, approximately 2,500 young men and women in the age group of 18 to 24 years are recruited by the Kenyan Department of Defense (KDOD). The aim of focusing on these young people is catch them early in their lives and careers and instill life skills, values and norms consistent with abstinence and faithfulness thus helping to protect them against HIV infection at an early stage in their military career which by its very nature exposes them to the high risk of getting HIV. This activity will be focused on the five major barracks where the majority of new recruits are trained, namely Lanet Army Barracks, Eldoret-Recruits Training School, Embakasi Garrison, Moi Air Force Base, and Mtongwe Naval Base. It is planned that 25 KDOD personnel, 5 for each of the major barracks will be trained as trainers of trainers to enable them implement the Men as Partners (MAP) Program focusing on Abstinence and Faithfulness for recruits and young dependents of military personnel living in the camps. This activity will help KDOD young officers, service men/women and youth living in the barracks to understand and change their attitudes that may make them vulnerable to HIV infection. The program will address pervasive gender stereotypes that are relevant to uniformed personnel and which ultimately increase their risk of HIV transmission. Consistent with PEPFAR ABC guidelines, this activity will have some minor emphasis on correct and consistent condom use for those young sexually active youth unable to adopt the AB. This aspect of the program will be supported by Other Prevention (OP) part of the KDOD comprehensive program activities. The major emphasis on the AB component of the program will contribute to the outcome of changed social and community norms to promote HIV preventive behaviors among youth who constitute a part of the population highly vulnerable to HIV infection.

The Men as Partners in HIV Prevention program has been implemented with EP funds since FY 2004 in the National Youth Service (NYS) which forms a part of the non-military uniformed services in the country. The good lessons learnt from the NYS are now being transferred to the KDOD to benefit the young recruits and the young dependents of military personnel in the military. In KDOD, the program is intended to cover Kenya Army, Kenya Air Force and Kenya Navy. A five-day Life skills training for KDOD young people will address gender stereotypes that influence risky sexual behavior and set the stage for their involvement in activities that will help to sustain HIV preventive behaviors. The training also recognizes the mixed population of youth and provides accurate information on correct and consistent condom use while giving prominence to AB messages and most importantly, to life skills. Due to the wide distribution of KDOD personnel in remote areas of the country, the program will train master trainers from amongst KDOD staff so that this training is integrated into the regular KDOD training, both at the basic training stage following recruitment as well as within the on-going cadre courses training of the KDOD 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 replication. A total of 10,000 individuals in the KDOD community will be reached with messages that promote HIV/AIDS prevention through abstinence and/or being faithful. A total of 120 individuals will be trained to promote these messages.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB activities within the KDOD services will contribute to 2006 overall Emergency Plan HIV prevention targets for Kenya, especially among young recruits. This is in accordance with the 5-year Emergency Plan focus on youth. The activities will also focus on other youth within the military community hence contributing to the

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number of school-aged youth that is a target for the AB goals and objectives for FY 2006.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to the KDOD counseling and testing (CT) activity (#4249) by promoting VCT services and also promoting testing among the KDOD mothers. It also links with KDOD ARV services (#4250) for those people who require treatment. This activity also links to the KDOD OP activity (#4254) which is the program area that will serve those who continue to engage in HIV risk behavior.

4. POPULATIONS BEING TARGETED

This activity targets young adults, both men and women of reproductive age. It will have a special focus on the KDOD military personnel who, due to the nature of their duties, are vulnerable to HIV transmission. Particular emphasis will be placed on young military recruits and young dependants of military personnel residing inside the barracks. Leaders within the KDOD will have their capacity strengthened to provide leadership in this area. It is estimated that 500 recruits and 4,500 family members will participate in the MAP program, and 25 will be trained to implement the program.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Through the skill building and behavior change that occurs as a part of the Men as Partners program, this activity will address male norms and behaviors and reduction of violence and coercion as well as stigma and discrimination.

6. EMPHASIS AREAS

Major emphasis will be a workplace program through the training of the KDOD young recruits and young dependents of military personnel residing inside the military barracks. Minor emphasis areas include training, information, education, and communication, and community youth mobilization/participation.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	120	<input type="checkbox"/>

Target Populations:

Adults

Military personnel (Parent: Most at risk populations)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

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Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas:

National

UNCLASSIFIED

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5360
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This APHIA II TBD will promote abstinence and be faithful (AB) activities by improving access to HIV/AIDS AB messages in hard-to-reach geographic areas, especially among youth and young adults. The nomadic pastoralists in North Eastern Province have the lowest HIV/AIDS awareness level (92.8%) of any population in Kenya including the national level estimated at 99%. In the previous project AU-IBAR strived to enhance nutrition and income of the rural poor. As livestock production and access to markets improves, interactions between the livestock producers and traders are likely to increase along with the risk of HIV transmission in Arid and Semi-Arid Land (ASAL) areas. It is in response to this that a livestock development program funded by USAID is being implemented hand in hand with the HIV/AIDS project.

Strengthening and mainstreaming of HIV/AIDS into livestock development and religious activities is a key avenue through to which to pass messages in nomadic communities. To achieve its goal the previous project partnered with strategic stakeholders in livestock and human development and religious sectors. Peer education activities of such partners as Supreme Council of Kenya Muslims (SUPKEM) and Kenya Livestock Marketing Committees (KLMC) reached 28% of the general population with appropriate HIV/AIDS AB messages. To enhance the capacity of partners strategically placed to reach the pastoral community with HIV/AIDS AB messages, this APHIA II TBD component plans to increase the number of peer educators from the current 50 to 70, strengthen and intensify peer education activities in Islamic and formal schools, and increase peer education outreach activities targeting mosques, churches, livestock markets and watering points to reach 40,000 people. In addition 10,000 appropriate IEC materials shall be produced and distributed.

The previous project trained 293 Community Animal Health Workers (CAHWs) and veterinary officers strengthening and mainstreaming HIV/AIDS in animal health work during mass livestock vaccination campaigns. This APHIA II TBD activity shall therefore strive to strengthen the veterinary supervised CAH unit and train 200 CAHWs. An HIV/AIDS training curriculum for CAHWs will also be developed with this funding.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

These APHIA II TBD activities will heighten awareness of risk among a population that does not consider itself particularly at risk of HIV. Information transfer through innovative traditional and modern means intended to clear misconceptions and misinformation remains the key to sustained behavior change to lower risk of HIV infection and reduce HIV/AIDS related stigma and discrimination. By this spirited public campaign to inform the masses through appropriate and culture friendly AB messages delivered in a novel way, the project hopes to increase not only the HIV/AIDS awareness level but more importantly demand for HIV/AIDS services.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY AU-IBAR

Peer education and outreach activities are designed to stimulate demand for counselling and testing services and improve uptake of other HIV-related services including PMTCT. This activity is linked to: CT activities described in APHIA II (AU-IBAR) (#4080) and OP activities described in APHIA II (AU-IBAR) (#4945).

4. POPULATIONS BEING TARGETED

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This APHIA II TBD activity targets community groups via religious and community leaders. The activities target the general nomadic population in Northeastern Kenya, however special emphasis is placed on the youth and young adults in formal and informal learning institutions where existing structures encouraging abstinence will be reinforced. Women will also form a special target group since existing social structures in pastoral areas put them at a disadvantage within the community and household.

5. KEY LEGISLATIVE ISSUES ADDRESSED

AB messages provided are culturally friendly, designed to address reduction of stigma and discrimination, and provide options to risky behaviors without necessarily discouraging/condemning them. In a community where multiple marriages and divorce are widely practiced, defining and developing messages promoting faithfulness is a challenge that the religious peer educators will continue to approach with caution.

6. EMPHASIS AREAS

This APHIA II TBD activity includes major emphasis in the area of Community Mobilization/Participation seeking to strengthen and mainstream HIV/AIDS awareness with livestock marketing by peer education of partners like SUPKEM and KLMC.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	200	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Mobile populations (Parent: Most at risk populations)
- Rural communities
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Religious leaders

Key Legislative Issues

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

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Coverage Areas

North Eastern

Populated Printable COP
Country: Kenya

Fiscal Year: 2006

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Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5378
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

"Mobilizing Youth for Life" (MYFL) will focus on improving the quality of AB interventions while expanding the program reach. Through partnership with seven local FBOs, AB peer education activities will be carried out. A total of 150,750 individuals will be reached through community outreach that promotes HIV/AIDS prevention through promoting abstinence and being faithful.

Working through extensive partnerships with 270 churches, 525 schools, 5 universities, and 1 local community organization, World Relief (WR) will mobilize and equip more than 3,150 volunteers and peer mentors, 540 pastors and 1,050 teachers to guide youth and train 21,100 parents. WR will also help establish 525 youth clubs that will provide continued social support for youth.

Peer education activities will be carried out in 525 schools through trained peer educators. MYFL outreach through churches will be scaled up, as will the work with out-of-school youth. Special focus will be given to the "Influencers of youth," including parents, church leaders and other community members. Advocacy and sensitization meetings will be held to help these influential adults understand their role in supporting youth in their commitment to AB, and also creating an enabling environment. Trained teachers, peer educators and abstinence clubs will continue to carry out AB activities. In addition, MYFL volunteers will make monthly follow-up visits to each school and church program.

M&E systems are in place with partners submitting monthly planning and reporting documents to WR staff and WR staff conducting supportive regular field visits to each partner's sites. Meetings are held with individual partners on a monthly basis and communication lines between WR and the partners remain open.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

WR's AB activities will contribute to reducing the number of new infections among the youth and subsequently the general population. The project seeks to reduce the number of boys and girls who have sex before age 15 through promoting abstinence only for youth up to ages 15 and AB thereafter.

The Mobilizing Youth for Life project will increase the proportion of men and women 15-24 years who can correctly identify ways of preventing sexually transmitted HIV/AIDS infection from 65% and 55% respectively to 85%.

3. LINKS TO OTHER ACTIVITIES

While MYFL is an AB program, a considerable number of youth in the target population were reported to be sexually active. Youth who have had sexual experiences will be referred to voluntary counseling and testing (VCT) and STI diagnosis and treatment centers. They will be encouraged to practice secondary abstinence. Referrals and linkages between AB outreach and government counseling and testing outlets will be strengthened.

4. POPULATIONS BEING TARGETED

MYFL targets youth ages 10-24. We will expand our reach especially to children aged 10-14, preparing them to choose abstinence before marriage as the best way to prevent HIV/AIDS and other sexually transmitted diseases by delaying sexual debut. The project also targets influential adults—parents, teachers, church leaders—to help them understand their role in encouraging youth through interpersonal communication to stay on the path of abstinence.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

WR's structured peer educator curriculum for ages 10-14 and 15-24 addresses gender-based violence and sexual coercion. It empowers the youth to resist sexual coercion and equips them with life skills to make wise choices towards self actualization.

6. EMPHASIS AREAS

MYFL's major emphasis is on promoting abstinence and faithfulness for youth ages 10-24 through peer education. The structured peer educator's curriculum has been very well received by staff as a tool to help them maintain the quality of training interventions and integrity of the AB messages.

In addition the project will develop the capacity of seven local FBOs serving youth to implement quality AB HIV/AIDS prevention programs. MYFL will also enhance an enabling environment through mass media for promotion of abstinence until marriage and fidelity to one faithful uninfected partner.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	150,750	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	3,150	<input type="checkbox"/>

Target Populations:

- Adults
- Community-based organizations
- Faith-based organizations
- Volunteers
- Children and youth (non-OVC)
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders

Key Legislative Issues

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

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Coverage Areas

Central

Eastern

Nairobi

Western

UNCLASSIFIED

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Samaritan's Purse
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5440
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The MET (Mobilizing, Equipping and Training) program in North Meru, Eastern province, trains Christians and village youth leaders to influence youth to make healthy life choices that prevent the spread of HIV, with a focus on abstaining from sex outside marriage and faithfulness in marriage. In FY06, 1,620 pastors, women's leaders, youth leaders, school teachers, headmasters and older youth will participate in the MET cycle of training and one-on-one mobilization. The 1,620 trainees mentor, care for and/or educate 32,400 youth within their villages. The training involves two workshops and intense follow-up that develops the leaders as they implement abstinence and behavior change focused activities for youth. Special attention is given to the role of "khat" and alcohol misuse in contributing to risk behavior among the area's youth through community conversation with leaders at all levels of society.

The training workshops will reach 25 communities in FY 2006. Selection of workshop attendees is based on their access to youth, either through a formal FBO or CBO or an informal setting such as a soccer club. The first workshop focuses on basic HIV/AIDS awareness and homecare skills. Participants commit to reaching youth with lessons on HIV/AIDS, caring for two families with basic homecare, and including two youth in the basic home care for those families. Participants have three months to carry out these interventions. The second workshop prepares participants to teach an intensive character and life skills curriculum to youth and to mentor youth who are involved in or at risk of sexual abuse/exploitation. Participants commit to teaching the curriculum to youth and to mentoring two youth at risk.

A key to MET success in Kenya is sustainability of abstinence and faithfulness work among youth through community-based church, school and youth organization programs. Samaritan's Purse (SP) training teams mobilize the participants and help them address challenges in implementing the interventions they commit to during the workshops and facilitate the formation of "There is Hope" clubs, consisting of all the workshop participants. They elect leaders (a community-based volunteer team (CBVT)) with the task of continuing a coordinated effort to promote AB activities for youth. The SP training team passes on their work of reporting and follow-up to the CBVT. The CBVT also organizes two volunteer recognition and networking meetings with SP staff members, other community and faith-based groups involved in HIV/AIDS related programming, and key district level leaders from churches and government bodies.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

MET program targets include 32,400 individuals reached through community outreach programs that promote abstinence and/or being faithful, and these targets correspond with Kenya Five Year Prevention Strategy goals. 100 percent of youth and their peers reached will receive the specific message to choose abstinence as a life-saving option. More narrowly, eight percent of those reached will promote a message of new behavioral norms and legal protections responsive to the special vulnerability of girls. Another contribution to the Kenya Strategy goals is that four percent of the targets will have messages about the heightened risk of orphans and other vulnerable children.

This activity also focuses on youth as a priority population on promoting youth campaigns aimed at encouraging a change in sexual behavior, discouraging drug and substance abuse, and negative peer influence as a way to prevent new HIV/AIDS infections in the community and developing links between BCC programs and care services for PLWHA.

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3. LINKS TO OTHER ACTIVITIES

The MET Program creates linkages between the grassroots implementers and other services. To underscore the emphasis on abstinence and being faithful, linkages to services for STI treatment and VCT are necessary. SP will refer youth in need of these services to Maua Methodist Hospital (MMH) and the Kenya MOH VCT center in Maua town. Youth and youth leaders participate in the care of PLWHA, and will make referrals to the PEPFAR funded ART and palliative care programs at MMH.

4. POPULATIONS BEING TARGETED

The MET program targets primarily children and youth, including girls, boys, primary and secondary school students. Additionally, program activities target adult men and women, HIV/AIDS affected families, out-of-school youth, community leaders, religious leaders, and volunteers. Groups and organizations targeted include community-based organizations and faith-based organizations.

5. KEY LEGISLATIVE ISSUES

The MET program will increase gender equity in programming through behavior change messages and mentoring relationships targeted to vulnerable girls and young women. The program addresses male norms and behaviors through community conversation about sexual abuse and exploitation of children and youth. The training of community mentors and dialogues held with community leaders aim to reduce violence and coercion. Youth receive the benefit of interpersonal relationships with someone trained to listen and with knowledge of where to refer the youth to additional services if needed. The community dialogues on abuse and exploitation help break stigma and silence and help community members identify their cultural norms that may contribute to harmful patterns of abuse of children.

6. EMPHASIS AREAS

This activity includes major emphasis on information, education, and communication. Minor emphasis areas are community mobilization/participation, training, and strategic information.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	32,400	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,620	<input type="checkbox"/>

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Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Faith-based organizations
- Street youth (Parent: Most at risk populations)
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- Program managers
- Volunteers
- Rural communities
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Primary school students (Parent: Children and youth (non-OVC))
- Secondary school students (Parent: Children and youth (non-OVC))
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders

Key Legislative Issues

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

Coverage Areas

- Eastern

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Scouting Solutions
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5443
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Throughout the life of the project, Scouting for Solutions (SFS) will address gender issues (including coercive sexual activity and adolescent socialization), strengthen protective factors, reduce risk behaviors, and build community support. This activity has several different components that relate to prevention of HIV through abstinence and being faithful messages. The largest component of the project is reaching young people with information and skills for HIV-prevention. The SFS project will create two activity packs this year, which are linked to scout badges, that will address HIV prevention and gender equity. Kenya Scouts Association (KSA) will work with other partners to develop four different scout newsletter editions that address similar messages for dissemination to all Scouts. These activity packs and newsletters will reach an estimated 96,000 Girl and Boy Scouts.

The second component of the project is mobilizing parents/guardians and other protective adults to create a supportive environment for young people to adopt HIV-prevention behaviors. Parents, guardians, and protective adults will be involved in mobilization of community resources to support girls' and boys' involvement in scouting and in the Scouting for Solutions project activities. Parents, key community members, and representatives of partner organizations will be involved in reviewing and approving all project activities and products.

The final component of this project is building the capacity of KSA to efficiently develop, implement, and monitor large-scale HIV-prevention programs. 3,060 individuals, including scout leaders and a national training team, will be trained to provide HIV-prevention and gender education to scouts. A monitoring and evaluation system will be implemented with KSA to build the organization's ability to monitor key scouting activities and programs. PATH will work with KSA to create a gender equitable policy for the organization and to advocate for changes to be made to the national Boy Scout Act to reflect the importance of girls in scouting. Finally, recruitment activities will be carried out to encourage the participation of girls and out-of-school youth in the scouting movement.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Throughout these interventions, SFS will address gender, strengthen protective factors, reduce risk behaviors, and build community support. SFS will also make an effort to involve more girls and out-of-school youth in scouting, thus bringing important HIV-prevention information and skills to these vulnerable groups. All SFS activities are designed to increase Scout Associations' and community capacity to develop and implement effective HIV-prevention programs. By involving indigenous partner organizations, youth and adult stakeholders, and communities, SFS will facilitate the effectiveness and sustainability of these programs—as well as their impact on HIV prevention.

3. LINKS TO OTHER ACTIVITIES

The SFS project involves community members—in particular parents and other supportive adults—as well as Scout members. Through this component, the project links with other prevention. Minor linkages to OVC and the community component of palliative care will be achieved as a community service component of the Scouting program.

4. POPULATIONS BEING TARGETED

This activity targets male and female adolescents aged 12 to 15 who are involved in the scouting movement, their teachers in primary and secondary schools, community leaders and volunteers in the rural areas.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through an effort to involve more girls in the scouting movement, which will expose a greater number of girls to HIV-prevention and abstinence messages. KSA would like to see an equal number of boys and girls participating in scouting by 2007; as a result, increasing girls' involvement is a priority. Currently, estimates suggest that girls make up about 25 - 30 percent of the Scouts' membership.

The activity will also address male norms and behaviors, work to reduce violence and coercion, and address stigma and discrimination by providing appropriate messages to both Boy and Girl Scouts.

6. EMPHASIS AREAS

This activity puts a major emphasis on information, education, and communication. Local organization capacity development and training as detailed in the activity description in Section 1 above as well as development of policy and guidelines, and quality assurance and supportive supervision are minor areas of emphasis.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	96,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	3,060	<input type="checkbox"/>

Target Populations:

Community leaders
 Teachers (Parent: Host country government workers)
 Volunteers
 Rural communities
 Girls (Parent: Children and youth (non-OVC))
 Boys (Parent: Children and youth (non-OVC))
 Primary school students (Parent: Children and youth (non-OVC))
 Secondary school students (Parent: Children and youth (non-OVC))

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Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

UNCLASSIFIED

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ANCHOR
Prime Partner: Hope Worldwide
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5538
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

HOPE Worldwide Kenya (HWWK) will continue to provide HIV/AIDS education and prevention to 5 sites within Nairobi slums and Kiambu District. These sites include Gachie, Muchatha, Banana, Ruaraka in Kiambu and Huruma slums in Nairobi. The community program will implement abstinence-focused activities within schools, churches, youth groups, sports clubs, and other faith-based organizations. Under the existing USAID/ PACT contract in South Africa, an abstinence-based curriculum, training in abstinence interventions, and school-based programs has been developed over the last 18 months and utilized in schools in Soweto. These curricula have been adapted for use in Kenya

The abstinence curriculum involves personal and character issues, dating and marriage, drugs and alcohol, peer issues and social pressures. Gender-based violence, rape, and abuse are also discussed over the intensive 8-hour youth program. These participatory youth discussions follow discussion guides and are led by trained facilitators. Pre- and post-test evaluations are held and young people are referred to local OVC support programs if their families are affected by HIV/AIDS. Community Action Teams which include parents, teachers and learners develop local strategies to reinforce behavior change among the youth. This is achieved under the Competent Community Workshops.

No significant changes will take place from 2005 to 2006 since HWWK has had only a few months of activity implementation in 2005.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

HWWK aims to make its contribution towards averting new HIV/AIDS infections in Kenya. This will be achieved by employing multiple strategies that help youth to increase abstinence and secondary abstinence until marriage among unmarried young people aged 10-24, their families and communities; increase faithfulness in monogamous relationships among both youth and the general population; promote HIV testing to encourage abstinence and fidelity and; help reduce the incidence of gender-based violence, sexual coercion and cross-generational sex affecting youth. HWWK will train 1,340 individuals to provide HIV/AIDS programs that promote abstinence and/or being faithful. In addition 16,000 individuals will be reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful. An extra 8,000 individuals will be reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful. Also, bi-monthly VCT campaigns will be organized in Huruma slums reaching a total of 6,000 individuals with VCT messages.

3. LINKS TO OTHER ACTIVITIES

The AB activities will be linked to other HWWK's activities. Bi-monthly VCT campaigns will be arranged to encourage knowledge of status, reaching 6,000 people with VCT messages. The campaign will be conducted in conjunction with our sister VCT program within HWWK. The CDC-funded VCT program of HWWK, CT (Hope Worldwide) activities (#4786) runs several stand-alone and mobile VCT sites to which the AB program will be able to refer. Other existing partners such as the Liverpool VCT and GTZ programs will continue to be referral partners for VCT clients. In Huruma there are many teenage mothers and child-headed families. Most of these children will be referred to the HWWK's OVC program that is funded by USAID and operating mainly within Mukuru slums of Nairobi. Again during Community Mobilization and Edu-tainment events, the majority of youth will be referred to the HWWK's Blood Safety program. They will be encouraged to become regular blood donors by maintaining their good health through observance of safe sexual practices.

4. POPULATIONS BEING TARGETED

Established social institutions such as schools, FBOs, CBOs and NGOs will form the main community structures through which different age groups will be reached. Among the 10-24 year olds the goal is to increase the practice of abstinence until marriage among unmarried youth, together with fidelity/partner reduction and reduction in harmful behaviors among both youth and adults, contributing to a measurable and sustained decline in HIV incidence, especially among young people. Among parents, teachers and communities at large, the goal is to create a supportive environment for the youth to practice Abstinence and Faithfulness. Among FBOs, CBOs, NGOs and schools we will strengthen their capacity to develop, implement and monitor HIV prevention programs for youth in their locations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The Men As Partners (MAP) activities will increase gender equity and address male norms and behaviors through the training workshops and later on become participants in forming Community Action teams (CAT). The CAT will give younger adults an opportunity to magnify the changed behavior to their peers. CATs have been used as a strategy to sustain messages and the program will pursue this methodology to ensure that there is support for the program and for young people making healthy choices.

Analysis of VCT client data across the country indicates a low service uptake by couples and low disclosure rate by partners, so this activity will also deal with male norms and behaviors through vigorous campaigns to educate people on the benefits of couple VCT and mutual disclosure of HIV status.

6. EMPHASIS AREAS

Major emphasis in this program is training and equipping youth with relevant life skills. The younger will be equipped with negotiation skills to help them make informed choices. Once trained, the youth will be mentored to enable them to keep training and educating their peers. Health clubs will be formed in schools and joint events will be organized by students in order to reach their peers.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	16,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	8,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,380	<input type="checkbox"/>

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Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors

Coverage Areas

Central

Nairobi

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Adventist Development and Relief Agency
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5716
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The project covers Nyanza Province and four districts of the Rift Valley Province (Trans-Mara, Kericho, Narok & Nakuru). The training component employs TOT methodology for the purpose of scaling up and achieving sustainability. The behavior change communication strategy focuses on identification, selection and development of age- and target specific messages, communication channels, publicity, and production of IEC materials. AB messages will reach over one million youth ages 10-24 by September 2009. Ten FBOs, 32 CBOs and 6 PLWHA organizations have been selected as partners. The project will mobilize Government Departments, FBO and CBO leaders who will in turn identify TOTs for training activities. Anticipated achievements include age-appropriate curriculum adapted and disseminated to 75,000 youth, institutionalization of a Pathfinder honor badge for youth 10-15 years of age; youth-serving networks deliver AB to 75,000 out-of-school youth; 185 TOT trainings in counselling, parent-child communication, and Stepping Stones to reach 995 adults, 7500 youth, and 750 adult role models; 143 community volunteers from PLWHA, civil society organizations, and other CBOs trained as change agents using Stepping Stones as an interactive methodology; identify and select 15 prevention sites for comprehensive AB activities; three FBO and CBO partners will be mobilized to initiate HIV prevention activities for youth; radio messages aired 104 times; Reach 500,000 youth with AB messages, mainly through Straight Talk Youth Magazine, radio, TV, and community outreach programs.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB programs will contribute to two areas: increased knowledge of HIV transmission and prevention and increased number of FBOs and CBOs with outreach programs on AB. The necessary permission to reprint and/or adopt materials will be sought. The production and distribution of training and IEC materials will be based on demand but also guided by the concentration of AB activities in 15 project prevention sites and the capacity of partners to maintain a resource center. Partners' resource centers will be the focal points for training and distribution of IEC materials. Six resource centers will be provided with equipment to facilitate trainings and audio-visual communication.

3. LINKS TO OTHER ACTIVITIES

ADRA will support ongoing anti-FGM/C efforts being made by the SDA Church and ActionAid, incorporate life skills and parent-child communication content into the campaigns, and teach life skills during alternative rite-of-passage workshops held annually in November and December. This will address the high risks of early sexual activity and sexual coercion of girls prevalent in more than 10 communities in the project coverage region. ADRA will work within the district coordination of NACC.

4. POPULATIONS BEING TARGETED

The project reaches youth 10-15 years in primary schools, 15-18 years in secondary schools and 18-24 years in colleges or out of school. Ages 10-15 years will be reached through FBOs and CBOs using AB core curriculum and in primary schools through the Pastoral Program of Instruction (PPI). For the youth 16-24 years, a peer education program involving religious and Straight Talk clubs is used with AB messages. ADRA has a partnership with Kenya Association of Professional Counselors to reach out to more schools. ADRA collaborates with I Choose Life Initiative in public universities to scale up the program in educational institutions. Partnerships with 32 CBOs will also help reach the youth who are out of school.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Anti FGC activities will increase gender equity through scaling up the number of girls undergoing alternative rites of passage. ADRA supports the finalization of the

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anti-FGM curriculum by the SDA Church. ADRA will facilitate the adoption of this curriculum by NGOs and FBOs involved in the anti FGC activities.

6. EMPHASIS AREAS

The main activity is training of partners and scale-up of HIV/AIDS activities. There is one curriculum divided into three sections including a capacity-building curriculum focusing on parent/adult-child communication, management issues, systems development, networking/linkages, and programming for youth.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	75,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	35,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	2,693	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Street youth (Parent: Most at risk populations)
- Orphans and vulnerable children
- People living with HIV/AIDS
- Professional Associations
- Rural communities
- Children and youth (non-OVC)
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

- Increasing gender equity in HIV/AIDS programs
- Volunteers

Coverage Areas

- Nyanza
- Rift Valley

Populated Printable CDP
Country: Kenya

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Table 3.3.02: Activities by Funding Mechanism

Mechanism: Kenya AIDS Treatment and Support for OVCs
Prime Partner: World Vision Kenya
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5720
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Abstinence and Risk Avoidance for Youth (ARK) Program utilizes the expertise and on-the-ground presence of World Vision Area Development Programs (ADPs), relationships with schools, local churches, FBOs, CBOs, NGOs and other affinity groups to mobilize the following groups: (i) Trained FBO leaders to incorporate AB messages in their weekly sermons; (ii) Youth Action Groups including anti-AIDS clubs, Peer Educators to foster the adoption of AB behaviors by strengthening their capacity for healthy behaviors; (iii) Parent Groups equipped to communicate and counsel youth about sexual health and healthy choices; (iv) Teachers trained to overcome attitudinal barriers to effective communication regarding youth sexuality such that they can facilitate, counsel and reinforce AB messages; and (v) ADP-organized Community Care Coalitions (CCC) who are providing basic health, education, and psychosocial support to OVC and PLHWAs to promote/reinforce AB messages.

ARK will concentrate its messages on risk avoidance for all youth, regardless of their age group. The primary aim is to delay first intercourse among youth 10 to 14 years old, to delay first intercourse and/or increase "secondary abstinence" until marriage among sexually active 15 to 24 year olds and to strengthen youth understanding and capacity for mutual fidelity and commitment to a single partner within marriage.

ARK will strengthen the ability of organizations and community structures to support young people in their efforts to abstain and be faithful. These community structures will include churches and faith communities, schools, youth health service facilities, FBOs and CBOs.

ARK will mobilize local village HIV/AIDS committees by providing capacity building for their AB programs. Where there are no such committees ARK management will facilitate their constitution with an average of 15 members. This will be expanded on the district level to incorporate the development of District Advisory Councils. ARK strives to create an enabling environment for youth where they receive support and re-enforcement for AB behaviors in order to transform social norms through communities. Furthermore, the ARK Management Team will present briefings and/or progress reports to the governments on ARK AB programs.

In addition, ARK will support the capacity of the implementing partner FBOs, civil society networks and a training institute to scale up their AB training and mobilization activities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

ARK will generate 3,875 youth Peer Ed/Coaches and 75 community outreach programs that promote "A and/or B" equipping 19,152 youth 10 to 14 years old with life skills that will help them delay their age of sexual debut and 5,320 youth 15 to 24 years to practice primary or secondary "A and/or B", contributing to a reduction in the rate of HIV transmission. ARK will create a critical mass of groups of parents, community and religious leaders, teachers, youth service providers who would have been trained by 50 certified master trainers to conduct downstream training in "A and/or B". ARK will sensitize and mobilize the government at various levels particularly to defend and promote the rights of youth and to protect them from HIV/AIDS.

All the above activities support the national strategies of the government of Kenya and have the explicit support of government ministries that deal with youth and HIV/AIDS.

3. LINKS TO OTHER ACTIVITIES

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ARK activities are linked to ongoing work within the World Vision ADPs. ARK collaborates with the Ministries of Education and Health to mobilize and equip youth, health care providers and teachers with skills to promote A and/or B behaviors. ARK also works with other development organizations such as ADRA and FHI to increase the range and quality of services to the youth, Links with AB-Track 1-ADRA (#5716) and AB activity APHIA II (IMPACT) (#5024). ARK also uses the Kenya AIDS Treatment and Support for Orphans and Vulnerable Children program (KATSO), OVC-World Vision-KATSO (#4139) facilitated advisory and action groups and the systems that exist in community to cultivate supportive family and community environments for youth to practice the A and/or B behaviors. ARK works closely with village and district level leadership as well as FBO leaders to address obstacles in the environment that curtail the adoption of A&B norms.

4. POPULATIONS BEING TARGETED

ARK's primary target audience is girls, aged 10-24 years. The secondary audience is boys of the same age, while parents, caregivers, teachers, religious and community leaders, and health care providers are other (tertiary) targets. ARK targets youth ages 10-14 with outreach "A" activities while those aged 15-24 years receive "A and/or B" activities including secondary abstinence for those who are already sexually active.

5. KEY LEGISLATIVE ISSUES ADDRESSED

ARK activities address male cultural beliefs, norms and stereotypes that predispose girls to HIV infection, while empowering men and boys to become ardent defenders of women and girls' rights and to exercise equity in all areas. ARK maintains a deliberate bias towards addressing the needs of girls and young women.

6. EMPHASIS AREAS

This activity emphasizes community mobilization of various types of organizations referred to above. Minor emphases include training to promote and practice A and/or B behaviors; information, education and communication and linkages with other sectors.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	24,472	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	19,152	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	3,875	<input type="checkbox"/>

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Volunteers

Rural communities

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Coverage Areas

Nyanza

Rift Valley

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Salesian Mission
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5762
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The "Life Choices Program" will provide AB messages to 33,962 individuals. The target population is youth 10 to 19 years of age at over 13 Salesian sites in Central, Nairobi, Eastern, and North Eastern provinces. The majority of Salesian Missions' (SM) work will be in the urban environments (Nairobi, Kakuma, Embu, Makuyu, Nairobi - Boys Town, Korr, Upper Hill, Nzaikoni, and 5 centers in Utumes) where HIV/AIDS prevalence in Kenya is 10% versus 7% nationwide. Trainers and Community Leaders/Mobilizers will reach 12,840 youth in- and out-of-school. Approximately 400 peer educators will be trained, and they are expected to reach 9,000 youth. Twenty of the peer educators will exclusively target OVC. The involvement of parents, teachers, community leaders and parishes will support and reinforce the behavior change messages advocated by the trainers and peer educators. 600 parents will be educated by the trainers. Community mobilization and participation will occur in the parishes by training 100 parishioners who will reach 1,000 people. BCC messages will provide additional reinforcement and reach approximately 10,000 youth.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Salesian Missions is supporting the USG's objective of promoting HIV prevention efforts in Kenya through peer education, outreach for youth both in- and out-of-school (notably street children), and community mobilization--all with the objectives of changing social norms regarding risky sexual behavior, and the promotion (not distribution) of condoms. At this time SM is not capable of estimating the number of HIV infections that it will avert, however we will be doing our part through the faith-based communities, youth groups, a BCC campaign, and the education of thousands of individuals to prevent the spread of HIV/AIDS.

3. LINKS TO OTHER ACTIVITIES

SM will contribute substantially to Kenya's 5-Year Strategy by encouraging youth to be tested for HIV/AIDS if they have been exposed to the virus or STIs. The health seeking behavior message will be delivered to every youth 15 years of age or older. Strong links will be established to the local VCT centers because every trainer, community leader/mobilizer, and peer educator will have visited their local VCT center. The health-seeking behavior message will increase the utilization of the local VCT centers by youth and will reduce the stigma associated with VCT centers.

4. POPULATIONS BEING TARGETED

The AB activities target youth (10 to 19 years of age), especially girls and young women since they are at greater risk than the boys and young men. The Salesians work very closely with the OVC and street children communities, which are high-risk populations. 2,840 OVC youth will be reached with ABC and health-seeking behavior messages.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues will be addressed during the training. The educational and advocacy messages of the program include gender equality, trans-generational sex, male norms, stigma and discrimination and reducing sexual violence and coercion. These messages will be reinforced by the BCC campaign.

6. EMPHASIS AREAS

The Salesian Missions activities place an emphasis on training with minor emphasis on community mobilization / participation, and information, education and communication.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	36,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	6,400	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	14,652	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Street youth (Parent: Most at risk populations)
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
HIV positive children (6 - 14 years)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors
Stigma and discrimination
Wrap Arounds
Education

Coverage Areas

Central
Eastern
Nairobi
North Eastern

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
 Budget Code: HMBL
 Program Area Code: 03

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: Increase collection of blood units collected from low-risk volunteer donors to 100,000
 Key Result 2: Increase repeat donations from 5% to 20% of all volunteer donations
 Key Result 3: Increase the number of hospitals that receive more than 80% of their blood through the national blood transfusion service from 12 to 60

CURRENT PROGRAM CONTEXT

Fear of HIV 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 and 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 75% 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 establishment of the National Blood Transfusion Service (NBTS) and construction and equipping five Regional Blood Transfusion Centres (RBTC) and a sixth center was constructed with funding from HHS. USG assistance has contributed to 1) development and dissemination of Policy Guidelines on Blood Transfusion in Kenya, the National Strategy on Blood Donor Mobilization, and Clinical Guidelines for Appropriate Use of Blood and Blood Products; 2) provided blood bags and supplies; 3) trained and supervised staff, including an in-country FHI/WHO supported distance-learning course for lab techs in blood banking at the Kenya Medical Training College, a CDC/Emory University-developed transfusion medicine course for 4 RBTC medical directors, in-service training and supervision for over 100 NBTS laboratory personnel, and clinicians in safe transfusion practice.

The NBTS collaborates with the Kenya Red Cross Society (KRCS), community and faith based organizations in the education and mobilization of blood donors. These organizations 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.

BARRIERS ENCOUNTERED / STRATEGIES FOR RESOLUTION

Blood safety receives limited support from government resources. Frequent staff transfers and overall staff shortages hamper quality improvements. Many hospitals still collect blood in emergencies from high-risk family members and testing of this is not always optimal. Track 1 funding is enabling the National Blood Transfusion Service to develop as an independently functioning unit within the Ministry of Health through improved infrastructure, communications, and management and staffing. Additional partnerships with community groups are being strengthened through Kenya Red Cross Society and Hope Worldwide (an NGO working with out-of-school youth and faith-based groups) under this Track 1 cooperative agreement. BloodLink will use public-private partnerships to identify low risk, regular blood donors in the workplace.

WORK OF HOST GOVERNMENT AND OTHER DONORS

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. Other donors contributing to a safe blood supply include the Japanese International Cooperation Agency, 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.

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Program Area Target:

Number of service outlets/programs carrying out blood safety activities

45

Number of individuals trained in blood safety

215

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Blood Transfusion Service, Kenya
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 4273
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

This activity aims to reduce medical transmission of HIV through blood by the provision of adequate supplies of safe blood to all health care facilities in Kenya. Fear of HIV/AIDS and weakened health infrastructure caused a 50% drop in blood donation in Kenya over the last 20 years. A national survey in 1994 demonstrated a 2% risk of HIV transmission in all transfusions due to inadequate testing and poor quality control. A study in 2001 found that 83% of blood was obtained from family replacement donors. Kenya is estimated to require 250,000 units of blood for transfusion. Currently only about 120,000 units are collected annually. The foregoing observations indicate that Kenya's blood supply is neither sufficient nor safe. Following the bombing of the US Embassy in Nairobi in 1998, USG supported the Kenya Government in developing a nationally coordinated blood program through establishment of the National Blood Transfusion Service (NBTS). USG assistance has contributed to development of Policy Guidelines on Blood Transfusion, National Strategy on Blood Donor Mobilization, and Clinical Guidelines for Appropriate Use of Blood and Blood Products.

Today, 60% of blood is obtained from low-risk donors. A decline in HIV prevalence among donors from about 6% in year 2000 to less than 2% in year 2004 has been achieved. 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 financial support from government resources. Frequent staff transfers and overall staff shortages hamper quality improvements.

In Y05 the NBTS received a PEPFAR grant to support the recruitment of volunteer blood donors, procurement of supplies and equipment for blood testing and processing and to support the training and supervision of staff. In the national elections of December 2002, a new government was voted in. The previous government had been in place for 24 years and was widely believed to have pervasive corruption. In an effort to curb corruption, the new government resolved to overhaul many government systems including the judiciary, procurement, staff recruitment and accounting mechanisms. As a consequence of enhanced vigilance to ensure transparency in all government operations, access to the NBTS PEPFAR funds was delayed for over six months. In April 2005 approval was obtained to open a bank account into which funds could be drawn down. This facilitated invigoration of blood donor recruitment drives with a corollary increase in blood collections of 60% between April and June. The government procurement process requires stringent scrutiny of all tender documents. This has led to delay in procurement of reagents and equipment. Approval for staff recruitment was obtained in August 2005. Activities in the first year were thus delayed as transparent operating systems were put into place. With most systems now in place, the NBTS is geared for full implementation of its proposal. Among this year's achievements was the signing of contracts that will allow the NBTS to disburse funds to sub partners. These include the Kenya Red Cross Society (KRCS) and Hope Worldwide who together with Blood Link foundation will assist the NBTS in diversifying its blood donor base. It is estimated that less than 0.5% of Kenyans are blood donors and that 90% of Kenya's blood supply is currently obtained from students. The World Health Organization (WHO) suggests that a country cannot be self-sufficient in blood unless about 2% of the population are blood donors. This funding will expand the partnership between the NBTS and the sub-partners who will recruit for low-risk non-remunerated volunteer blood donors in work places, training institutions, out-of-school youth and among faith and community based organizations.

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FY06 funding will be used to scale up blood donor recruitment to increase blood collections by 40,000 units while reducing the prevalence of HIV to below 1%. Repeat donations will be increased by 20 %. This funding will be utilised to increase from 8 to 45, the number of health care facilities that obtain at least 80% of their blood supply from the NBTS. Training in donor recruitment, data management and quality processing will be organized nationally. Regional blood transfusion centres will organize training for user hospitals in appropriate blood use. The in country WHO supported distance-learning course in blood banking at the Kenya Medical Training College which has previously focused on blood bank staff will be expanded to encompass health care personnel at the hospital level so as to ensure strict observation of the blood cold chain and rationalise demand for blood. Y06 funding will enable two clinicians to participate in the CDC/Emory University-developed transfusion medicine course in Atlanta GA. Ministry of health officials have expressed concern about the inability of the NBTS to reach hospitals in peripheral parts of the country. Following an assessment of existing sites and unreached hospitals, the NBTS plans to establish additional satellite/regional transfusion centres to ensure that the NBTS achieves national coverage. This funding will also support hire of contractual staff for the NBTS head office to facilitate administrative, financial and IT support as the final moves towards semi-autonomy are taken. It has been estimated that \$15 is required to collect and screen a single unit of blood. This excludes salaries and overheads. A business plan will be developed to ensure continuity and growth of the blood safety program in later years. 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 NBTS.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity aims to result 100,000 units of blood from low-risk volunteer blood donors. This would meet the current blood consumption in the country and contribute to the prevention of 4,000 cases of HIV.

At least 100 health care workers will be trained in blood safety.

3. LINKS TO OTHER ACTIVITIES:

American Association of Blood Banks (#4274) gives technical support to NBTS through provision of training in BDR, blood processing and banking preparation of policy guidelines, protocols for quality assurance schemes, standard operating procedures and blood bank management. Bloodlink- BDR is among corporate organizations to broaden donor base and develop sustainability plan.

4. POPULATIONS BEING TARGETED

NBTS activities target health care workers within the NBTS who mobilize and recruit, blood donors, test and process blood, counsel donors and manage blood banks as well as health care workers in hospitals and nursing homes who prescribe blood and blood products, group and cross match blood and monitor transfusions. These activities will benefit the general population including people living with HIV/AIDS.

5. EMPHASIS AREAS COVERED

This activity includes major emphasis on local organization capacity development (NBTS), for community mobilisation and participation through the recruitment of low-risk-voluntary blood donors from among all adults above 16 years of age so as to identify a safe source of blood for transfusion. Minor emphasis will be placed in infrastructure development for the renovation of blood banks, procurement of specialized equipment, reagents, lab consumables, furniture and vehicles to ensure safe blood under the PEPFAR program.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	45	<input type="checkbox"/>
Number of individuals trained in blood safety	100	<input type="checkbox"/>
Units of blood collected	100,000	<input type="checkbox"/>
Number of employees provided with blood donation information		<input checked="" type="checkbox"/>

Target Populations:

- Adults
- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Volunteers
- Secondary school students (Parent: Children and youth (non-OVC))
- University students (Parent: Children and youth (non-OVC))
- Public health care workers
- Private health care workers

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Association of Blood Banks
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 4274
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This activity relates to the reduction of medical transmission of HIV through technical support from the American Association of Blood Banks (AABB) to the National Blood Transfusion Service (NBTS) for the provision of adequate supplies of safe blood to all health care facilities in Kenya. Through twinning, AABB institutional partners will provide expert guidance and technical assistance to the NBTS resulting in better practices in donor recruitment, Laboratory quality assurance, blood bank management, training, and transfusion practice. This support will include monitoring, guidance, oversight and mentoring through site visits and performance evaluation. This linkage will strengthen the national blood transfusion service and improve institutional capacity for effective program management. This will result in enhanced sustainability and safety of the blood supply. An AABB/NBTS evaluation of the NBTS, performed in FY05 provided information that will be used to develop an action plan for further activities in FY06. 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. Findings of the KAP study performed in 2004 will also be used to develop IEC material for donor recruitment. 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. In service training and continuing education will be delivered through workshops, symposiums, on-the-job training and mentoring. 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

At least 40 health care workers will be trained in blood safety. This activity aims to increase the safety of transfusion in Kenya. At the current blood consumption rate in the country this would contribute to the prevention of 4,000 cases of HIV.

3. LINKS TO OTHER ACTIVITIES

This activity relates to NBTS's blood safety program/Track 1 cooperative agreement (#4273).

4. POPULATIONS BEING TARGETED

The activity targets blood bank staff and health care workers in transfusing health facilities.

5. EMPHASIS AREAS COVERED

This activity includes major emphasis on local organization capacity development (NBTS), for community mobilisation and participation through the recruitment of low-risk-voluntary blood donors from among all adults above 16 years of age so as to identify a safe source of blood for transfusion. An area of minor emphasis will be training of health care workers to enhance their ability to mobilize safe blood donors and process and use blood appropriately.

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Emphasis Areas

Local Organization Capacity Development

% Of Effort

Training

51 - 100

10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets/programs carrying out blood safety activities

Number of individuals trained in blood safety

40

Units of blood collected

Number of employees provided with blood donation information

Target Populations:

Non-governmental organizations/private voluntary organizations

Public health care workers

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 4302
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission through blood transfusion in health care settings. The National Blood Transfusion Service (NBTS) was established in the year 2000 with the goal of ensuring safe and sufficient blood supplies for the country. Previously blood was obtained solely from family replacement donors at fragmented hospital-based transfusion units that lacked a standardisation of procedures. A national survey in 1994 estimated that 2% of transfusions transmitted HIV. At least 120,000 transfusions take place each year. This activity will avail staff to give technical support to the national blood transfusion service for the establishment of goals and objectives and best practices in donor recruitment, blood collection, processing, storage and use. This will be achieved through regular meetings, support supervision, preparation of procedural guidelines and data collection tools and the review and analysis of quarterly reports. Support supervision will involve travel to the six regional blood transfusion centres located in Kisumu, Eldoret, Nairobi, Nakuru, Embu and Mombasa and satellite centres in Voi, Naivasha and Kericho as well as international travel for blood safety related workshops, seminars and conferences.

These staff will also liaise with and coordinate the various organizations that support blood donor mobilisation for the NBTS so as to avoid conflict and achieve synergy in meeting the blood collection target. These organizations include: Kenya Red Cross, Hope Worldwide and Bloodlink foundation. Direct support will be given to the Moi Teaching & Referral hospital blood bank, during its transition from being a direct recipient of funding from CDC to its absorption into the NBTS system.

This activity also includes participation in various ministry of health committees that impact on blood transfusion policy and practices in the country. These include: Blood safety committee, Blood Safety interagency committee, laboratory interagency committee, HIV lab committee and World Blood Donor's day committee. The staff will additionally give in-country support to international groups supporting Blood safety activities in Kenya such as the American Association of Blood banks (AABB) and Community Housing Foundation (CHF).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Safe blood transfusions will lead to the prevention of at least 4,000 new cases of HIV infection in Y06.

3. LINKS TO OTHER ACTIVITIES

This activity relates to the blood safety NBTS Track 1 cooperative agreement (#4273), the blood safety AABB Track 1 cooperative agreement activity (#4274), and the CHF blood safety through Bloodlink Foundation activity (#4862).

4. POPULATIONS BEING TARGETED

This activity targets health care workers.

5. EMPHASIS AREAS COVERED

This activity includes major emphasis on local organization capacity development (NBTS), for community mobilisation and participation through the recruitment of low-risk-voluntary blood donors from among all adults above 16 years of age so as to identify a safe source of blood for transfusion. An area of minor emphasis will be training of health care workers to enhance their ability to mobilize safe blood donors and process and use blood appropriately. Staff will also support the development, dissemination and implementation of policies, guidelines and protocols for safe blood transfusion.

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Emphasis Areas

Human Resources

% Of Effort

Local Organization Capacity Development

10 - 50

51 - 100

Targets

Target

Number of service outlets/programs carrying out blood safety activities

Target Value

Not Applicable

Number of individuals trained in blood safety

Units of blood collected

Number of employees provided with blood donation information

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 4862
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission through blood transfusion. Community Housing Foundation (CHF) will support Bloodlink Foundation to work with the National Blood Transfusion Service (NBTS) in the mobilization of voluntary non-remunerated blood donors in the work place at private sector corporate organizations. This activity will increase the supply of safe blood to the NBTS. Equally important will be the expansion of the out-of-school donor pool from the current 10% to 20 % by the year 2007.

Bloodlink Foundation will assist the NBTS to collect 6,000 additional units of blood through the establishment of 75 new corporate partnerships and education of 10,000 employees about safer blood donation. To enhance the sustainability of Kenya's blood program corporate organizations will be encouraged to take up blood safety programs as part of their social responsibility projects. Bloodlink foundation currently works in Nairobi, Mombasa and Kisumu. Its strategy is to identify corporate organizations whose representatives are trained to mobilize donors within their organizations. A training curriculum was developed for these trainings in 2005.

Significant changes from 2005 to 2006 for this activity include expansion to an additional 30 organizations in Nairobi and 25 new organizations in Nakuru and Eldoret. Activities will also aim to increase repeat donors in these organizations by 50%. Currently there are less than 10% repeat donors within the NBTS.

A major new activity in 2006 will be the development of a communication strategy for the National Blood Transfusion Services. This will enable the NBTS deliver appropriate and effective messages for the mobilisation and retention of safe blood donors. The findings of a KAP survey on blood donation performed in 2004 will guide the development of this strategy. The communication strategy will involve using the media to reach out to the entire nation. This strategy will be based around four donation campaigns to run through the year. Extensive media coverage will be done during the campaigns highlighting the need to give blood and encouraging potential donors to get involved in blood donation.

The media will run a public service announcement feature, press releases, talk shows and perform interviews to appear on news bulletins. Bloodlink will prepare attractive public relations material such as posters, brochures and flyers to distribute to the public. Donors will be given incentives with positive messages for blood donation during the blood-drives.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the prevention of Medical transmission of HIV through blood transfusion by increasing the supply of blood from volunteer blood donors. These persons have a lower prevalence of transfusion transmissible infections than family replacement donors. All blood will be collected, processed and distributed by the NBTS. Other organizations that will be involved in donor recruitment for the NBTS are the Kenya Red Cross and Hope Worldwide.

3. LINKS TO OTHER ACTIVITIES:

This activity links to the NBTS Track 1 cooperative agreement for blood safety activity (#4273) and the AABB Track 1 cooperative agreement for blood safety activity(#4274).

4. POPULATIONS TARGETED

This activity will target the work place populations.

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5. EMPHASIS AREAS

The major emphasis for this activity is the work place at which volunteer blood donors will be recruited. Another area of emphasis will be information, education and communication through the formulation of a communication strategy with culturally and age appropriate material aimed at obtaining committed and regular safe blood donors.

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities		<input checked="" type="checkbox"/>
Number of individuals trained in blood safety	75	<input type="checkbox"/>
Units of blood collected		<input checked="" type="checkbox"/>
Number of employees provided with blood donation information		<input checked="" type="checkbox"/>

Target Populations:

Adults
Business community/private sector

Coverage Areas

Coast
Nairobi
Nyanza
Rift Valley

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
 Budget Code: HMIN
 Program Area Code: 04

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: Utilize information from pilot activities in two districts and two regional hospitals for a national rollout of safer injection and waste disposal practices.

Key Result 2: Introduce protective injection equipment to reduce occupational injuries

Key Result 3: Increase utilization of post-exposure prophylaxis (PEP) for health workers

CURRENT PROGRAM CONTEXT

A study conducted in Kenya by the World Health Organization in 2003 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 and other medical waste. Inappropriate injection use arises from both client demand and prescriber preference. Additionally, essential drug kits supplied by the Ministry of Health include significant 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 report stock-outs of disposable injection supplies in the year. Some incinerators installed by the immunization program in 2002 are in need of repair.

BARRIERS ENCOUNTERED / STRATEGIES FOR RESOLUTION

Kenya does not have operational policies for injection safety, health care waste management policy, and post-exposure prophylaxis. Staff therefore has inadequate information and mechanisms for handling, decontamination and disposal of medical waste. As a result healthcare workers and the community are unnecessarily exposed to needle stick injuries and attendant infections.

The Global Alliance for Vaccines and Immunization (GAVI) in collaboration with the Ministry of Health finances injection supplies for the immunization program, which is the only national health program with an operational injection safety plan. The FY04 track 1 award to John Snow Inc. led to the creation of a national injection safety committee with membership from senior Ministry of Health personnel and non-governmental organizations. This committee has drafted a policy on injection safety for MoH ratification. Procurement capacity assessment was performed at national and district levels. A waste management and supply availability assessment was conducted in two pilot districts, Kiambu and Bondo, resulting in health care waste management plans, segregation and improved handling of medical waste at all health facilities in the districts. 1.3 million disposable syringes with reuse and /or needle stick prevention features, 14,300 safety boxes and 70 needle removers were purchased for the two pilot districts. A behavior 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 were trained.

NEW INITIATIVES

Rolling out the national policies and training health workers throughout the country will require plus-up funding, but result in improved practices in over 1,000 health facilities. Simple segregation of medical waste at these facilities will be a small investment to reduce injuries. While the procurement and use of auto-disable injection devices has improved, the introduction of equipment that protects the user is still significantly more expensive and will be piloted.

WORK OF HOST GOVERNMENT AND OTHER DONORS

The Ministry of Health procurement of syringes for their 2005-06 budget included 50% as auto-disable devices. The Kenya EPI program, with support from GAVI, has been the leader in injection safety, with 100% procurement of auto-disable, single use injection equipment, but this funding is declining in the next year; increased investment by Government of Kenya and other donors will be required.

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Program Area Target:

Number of individuals trained in injection safety

400

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Table 3.3.04: Activities by Funding Mechanism

Mechanism: Making Medical Injections Safer
Prime Partner: John Snow, Inc.
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 4293
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission among health care workers care, medical waste handlers and the community. The activity will focus on increasing and improving high impact injection safety interventions through activities that build on internationally accepted strategies. The World Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections, 32% of hepatitis B virus infections and 40% of hepatitis C virus infections. A 2004 survey by JSI-MMIS in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. The majority of surveyed health facilities reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. 58% of health care workers also reported having had a needle stick injury in the previous six months. These findings support those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61% needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred in the process of sharps disposal. The JSI-MMIS survey also found that many health care facilities had experienced stock outs of injection commodities in the previous twelve months.

This reflects a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment.

The JSI Making Medical Injections Safe (JSI-MMIS) activity commenced in Kenya in 2004 under PEPFAR. The activity aims to:

- Improve training of health workers and managers on safe injection practices, infection control and disposal procedures.
- Institute an advocacy strategy to decrease demand for injections by the population.
- Establish reliable estimates of re-use prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment.
- Institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers.
- Ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators.
- Secure the required budget for injection safety and infection control including safe disposal of used equipment.

Significant changes from 2005 to 2006 include expansion to Nakuru and Nyeri provincial hospitals in addition to maintenance of Kiambu and Bondo districts and Kisumu and Kakamega provincial hospitals.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will reduce at least 5% of HIV transmission in the intervention regions of Kenya. In 2004 safe injection practices were introduced to two of 74 districts in Kenya. 243 health care workers, 30 logistics officers and 103 health-waste handlers were trained. All health care facilities in the two districts were issued with re-use prevention injection commodities and sharps waste disposal boxes. In 2005, while intervention continued in these two districts, two provincial hospitals were embraced. The level of funding precluded extension of activities beyond the hospitals. These have however been used as model sites for outlying health care

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facilities. 234 health care workers, 48 logistics officers and 92 medical waste handlers have been trained on safe injection practices. In 2006, additional 400 individuals (health care workers, logistical officers and medical waste handlers) will be trained on injection safety.

3. LINKS TO OTHER ACTIVITIES:

The injection safety initiative is linked to the Kenya expanded program for immunization (KEPI), which already procures non re-use injection devices for its program. Other Kenyan stakeholders in the area of injection safety have been mobilized including the ministry of health infection control committee and the nosocomial TB/HIV prevention unit of NASCOP. A National Injection Safety Committee has been established at the Ministry of Health chaired by the Deputy Director of Medical services and Head of Preventive health services. Membership to this committee is drawn from all the programs at the MOH and incorporates the National Environmental Management Authority. WHO, UNICEF UNFPA are collaborating agencies.

4. POPULATIONS BEING TARGETED

- Health care workers
- Community
- Medical Waste handlers
- Policy makers

5. EMPHASIS AREAS COVERED

This activity has major emphasis on commodity procurement of re-use prevention injection devices, sharps disposal containers and needle removers for intervention hospitals. A second area of emphasis will be training to impart improved skills, knowledge and attitudes regarding safe injection practices to healthcare workers, waste handlers and the community. This activity will also guide the development of policies to ensure adequate supplies of appropriate injection supplies at health care facilities and their use thereof.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	400	<input type="checkbox"/>
Number of facilities implementing safer medical injection practices	107	<input type="checkbox"/>

Target Populations:

Adults

Policy makers (Parent: Host country government workers)

Public health care workers

Private health care workers

Coverage Areas

Central

Nyanza

Rift Valley

Western

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Medical Transmission/Infection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 4305
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This activity relates to the prevention of HIV transmission through unsafe injections in health care settings. The World Health Organization estimates that 5% of HIV may be acquired from contaminated injections in routine medical care.

This activity will engage staff to give technical support to JSI-MMIS, the recipients of track 1 PEPFAR funds and the ministry of health for implementation of an injection safety program in Kenya. This will involve joint planning meetings, review of guidelines, standards and training material and support supervision at intervention sites and training workshops.

Support will also be given to two organizations receiving in-country funds for injection safety activities. These include NASCOP, which will oversee the development of *Injection Safety policies and guidelines and the re-activation of hospital infection control committees*, and a to-be-determined organization (TBD), which will implement a national health care worker-training program and prepare mass media messages to support behaviour change to reduce demand for injections and encourage use of safer injection devices.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA:

Safe blood transfusions will lead to the prevention of at least 4,000 new cases of HIV infection in Y06.

3. LINKS TO OTHER ACTIVITIES:

This activity will be closely linked to JSI-MMIS- Track 1 cooperative agreement and National AIDS and STD Control Programme (NASCOP) Injection safety activity (#4870).

4. POPULATIONS BEING TARGETED

This activity targets health policy makers, health care workers and the general population.

5. EMPHASIS AREAS COVERED

This activity includes major emphasis on the development of policies, guidelines and protocols for safe injection practices and health care waste management and disposal. An area of minor emphasis will be training of health care workers so as to reduce prescription of injections, improve injection use and disposal of sharps and other medical waste especially that which poses a risk of HIV transmission.

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Emphasis Areas

Human Resources

% Of Effort

Local Organization Capacity Development

10 - 50

51 - 100

Targets

Target

Target Value

Not Applicable

Number of individuals trained in injection safety

Number of facilities implementing safer medical injection practices

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: 900,000 individuals reached through community outreach
 Key Result 2: 18,000 individuals trained to promote HIV/AIDS prevention
 Key Result 3: 15,000 targeted condom outlets

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 Five Year Strategy, knowledge of AIDS is almost universal. We will therefore 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 both the private workforce and the public workforces.

NEW INITIATIVES

New programs in 2006 will include a pilot program on male circumcision building on long-term research in the country. The program will include behavioral change messages and activities targeting high risk, vulnerable young men to emphasize faithfulness and correct and consistent condom use, and early treatment of STIs. Another new intervention will target female sex workers in Kisumu. Interventions will include finding alternatives to CSW for the young women engaged in sex work, promoting testing and treatment for STIs, and empowering them to maintain correct and consistent condom use. Building on lessons learned in previous targeted evaluations, pilot prevention activities will be implemented to reach domestic workers, male sex workers, and men who have sex with men.

BARRIERS ENCOUNTERED / STRATEGIES FOR RESOLUTION

Over 18% of women and 40% of men reported engaging in high-risk sex, defined as sex with a non-marital, non-cohabitating partner, in the 12 months preceding the 2003 KDHS. Knowledge of condom use as a prevention method is still low: 58% among women and 70% among men. We will continue to promote condom use for the adult population, focusing on 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 Five Year Strategy, and we will increase the number of prevention activities at worksites in five provinces. The twinning relationship between 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 populations. Other ongoing programs include activities targeting uniformed services, refugees, nomadic populations, worksites, intravenous drug users, and physically and mentally disabled among others. Within the uniformed services and the military, control of STIs, peer education will continue to be a focus.

WORK OF HOST GOVERNMENT AND OTHER DONORS

Through the World Bank MAP assistance to the National AIDS Control Council (NACC), small awards are given to local NGOs and CBOs in prevention activities. To date, over 5,400 grants totalling over to CBOs have been awarded. The WB is working closely with NACC to develop a nationwide civil society program that addresses the spectrum of AIDS concerns in the community. DFID is developing a prevention program with the uniformed services, and the Global Fund is supporting 26 NGOs with over through NACC. At the implementation level, NASCOP is conducting an intervention to target CSW, IDUs, MC, and condom promotion at the grassroots level throughout the country.

Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	900,000
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	18,000
Number of targeted condom service outlets	15,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Horizons
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4075
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

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 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 in districts along the north coast.

ICRH will implement interventions that address sexual health needs and promote behavior change among the MSW population in Mombasa. Interventions will 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's Horizons project will sub-contract ICRH to implement these interventions. Effectiveness of interventions will be studied through evaluative research activities.

This activity also includes support to the following subrecipient for activities integral to the program: International Center for Reproductive Health (ICRH).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The U.S. Five-Year Global HIV/AIDS Strategy of the President's Emergency Plan for AIDS Relief identifies men who have sex with men as a population that is highly affected by HIV/AIDS, in great need of prevention services, and hard to reach. This activity will contribute to 4 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.

3. POPULATIONS BEING TARGETED

The main populations being targeted are male commercial sex workers and men who have sex with men. Public and private health care workers providing services to these populations will also be targeted.

4. EMPHASIS AREAS

The primary emphasis area for this activity is in the area of community mobilization and participation. The activity will create commitment and involvement among the target community, MSM and beach boys, and involve others related to this community, such as health care providers.

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Emphasis Areas

% Of Effort

Community Mobilization/Participation

51 - 100

Targets

Target

Target Value

Not Applicable

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

500

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

80

Number of targeted condom service outlets

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Public health care workers

Private health care workers

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Coast

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4094
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

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 implemented 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, HIV prevention education, and targeted condom availability for young people who are already sexually active.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya 5-Year Strategy, which focuses on HIV prevention in youth, as the primary target group is young people. Targets in this project will contribute to HIV infections averted.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to Institute of Tropical Medicine AB activity (#4217) and KEMRI CT activity (#4087) implemented in Nyanza province.

4. POPULATIONS BEING TARGETED

Young people in rural areas of Nyanza province, especially in Gem and Asembo, are the primary target group for this project. Both in-school and out-of-school youth are the target group, though their parents and local community and religious leaders are also served by this project. It is projected that 6,000 older youth already engaged in this behaviour will be served by these activities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This project has a strong gender component, including increasing young women's access to income and productive resources.

6. EMPHASIS AREAS

Emphasis areas covered by this activity include human resources, as local staff for the project are hired through this mechanism. Community mobilization activities to help change local social norms which encourage early sexual behavior, and risky sexual behavior, are a significant part of this project, along with IEC activities.

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Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10	<input type="checkbox"/>
Number of targeted condom service outlets	2	<input type="checkbox"/>

Target Populations:

Secondary school students (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Gender

Increasing women's access to income and productive resources

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAJ account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4121
Planned Funds: [REDACTED]

Activity Narrative:

1. ACTIVITY DESCRIPTION

Peace Corps Kenya will provide additional capacity to Peace Corps partner organizations, schools and communities through the provision of financial and technical support by directly transferring skills, engaging trainers and technical experts as well as provide financial resources for community initiated activities that support grassroots, community driven responses to the HIV/AIDS pandemic.

Peace Corps Volunteers will assist in the establishment of 10 HIV/AIDS resource centers, where they will train 400 peer educators to train 1,000 youth on other HIV/AIDS prevention activities including choosing abstinence as a life-saving option. They will also train 50 members of two women's (widows) groups on quality assurance of their income generating products and link them with markets abroad by assisting and training them on web design. In addition they will train a self help group comprising of 5 deaf members on business skills e.g. book keeping for their activity of tailoring and supplying school uniforms, whose income is used to support 50 orphans. Totals people reached are 20,000.

Through these activities, Peace Corps Volunteers are able to provide long-term capacity development with particular emphasis on ensuring that community-initiated projects provide holistic support to people living with and affected by HIV and AIDS and that recipient and beneficiary organizations develop the necessary management and programmatic expertise to ensure long-lasting support.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

These activities are consistent with the Kenya 5-Year Strategy which focuses on HIV prevention in youth.

3. POPULATIONS BEING TARGETED

These activities target adult women and youth. These are interventions for high risk youth, especially young people, will link to abstinence and faithfulness and will be encouraged to avoid high risk behaviors in the future. Those that are sexually active can be targeted for voluntary counseling and testing (VCT), messages of faithfulness to one partner, and rapid treatment of STI.

4. KEY LEGISLATIVE ISSUES ADDRESSED

Gender is addressed especially increasing women's access to income and productive resources.

5. EMPHASIS AREA

Major emphasis on community mobilization and participation activities. Minor emphasis include training and capacity building of local community based and faith-based organizations.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	20,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Disabled populations
- Faith-based organizations
- Primary school students (Parent: Children and youth (non-OVC))
- Secondary school students (Parent: Children and youth (non-OVC))
- Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

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

Coverage Areas

- Rift Valley
- Central
- Coast
- Eastern
- Nyanza
- Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations Office on Drugs and Crime
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4125
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This activity is built on the 2005 IDU activities implemented through UNODC. This activity will be funded through December 2006 after which the activities will be implemented through APHIA II.

There is a clear correlation between substance abuse and the spread of the HIV virus. In one Mombasa-based study up to 50% of injection drug users (IDUs) were HIV-positive. Another study conducted in 2004 among heroin users in Nairobi by the United Nations Office on Drugs and Crime (UNODC) found that HIV and Hepatitis C (HCV) prevalence among IDUs was 52.5% and 61.4% respectively, compared to 13.5% and 3.8% respectively among non-injectors. 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 with other drug addictions. The growing numbers of IDUs and the high incidence of HIV and HCV among them in Kenya point to a pressing need for the introduction of comprehensive measures.

This activity will support two networks of NGOs in Mombasa and Nairobi focusing on HIV and drug abuse prevention with high-risk youth. Outreach teams of ex-drug users have been operational in Nairobi and Mombasa since March 2005. These teams are part of the NGO networks organized by the project. 100 Community Health Workers have been trained in the management of addiction in the context of HIV/AIDS. These groups coordinate their outreach work with networks of partnering NGOs and with Ministry of Health VCT and HIV care facilities. Outreach workers are based in two project-supported drop-in centers that are providing drug counseling and referrals to inpatient drug treatment and rehabilitation centers.

The project is also collaborating with the Ministry of Health to enhance capacity in the area of drug treatment to prevent HIV transmission among IDUs. Four Ministry of Health physicians have been trained at Yale University in addiction treatment and will be assigned to the project.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

The U.S. Five-Year Global HIV/AIDS Strategy of the President's Emergency Plan for AIDS Relief notes that some of the populations most affected by HIV/AIDS, such as injecting drug users, are the most difficult to reach through conventional health care programs. By training an additional 100 Community Health Workers and using teams of ex-drug users in NGO networks, linkages with drug counseling and health care are being established. 1000 IDUs will receive HIV prevention messages, rehabilitation, and AIDS care if needed. Skills of Government and NGO staff to design and implement HIV/AIDS prevention programs including outreach interventions among injecting drug users have been enhanced and are now contributing to this activity.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY WILL END IN 2006, AND BE FOLLOWED ON BY APHIA II OP ACTIVITIES (#4949).

The activity will provide links to APHIA II FHI BHCS activity (#5285) and palliative care services activity (#4196) provided at Coast Provincial General Hospital and other facilities in Mombasa, and to services at Kenyatta National Hospital (supported by University of Nairobi) in Nairobi.

4. POPULATIONS BEING TARGETED

The primary target population for this project is young adults, especially injection

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drug users. Additional target populations include commercial sex workers (since IDUs often engage in transactional sex to finance their addiction), doctors and community health workers, and the NGO/CBOs implementing project activities.

5. EMPHASIS AREAS

The major emphasis area of the UNODC's activities is the development of networks linkages, and referral systems between outreach workers, NGOs, and health care providers. Other emphasis areas include information, education, and communication; local organization capacity development; and community mobilization/participation.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Doctors (Parent: Public health care workers)

Injecting drug users (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Out-of-school youth (Parent: Most at risk populations)

Other health care workers (Parent: Private health care workers)

Coverage Areas

Nairobi

Coast

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4149
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

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 and Kalokol in northeastern Kenya. IRC will use community involvement and mobilization, capacity building of partners and IRC staff, involvement of PLWHAs, multisectoral approach, and partnership between different players to ensure a sustainable prevention program. Messages promoting HIV prevention, including AB, will reach 60,000 refugees, nomads, and humanitarian workers. 80 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.

Founded in 1933, the International Rescue Committee (IRC) is a leading non-sectarian, voluntary organization providing relief, protection and re-settlement services for refugees and victims of oppression or violent conflict. IRC is committed to freedom, human dignity and self-reliance. This commitment is reflected in well-planned resettlement assistance, global emergency relief, rehabilitation and advocacy for refugees in 33 countries around the world 21 offices in America that assist resettling refugees.

IRC has been operational in Kenya since 1992, focusing initially on health outreach activities in Kakuma Refugee Camp (KRC); from 1997, IRC became the sole implementing partner for the entire health sector in KRC, under the operational umbrella of UNHCR. With additional support from CDC, IRC started the implementation of an HIV/AIDS prevention and care program in Turkana District in KRC in September 2001 and in Lokichoggio (Loki) in February 2004 and Kalakol July 2005.

Turkana district is an arid, vast and remote land where government infrastructure and social services are weak, poverty is high, and local pastoralists exist only with great difficulty. The total population of the target areas (Kakuma, Lokichoggio and Kalakol) for this program is 271,000 people (of which 91,000 are refugees). Currently there are approximately 16,000 individuals infected by HIV in Turkana, of which less than 1% are receiving any form of care and support. IRC is one of the few agencies working to meet these needs.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are consistent with the Kenya 5-Year Strategy which focuses on HIV prevention in youth, of the 60,000 beneficiaries are young adult refugees.

3. LINKS TO OTHER ACTIVITIES

IRC is implementing a comprehensive program in the Kakuma refugee camp, with links to International Rescue Committee AB activity (#4805); International Rescue Committee CT activity (#4774); International Rescue Committee PMCT activity (#4150); International Rescue Committee ARV Services activity (#4809); and International Rescue Committee BHCS activity (#4148) AND AB activity (#4805).

4. POPULATIONS BEING TARGETED

The activities implemented by IRC in this program area will work to prevent HIV infection among young adults and most at risk populations including refugees, humanitarian aid workers and transport workers transiting to southern Sudan (a form of migrant workers), underserved and nomadic populations of Turkana district, and commercial sex workers and their clients. Many of the young people living in the refugee camp have had their educations disrupted and can be considered

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out-of-school youth.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is under the "other" category of services for refugees.

6. EMPHASIS AREAS

This activity includes major emphasis on human resources and minor emphasis on infrastructure, quality assurance, and training as detailed in the activity description above. The factors that increase project costs include the insecurity, isolation, distance between locations, severe lack of infrastructure in the district, difficulty in recruiting and retaining qualified staff, and higher staff salaries to compensate for the hardship location. Project costs are reflect the current lack of local capacity and need to provide trainings and other capacity building support to partners in the district.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	80	<input type="checkbox"/>
Number of targeted condom service outlets	40	<input type="checkbox"/>

Target Populations:

Adults

Refugees/internally displaced persons (Parent: Mobile populations)

Truck drivers (Parent: Mobile populations)

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Other

Coverage Areas

Rift Valley

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya AIDS NGO Consortium
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVDP
Program Area Code: 05
Activity ID: 4153
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The Kenya AIDS NGOs Consortium (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 strengthening access to CT, the National Organization of Peer Educators who will undertake peer communication training, Kenya Medical Association will provide training and guidance on ARV and care access for young people, Maendeleo ya Wanawake will facilitate the involvement of parents in supporting abstinence and faithfulness messages for youth and Community Capacity Building Initiative will strengthen the capacity of local groups as well as undertake monitoring and evaluation.

KANCO will also work with selected most-at-risk populations of young people including youth out of school, young beach workers in Kilifi and young people living around Mlolongo, a transit hot spot on the outskirts of Nairobi. Significant changes from 2005 to 2006 in this activity is that KANCO will address alcohol abuse as a significant risk factor to HIV vulnerability. It will undertake to work with the estimated 60 bars in Mlolongo with targeted anti-alcohol abuse messages. Quarry workers, usually being migrant workers in the building industry and truck drivers will receive targeted risk reduction messages including an intensified campaign on correct and consistent condom use. KANCO will actively engage other local organizations that are a part of its consortium in delivering education and behavior change training for youth in Thika, Embu and Mlolongo.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The Kenya AIDS NGOs Consortium will reach 5,000 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 promoting HIV preventive behaviors among youth as well as increase access to HIV/AIDS prevention services for high risk and underserved populations, including improved provision of STI services.

3. LINKS TO OTHER ACTIVITIES

KANCO's OP activities relate to activities in KANCO AB activity (#5132). 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. The Kenya Medical Association will particularly develop linkages with health care providers to improve access to adolescent care and treatment services.

4. POPULATIONS BEING TARGETED

This activity will target men and women of reproductive age as well as most at risk populations including truckers in beer hot spots and quarry mobile workers. It will also work with people living with HIV/AIDS through working with community based organizations and faith based organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs and will particularly enhance youth participation in its programs. It will address male norms and behaviors

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and reduction of violence and coercion as well as stigma and discrimination.

6. EMPHASIS AREAS

Major emphasis will be community mobilization/participation, development of network and referral systems particularly youth HIV care referral networks. Through its resource centers, KANCO will maintain a major emphasis on strengthening information, Education and Communication strategies and supporting its sub-recipients through developing local organizational capacity and training. Minor emphasis will be on human resource and strategic information.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	33	<input type="checkbox"/>
Number of targeted condom service outlets	3	<input type="checkbox"/>

Target Populations:

Brothel owners
Community leaders
Most at risk populations
Truck drivers (Parent: Mobile populations)
Children and youth (non-OVC)
Migrants/migrant workers (Parent: Mobile populations)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Coverage Areas

Central
Coast
Nairobi
Nyanza
Rift Valley

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4167
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The primary implementing partner in this activity, Community Housing Foundation (CHF), is implementing a capacity building and grant management program, supporting numerous local organizations to implement various interventions. CHF will work with five local organizations to implement HIV prevention activities among high risk adults. A total of 9,500 individuals will receive prevention services and 240 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 will continue supporting five local groups currently receiving FY05 funds, building both organizational and technical capacity to enhance service delivery for OP, culminating in the disbursement of sub-award grants to carry out targeted OP activities. The partner organizations include: Great Commission Church International (GCC), which will target at-risk populations in Nairobi; Centre for Research and Development (CRED) will target mobile populations around the Nyanza sugar belt for behaviour change; Community Communication for Health and Development (COHEDA) will target the general population in Kisii with information dissemination; Nomadic Community Trust conducts outreach to underserved rural, nomadic populations; and the Movement of Men Against AIDS in Kenya (MMAAK) will reach HIV positive men promoting behaviour change.

CHF will assist the above organizations develop appropriate tools and strategies for Monitoring and Evaluation and the use of scientific and evidence based approaches in Behaviour Change Communication (BCC) to enhance partners output. CHF will also strengthen organizational and technical capacities to improve overall program management and enhance networking and information sharing among partner organization. Other areas of focus will include improvement of data management and QA for partners through training of service providers. Moreover, CHF will work collaboratively with CDC to identify additional emerging partners to engage with during FY06.

A new proposed group is the Nyanza Reproductive Health Society, which will implement a pilot "young men's prevention project" targeting young men in Kisumu and Nyanza Province. This project will be a partnership between NYRS, the University of Illinois, Chicago, and the Lumumba Health center in Kisumu, which is implementing a male circumcision randomized control trial. The predominant tribe in this area, Luo, have the highest HIV incidence and prevalence in Kenya - 18% in adult men and 27% in women according to the most recent KDHS. Currently, the project has established a well known clinic that provides a full range of HIV prevention services to young men, including health education, counseling, VCT, and long term support groups for behavior change. We propose to support this project to offer prevention and promotion of treatment of STIs to young men not in the research project.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activities supported by CHF in this program area will work to prevent HIV infection in high risk groups, including commercial sex workers and their clients, sugar plantation workers, and young men in the Kisumu area who request male circumcision. In addition, men living with AIDS will be involved in teaching young people how to avoid getting infected. These activities are consistent with the Kenya 5-Year Strategy which focuses on HIV prevention in youth.

3. LINKS TO OTHER ACTIVITIES

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This activity is linked to CHF activities in the areas of AB (#4171); and CT (#4170).

4. POPULATIONS BEING TARGETED

Young adults, especially young men, will be targeted by these activities. In addition, commercial sex workers and their clients will be targeted in both Nairobi and in the sugar plantations in Nyanza Province. Men living with AIDS will be targeted, not only to receive services, but also to be involved in community outreach. These interventions for high risk youth, especially young people, will link to abstinence and faithfulness, as the clients of commercial sex workers, sugar plantation workers, and young men will be encouraged to avoid high risk behaviors in the future. Teenage men who may have begun sexual activity can be targeted for voluntary counseling and testing (VCT), messages of faithfulness to one partner, and rapid treatment of STI. Higher risk young men can also be educated about the benefits and means of achieving faithfulness, reduction of sexual partners, consistent condom use, and rapid treatment of STI, as well as reporting for VCT. Such young men can also be asked to refer their female sexual partners, who by definition are sexually active, high risk individuals, for counseling and treatment.

4. KEY LEGISLATIVE ISSUES ADDRESSED

The young men receiving services will be educated about male norms and behaviors which contribute to the spread of HIV, as will the young people who are educated about AIDS by the men living with AIDS. The projects targeting commercial sex workers will work to assist these young women to find alternate forms of employment and income.

5. EMPHASIS AREAS

The primary focus of CHF support to these local organizations will be to provide them with funding so they can employ staff to implement the activities. CHF will also help them train their staff and volunteers in the interventions, and will assist in capacity building of the local groups.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	9,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	240	<input type="checkbox"/>
Number of targeted condom service outlets	5	<input type="checkbox"/>

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

People living with HIV/AIDS

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas

Rift Valley

Nyanza

Nairobi

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: Q5
Activity ID: 4228
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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. NAS COP will continue strengthening a coordination mechanism for youth HIV prevention in Kenya. It will continue to explore feasible avenues of strengthening HIV prevention programs such as the integration of alcohol prevention efforts with HIV prevention work. NAS COP will coordinate the development and distribution of print materials as needed in support of abstinence and faithfulness 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 reduced HIV/AIDS stigma and discrimination.

Significant changes from 2005 to 2006 will be that NAS COP will play a key role in ensuring that epidemiological data is captured, analyzed and presented for use in implementation of prevention programs.

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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute towards the achievement of the Emergency Plan prevention targets in AB. It will promote the ability of implementing partners to reach their varied emergency plan targets for the year and will guide the implementation of targeted interventions for greater efficacy in behavior change.

3. LINKS TO OTHER ACTIVITIES

This project will establish essential linkages with other NAS COP coordinated national programs including NAS COP CT activity (#4787); NAS COP PMTCT activity (#4225); NAS COP ARV services activity (#4223); NAS COP palliative care: basic health care and support activity (#4224); and NAS COP strategic information activity (#4221). 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.

4. POPULATIONS BEING TARGETED

The activities implemented by NAS COP in this area will target partners working towards the reduction of HIV prevalence through prevention of new and secondary infections.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is increasing gender equity in HIV/AIDS programs and reducing stigma and discrimination.

6. EMPHASIS AREAS

This activity includes major emphasis on quality assurance, supportive supervision and strategic information.

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Emphasis Areas

	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Target Value

Not Applicable

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Number of targeted condom service outlets

Target Populations:

Adults

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHA) account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4254
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity to strengthen HIV prevention in the Kenya Department of Defense has four components. The first component will include activities geared to offering high quality STI services including diagnosis and treatment for the military personnel who belong to the most at risk population. These services will be offered in 25 military medical facilities. In addition, 2 KDOD sites namely Kenyatta Barracks (KB) in Gilgil and Laikipia Air Base (LAB) in Nanyuki will focus on STIs to determine the prevalence of STIs in the military, assess the current system of syndromic management of STIs, document the resistance pattern of STIs prevalent in the two regions, and make recommendations regarding the most appropriate treatment for STIs in the Kenyan military. Training will be undertaken for 15 KDOD medical personnel, 7 for Gilgil and 8 for LAB to enable them undertake these activities. Liaisons will be developed between the KDOD and National Aids and STI Control Program (NASCOP) to ensure high quality care and training in STI /HIV; prevention education for KDOD staff health personnel assigned at the military health facilities.

The second component will involve activities to promote correct and consistent use of condoms among the military personnel who are a most at risk of HIV infection. Proper condom supply channels will be put in place to ensure availability in all the 40 military stations country-wide. Regular monitoring of condom utilization will be done through a requirement for all units to file returns on both male and female condoms use on monthly basis.

The third component will involve a "Commercial Sex Workers" program to be undertaken jointly with the University of Nairobi in Gilgil Barracks. This will involve a range of prevention services for uniformed personnel and "CSW" to eliminate or reduce high risk behaviour. Activities will involve education on alternate income generating activities, and aggressive condom promotion among the CSW, soldiers living in Gilgil and the transport workers transiting through Gilgil town. Lessons learnt from this Gilgil model will be copied by other barracks, those located in the neighborhood of large urban slums. 15 personnel will be trained to facilitate these activities.

The final component will involve activities focusing on young recruits entering the military. The Kenya military recruits 2500 young men and women in the age group 18 to 24 years annually. This group is highly vulnerable to HIV infection and to other STI's as well. Though this group is being targeted through a youth focused program referred to as "Men As Partners" (MAP) under the AB program area, funding this area will support the condom component of the Men as Partners program for those who may not adhere to the intended behavior change of either abstaining or being faithful.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

OP activities within the KDOD services will contribute to the overall Emergency plan for FY 06 prevention targets for Kenya. This activity contributes to Kenya's 5-Year Strategy emphasis of reducing the risk of HIV transmission among high risk occupational settings by promoting the knowledge of correct and consistent condom use among this high risk group. The KDOD will integrate their OP program with other sexually transmitted infection (STI) clinics and reproductive health clinics at the various military health facilities.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to KEMRI-KDOD CT activity (#4249) as all OP activities encourage counseling and testing among the military community. This OP activity is

also linked to KEMRI-KDOD AØ activity (#4917) by partnering with other activities that promote prevention among the youth of the military community.

4. POPULATIONS BEING TARGETED

The KDOD OP is activity will reach the most at risk population by targeting the military personnel and their dependants. It will also reach the civilian population living and working in the barracks and also the host population living in the neighborhood of the barracks. Approximately 800 military personnel and dependents will be treated for STIs, and approximately 4,000 military personnel are estimated to access condoms. In the first year of the MAP program in the military, approximately 500 recruits will participate in the program. Thus, a total of 5,300 military personnel will benefit from these activities, and 30 military personnel will be trained in STI and CSW interventions.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the issues of male norms and behaviors which promote HIV risk behavior, especially in this high risk community of the military. These activities will challenge traditional male norms that have been identified as contributing to sexual coercion and multiple sexual partners. The KDOD OP program will also address stigma and discrimination that often is a significant obstacle to routine CT services and the use of condoms.

6. EMPHASIS AREAS

The major emphasis area for this activity of this workplace program will be on mobilization/participation in order to ensure that military personnel receive the STI/HIV services this activity provides. Other emphasis areas will be in information, education, and communication as well as the development of network/linkages/referral systems. These areas will assist in the systems integration approach that will successfully link information into behavior change. Training will comprise another key emphasis area and these will all be developed within a workplace program.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,300	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	<input type="checkbox"/>
Number of targeted condom service outlets	40	<input type="checkbox"/>

Target Populations:

- Adults
- Family planning clients
- Military personnel (Parent: Most at risk populations)
- Public health care workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4300
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

During FY 06 CDC will continue to work with government of Kenya agencies and non-governmental partners to assist in the implementation of a wide range of HIV prevention services covered under other prevention. CDC Kenya staff will provide technical assistance and guidance to local partners to ensure the technical soundness of these programs, adherence to Emergency Plan guidelines, and to ensure that these programs receive appropriate monitoring and evaluation.

CDC Kenya has a close partnership with the International Rescue Committee to implement OP activities in the Kakuma refugee camp and for the surrounding nomadic community, and provision of technical guidance is a key element of this partnership. CDC also works closely with the Institute of Tropical Medicine to implement and assess a youth intervention in Nyanza province, and under this COP, we propose to add a program targeting commercial sex workers in Kisumu, a high risk population which to date has received no interventions, in spite of the high prevalence in this area. CDC staff will work closely with ITM to ensure the technical and programmatic soundness of this proposed new project.

In addition, CDC supports four local FBOs and CBOs through a capacity building project with CHF International. The sub-grantees working in this area include a church reaching out to commercial sex workers and a local CBO working with sugar plantation workers and commercial sex workers who target these plantation workers. A new project to be supported by this mechanism which will need significant technical assistance and guidance from CDC is a proposed project to provide male circumcision and behavioral HIV prevention interventions for youth and young men in Kisumu. Under the terms of this cooperative agreement, CHF provides capacity building in management and administration of the project, and CDC provides the technical assistance to the sub-grantees. The types of activities CDC technical staff engage in include training in workplan development, assistance with monitoring and evaluation plans, training to bring local CBO and NGO staff up to date in technical areas of HIV and AIDS, and other technical services.

CDC Kenya staff also have a strong partnership with the non-military uniformed services of Kenya, including the National Youth Service, Kenya Prisons, Kenya Wildlife Service, and the police, and CDC staff provide technical assistance to these uniformed services on a regular basis. CDC staff provide technical assistance to these uniformed services in areas such as training curricula, work plan development, and monitoring and evaluation strategies.

The CDC Kenya OP technical team includes one Direct Hire (USDH) working 25% in AB; this staff member has extensive international experience in working with uniformed services and refugees, and in the implementation of behavioral HIV prevention programs. CDC proposes to add one locally employed technical staff member to coordinate Emergency Plan funded, CDC implemented HIV prevention services in Nyanza province. CDC also proposes to add one locally employed technical staff to coordinate all of the work with the uniformed services and other special populations, including refugees. This team, located in both Nairobi and Kisumu, will be supported by two locally employed drivers whose work is devoted to supporting HIV prevention interventions.

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Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Institute of Tropical Medicine
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4852
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity will be implemented by the Institute of Tropical Medicine (ITM) in collaboration with a yet-to-be-identified local partner. ITM is already implementing a project targeting youth, their families, and the local community in several rural areas of Nyanza province. ITM's work thus far, and a qualitative study done by a medical anthropologist, has documented that there are a large number of highly vulnerable young women in the town of Kisumu who are being lured into commercial sex work, and there are also a large number of young women already engaged in commercial sex work (CSW). ITM has considerable experience in other countries (Cote d'Ivoire and Congo) with interventions with CSWs, and thus we propose to increase the grant to ITM so they can provide CSW interventions in Kisumu, Nyanza Province. ITM will first conduct a needs assessment and then will design the detailed interventions; priorities will be to help young women find alternatives to CSW; for those for cannot stop CSW, priority will be to help them get tested and treated for HIV and other STIs, and to empower them to use condoms consistently. Nyanza Province is the area of Kenya with the highest HIV incidence and prevalence, and therefore this activity with highly at-risk populations is of great urgency.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention in youth, as the primary target group will be young women. Targets in this project will contribute to HIV infections averted.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to KEMRI CT activity (#4087) implemented by other CDC partners in Kisumu (KEMRI) and will be linked to the Institute of Tropical Medicine AB activity (#4217) activities already being implemented by ITM in Nyanza province.

4. POPULATIONS BEING TARGETED

Young female adults, both those already engaged in CSW and out-of-school young girls and women living in the environs of Kisumu who are vulnerable to beginning CSW, will be targeted by these activities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including increasing women's access to income and productive resources as an alternative to engaging in full time or part time commercial sex work.

6. EMPHASIS AREAS

Emphasis areas covered by this activity will include a needs assessment to determine the needs and service gaps for these highly vulnerable women, a mapping exercise to determine where commercial sex occurs and to collect data on women who occasionally get involved in sex work but do not identify themselves as commercial sex workers. Community mobilization activities to help young women avoid getting involved in CSW and IEC activities with these young women will be conducted. Services will be provided to these women, including detection and treatment of both HIV and other STIs, counseling for behavior change, and services to help these vulnerable young women with alternate sources of employment and income. These young women will either be referred for VCT or, if determined necessary, the project will provide VCT directly to the young women. Young women living with HIV infection will be referred to CDC supported ART projects in Kisumu.

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Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	700	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10	<input type="checkbox"/>
Number of targeted condom service outlets	1	<input type="checkbox"/>

Target Populations:

- Commercial sex workers (Parent: Most at risk populations)
- Women (including women of reproductive age) (Parent: Adults)
- Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

- Reducing violence and coercion

Coverage Areas

- Nyanza

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Federation of Teachers - Educational Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4932
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The American Federation of Teachers Educational Foundation, in cooperation with the KNUT, will continue implementing their existing activities which include: (1) increasing the capacity of KNUT national and district offices to deliver and support HIV/AIDS policy information, prevention education, counseling and referral services to schools and 15,000 teachers; (2) supporting and expanding school-based peer education, counseling and referral for teachers; (3) strengthening linkages between schools and community VCT, care and treatment centers to improve access for teachers and learners; (4) expanding and intensifying awareness education and advocacy for improved HIV/AIDS school-workplace policies; and (5) intensifying labor-management negotiations to improve terms and conditions of employment and provision of care and treatment services for teachers living with AIDS. 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 part of the 235,000-strong teaching workforce of Kenya.

This is one of the activities that contribute to the sensitization of teachers about HIV/AIDS through a collaborating union. It is also a component of the comprehensive HIV/AIDS programming we are developing along the major transport route running across Kenya. The activity will train 12,000 people and reach 15,000 people with prevention messages.

Through outreach, AFT-EF and KNUT will also explore ways in which the project can support a growing number of teachers who are taking the knowledge gained from training workshops and peer education into their classrooms, churches and communities.

This is a workplace program with emphases on training and policy and guidelines.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya 5-Year Strategy that focuses on HIV prevention targeting high-risk groups. Targets in this project will contribute to HIV infections averted.

3. LINKS WITH OTHER ACTIVITIES

This activity also links with activities in Policy and Systems Strengthening to be carried out by American Federation of Teachers-Educational Foundation in activity (#4082), wherein AFT works closely with Kenya National Union of Teachers to implement the AIDS policy for the education sector, CBFT Abstinence and Behavior Change activity (#4183) as CBFT will target teachers in the schools where KNUT has already sensitized them. AFT-EF and Kenya National Union of Teachers will strengthen inter-organizational linkages with the Ministry of Education, Science and Technology (MOEST), Teachers Service Commission (TSC), National AIDS Control Council, UNICEF and NGOs such as Kenya Network of Positive Teachers (KENEPOTE) to coordinate prevention, care and treatment programs.

4. POPULATIONS BEING TARGETED

The general population is targeted including HIV/AIDS affected families, People Living with AIDS, and Teachers

5. KEY LEGISLATIVE ISSUES ADDRESSED

This is also a twinning activity between two teacher unions: American and Kenyan.

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Increasing awareness of the severity and pervasiveness of stigma and discrimination against HIV positive teachers has prompted the project team to rapidly scale up awareness education for teachers and training of KNUT district leaders, head teachers and district education officers on the MOEST's HIV/AIDS policies for the education sector. To further combat stigma and discrimination in schools, the AFT-EF/KNUT will begin a model "safe school" program that gives recognition to schools with strong HIV/AIDS policies and outstanding teacher and student HIV/AIDS education and anti-stigma programs. They will also work with the KENEPOTE, a dynamic organization of 1500 HIV+ teachers in Kenya.

6. EMPHASIS AREA

Major emphasis on workplace programs targeting teachers. Policy and guidelines and Training are minor emphasis

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,000	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Adults
HIV/AIDS-affected families
International counterpart organizations
People living with HIV/AIDS
Teachers (Parent: Host country government workers)

Key Legislative Issues

Twining
Education

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4937
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This APHIA II TBD activity will continue the expansion of STI prevention and treatment services in Coast and Western Provinces, building on the support previously provided through USAID's AMKENI Project. In 60 facilities across ten districts 120 health workers will be trained in the management of STIs and promotion of condom use. Community outreach activities to promote STI and HIV prevention will reach 50,000 community members. Integrating STI treatment services with reproductive health, ante natal and post natal, maternity and family planning services remains an important strategy. Effective linkages to VCT and PMTCT services in these facilities, with referrals to other sites for management of opportunistic infections, PMTCT plus, and HIV treatment will be a priority.

Significant changes from 2004 to 2006 for this activity include the emphasis on integration and facilitative supervision to improve quality of services. With Emergency Plan FY04 and FY05 both VCT and PMTCT services have been established in the 60 facilities. This will facilitate referrals across programs.

USAID's AMKENI implemented by Engenderhealth project used 2004 Emergency Plan funds to strengthen STI management by training 100 health workers, in ten districts of Coast and Western Province. In 2006 this support to public sector and faith based facilities will continue through a new implementing partner (APHIA II TBD), and will include training of health workers in STI management with appropriate strategies for condom promotion through the family planning, VCT and PMTCT services. The decentralized reproductive health training and supervision teams in the ten districts will supervise these integrated training programs, ensuring participation from providers in private and faith based facilities. Facilitative supervision by the District Health Management Teams (DHMT) and improved data collation will enhance service provision. Behavior change communication (BCC) activities amongst community members will focus on reduction of risk and increasing demand for STI services.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II TBD activity in Coast and Western Province will contribute substantially to the 2006 Emergency Plan risk reduction strategy. This activity also provides significant support to Kenya's 5 year strategy which focuses on primary prevention and calls for attention to the increased vulnerability of women. Through increased access to integrated services with linkages to HIV services, women and other community members will be encouraged to utilize services.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED 2005 COP ACTIVITY OP AMKENI /ENGENDERHEALTH.

The OP activities link to APHIA II TBD (previously AMKENI in the 05 COP) activities in the areas of HBHC (#5381) and PMTCT (#4097). STI prevention and treatment services form an integral part of PMTCT and palliative care.

4. POPULATIONS BEING TARGETED

This activity targets adults, family planning clients, pregnant women, people living with HIV/AIDS, community leaders, doctors and nurses in both public and private sector, other health care providers namely clinical officers and community based organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

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The behavior change communication activities for STI and HIV prevention will promote gender equity through partnering with women's organizations in the design and implementation of community activities. The activity will address male norms and behavior including multiple sexual partners through community interventions.

6. EMPHASIS AREAS

This APHIA II TBD activity has a major emphasis on training and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	120	<input type="checkbox"/>
Number of targeted condom service outlets	60	<input type="checkbox"/>

Target Populations:

Adults

Community leaders

Community-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Pregnant women

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas

Coast

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4940
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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. AED will continue to provide funding to Handicap International (HI) to work with 8 local NGOs and CBOs targeting 13,000 physically and mentally disabled with HIV/AIDS other prevention activities.

In 2006, HI will continue targeting the blind and the deaf (in collaboration with Peace Corps volunteers) and the mentally disabled. Accessibility of HIV/AIDS information and education will be promoted among persons with various types of disabilities. It is imperative that information is packaged appropriately for the different disability groups to inform them of ways to protect themselves and places they can seek support and so appropriate communication materials for the various types of disabilities will also be developed. The project will translate existing HIV/AIDS information (including Information Education and Communication (IEC) materials produced by the government body "National AIDS and STI Control Programme" - NASCOP) into formats such as Braille, large print, sign language etc.

Behaviour change among youth with disabilities will also be promoted. HI is working 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. Development of a special education program on safe motherhood, sexuality and reproductive health with understandable information tailored to the intellectual needs of 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 and the deaf 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. In Kenya, youth are currently the most affected age group. Peer educators (disabled youth themselves) will be trained in HIV/AIDS issues. The peer educators will be expected to assist build self-esteem by enabling disabled people to understand their rights and measures to protect themselves from abuse or unsafe sex and other risky behaviours that could predispose them to HIV/AIDS

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In 2006 Handicap International proposes to reach 13,000 individuals through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, 468 individuals will be trained to promote HIV/AIDS prevention and 8 condom service outlets will be targeted.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to AED-Capable Partners AB activity (#5091) and AED-Capable Partners CT activity (#4847).

4. POPULATIONS BEING TARGETED

The main target population is Special Populations including 1) persons with different types of disabilities (deaf, blind, mentally and the physically disabled) and 2) Out-of-school youth. In the General Population parents and guardians will also be involved especially for the mentally challenged to support in providing information and

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making them access HIV services. Training will include host country government workers such as teachers and public health care workers. Groups/Organizations include CBOs and NGOs.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The project will address issues of Stigma reduction and Discrimination, as it has been the major factor hindering access to HIV services by PWDs. It will work to promote the rights of disabled people for equal access to HIV/AIDS related prevention and intervention measures and to influence the Government policies to be inclusive of needs of PWDs. Gender equity is also key in this project, as within the disability fraternity issues of women with disabilities have not been well articulated and would therefore be put into consideration in all activities.

6. EMPHASIS AREAS COVERED

There are two major Areas of Emphasis. First training will include host country government workers such as teachers and public health care workers to prepare them to provide services to the physically and mentally disabled. A second critical area of emphasis is Information, Education and Communication to develop a special education program on safe motherhood, sexuality and reproductive health with understandable information tailored to the intellectual needs of women with mental disabilities.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	13,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	468	<input type="checkbox"/>
Number of targeted condom service outlets	8	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Disabled populations
Most at risk populations
Non-governmental organizations/private voluntary organizations
Teachers (Parent: Host country government workers)
Out-of-school youth (Parent: Most at risk populations)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Gender
Reducing violence and coercion
Stigma and discrimination

Coverage Areas:

Populated Printable COP
Country: Kenya

Fiscal Year: 2006

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: ACQUIRE
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4942
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

During FY2006, the ACQUIRE Project will contribute to increasing awareness and knowledge about HIV/AIDS prevention among private sector providers, as well as men and women from surrounding communities. The district targeted is Gucha. ACQUIRE partner, IntraHealth, will take the lead on implementing this project, in collaboration with ACQUIRE staff from EngenderHealth, and ACQUIRE field partner, the Society for Women and AIDS in Kenya (SWAK).

Specifically, ACQUIRE will promote STI prevention and HIV/AIDS prevention counseling and will reduce condom promotion stigma among private sector service delivery providers in facilities currently supported under the ACQUIRE project. Highly experienced ACQUIRE staff will train service providers from a network of already supported private sector facilities, using the national guidelines. The training will improve service providers' attitudes and counseling skills for HIV/AIDS and STI prevention and will increase condom promotion in these facilities. It will enable health workers to provide HIV/AIDS education in their facilities and will increase the uptake of condoms among clients.

At the community level, ACQUIRE will conduct community mobilization activities with men and women from the surrounding catchment areas. The purpose of this activity is to create awareness of, and demand for, strengthened private sector HIV/AIDS prevention services. ACQUIRE will integrate these activities into SWAK's ongoing community mobilization and communications programming in order to achieve cost effective economies of scale.

The ACQUIRE project started similar HIV/AIDS prevention activities in Kenya during FY05. Targets are to train 200 public and faith-based sector health providers in STI and HIV/AIDS counseling and condom promotion, and to reach 10,000 community members through mobilization activities. This initiative builds on a program conducted in Kenya in 2003 under the USAID-supported "PRIME II" project in which IntraHealth reduced provider bias towards condom promotion and improved the integration of STIs and HIV/AIDS prevention counseling in public sector family planning clinics. The concept is for carefully selected and empowered facilities to offer a "basket of goods" of services to their communities, who understand, appreciate and use these resources. These services currently include PMTCT, VCT, FP and PAC, and ACQUIRE receives PEPPAR and population funding from USAID to do so. Private providers currently lack significant experience and confidence in providing HIV prevention services to their clients, so focusing FY2006 prevention funding on this cohort will significantly contribute to strengthening the private providers' ability to offer a full range of HIV/AIDS preventive services.

The private sector facility presents an effective but underused opportunity to educate clients and to 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. The ACQUIRE partners, IntraHealth, EngenderHealth and SWAK, support this strategy both at the district and national levels. This activity places emphasis on quality assurance and supervision within the private sector. The project will ensure community participation to raise demand for and maintain the quality of services.

The significant change from COP 2005 to 2006 is that during 2006 ACQUIRE will work with private providers only in 2006 to expand their capacity to provide prevention services. In 2005 ACQUIRE worked with a mix of faith based and public sector providers, ACQUIRE is proposing this shift so that the same private providers

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who received capacity strengthening inputs in 2005 in PMTCT and CT will expand their HIV/AIDS skills to prevention. This change responds to the Government of Kenya's need to increase the accessibility of prevention services, particularly in underserved areas.

Sub recipients:

1. IntraHealth International, Inc.
2. Society for Women and AIDS in Kenya

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will reach 10,000 individuals with community prevention programs and 200 people will be trained to provide HIV/AIDS prevention messages. Since the private sector provides 40% of all healthcare services in Kenya, and plays an important role in reaching underserved individuals, this is an innovative opportunity to increase prevention services among private providers in Kenya.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to EngenderHealth-Acquire CT activity (#4083). As mentioned above, ACQUIRE currently works with private sector health care providers. The private providers' "basket of services" currently includes PMTCT, VCT, HIV/AIDS prevention services, FP and PAC services, and ACQUIRE receives FY 05 PEPFAR and population funding from USAID to do so. ACQUIRE submitted proposals to USAID to expand PMTCT, PMTCT plus, and VCT services during FY2006.

4. POPULATIONS BEING TARGETED

The proposed program targets the following populations: New prevention service provision sites among private sector health care facilities, Youth 15-25, Adults, male and female, ages 26-45

5. KEY LEGISLATIVE ISSUES BEING ADDRESSED

The proposed program addresses gender equity, both among private sector providers and potential at risk clients. The majority of private sector health care providers are female, so the program indirectly will support capacity building and empowerment of female health care providers. In addition, empowered health care providers will have the skills and ability to better served needy clients, particularly underserved women in poor communities, and encourage them to access other supportive prevention services.

6. EMPHASIS AREAS

Major emphasis: Clinical skills training

Minor emphasis: Policy and advocacy, and Gender equity

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Adults

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4945
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This APHIA II TBD activity will improve access to HIV/AIDS service and reducing new infection rates in hard-to-reach geographic areas reaching 25,000 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.

According to the 2003 KDHS, North Eastern Province has the highest illiteracy levels for both females and males (86.8% and 65.2% respectively) and only a few women in the province (32%) attend antenatal care during pregnancy. The majority of women (92%) deliver at home. Due to this, AU-IBAR has trained a pool of 70 traditional birth attendants (TBAs) assist in home deliveries. With the emergency funds, the monitoring mechanisms to ensure practice of safe motherhood including referral of complicated deliveries to health facilities strengthened. The community health worker CHW component shall also be strengthened in practicing safe motherhood and provision of alternative antenatal, postnatal and other community health services with a view of transforming it into health education and promotion system. The CHW shall then act as community mobilizers to refer pregnant women for ante and postnatal care as well as for CT and PMTCT.

Although condom promotion as an HIV/AIDS prevention strategy is a sensitive issue in the Muslim nomadic pastoralist community, the APHIA II TBD intends to involve the community and devise innovative ways of condom distribution to the groups at risk of HIV infection in urban centers. Religious leaders shall be supported to continually emphasize the use of condoms within the confines of the Quran.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA:

By supporting the CHW to ensure use of sterile birth equipments the project shall reduce the risk of HIV transmission through the use of contaminated tools. Strengthened referral CHW system for pregnancy and pregnancy related issues would definitely increase the number of pregnant mothers accessing essential antenatal services including HIV CT and PMTCT.

3. LINKS TO OTHER ACTIVITIES:

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY AU-IBAR

The OP activities link to CT activity (#4080); APHIA II (AU-IBAR) AB activity (#4079). These OP services will be complemented by other on-going (2005) AU-IBAR livestock health activities, which include community, and religious outreach programs that are using the existing indigenous and modern methods of communication for awareness creation and behaviour change and prevention among illiterate populations of North Eastern Kenya. The TBAs shall provide basic health services, disseminate HIV/AIDS AB messages and mobilize the pastoral community for HIV/AIDS services including CT.

4. POPULATIONS BEING TARGETED:

These APHIA II TBD activities target special populations particularly the mobile populations of Northern Kenya. OP information and condoms will be passed to truck drivers who are a risky group as they move from high HIV/AIDS prevalence zones of Kenya in search of animals for international markets. Appropriate HIV/AIDS messages

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will be disseminated through brochures, billboards, fliers and police road signs. In addition special populations particularly commercial sex workers in the target districts will be equipped with appropriate information and empowered to use HIV/AIDS preventive methods at all the times.

5. KEY LEGISLATIVE ISSUES ADDRESSED:

The key legislative issue addressed is Gender. This APHIA II TBD activity will work with women in the project districts to empower them as decision makers on matters of reproductive health. They will be persuaded to accept the use of condoms in polygamous marriage arrangements. The KDHS 2003 study indicates that knowledge about condoms, acceptability and use is very limited in the project districts of North Eastern Kenya. The OP program will advocate for and promote strategic condom distribution and use while considering religious, cultural and gender sensitivities.

6. EMPHASIS AREAS:

The major emphasis area for this APHIA II TBD is development of network/linkages/referral systems developing strong referrals through their trained TBAs. In addition another major area is Information, Education and Communication with activities that will enhance HIV/AIDS prevention behavior. Knowledge of contraceptive methods in general, and about condoms in particular is low. Acceptability and use of condoms is less prevalent in the project districts. The Supreme Council of Kenya Muslim (SUPKEM) religious leaders have rejected condom use among Muslim population in the project area. The argument that condoms curtail fertility and save lives is pitted against condoms as a symbol of immorality and uncontrolled sexual activity. The resultant discourse portrays real conflicts faced by Muslims when they have to decide whether or not to use condoms. The APHIA II TBD activity will emphasize condom promotion in the project districts and increase both demand and supply to at-risk groups.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Adults

Most at risk populations

Truck drivers (Parent: Mobile populations)

Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Populated Printable COP

Country: Kenya

Fiscal Year: 2006

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Coverage Areas

North Eastern

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4949
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity is built on the IDU activities implemented through UNODC through December 2006. After December 2006, these activities will be implemented through the APHIA II as a TBD.

There is a clear correlation between substance abuse and the spread of the HIV virus. In one Mombasa-based study up to 50% of injection drug users (IDUs) were HIV-positive. Another study conducted in 2004 among heroin users in Nairobi by the United Nations Office on Drugs and Crime (UNODC) found that HIV and Hepatitis C (HCV) prevalence among IDUs was 52.5% and 61.4% respectively, compared to 13.5% and 3.8% respectively among non-injectors. 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 with other drug addictions. The growing numbers of IDUs and the high incidence of HIV and HCV among them in Kenya point to a pressing need for the introduction of comprehensive measures.

This APHIA II TBD activity will support two networks of NGOs in Mombasa and Nairobi focusing on HIV and drug abuse prevention with high-risk youth. Outreach teams of ex-drug users have been operational in Nairobi and Mombasa since March 2005. These teams are part of the NGO networks organized by the project. 100 Community Health Workers have been trained in the management of addiction in the context of HIV/AIDS. These groups coordinate their outreach work with networks of partnering NGOs and with Ministry of Health VCT and HIV care facilities. Outreach workers are based in two project-supported drop-in centers that are providing drug counseling and referrals to inpatient drug treatment and rehabilitation centers.

The APHIA II TBD project is also collaborating with the Ministry of Health to enhance capacity in the area of drug treatment to prevent HIV transmission among IDUs. Four Ministry of Health physicians have been trained at Yale University in addiction treatment and will be assigned to the project.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

The U.S. Five-Year Global HIV/AIDS Strategy of the President's Emergency Plan for AIDS Relief notes that some of the populations most affected by HIV/AIDS, such as injecting drug users, are the most difficult to reach through conventional health care programs. By training an additional 150 Community Health Workers and using teams of ex-drug users in NGO networks, linkages with drug counseling and health care are being established. 5000 IDUs will receive HIV prevention messages, rehabilitation, and AIDS care if needed. Skills of Government and NGO staff to design and implement HIV/AIDS prevention programs including outreach interventions among injecting drug users have been enhanced and are now contributing to this activity.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITY BY USAID-OP-UNODC-2006 ACTIVITY(#4125)

The activity will provide links to APHIA II TBD (FHI) BHCS activity (#5285), palliative care services provided at Coast Provincial General Hospital and other facilities in Mombasa, and to services at Kenyatta National Hospital (supported by University of Nairobi) in Nairobi.

4. POPULATIONS BEING TARGETED

The primary target population for this project is young adults, especially injection

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drug users. Additional target populations include commercial sex workers (since IDUs often engage in transactional sex to finance their addiction), doctors and community health workers, and the NGO/CBOs implementing project activities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

None

6. EMPHASIS AREAS

The major emphasis area of the APHIA II TBD activities is the development of networks linkages, and referral systems between outreach workers, NGOs, and health care providers. Other emphasis areas include information, education, and communication; local organization capacity development; and community mobilization/participation.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Doctors (Parent: Public health care workers)

Injecting drug users (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Out-of-school youth (Parent: Most at risk populations)

Other health care workers (Parent: Private health care workers)

Coverage Areas

Coast

Nairobi

Populated Printable COP

Country: Kenya

Fiscal Year: 2006

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4960
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The local NGO and FBOs will target high-risk populations including women and men in worksites, low-income community women, sex workers, truck drivers, single mothers, Matatu touts and women in churches and mosques in 20 districts in Kenya. Technical assistance partners will continue to provide assistance and capacity building to partner organizations to implement behavior change prevention programs. The APHIA II TBD 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 the Ministry of Health and other partners. This will also include targeted condom promotion and distribution to high-risk populations and improved quality of STI services working through the Ministry of Health and other partners.

This activity will also 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 ABC are not confounded.

Prevention activities will include the following: targeting men in worksites by increasing the number of peer education programs from 125 to 200; assisting 50 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 radio programs, such as Kad Yatu. These programs will target listeners, especially men and women in the workplace and communities in Kenya. Technical assistance will continue to be provided to 30 partners implementing behavior change communication programs in HIV and substance abuse and develop new print materials addressing alcohol abuse stigma and discrimination. Workplace programs will continue to be expanded through existing partner organizations. 50 locally owned, medium-sized companies employing a total of over 2250 staff and initiating workplace intervention in 120 informal sector work places will take place. This program will undertake the following: train and sensitize proprietors of informal sectors work places, senior managers of 50 small and medium size companies 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II TBD project will contribute to the Kenya 5-Year Strategy that focuses on HIV prevention targeting high-risk groups. Targets in this project will contribute to HIV infections averted.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED 2005 COP ACTIVITY OP FHI/IMPACT.

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This activity will be linked to APHIA II (FHI/IMPACT) AB activity (#5024); APHIA II (FHI/IMPACT) CT activity (#4190) and APHIA II (FHI/IMPACT) PMTCT activity (#4191) activities already being implemented by other USG and MOH partners working in the program areas.

4. POPULATIONS BEING TARGETED

Men and women in the work place, male and female sex workers and their partners and clients, and other high-risk population including truck drivers and out of school youth.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II TBD project will have a strong gender component. Activities will target men in the workplace and low income women in the community.

6. EMPHASIS AREAS

Community mobilization/participation, development of networks and referral systems, IEC, local organizations capacity development, training, workplace programs.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Workplace Programs	10 - 50
Community Mobilization/Participation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	530,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000	<input type="checkbox"/>
Number of targeted condom service outlets	60	<input type="checkbox"/>

Target Populations:

- Adults
- Business community/private sector
- Commercial sex workers (Parent: Most at risk populations)
- Community leaders
- Community-based organizations
- Faith-based organizations
- International counterpart organizations
- Truck drivers (Parent: Mobile populations)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Out-of-school youth (Parent: Most at risk populations)
- Partners/clients of CSW (Parent: Most at risk populations)
- Religious leaders

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Central

Coast

Nairobi

Rift Valley

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4965
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Under Family Health International Institute of Family Health there will be two sub-contracted activities: one through I Choose Life and the other through Kenyatta University (KU). During 2005, I Choose Life (ICL), in collaboration with FHI, developed an intervention to promote ABC messages in a balanced way. Four major enter-educate events were held at the University of Nairobi's Chiromo and Main Campuses. These events reached a total of over 6000 students with AB prevention messages. In 2006, ICL and FHI will continue with their collaboration to ensure that peer educators receive training in communication, counseling, negotiation and mentoring skills specific to putting Abstinence and Being faithful and other prevention messages into practice. This will bring the total number of peer educators equipped with these skills since FY05 to 400. This peer education will be undertaken through weekly and monthly groups in two universities reaching about 18,000 students by the end of the FY06.

FHI will continue to collaborate with Kenyatta University to continue with an operations research on a HIV prevention intervention among Nairobi house girls through the implementation and monitoring of the intervention designed in FY05. In the 2005 funding cycle, the project "Risk of HIV/AIDS and Feasibility of Research among House Girls in Nairobi" is assessing the needs of house girls and the feasibility of carrying out an intervention with them to reduce their vulnerability to HIV/AIDS. In total, 300 house-girls will be reached with prevention messages through an FHI sub-contract with Kenyatta University.

The 2006 FHI will use the results of the assessment to 1) together with local stakeholders, design an appropriate intervention with house girls; and 2) conduct a training of trainers in anticipation of another phase of the study. With the 2006 funding cycle, Kenyatta University/FHI will conduct a baseline survey and then implement the developed intervention to reduce house girls' risks of acquiring HIV/AIDS. Funds will then be sought in 2007 to carry out another survey to continue with the intervention and measure its effect on actual behavior change and quality of life of the house girls who were involved.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity is in line with the Five Year Strategy that aims at engaging youth as full partners in defining and delivering programs and messages that produce sustained efforts to reduce the risk and preserve the future of children who are out of school and on the streets.

3. LINKS TO OTHER ACTIVITIES

This activity is related to FHI-CRTU AB activity (#5130) that deals with testing an AB prevention methodology among university students using peer education mechanism.

4. POPULATIONS TARGETED

The main target population under this activity are young girls who are out-of-school

5. KEY LEGISLATIVE ISSUES

This activity will address a number of legislative issues including Gender, reducing violence and coercion.

6. EMPHASIS AREAS

In terms of emphasis area, this is largely a workplace program and to a minor extent, a needs Assessment, community Mobilization/Participation, and quality assurance &

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Supportive Supervision

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Men (including men of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Gender

Reducing violence and coercion

Increasing women's legal rights

Coverage Areas

Nairobi

Table 3.3.05: Activities by Funding Mechanism

Mechanism: DELIVER
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4977
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity will support the logistics systems design and distribution of STI drugs and consumables for which there is no common system at present. In addition it will re-institute the national male and female condom logistics and distribution system that was suspended in June 2005 due to funding constraints.

The supply and distribution of STI treatment drugs is considered an important limiting effect on the spread of HIV. APHIA II will help guide the program in its development of syndromic management, distribution and monitoring of STI drug kits in collaboration with NASCOP and the District Aids and STI Control Officers (DASCO's) and implementing an effective logistics system. This activity will be implemented in 4 provinces and will train 36 DASCO's to reach 6,000 condom outlets including bars and social places.

As a key measure to prevent the spread of HIV condom distribution is an important part of the ABC process. During 2003-2005 condom distribution doubled from four to eight million pieces per month (meaning over 100 million condoms required for Kenya per year) following a successful logistics and distribution program with the Division of Environmental Health Public Health Officers and Technicians. This logistics system will be re-activated following its suspension in June 2005 to provide male and female condoms to the lowest levels in the system in collaboration with the DEH, NASCOP and the Division of Reproductive Health (DRH).

USAID has been supporting supply chain management of reproductive health commodities in Kenya for over 10 years through JSI/DELIVER, and during the last 4 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This component will complement other HIV/AIDS activities by ensuring that treatment of STIs continues as this reduces HIV transmission; and providing condoms that will prevent further infections through sexual contact.

3. POPULATIONS BEING TARGETED

The activities are targeted health care workers but will serve to benefit the general population and people at risk of infection.

4. EMPHASIS AREAS

The major emphasis area for this component is logistics serving to enhance the availability of STI kits and condoms. In addition the activity has a minor emphasis in Quality assurance and supportive supervision and strategic information particularly related to monitoring and evaluation.

Emphasis Areas	% Of Effort
Logistics	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	36	<input type="checkbox"/>
Number of targeted condom service outlets	6,000	<input type="checkbox"/>

Target Populations:

Adults

Coverage Areas

Coast

Nyanza

Rift Valley

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: BCC/SM-PSI
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5006
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This activity will implement the approach outlined in the U.S. Five-Year Global HIV/AIDS Strategy of ensuring correct and consistent use of condoms as appropriate. For those who are infected or who are unable to avoid high-risk behaviors, condom use is a critical risk-reduction intervention. This activity will make condoms available to reduce the risk of the spread of HIV infection among those who engage in high-risk activity by strengthening the existing social marketing program in Kenya. It will create demand among those at risk and expand the number of condom distribution outlets near areas where high-risk behavior takes place.

The goal of this activity is 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 30% of women age 15-24 and 84% of men of the same age had engaged in high-risk sexual activity during previous 12 months. However, only one-fourth of these women and one-half of men used a condom at last high-risk sex.

For more than a decade, social marketing techniques have been used 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 targeted communications to increase accurate self-risk assessment and appropriate condom use in high-risk situations. It will utilize carefully targeted mass media where appropriate, as well as interpersonal communications networks, including PLWHA advocates.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Kenya's 5-Year Strategy emphasizes a balanced ABC approach, including promoting the use of condoms in high risk encounters and ensuring the reliable supply of condoms, in close partnership with other donors, particularly DFID. Both public and private sector social marketing activities will continue to target high-risk settings such as bars and lodgings, as planned in the Strategy.

This activity will reach 250,000 people through community outreach and train 100 to promote condoms. In addition the partner TBD will work through 15,000 condom service outlets. The activity will play an important role in reaching the 2006 target of preventing 120,000 new infections. The targeted mass media campaign will reach about 5 million Kenyans while the interpersonal communications campaign will reach about half a million.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES BY PSI.

Associated abstinence and be faithful messages will be integrated with communications activities to ensure a balanced ABC approach. Since accurate self-risk assessment is the prerequisite to all prevention behavior change, this campaign will support all "ABC" efforts in Kenya. This activity is linked to BCC/SM Bridge (PSI) AB activity (#5090); BCC/SM Bridge(PSI) CT activity (#4930).

4. POPULATIONS BEING TARGETED

Sexually active adults, CSWs, Discordant Couples, Truckers, out-of-school youth,

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Partners/clients of CSWs, Brothel owners

5. KEY LEGISLATIVE ISSUES ADDRESSED

Gender is addressed by changing male norms and behaviors concerning high risk sexual activities.

6. EMPHASIS AREAS

This activity includes major emphasis on information, education, and communications and minor emphasis on community mobilization/participation and logistics as detailed in the activity description in Section 1 above.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	<input type="checkbox"/>
Number of targeted condom service outlets	15,000	<input type="checkbox"/>

Target Populations:

Adults

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

Discordant couples (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Uniformed Services Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5064
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity has three components. The first component will include activities geared to offering high quality STI services including diagnosis and treatment for the Uniformed Services personnel in particular the Kenya Police Department (KPD) and the National Youth Services who due to the nature of their jobs and age are in the high risk group for STI and HIV infections. These services are currently offered in 6 medical facilities (KPD 2, NYS - 4). In addition to these services, there will be a special focus on STI/HIV by the police on the Mombasa-Busia highway which forms an important chain in HIV transmission in the country. The KPD plans to establish 6 additional clinics on the highway focusing on STI management and HIV prevention. Three of these clinics will be set up in FY 06, evaluated and if confirmed successful another three will be set up in the subsequent year. The proposed sites for these special clinics are major stopovers along the highway where there is confirmed high level of interaction between the "commercial sex workers" (CSW), the police, and transport workers. These sites are Mariakani, Salama, and Mlolongo in Athi River, Nakuru/Gilgil, Webuye, and Malaba. Training will be provided for 8 Uniformed Service medical personnel to improve their skills in STI diagnosis and treatment. Liaisons will be developed between the Uniformed Services and National Aids and STI Control Program (NASCOP) to ensure high quality of care. Additional collaboration with the University of Nairobi will be built in to maximize on the experience by the University of working with CSW in the country. This will involve a range of prevention services for the police and "CSW" to eliminate or reduce high risk behaviour. Activities will involve education on income generating activities, and aggressive condom promotion among the CSW. Lessons learnt from this Mombasa - Busia highway model will be used by the police to set future activities on other major highways in the country e.g. Nairobi-Isiolo-Moyale highway.

The second component will involve activities to promote correct and consistent use of condoms among the Uniformed Service Personnel who are most at risk of HIV infection and who engage in high risk behaviors. Proper condom supply channels will be put in place to ensure availability in all the Uniformed Services camps, stations and parks country-wide. Regular monitoring of condom utilization will be done through a requirement for all units to file reports on both male and female condoms use on monthly basis.

The final component will involve activities focusing on young recruits entering the Uniformed Services, including the National Youth Service, the Kenya Wildlife Service, and the Kenya Police. These services recruit about 8,000 young men and women in the age group 18 to 24 years annually; some of these young people are out-of-school youth. Though this group is being targeted in the focused program referred to as "Men as Partners" (MAP) under the AB program area, an additional element will be introduced in the training institution to include those who may not be covered by this program and those who do not adhere to the intended behavior change of either abstaining or being faithful. 20 Uniformed Service personnel will be trained to carry out this activity.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

OP activities within the Uniformed Services will contribute to the overall Emergency plan for FY 06 prevention targets for Kenya. This activity contributes to Kenya's 5-Year Strategy emphasis of reducing the risk of HIV transmission among young people. The Uniformed Services will integrate their OP program with other sexually transmitted infection (STI) clinics and reproductive health clinics at the various Uniformed Services health facilities.

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3. LINKS TO OTHER ACTIVITIES

This activity is linked to KEMRI- UNIFORMED SERVICES CT activity (#4255) since all OP activities will at all times encourage routine counseling and testing among the Uniformed Services community. This OP activity is also linked to Uniformed Services KEMRI/USP AB activity (#4257) by partnering with other activities that promote prevention among the youth of the Uniformed Services community.

4. POPULATION BEING TARGETED

The OP activities will reach the most at risk population by targeting the Uniformed Services personnel, CSW and truck drivers. It will also reach the civilian population living and working in the Uniformed Services work places and also the host population living in the Uniformed Services neighborhood. Medical personnel working in these uniformed services will also be targeted for appropriate training.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the issues of male norms and behaviors, as many (though not all) of the members of these uniformed services are young men. Reproductive health, especially the proper treatment of STIs, will also be addressed. It will also challenge traditional male norms that have been identified as contributing to sexual coercion and multiple sexual partners. The USP OP program will also address stigma and discrimination that often is a significant obstacle to adopting behaviors that contribute to HIV prevention.

6. EMPHASIS AREA

The major emphasis area for this activity will be on a workplace program for the non-military uniformed services. Training will also be an emphasis area to ensure that Uniformed Services personnel receive the STI/HIV services this activity provides. Other emphasis areas will be information, education, and communication to promote behavior change. Infrastructure will also receive some emphasis as the proposed clinics are renovated and furnished.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	24,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	<input type="checkbox"/>
Number of targeted condom service outlets	400	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Host country government workers

Laboratory workers (Parent: Public health care workers)

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Country: Kenya

Fiscal Year: 2006

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Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Other

Coverage Areas:

National

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
 Budget Code: HBHC
 Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: Offer a comprehensive package for over 210,000 HIV infected individuals (including safe water, nutritional support, expanded access to opportunistic infections medications).

Key Result 2: Increase integration of programs providing prevention, care and treatment to PLWHA.

Key Result 3: Expand community networks and develop new networks to care for PLWHA.

Key Result 4: Establish legal support programs for more than 2,500 individuals to support inheritance planning and the right of widows to inherit property.

CURRENT PROGRAM CONTEXT

During the first two years of PEPFAR, non-ART general medical care for HIV was instituted in health care facilities throughout the country at 207 facilities including both National Referral Hospitals, all 8 Provincial Hospitals, all 72 District Hospitals, 64 mission and/or faith-based hospitals, and 13 private hospitals. New and continuing activities will contribute to the provision of such a package of care to more than 210,000 people with HIV/AIDS. USG is working with partners to provide a package of basic non-ART health services including prevention, diagnosis, and management of opportunistic infections and a broad range of supportive services such as counseling and legal advice. Legal advice was provided in 27 divisions in 11 districts including paralegal issues, will writing, succession advice and advice on accessing sickness and death benefits. In 2006 there will also be a focus on expanding access to therapies for opportunistic infections (i.e. in addition to cotrimoxazole) and other AIDS-related diseases (e.g. Kaposi's Sarcoma).

NEW INITIATIVES

In many settings the basic service package will be expanded to include improved access to safe water for drinking, nutritional support where medically indicated, and programs addressing gender violence. Community networks of PLWHAs will be strengthened with program activities promoting wellness, nutrition, mutual psychosocial support, and/or mutual economic security for 35,000 additional people.

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. In 2006, Emergency Plan resources will support one of these hospices and with further support it will be evaluated during the year.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Definitions of care have been defined in GOK policy documents but not enforced. This is primarily due to a lack of materials and drugs in lower-level health facilities. Secondly, home-based care kits have, to date, been unavailable due to restrictions on where the drugs can be purchased that are included in the kits. The 2006 COP will resolve these issues through the provision of large-scale production of home-based care kits and therapeutic nutrition supplements, which will be distributed through both civil society and government facilities. Finally, success in palliative care is dependent on strong referral networks between civil society and the government. To fortify these networks, Capable Partners will work alongside the Department of Children's Services and the National AIDS Control Council to improve their databases and to nurture the relationship between these agencies.

WORK OF HOST GOVERNMENT & OTHER DONORS

Provision 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 2000-2005 and the National AIDS and STD Control Program 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 that have been further involved in guideline dissemination and use in practice. DFID provides significant support for home-based care with an emphasis on Nyanza Province.

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Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	872
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	281,970
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism: FANTA
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4066
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Kenya has strong human capacity in nutrition, with nutritionists posted to all provincial and district hospitals. Given the strong positive role nutrition can play in improving the quality of life of PLWHA, the large number of nutritionists in Kenya offers a strong opportunity to significantly increase coverage and enhance the quality of care and support for PLWHA. However, many of these nutritionists lack substantial knowledge about nutrition and HIV/AIDS and about how to provide nutritional care to PLWHA. In order for the country's nutritionists to have a significant impact on the HIV/AIDS pandemic and contribute significantly to care and support coverage, their capacity in nutrition and HIV/AIDS needs to be strengthened, and specific entry points and responsibilities for nutrition and HIV/AIDS interventions need to be established at hospitals. Moreover, there is a need for greater evidence about the specific impacts food supplementation has on PLWHA's clinical and nutritional status, response to treatment, and quality of life.

During FY 2005 FANTA worked with partners to design operations research to assess the impacts of food supplementation on PLWHA. FANTA began strengthening nutritional care for PLWHA at provincial and private hospitals during 2005 through development of counseling materials and initiation of training curriculum development. During FY 2006, FANTA will expand these activities to cover more hospitals and to establish model nutritional care sites in hospitals. While the focus of the nutritional care sites will be on PLWHA, in order to minimize stigma and address other nutritional issues, the sites will not be explicitly labeled as HIV-related, and services will be offered to all clients. PLWHA, care givers, and other household members play central roles in designing the services offered at the nutritional care sites and the service delivery systems.

This activity has four components: (1) Conduct operations research to strengthen the evidence base about whether food supplementation of HIV-infected people (ART and pre-ART) improves nutritional status, clinical status, ART effectiveness, quality of life, and survival. (2) Complete the Kenya training curriculum on nutrition and HIV/AIDS for nutritionists and health care workers, train hospital nutritionists (and trainers) using the curriculum and counseling materials, and disseminate the materials for ongoing use and training. (3) Establish small nutrition sites within each hospital, where nutritional care and counseling are provided. (4) Create linkages and referral systems between the nutrition sites and community- and home-based support systems, especially for food and nutrition support.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During 2006 FANTA activities will reach 30 hospitals with nutritionists trained in nutritional care and support for PLWHA; 15 hospitals with nutritional care sites established with services for PLWHA; 8,000 PLWHA receiving nutritional care and support in provincial, district, or private hospitals; 1,000 PLWHA availing referrals from hospitals to community/home-based nutrition services; production of Kenya training materials on nutrition and HIV/AIDS; 45 institutions using the Kenya training materials on nutrition and HIV/AIDS; 300 individuals trained to provide HIV-related palliative care (excluding TB/HIV); and 60 institutions using the Kenya counseling materials on nutrition and HIV/AIDS. These activities will also improve the quality and effectiveness of ART services provided to 2,000 clients. Implementation of the operations research in 2006 will yield additional information about food supplementation for PLWHA, and research results will be available in 2007.

3. POPULATIONS BEING TARGETED

FANTA targets individuals infected by HIV/AIDS, OVCs, care givers, community

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members, and national and regional health workers.

4. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue is a Wrap Around for food. 8000 PLWHAs will receive nutritional care and support in provincial, district, or private hospitals.

5. EMPHASIS AREAS

This activity has a number of areas of emphasis. A major area of emphasis is Local Organization Capacity Development with 33 more hospitals with nutritional care sites with services for PLWHA. Minor emphasis includes Development of Network/Linkages/Referral systems; at least 1,650 PLWHAs will avail referrals from hospitals to community/home-based nutrition services. Linkages with Other Sectors and Initiatives since FANTA will create linkages and referrals between the nutrition sites and the community- and home-based support systems, especially for food and nutritional support and finally Training since FANTA will reach 36 new hospitals with nutritionists trained in nutritional care and support.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	45	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Food

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4088
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Kenya Medical Research Institute (KEMRI) will expand ongoing activities at more than 60 sites mainly in Nyanza, Eastern, and Central Provinces. These expanded activities include support for provision of facility based palliative care services for 25,000 people with HIV, including 3,000 children, and support for training for 500 health care workers. Network centers will be supported at New Nyanza Provincial Hospital and Homa Bay District Hospital. In addition, support to network centers at Nyeri Provincial Hospital and Machakos District Hospital will continue until support for these centers is established by new partners (see narratives for University of Pittsburgh and Columbia University). Points of service will include all district and most sub-district hospitals in the regions served by these referral hospitals, as well as many health centers and dispensaries. At each site KEMRI provides technical assistance, equipment and supplies, infrastructure improvement, improvement of laboratory capacity, laboratory reagents, adherence counseling, assistance with monitoring and reporting, cotrimoxazole prophylaxis to prevent opportunistic infections, treatment of opportunistic infections, improved access to safe drinking water, and malaria prevention interventions. In addition, this activity provides support groups linked to each clinic, additional community-based services, identification of and training for community-based organizations.

KEMRI conducts a number of activities that enhance the development of care services at the national and regional level. KEMRI supports regular coordination meetings of HIV care providers in the province in collaboration with the Provincial ART Officer, and is helping to develop the regional quality assurance programs and specimen transfer networks to optimize the availability of high quality CD4 cell count determination and diagnostic HIV testing for infants. KEMRI supports primarily practical training at care facilities. During this facility-based training, health care workers are invited to join the functioning clinics and gain experience in all aspects of HIV treatment and clinic management. This activity's scope includes: identification and treatment of HIV-infected children and of infected patients in the in-patient setting and provision of care in remote areas. Provision of care in remote areas is facilitated by mobile teams that move between rural health centers and dispensaries, particularly those providing PMTCT services or providing TB treatment. Because the PMTCT and TB treatment programs have been effectively decentralized, the support for services at these sites is an important step toward decentralization of treatment services for people with HIV. KEMRI is implementing a register based data collection system designed to assist lower level health facilities report national and PEPFAR indicators.

Significant changes from 2005 to 2006 for this activity include marked expansion of the numbers of people being reached, an increased emphasis on provision of care for children, and an expanded emphasis on prevention of HIV transmission from patients with HIV.

The long-standing (> 25 years) collaboration between the KEMRI and the CDC in Kenya was initially research-based, then expanded in 1999 to include HIV prevention and treatment activities and now supports implementation of programs in VCT, PMTCT services, and treatment for HIV. By the end of September 2005, this collaboration was supporting care at more than 30 facilities and was supporting palliative care services for more than 18,000 patients including more than 800 children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of palliative care services

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for 25,000 people with HIV, strengthened human resource capacity of 500 individuals to deliver palliative care services, and a strengthened referral network 60 palliative care service outlets for these services. In addition, these activities will contribute to expansion of care for HIV-infected children, in particular by supporting infant testing at sites supported both by this partner and other Emergency Plan partners.

3. LINKS TO OTHER ACTIVITIES

These services link to ARV treatment services supported by this partner (#4091). They also tie into well-established referral linkages with local VCT and PMTCT programs, established networks linking network centers and other service delivery sites, included both those supported by this partner and those supported by other Emergency Plan Partners and other partners. Practical training supported by KEMRI is linked directly to classroom training supported by other partners such as Mildmay International. The population level impact of the supported services is being evaluated through SI activities conducted by KEMRI (#4092). KEMRI activity support in Central and Eastern Provinces will gradually be replaced by support from other partners in ARV treatment program area including University of Pittsburgh (#5274) and Columbia University (#4272).

4. POPULATIONS BEING TARGETED

The target population for this activity is people with HIV. The main geographic region served by these activities is Nyanza Province, a priority region because it has the highest prevalence of HIV in Kenya (15% overall with sentinel surveillance rates as high as 41% in some districts). Most of the services are provided to the general population with HIV, but special services are provided to women and children through pediatric and PMTCT-plus services, and to participants in US government funded research programs and their families. Discordant couples are targeted by behavior change counseling and other prevention activities focused on HIV-infected patients.

5. EMPHASIS AREAS

This activity includes major emphasis on development of network/linkages/referral systems, and minor emphasis on commodity procurement, human resources, logistics, and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	60	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	60	<input type="checkbox"/>

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Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Discordant couples (Parent: Most at risk populations)
Orphans and vulnerable children
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Laboratory workers (Parent: Public health care workers)
Private health care workers

Coverage Areas

Nyanza
Central
Eastern

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: James Finlay (K) Ltd.
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4106
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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 FY05 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. To date (August 2005), JFK Central Hospital has offered HIV basic health care and support to over 800 patients.

With a decrease in budget relative to FY05, the JFK medical department and its chain of health centers and dispensaries will provide basic health care support to HIV-infected adults, children, and their families in the company and surrounding communities in the third year (FY06) based upon expansion of their existing FY04 and FY05 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 and outpatient departments. Focusing upon the network model, JFK will extend basic health care and support services throughout its plantation to include their dispensaries and health centers. With this expansion, 1000 new individuals will receive basic health care services within their communities at more than 10 of its facilities. Clinical services will include follow-up treatment of opportunistic infections, nutritional counseling, multivitamin supplementation, monitoring of patient disease progression, and provision of Cotrimoxazole prophylaxis.

All Basic Health Care and Support services will be linked to antiretroviral therapy programs at the James Finlay Central Hospital 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 target both clinical care and antiretroviral therapy programs. 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 care and support 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 basic health care services, JFK Hospital will train 10 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 include end-of-life care in the home-based setting.

The JFK Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of CARE/ART services in this geographical area will improve equity in access to HIV care and support through improved access for these underserved communities. The hospital program will contribute to the result of increased access to HIV care and support services particularly among underserved women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available basic health care and support services in the region. These activities will contribute to the results of expansion of palliative care services for 1,000 people with

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HIV, strengthened human resource capacity of 10 individuals to deliver palliative care services, and a strengthened referral network of 5 palliative care service outlets for these services

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART program (#4109). JFK hospital will refer advanced or complicated non-ART cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the South Rift, Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. BHCS activities will be linked to JFK Hospital ART Services (#4105). Thus JFK Hospital BHCS and JFK Hospital ART will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

James Finlay Central Hospital will target the factory workers in the tea plantations for improved access and availability to HIV basic health care and support services. In addition, people living with HIV/AIDS will also be targeted to lead psychological and spiritual support groups. Finally, health care workers will be targeted for basic health care and support services in order to improve delivery of quality care to eligible HIV/AIDS patients.

5. KEY LEGISLATIVE ISSUES ADDRESSED

JFK Hospital will increase gender equity in HIV programs by ensuring that equitable numbers of women (including children) are receiving basic health care services. The activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and minor emphasis on community mobilization, infrastructure, strategic information, and training. JFK Hospital will procure drugs for treating opportunistic infections and other medical supplies as well as conduct staff training as necessary to provide basic health care and support services. Minor renovations will occur at targeted health centers and dispensaries. Finally, community mobilization initiatives will be conducted to reduce stigma, encourage discussion of HIV status, and enhance adherence to treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Factory workers (Parent: Business community/private sector)

People living with HIV/AIDS

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kericho District Hospital, Kenya
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4110
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kericho District Hospital (KDH) is currently one of six Ministry of Health public hospitals 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 ARV treatment, comprehensive HIV/AIDS basic health care and support services have, until April 2004 under the Emergency Plan (EP), been scarce in the south Rift Valley Province. KDH has utilized EP funds in FY04 and FY05 to reach nearly 1500 HIV-positive individuals with basic health care and support. Building on success achieved in FY04 and ongoing in FY05, KDH will scale-up care and support to HIV-infected adults, children, and their families in the south Rift Valley Province in year-three (FY06) of the EP

Care for HIV-positive individuals will continue to be coordinated through the network model. KDH, hosting the current south Rift Valley Province Provincial ART Officer (PARTO), will in addition to expanding its basic health care support services continue to act as a referral point for 5 other District Hospitals in the south Rift Valley Province (Kapkatet Transmara, Longisa, Kapsabet, & Nandi Hills District Hospitals), 3 mission/faith based hospitals (Tenwek, AIC Litein, & Kaplong Hospitals) 1 sub-district hospital (Londiani Sub-District Hospital), and 2 Rural Health Centers. Finally, KDH will also expand basic health care services at 4 rural health centers in the immediate Kericho District in addition the existing 3 bringing the number of outlets to 7.

KDH will expand basic health care and support services to an additional 2,260 individuals including ongoing diagnoses and management of OI, HIV-related diarrheal diseases and cancers. Universal multivitamin supplementation will be instituted. Nutritional evaluations will be made and nutritional supplementation will be prescribed on a case-by-case basis where medically indicated. Continued collaboration will occur with the Kericho Ministry of Agriculture in support of a 10-acre agricultural farm providing individualized nutritional support to HIV-infected persons (who when medically stable will be eligible to work on the farm) with medically recognized malnutrition. Given the high, seasonal prevalence of severe highland malaria in regions covered by KDH, this facility will also provide opportunities for both diagnosis and treatment of malaria in this high-risk population. 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.

KDH will train an additional 20 health care workers (existing and new, ranging from doctors, to nurses, to pharmacists) in palliative care services, bringing the total number of providers trained from FY04 to FY06 to 34. This cadre of health care workers will not only provide direct support to KDH but also support the sub-district Hospital and Rural Health Centers. Finally, expansion of ongoing training initiatives focusing upon HIV/AIDS treatment will be a focus in effort to best provide end-of-life care in the home-based setting where necessary.

The KDH HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of HIV care and support services in this geographical area will improve equity in access to HIV care and treatment services as a result from the currently underserved communities having better access. The program will contribute to the result of increased access to HIV care and treatment services particularly among underserved, rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available HIV basic health care and ART services the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with the following BHCS activities: Kapkatet District Hospital (#4329), Kilgoris District Hospital (#4335), Longisa District Hospital (#4325), Kapsabet District Hospital (#4337), and Nandi Hills District Hospital (#4333), and Kaplong Mission Hospital (#4331). KDH will be used as a referral hospital for all these partners for more complicated and severe HIV/AIDS cases. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered the opportunity for care and treatment. BHCS activities will be linked to KDH Hospital ART services (#4109). KDH Hospital BHCS and KDH Hospital ART will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

KDH will target the general population, HIV/AIDS-affected families, and PLWHA by providing basic health care and support to those not warranting antiretroviral therapy and/or the smaller proportion of those qualifying for antiretroviral therapy in which such therapy can not be initiated. Expansion to more rural health care facilities will increase coverage and access to all targeted populations. Public health care providers will also be trained in basic health care and support including diagnoses and treatment of opportunistic infections, nutritional evaluation, evaluation and treatment of psychosocial comorbidities, and end-of-life care. Finally, the local government health management team will be targeted with training to enhance their capacity to supervise and support BHC services.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The KDH program will increase gender equity in HIV care and support by ensuring that equitable numbers of women (including children) are receiving treatment. The activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes minor emphasis on commodity procurement, development of network/linkages/referral systems, human resources, infrastructure, logistics, and training. KDH will purchase drugs for treating OI and other medical supplies, hire additional health staff to accommodate the increasing workload as more patients are recruited into the comprehensive clinic, and train more staff in basic health care and support. Finally KDH will support renovation of selected rural health facilities that will be used for "downward referral" of stable patients.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,260	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Adults

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))

Key Legislative Issues

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

Coverage Areas

- Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Live With Hope Centre
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4115
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Live With Hope Center (LWHC) 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 200 People Living With HIV/AIDS (PLWHA). It has also been relying on the support of local volunteers. In the current (FY05) 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 FY06 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 for Persons Living With HIV/AIDS to 400 individuals. 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. 2 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. The center will also start income generating projects for HIV positive individuals.

The LWH Center HIV palliative care program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of care and treatment services in this geographical area will improve equity in access to HIV care and treatment services since the currently underserved rural communities will have better access. The hospital program will contribute to the result of increased access to ART particularly among underserved rural folks, women, and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available Care/ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART (#4109) and Basic Health Care and Support (#4110) activities. 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 the LWHC CT program (#4114) individuals testing positive will be identified and linked to a treatment of their choice in the south Rift Valley province.

4. POPULATIONS BEING TARGETED

LWH Center will target the general population and HIV/AIDS-affected families and people living with HIV/AIDS by providing affordable non-ART care to ineligible patients for ART. LWHC health care providers will also be trained in non-ART care.

5. KEY LEGISLATIVE ISSUES ADDRESSED

LWH Center Hospital program will increase gender equity in HIV programming by ensuring that equitable numbers of women including children are receiving treatment, food and education. The activities will address stigma associated with HIV status through information, education, and communication materials targeted to

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health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and minor emphasis on human resources, infrastructure, logistics and training. LWH center will purchase drugs for treating opportunistic infections and other medical supplies, hire additional health staff to help them cope with increasing workload as more patients seek care from the center, and train more staff comprehensive on non-ART care.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	400	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Adults
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Food
Education

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mission for Essential Drugs and Supplies
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4119
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

Mission for Essential Drugs and Supplies (MEDS) will contribute to the expansion of provision of basic health care services package for people with HIV, integration of treatment and prevention services, and expanded networks of care for people with HIV. 10 mission hospitals will be directly supported through training of 200 healthcare providers in the provision of non-ART health services. In turn, the trained staff from the 10 mission hospitals will support the expansion of care activities by lower level mission health facilities, resulting in 6000 people with advanced HIV receiving non-ART health services/general palliative care excluding TB/HIV, out of which 2000 will be newly recruited in FY06, while 4000 will be carryovers from FY05.

MEDS 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 on management of HIV/AIDS 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.

Specifically, FY06 emergency plan funds will support efficient expansion of the numbers of HIV-infected people receiving health services in these rural community settings; planning and implementation of follow up supportive supervision; and logistics strengthening, particularly pharmacy management. MEDS 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The training offered by MEDS will contribute to care for 6000 persons in the program period, thus contributing to 2.5% of the country target in this program area.

3. LINKS TO OTHER ACTIVITIES

This activity relates to ARV treatment services, TB/HIV, and PMTCT being implemented by other partners in these program areas.

4. POPULATIONS BEING TARGETED

Populations targeted by this activity are health care workers, community leaders, faith based organizations, program managers and people living with HIV/AIDS.

5. EMPHASIS AREAS

The main emphasis area is training, and the minor emphasis area being Quality assurance and supportive supervision.

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Emphasis Areas

Quality Assurance and Supportive Supervision

% Of Effort

10 - 50

Training

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)

10

Number of individuals provided with HIV-related palliative care (excluding TB/HIV)

6,000

Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients

Target Populations:

Community leaders

People living with HIV/AIDS

Program managers

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Coverage Areas:

National

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Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africa Inland Church Litein Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4123
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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. With limited FY05 start-up funds to date (August 2005), AIC Litein hospital has developed an HIV basic health care services program that has already reached over 250 patients.

Under the President's Emergency Plan in FY06, AIC Litein Hospital and its associated health centers and dispensaries will provide basic health care and support services to at least 650 additional patients. AIC Litein Hospital will expand screening and ARV services to 3 rural health centers, so patients demonstrating stability can be referred down through the network to their more local facilities, nearer their places of residence, increasing the number of basic health care and support centers to 4.

This basic health care support will include treatment of opportunistic infections observed in both the outpatient clinics and inpatient wards. Malaria screening and treatment will also be offered 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 basic health care support needs, 10 health care workers will be trained by this mission hospital. Training will coordinate with larger training for antiretroviral therapy, and all basic health care support services will be linked to the growing antiretroviral therapy and TB/HIV programs.

The AIC Litein Hospital HIV program will continue to ensure expansion in the numbers of patients seeking HIV basic health care and support services and reduce stigma and discrimination associated with HIV. This will be achieved in part through the network of health centers and affiliated churches. Expanding the availability of basic health care services in this geographical area will improve equity in access to HIV care and treatment, particularly in women and children in rural, underserved areas.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available palliative care and ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART program (#4109). AIC Litein will refer advanced or complicated non-ART cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. BHCS activities will be linked to AIC Litein Hospital ART Services (#4122). Thus AIC Litein Hospital BHCS and AIC Litein Hospital ART will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

AIC Litein Hospital will target the general population, HIV/AIDS-affected families, and people living with HIV/AIDS by providing basic health care services to eligible persons.

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AIC Litein health care providers will also be targeted to receive training in basic health care services.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The AIC Litein Hospital will increase gender equity in HIV programs by ensuring that equitable numbers of women (including children) are receiving basic health care services. The activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and minor emphasis on community mobilization, infrastructure, strategic information, and training. AIC Litein Hospital will procure drugs for treating opportunistic infections and other medical supplies as well as conduct staff training as necessary to provide basic health care and support services. Minor renovations will occur at targeted health centers and dispensaries. Finally, community mobilization initiatives will be conducted to reduce stigma, encourage discussion of HIV status, and enhance adherence to treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	650	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Adults

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

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Coverage Areas

Nyanza

Rift Valley

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Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Eastern Deanery AIDS Relief Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4128
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) will expand services at 7 sites in the Eastleigh slums of Nairobi to provide palliative care to 9,200 people with HIV, including approximately 1,100 children. EDARP provides these services in urban slums in Eastern Nairobi, an area with relatively few Ministry of Health medical facilities and extreme challenges including severe poverty and very limited availability of services such as access to affordable housing, sanitation, and safe drinking water. EDARP provides a package of palliative care services that includes laboratory evaluation, adherence counseling and monitoring, drugs for prevention and treatment of opportunistic infections, improved access to safe drinking water, and end-of-life care. The program also includes a very strong component of community-based support for adherence to ART, infrastructure improvement (renovations at the facilities), and production and distribution of informational materials to patients. In expanding services to children, EDARP is taking a lead role in addressing important issues related to optimizing pediatric care. For example, EDARP staff are implementing programs designed to support adherence to treatment for children of all ages, and are developing policies and best practices related to difficult issues such as disclosure of HIV status to children. In addition, they are setting up systems to provide emotional support for health care workers who are facing the enormous challenges of providing services in this area. EDARP staff are also implementing activities focused on reducing the risk of HIV transmission from people with HIV by promoting abstinence and risk reduction.

EDARP is a faith-based organization under the Roman Catholic Archdiocese of Nairobi. EDARP was established in 1993 in response to the HIV pandemic 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 a variety of HIV prevention and treatment 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 that have successfully introduced routine testing for HIV among people with TB and have served as models for scale up of these activities nationally. By September 2005, the program was providing palliative care services to more than 3,000 people, including more than 250 children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to palliative care services for 9,200 people with HIV, strengthened human resource capacity of 30 individuals to deliver palliative care services, and a strengthened referral network of 7 palliative care service outlets to provide these services.

3. LINKS TO OTHER ACTIVITIES

This activity links to ARV treatment (#4130) and TB/HIV services (#4129) provided by EDARP, to ART (#4271) and palliative care activities (#4924) supported through a track 1 partner, Catholic Relief Services, and to nutrition support programs funded through Marquette University (#5290). The services are implemented in collaboration with the ART officer of Nairobi Province and are linked to the network center at Kenyatta National Referral Hospital, currently supported by FHI and University of Nairobi.

4. POPULATIONS BEING TARGETED

The populations targeted by this activity are people living with HIV/AIDS. The population served is a particular priority because of high rates of HIV and because the population is extremely poor and would otherwise have very limited access to health

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care services.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, and strategic information.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	9,200	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	7	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mildmay International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4131
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Access to basic medicines and resources for care in the home is essential if patients are to receive quality care. Unfortunately, in Kenya no agency to date has been successful in providing quality home-based care (HBC) kits. One of the challenges has been identifying appropriate materials to include in them. In 2005, NASCOP approved a list of materials but the recommended kit was never piloted. A second challenge has been the logistics in delivering the kits and managing/maintaining stocks of supplies. To date a variety of approaches to managing HBC kits have been suggested in Kenya. Unfortunately, there have been few attempts develop and evaluate these in practice. In this program two activities will be carried out. 1) Mildmay will pilot three different approaches to managing HBC kits within established HBC programmes. The three approaches outlined below vary in relation to the cost of HBC kits, how are distributed, their approach to sustainability, affordability and use of waiver systems. Two of the approaches also address nutritional needs. The specific nutritional need of patients on ARVs have raised additional concerns about how these needs can be met. Two contrasting approaches are suggested: use of commercial nutritional supplements, and community and home made nutritional support. Mildmay International will examine issues of supply, affordability, sustainability and patient preferences. A key aspect of the activity will be careful evaluation of the kit usage and adjustment of the kit content. 2) In the second activity, Mildmay International will, based on the outcomes described above, design and implement a logistics system to supply home-based care kits to end users in selected districts. Commodities will be delivered directly to the divisional level (lower than District) with a supply chain put in place according to need from the District level. This activity will be carried out through a system of 200 Public Health Technicians and community health workers to provide HIV relief and prevention commodities to people with HIV. Geographical emphasis will be on areas already served with functional home-based care programs in Nairobi, Western, Nyanza and Coast provinces.

2. CONTRIBUTION TO OVERALL PROGRAM AREA:

A key target in Basic Health Care and Support is the number of individuals provided with HIV-related palliative care. This activity will provide 11,000 PLWHAs with HBC kits and train an equal number of care providers (11,000). The kits will be supplied through 200 service outlets.

3. LINKS TO OTHER ACTIVITIES

This activity will link with partner agencies providing training to care givers such as Pathfinder International COPHIA project ARV services (#5097) and will link with Family Health International in Western Province and those supported by Kenya Medical Research Institute's ARV services in Nyanza (#4091).

4. POPULATIONS BEING TARGETED:

Populations being targeted include Caregivers (of PLWHAs) HIV positive children, HIV positive infants, HIV/AIDS-affected families and PLWHAs.

5. KEY LEGISLATIVE ISSUES ADDRESSED:

The key legislative issues that will be addressed include Gender, Stigma and Discrimination and a Wrap Around. Data will be collected to show the breakdown of women and men receiving home-based care kits and strategies will be developed to ensure that an equitable number of women receive it. Stigma and Discrimination will be addressed since the home-based care kits will improve the health of PLWHAs, often allowing them to return to work. This provides an opportunity for clients (particularly heads of households) to break the poverty cycle and search for dependable jobs. A Wrap Around will be used for the food component of the HBC

kits.

6. EMPHASIS AREAS:

There are two major areas of emphasis, Commodity Procurement for the purchase of the home-based care kits and Logistics for their distribution. Minor emphasis will be on Quality Assurance (of the HBC kits), Local Organization Capacity Development (for the utilization of the HBC kits) and Training of 200 Public Health Technicians and 11,000 community health workers and care providers.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	200	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	11,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

- Pharmacists (Parent: Public health care workers)
- HIV/AIDS-affected families
- Orphans and vulnerable children
- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Food

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: New York University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBMC
Program Area Code: 06
Activity ID: 4133
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

New York University (NYU) will support palliative care services for 2,500 people with HIV/AIDS including 350 children, at Bomu Clinic in Mombasa. This will be accomplished by continuing to offer on-site material and technical support to build the capacity of this local facility to provide the services. The package of palliative care services will include cotrimoxazole prophylaxis, treatment of opportunistic infections, management of malnutrition, and improved access to malaria prevention interventions. 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. Activities will be conducted in close collaboration with the ART Officer for Coast Province.

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 care and 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. NYU has supported development of a program that was providing palliative care services for more than 300 patients by September, 2005, including more than 30 children. Given that NYU has particular expertise in pediatric care and treatment, this site is expected to rapidly expand care and treatment for children. A key barrier to expansion of the program at the moment is space. NYU has received grant funding from other sources to establish an annex to the main clinic building that will allow substantial expansion of pediatric care and treatment.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of access to palliative care services for 2,500 people with HIV/AIDS, strengthened human resource capacity of 25 individuals to deliver HIV palliative care, and a strengthened referral network for provision of these services.

3. LINKS TO OTHER ACTIVITIES

These activities link closely to ART services supported by NYU (#4134), 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 currently supported by Family Health International (#4190).

4. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. 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.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources,

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local organization capacity building, and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	1	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Coast

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Manitoba
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4135
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

University of Manitoba will expand provision of palliative care services at two sites in Nairobi, providing care for 450 people with HIV, including 120 children. Patients receiving care will include two cohorts of patients identified through US government funded research studies, their families, and others in the geographic area. Services will be provided at Pumwani Maternity Hospital and a clinic in the Pumwani Majengo area of Nairobi. University of Manitoba activities will link with those conducted by other University-based groups collaborating with the University of Nairobi and will be conducted in close collaboration with the Nairobi Provincial ART Officer. 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, and will support logistics (particularly pharmacy management) and dissemination of informational materials. The activity will support the training of 10 individuals to provide HIV-related palliative care (excluding TB/HIV) in addition to supporting 2 additional palliative care service outlets.

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. Prior to the availability of Emergency Plan funds, it had not been possible to provide antiretroviral treatment to the women and children in this cohort because of lack of resources. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi. Extensive community-based services have already been established that involve 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 HIV care expertise among the University of Manitoba staff.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of HIV care.

3. LINKS TO OTHER ACTIVITIES

These activities link closely to ART services provided by University of Manitoba (#4136) and to services provided at Kenyatta Hospital, a network center.

4. POPULATIONS BEING TARGETED

Patients receiving treatment will include two cohorts of patients identified through US government funded research studies, their families and others in the geographic area. These populations include vulnerable women and children, in particular sex workers and former sex workers who might not otherwise seek/access medical care and who may be high risk to transmission HIV particularly in the absence of appropriate treatment and support.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, and human resources.

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Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	450	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4137
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The University of California at San Francisco (UCSF) will expand services at 2 sites (one in Nairobi and one in Kisumu), and begin supporting services at additional sites in southern Nyanza Province, providing palliative care services for 2,800 people with HIV, including 600 children. Services will include diagnostic testing; ongoing counseling with a particular focus on counseling for couples (including those with discordant HIV results); and prevention, diagnosis, and management of opportunistic infections. Funds will support salaries for health care workers in accordance with Emergency Plan guidance, and will be used to improve infrastructure through renovation in addition to training 25 individuals to provide HIV-related palliative care services. An area of emphasis for the UCSF supported program is to manage families rather than individuals with HIV. The programs supported by UCSF make extensive efforts to identify and provide treatment to family members of enrolled patients and have structured care provision to optimize the provision of care to families. UCSF also works closely with partners providing HIV prevention services to youth, and will provide youth-friendly HIV treatment services to individuals referred from those programs. In addition, UCSF will provide high-level technical assistance to sites in Nyanza Province (targets currently reported primarily by Kenya Medical Research Institute and the National AIDS and STD Control Program—NASCOP) and will work with NASCOP to develop a system for telephone consultation that will allow care providers in rural areas to access HIV expertise. Additional activities will include community mobilization and dissemination of informational materials to patients. UCSF 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 care and treatment programs in resource limited settings, including Kenya. Given that UCSF has a long-standing research presence in Kenya, these activities will capitalize on the resulting knowledge of Kenya as well as technical expertise in care and treatment. By September, 2005, the established centers in Nairobi and Kisumu were providing palliative care services to more than 1,300 people with HIV including more than 100 children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of palliative care services for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver care services, and a strengthened referral network for provision of those services. The activities will specifically support improved quality of care, particularly for difficult to manage patients.

3. LINKS TO OTHER ACTIVITIES

UCSF activities will augment services provided at the Provincial Hospital in Kisumu, which is a network referral center but is near 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 (#4087), and prevention of mother to child transmission programs (#4095) supported by the Kenya Medical Research Institute, and to ART training supported by Mildmay International (#4132).

4. POPULATIONS BEING TARGETED

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Populations targeted by this activity include participants in US government 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 of herpes simplex infection can reduce the risk of HIV transmission in couples where one partner is infected with HIV.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of networks, human resources, local organization capacity building, logistics, quality assurance and supportive supervision, and training.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,800	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	8	<input type="checkbox"/>

Target Populations:

Discordant couples (Parent: Most at risk populations)
People living with HIV/AIDS
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Nairobi
Nyanza

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4148
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

International Rescue Committee (IRC) will maintain and scale-up existing HIV prevention and treatment services serving both refugee and local populations in Turkana District, in Rift Valley Province. Palliative care services will be offered at a minimum of 2 sites (in Kakuma and Lodwar) to 650 individuals with advanced HIV. IRC will support a package of services that includes clinical evaluation and laboratory monitoring, provision of cotrimoxazole prophylaxis, treatment of opportunistic infections, and improved access to safe drinking water and malaria prevention interventions. 35 individuals will also be trained to provide palliative care services.

Turkana District, located in Rift Valley Province, is the largest district of Kenya, and is home to a pastoralist community which is livestock dependent, highly mobile, and has extremely limited access to health services, especially services related to HIV/AIDS. The district lies on the main truck route between Mombasa and the relief operations in northwestern Kenya and southern Sudan via Lodwar, Kakuma, and Lokichogio. Lokichogio is the main transit center for refugees from Sudan and a base for provision of refugee services. The area is remote, with a population characterized by high rates of absolute poverty (74%) and food poverty (81%). General health services are limited and poorly distributed throughout the district. IRC will build on established programs that are currently providing care for people with HIV at health centers within the refugee camps to provide treatment for refugees and will build on existing collaborative relationships with health facilities supported by Africa Inland Church to provide treatment for the local population. IRC will expand care programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation, and providing adherence counseling and monitoring.

IRC has been implementing an HIV/AIDS prevention program and outreach to hard-to-reach populations and rural communities in this area since September 2001. They are uniquely suited to provide care in refugee situations and remote areas and will build on very substantial existing medical capacity in the camps. They have a strong relationship with the local mission hospital, relying on the hospital for operating theatres, OB/GYN care, and other services, and are already collaborating with the Mission Hospital to build capacity related to provision of basic health services for people with HIV. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to palliative care services for people with HIV, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

3. LINKS TO OTHER ACTIVITIES

Activities will link to ARV treatment services provided by IRC (#4909), and to training activities conducted by Milkmay International (#4132) and by Nazareth Mission Hospital (#4214). These activities will constitute a mini-network. Due to the remoteness of the area, it is not feasible to develop normal up- and down- referral linkages to District or Provincial Hospitals.

4. POPULATIONS BEING TARGETED

This activity targets the refugees local populations, especially people living with HIV/AIDS. HIV rates are high among the local Turkana. Although the prevalence of HIV is lower in the refugee populations, HIV infection is now the leading cause of adult death in this group. IRC is mindful of concerns related to continuation of care in the event of repatriation and has the appropriate collaborations in place to

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facilitate access continued care for repatriated refugees.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations.

6. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, local organization capacity building, and logistics.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	650	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	2	<input type="checkbox"/>

Target Populations:

Mobile populations (Parent: Most at risk populations)

Refugees/Internally displaced persons (Parent: Mobile populations)

People living with HIV/AIDS

Coverage Areas

North Eastern

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4165
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Community Housing Foundation (CHF) will build organizational capacity and provide sub grants to NGOs, FBOs, and CBOs, resulting in the provision of palliative care services for 7,000 people (including 1,500 children) in more than 20 facilities and programs; in addition to training 60 individuals to provide HIV-related palliative care services. 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 provide a standard package of palliative care services, including support for health care worker salaries in accordance with Emergency Plan guidance, training, infrastructure improvement (for example through renovation of clinic spaces), community mobilization activities, support for laboratory evaluation, prevention and treatment of opportunistic infections, and expanded access to safe water and malaria prevention interventions. This activity will expand an existing program. Significant changes from 2005 to 2006 are the addition of new sub-partners and the fact that supported sub-partners will place an expanded emphasis on providing services for children.

The primary implementing partner in this activity, 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. By September 2005, CHF was supporting 5 organizations, whose combined activities were providing palliative care services for more than 2,500 individuals with HIV. Capacity building activities have included both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific ability to implement care programs).

This activity includes support to the following sub-recipients for activities integral to the program:

AID Village Infectious Disease Clinics	50,000
Hospice Association of Kenya	70,000
Christian Missionary Fellowship	40,000
Lalmba	40,000
Medical Emergency Relief International (Merlin)	40,000
Community of St. Egidio	40,000
Society for Hospital and Resource Exchange (SHARE)	50,000
Society for Women and AIDS in Kenya	75,000
Vihda (HIV and Life)	35,000

The services supported by the various sub-partners vary widely. For example, AID Village Infectious Diseases and Christian Missionary Fellowship both support services for rural, primarily Masaai populations, the hospice association provides end of life pain management and care for people with HIV/AIDS and HIV associated cancers, SHARE, Lalmba and the Community of St. Egidio serve very remote populations in Eastern and Nyanza Provinces, and Vihda provides services that specifically target children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver care for HIV, and a strengthened referral network for these services. This partner has a key role in building capacity of local organizations so that these activities can be sustained over the long term.

3. LINKS TO OTHER ACTIVITIES

In addition to building the capacity of sub-grant recipients, an important aspect of

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CHF's activities is to support development of linkages between the organizations they support to implement a variety of HIV prevention and treatment activities. For example, linkages that have been established during capacity building trainings have led to improved referrals of patients from VCT sites supported by Nyarami, a sub partner of CHF described in the CT program narrative (#4170) to sites providing care in Migori District supported by Lalimba, a sub-recipient of this partner, and sites supported by KEMRI (#4088) and Catholic Relief Services (#4924).

4. POPULATIONS BEING TARGETED

The primary target populations are people with HIV, including HIV-infected children. Some sub-partners reach remote populations who are otherwise unable to access care services, for example, the Masai populations served by AID Village Infectious Diseases and Christian Missionary Fellowship and the very remote populations in Suba and Migori Districts targeted by SHARE and Lalimba.

5. EMPHASIS AREAS

This activity includes major emphasis in the area local organization capacity development, and minor emphases in commodity procurement, human resources, and quality assurance and supportive supervision (the last three through sub-grants).

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	20	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)

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Coverage Areas

Eastern

Nairobi

Nyanza

Rift Valley

Central

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Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Liverpool VCT and Care
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4177
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Liverpool Voluntary Counseling, Testing and Care Project (LVCT) will expand existing programs to provide palliative care services to 5,000 people with HIV, including 800 children at 10 sites in Nairobi, Nyanza, and Eastern Provinces. A key focus will be area wide efforts in the central part of Eastern Province, expanding the program at the Provincial Hospital (Embu) that serves as the network center in that area, supporting implementation of care services at surrounding district and sub-district hospitals, and supporting implementation of regional activities such as regional quality assurance and coordination meetings in collaboration with the Provincial ART Officer. The package of supported services includes cotrimoxazole prophylaxis for opportunistic infections, treatment of opportunistic infections, multivitamins, improved access to malaria prevention interventions, and end-of-life care. Funds will be used to support salaries for health care providers in accordance with Emergency Plan guidance, to improve infrastructure (through renovation of clinics at supported sites), train 60 individuals in the provision of HIV-related palliative care services, and to 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.

Significant changes from 2005 to 2006 include geographic consolidation of activities, expanded support for coordination activities, and an increased emphasis on support for treatment of children.

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. LVCT has been a key provider of VCT services in Kenya and since 2003 has been supporting implementation of HIV care and treatment programs. In the specific area of palliative care, Liverpool staff brings substantial medical expertise, and have played a crucial role in development of national policies and training materials and a desk-top referral manual that has now been made available throughout Kenya.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services, and a strengthened referral network for provision of these services.

3. LINKS TO OTHER ACTIVITIES

These activities link intimately to ARV treatment services supported by LVCT in these sites (#4178), and to referral services at the network centers including Embu, Kenyatta (for the NBO sites), and New Nyanza Provincial Hospital (for the Rachuonyo site).

4. POPULATIONS BEING TARGETED

The primary target group for these activities is people living with HIV/AIDS, including HIV positive children (6 - 14 years). LVCT activities serve populations that are high priority for a variety of reasons. For example, the 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.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of networks, human resources, local organization capacity building, policy and guideline development, and logistics.

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Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	10	<input type="checkbox"/>

Target Populations:

Disabled populations
Men who have sex with men (Parent: Most at risk populations)
People living with HIV/AIDS
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Eastern
Nairobi
Nyanza

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4180
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

CARE Kenya will support local organizations to provide palliative care services to 700 individuals with HIV at 4 palliative care service outlets, and to train 48 individuals in the provision of HIV-related palliative care services. CARE will build the capacity of local organizations to appropriately identify people needing palliative care services, 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 and support for development of linkages between the organizations to contribute to formation of a network of care for Northeastern Province. 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 palliative care services available to the small number of people who need them. 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of palliative care services for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver palliative care services, and a strengthened referral network for provision of palliative care and ART.

3. LINKS TO OTHER ACTIVITIES

CARE'S non-ART activities in Northeastern Province link closely to prevention (#4945) and testing (#4080) activities currently supported by partners such as African Union/Inter-African Bureau for Animal Research (AUIBAR).

4. POPULATIONS BEING TARGETED

The targeted populations by these activities include health care workers, people living with HIV/AIDS especially HIV positive pregnant women and children (6 - 14 years) and the general population. The nomadic population currently have relatively low rates of HIV, however, our experience has shown that treatment linkages are key to the success of prevention programs, and therefore a key to keeping the HIV rates low.

5. EMPHASIS AREAS

This activity includes a major emphasis in local organization capacity development and minor emphases (through sub-grants) in the areas of commodity procurement (for example for drugs for opportunistic infections, lab reagents and other supplies), community mobilization, human resources (salaries for health care workers at the clinics), and quality assurance and supportive supervision.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	700	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	4	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
People living with HIV/AIDS
Rural communities
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive children (6 - 14 years)
Public health care workers
Laboratory workers (Parent: Public health care workers)

Coverage Areas

North Eastern

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4214
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Capable Partners will support two agencies in Basic health care and support. First, 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. A key component of these activities will be to develop referral linkages to programs providing antiretroviral treatment, for example at Kitale District Hospital and treatment services at the Eldoret network centre. These activities will contribute to the 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.

Second, Nazareth Hospital will increase support services to the patients and families. It will train family-based caregivers drawn from the households of its clients. They will be equipped with information on home-based care, end-of-life care and support, and responding to the needs of the patients. The target population in this program area is a population that already has been enlisted for support through the ART program. A subset of this cohort will be approached and recruited to receive these complementary services using criteria to be determined this year. Households will be targeted and specific members of the household shall be trained. Where there is no immediate family member willing or available for skills training, the person in the program will choose a community caregiver to participate in the program.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In 2006 Handicap International proposes to train: 75 health workers in the management of opportunistic infections, 15 health workers in counseling and testing, 75 health facility staff will undergo HIV/AIDS sensitization, 20 health workers on ART adherence procedures, and one health worker from each health facility in the District to provide services for youth. Counseling will be provided to 2,500 individuals with HIV.

Nazareth will help 150 PLWHA to form support groups and provide opportunities for its patients on ART to reintegrate into the community. Nazareth Hospital will establish and equip 10 PLWHA support groups in the community for income generating activities. 200 people with HIV/AIDS will receive basic community-based support, including multivitamins, and those who are malnourished will receive nutritional supplementation. Nazareth will strengthen 5 existing PLWHA community networks, training two family members of each of their patients' households on home-based care, and will provide training to equip community women's groups to take care of orphans and vulnerable children. Nazareth has increased the number of people living with HIV/AIDS on ART from 350 to more than 700. The main target of this program continues to be people who are in WHO stage three or stage four of HIV infection. In 2006, the households of these people will be targeted in the provision of skills for care, support and psychosocial support of the PLWHA. Nazareth will reach 200 households in this way.

3. LINKS TO OTHER ACTIVITIES

This activity will link with Indiana University's program with Kitale District Hospital in PMCT (#4233).

4. POPULATIONS BEING TARGETED

The populations being targeted include Caregivers (of PLWHA and OVC), Orphans and Vulnerable Children and People living with HIV/AIDS. People Living with Disabilities are also a primary target.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed will be stigma and discrimination through the mainstreaming of disability into HIV/AIDS policy papers in the country. At the moment little is being done to provide access to this category of people to services on HIV/AIDS, reproductive health and sexuality. Gender will also be addressed due to a rise in gender-based violence of which almost 90% are sexual in nature. Service providers will be on the look-out for victims of such violence and appropriate services will be offered to them promptly to avoid complications that may arise. In all the activities of the project equity will also be a key focus. Female youth, women in general and PWDs will be provided with more access to services and attention will also be given to them in order to bridge the gap between them and the other members of the society on matters related to the project objectives. The aim of this will be to provide these 'more at risk' segments of the population with adequate information for prevention purpose and also care and support as access may have been compromised because of their condition. A final legislative area is a *Wrap Around for Microfinance/Microcredit* due to the establishment and equipping of 10 PLWHA support groups in the community for income generating activities

6. AREAS OF EMPHASIS

The major area of emphasis is Training due to the extensive training of health workers and Development of Network/Linkages/Referral Systems due to the linking of ART with community and development initiatives. Minor emphasis in Linkages With Other Sectors and Initiatives (through prevention-based activities like VCT, Behavior Change Communication and community education), Community Mobilization/Participation and Policy and Guidelines (through the mainstreaming of disability into HIV/AIDS policy papers in the country).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,500	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Disabled populations
- Street youth (Parent: Most at risk populations)
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children
- People living with HIV/AIDS
- Teachers (Parent: Host country government workers)
- Children and youth (non-OVC)
- Girls (Parent: Children and youth (non-OVC))
- Caregivers (of OVC and PLWHAs)
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

- Gender
- Stigma and discrimination
- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Microfinance/Microcredit

Coverage Areas

- Rift Valley
- Central

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4224
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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 care programs in Kenya. Specific activities supported by NAS COP will result in provision of palliative care services to 25,000 people (including 3,000 children) with HIV not included in other reported targets at approximately 50 sites not otherwise supported by the Emergency Plan. These activities will also result in the training of 160 health care workers not included in other targets.

Specific supported activities will include the coordination of all partners in the provision of care for people with HIV (through national level meetings such as the National ART task force), and supervision of treatment in Ministry of Health and other facilities. Specific guidelines for prevention and treatment of opportunistic infections and management of nutrition interventions will be kept updated, printed, and distributed. The national system for tracking the numbers of people enrolled in patient support centers (HIV clinics) will be improved. Funds will be used to support hiring of health care workers through renewable temporary contracts at facilities with critical staff shortages to provide administrative support and transport for the Provincial/Regional ART coordinators so that they can coordinate, track, and provide supportive supervision to sites in their areas and to support regular regional meetings of care providers.

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 care and treatment services at additional sites, site evaluations, and supervision for care programs

Significant changes from 2005 to 2006 include an intensified focus on provision of care for children, and improved coordination with other sources of support such as the Global Fund for AIDS, tuberculosis, and malaria.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are essential to the overall implementation and coordination of HIV care and treatment programs in Kenya. 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 care in Kenya.

3. LINKS TO OTHER ACTIVITIES

There are strong linkages between these activities and virtually all HIV prevention and treatment activities in Kenya. All Emergency Plan partners have been encouraged to extend efforts to further strengthen these linkages by coordinating with and supporting the activities of the Provincial ART coordinators and by participating in national efforts such as policy/guideline revision and national stakeholders meetings. Activities are closely linked to JSI supported logistics/systems strengthening (#4241)(particularly for the Kenya Medical Supplies Agency). Additional resources support these activities, including global fund resources and the Clinton Foundation.

4. POPULATIONS BEING TARGETED

Populations targeted by these activities include people living with HIV/AIDS including HIV positive children (6 - 14 years) and health care workers and others providing

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services to people with HIV.

5. EMPHASIS AREAS

This activity includes minor emphasis on quality assurance and supportive supervision, development of network/linkages/referral systems, human resources, policy and guidelines, strategic information (M&E, IT, Reporting) and training.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive children (6 - 14 years)

Public health care workers

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4231
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

University of Washington (UW) will expand a long-standing research collaboration with the University of Nairobi to provide HIV care to 4,200 people with advanced HIV, including 800 children at 6 palliative care sites, and support the training of 60 individuals in the provision of HIV-related palliative care services. UW 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. In addition, UW will support the establishment of "daughter" clinics—clinics supported by the Coptic church at facilities throughout Kenya, particularly in the western part of the country where HIV rates are highest, and "satellite" clinics, which will function as part of the main clinic in Nairobi, enabling referral of stable patients to allow continued enrollment of patients at the main Coptic Hospital site. These satellite clinics will also allow provision of services at locations convenient for specific underserved populations, including a large group of employees who subsist by seeking temporary work in what is referred to as the industrial area of Nairobi. Other important aspects of the UW/Coptic Hospital program support behavior change and risk reduction for people with HIV/AIDS, with specific emphasis on patients with less advanced HIV, in who rates of discordant partnerships have been found to be high. 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.

UW 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 support the establishment of HIV care services at Coptic Hospital. By September 2005, the HIV Clinic (Hope Clinic) was providing care for more than 2,000 patients.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to palliative care services for people with HIV, strengthened human resource capacity to deliver care services, and a strengthened referral network for provision of these services.

3. LINKS TO OTHER ACTIVITIES

These services will link closely to ARV treatment services provided at Coptic Hospital (#4232), and also 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.

4. POPULATIONS BEING TARGETED

These programs target people living with HIV/AIDS including infants (0 - 5 years) and children (6 - 14 years) and private health care workers. Of note, the provision of the satellite clinics will specifically target men with HIV/AIDS. Although women in Kenya are more vulnerable to HIV/AIDS, they tend to seek HIV treatment services more easily than men. Therefore, men are an important target population for treatment efforts.

5. EMPHASIS AREAS

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This activity includes minor emphases in commodity procurement, human resources, local organization capacity building, and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,200	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	6	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (5 - 14 years)
Private health care workers

Coverage Areas

Nairobi
Nyanza

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Tenwek Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4244
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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 wards are HIV-positive, most with advanced disease. As an Emergency Plan partner since FY04, Tenwek Hospital has provided basic health care support to over 700 patients. In the upcoming FY06 Emergency Plan year, Tenwek Hospital will expand ongoing basic health care services to an additional 600 HIV patients. This basic health care support will include treatment of opportunistic infections observed in both the outpatient clinics and inpatient wards. Malaria screening and treatment will also be offered given the high severe seasonal prevalence in this region. Cotrimoxazole prophylaxis, multivitamin supplementation, 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 basic health care support needs, 10 health care workers will be trained by this mission hospital. Training will coordinate with larger training for antiretroviral therapy, and all basic health care support services will be linked to the growing antiretroviral therapy and TB/HIV programs. Treatment centers under Tenwek Hospital will be increased by 3 in FY06.

The Tenwek Hospital HIV program will continue to ensure expansion in the numbers of patients seeking HIV basic health care and support services and reduce stigma and discrimination associated with HIV. This will be achieved in part through ongoing community mobilization and education conducted routinely through the Tenwek Community Health Department. Expanding the availability of basic health care services in this geographical area will improve equity in access to HIV care and treatment, particularly in women and children in rural, underserved areas.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available palliative care and ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART activity (#4109). Tenwek Hospital will refer advanced or complicated non-ART cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. BHCS activities will be linked to Tenwek Hospital CT (#4245) and ART services (#4243). Tenwek Hospital CT, ART, and BHCS will constitute a continuum of care for HIV positive individuals in the area served by the hospital.

4. POPULATIONS BEING TARGETED

Tenwek Hospital will target the general population, HIV/AIDS-affected families, and people living with HIV/AIDS by providing basic health care services to eligible persons. Tenwek health care providers will also be targeted to receive training in basic health care services.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The Tenwek Hospital will increase gender equity in HIV programs by ensuring that equitable numbers of women (including children) are receiving basic health care services. The activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care

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providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and minor emphasis on community mobilization, infrastructure, strategic information, and training. Tenwek Hospital will procure drugs for treating opportunistic infections and other medical supplies as well as conduct staff training as necessary to provide basic health care and support services. Minor renovations will occur at targeted health centers and dispensaries. Finally, community mobilization initiatives will be conducted to reduce stigma, encourage discussion of HIV status, and enhance adherence to treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	600	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4247
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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, malabsorption of nutrients in the gut, diarrhea, and anorexia all contribute to severe challenges to intake and maintenance of adequate nutrition: energy, protein, and micro nutrients. The effectiveness of drug response in patients being treated for HIV/AIDS and OI is strongly dependant on their nutritional status. Therapeutic nutrition supplied by Insta Products to undernourished patients on ART or OI drugs will help increase drug response in patients. Nutrition, though acknowledged as critical, is rarely offered as a formal component of treatment. Poverty is common and limits food access, so the most vulnerable are unable to improve their status through nutritional counseling alone. With Insta Products' affordable therapeutic and supplemental foods, many vulnerable groups can be reached. Insta Products will continue its 'measuring and nutrition' training program. Staff at medical facilities and at OVC program sites will be trained in nutrition, anthropometric measurements, and reporting. They will counsel and offer information to individuals receiving food support, and provide reporting data on the effect of nutrition on a variety of groups affected by HIV/AIDS. Patients are expected to have improved health and nutritional status within the six months that they receive food support.

A primary reason for non-adherence to ART is the lack of appropriate food to take with anti-retroviral drugs. Nutrition is a fundamental crosscutting success factor common to nearly all dimensions of HIV/AIDS and those affected by it. Superior therapeutic and supplemental nutrition will continue to be distributed to target populations through Insta Products' supply chain and via existing supply relationships with PEPFAR partners. As in '05, Insta will continue to train select health care providers in how to perform anthropometric measurements and how the product is used in the home setting. Product performance data will be collected and fed back to ensure quality of the product, and efficient, reliable supply chain systems.

This activity will continue improve the health and nutritional status of vulnerable children and adults with HIV/AIDS. Insta Products is formulating and distributing low cost, nutritionally dense, natural processed porridge mix that measurably improves the nutritional status of target groups as well as a nutritiously dense milk-based drinks; Insta has customized 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. All products are compatible with specified ART drugs regimes.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

It is a USAID goal to provide a comprehensive spectrum of palliative care to 1,250,000 HIV-infected / affected Kenyans by 2008. Using existing and new medical facilities and OVC centers totalling to 50 sites, Insta Products' therapeutic and supplemental nutrition will reach at least 12,000 orphans and 3,000 other people infected and affected by HIV. 3,000 will be trained to provide the nutrition and link with other program providing other aspects of palliative care.

3. LINKS TO OTHER ACTIVITIES

This activity links with other PEPFAR partners that provide ART in health facilities or that support OVCs. Clients receive nutrition on-site from health care providers trained by Insta Products. Staff of OVC support programs that require therapeutic and supplemental nutrition will also be trained by Insta Products. Partners carrying out home based care are aware of the nutrition element provided by Insta and can

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therefore help monitor clients to ensure drug and nutrition compliance.

4. POPULATIONS BEING TARGETED

The target populations include HIV positive infants and children, HIV/AIDS-affected families, orphans and vulnerable children and People living with HIV/AIDS including pregnant women.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues that will be addressed include Gender and Stigma and Discrimination and the wraparound issue of food. Data will be collected to show the breakdown of women and men receiving therapeutic nutrition and strategies will be developed to ensure that an equitable number of women receive it. Stigma and Discrimination will be addressed by providing nutrition to PLWHAs leading to improvement in their health and nutrition status; this provides an opportunity for clients (particularly heads of households) to improve their economic status by returning to the work force. This activity is directly related to increasing food and nutritional resources for HIV infected and affected individuals.

6. EMPHASIS AREAS

The major area of emphasis is the Commodity Procurement of therapeutic and supplemental foods. Minor areas include Logistics (distribution to health centers providing ART, and select OVC program sites), Linkages with Other Sectors and Initiatives (home-based care, support of PLWHAs, OVCs), and Training (of health care and OVC program staff).

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Adults
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Food

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4252
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kenyan Department of Defense (KDOD) will provide basic health care and support to over 2,000 HIV-positive military personnel and their dependents at 5 KDOD medical facilities in FY 06. Activities will focus upon improving the quality of life of KDOD military and their families infected with HIV and needing care. 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). Expanding from one primary site this year, these services will be offered in 4 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, Kenyatta barracks Gilgil, 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. 25 health care workers, 5 for each site will be trained to offer services in the 5 centers.

In partnership with the CDC/US Army medical Research Unit, the KDOD in the last 4 years has been successful in encouraging KDOD military to come forward for testing so that those who need care can be assisted. Over 20,000 people have been tested and nearly 1000 registered in an HIV comprehensive care clinic. To date (August 2005), 611 are on antiretroviral therapy, and the remaining 302 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.

Even though treatment sites are decentralized to the 4 main military regions (namely Coast, the Mount Kenya region, and 2 regions 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. The manpower requirements will be reviewed as necessary. Data on the epidemic will be collected systematically and shared openly to facilitate in monitoring of the epidemic and to assess the services provided.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By providing for the 2000 patients as targeted above, the KDOD program is able to contribute to the overall number of put people under care nationally.

3. LINKS TO OTHER ACTIVITIES

These activities will link closely with KDOD's counseling and testing (#4249), ARV services (#4250), and TB/HIV services (#4253). Through the KDOD PMTCT program (#4251) family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to KDOD BHCS. Thus KDOD's BHCS and ART will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

This activity targets most at risk populations consisting of military personnel and their dependants as well as the civilian population residing close to the barracks where treatment is otherwise unavailable. New treatment sites will increase coverage and access to all these targeted populations. Health care providers will also be targeted by increased ARV training, thus increasing the amount of clients able to be served

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more efficiently.

5. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement, human resources and training. KDOB will renovate the comprehensive care clinics to create more space in the new sites, purchase diagnostic and medical supplies, hire additional health staff to help manage the increasing workload as more patients are recruited into the comprehensive care clinics.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Military personnel (Parent: Most at risk populations)
People living with HIV/AIDS
Public health care workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Longisa District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4325
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Longisa District Hospital (LDH) is the only Ministry of Health public hospital in the Bomet District in the south Rift Valley Province, serving approximately 400,000 individuals in both Bomet and Narok Districts. With limited FY05 start-up funds received to date (August 2005), Longisa District Hospital has initiated comprehensive care and treatment services in their first year of the Emergency Plan. Longisa District Hospital has already provided basic health care services to over 200 HIV-infected persons.

Through FY06 Emergency Plan support, Longisa District Hospital will provide basic palliative health care services to 540 HIV-infected patients including ongoing diagnoses and management of opportunistic infections, malaria, HIV-related diarrheal diseases, and HIV-related cancers. Universal multivitamin supplementation will be instituted. Nutritional evaluations will be made and nutritional supplementation will be prescribed on a case-by-case basis where medically indicated. Target groups such as People Living with HIV/AIDS (PLWHA) will be the focus of initiatives aimed at providing psychological and spiritual support. All basic health care services and expansion will proceed in collaboration with the local Ministry of Health's Provincial ART Officer (PARTO), a relationship that has been ongoing in the south Rift Valley Province for now greater than 2 years.

Longisa Hospital District Hospital will expand screening and ARV services to 3 rural health centers increasing the number of basic health care centers to 4. While pushing down through the network, patients demonstrating stability can be referred down through the network to their more local facilities nearer them.

Additionally, FY06 funds will be used to improve human capacity through the training of 10 personnel in basic health care services. Renovations to the existing clinic space and laboratory will proceed in order to meet the needs of the increasing HIV clinic population. Formation of psychosocial support groups (e.g. Persons Living With HIV/AIDS) and linkages to local home-based care programs will further strengthen the comprehensive nature of care provided at the facility level.

The Longisa Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of basic health care services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to HIV services. The hospital's HIV program and outreach will result in increased access to HIV services particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This partner is linked to Longisa District Hospital ART activity (#4324). Longisa District Hospital will refer advanced or complicated cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. BHCS activities will be linked to Longisa Hospital ART services.

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4. POPULATIONS BEING TARGETED

Longisa District Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children. Also, Ministry of Health doctors, nurses, and pharmacists will be targeted for training in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Longisa District Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving basic health care services. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement including the purchase of drugs for opportunistic infections and HIV-related cancers, community mobilization, human capacity development, strategic information, and training. Longisa District Hospital will invest in renovation of the poorly existing HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	540	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

- Adults
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kapkatet District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4329
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Kapkatet District Hospital is located in Bureti District of the south Rift Valley province in Kenya with a population over 360,000. With the limited FY05 Emergency Plan start-up funds received, the Kapkatet District Hospital has been able to offer basic health care and support services to almost 250 patients. The District Hospital continues to struggle due to a limited number of trained health care workers in HIV/AIDS care and poor laboratory and pharmacy capacity.

Through FY06 Emergency Plan support, Kapkatet District Hospital will provide basic palliative health care services to 590 HIV-infected patients including ongoing diagnoses and management of opportunistic infections, malaria, HIV-related diarrheal diseases, and HIV-related cancers. Universal multivitamin supplementation will be instituted. Nutritional evaluations will be made and nutritional supplementation will be prescribed on a case-by-case basis where medically indicated. Target groups such as People Living with HIV/AIDS (PLWHA) will be the focus of initiatives aimed at providing psychological and spiritual support. All basic health care services and expansion will proceed in collaboration with the local Ministry of Health's Provincial ART Officer (PARTO), a relationship that has been ongoing in the south Rift Valley Province for now greater than 2 years.

Additionally, FY06 funds will be used to improve human capacity through the training of 10 personnel in basic health care services. Renovations to the existing clinic space and laboratory will proceed in order to meet the needs of the increasing HIV clinic population. Formation of psychosocial support groups (e.g. Persons Living With HIV/AIDS) and linkages to local home-based care programs will further strengthen the comprehensive nature of care provided at the facility level.

The Kapkatet Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of basic health care services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to HIV services. The hospital's HIV program and outreach will result in increased access to HIV services particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART program (#4109). Kapkatet hospital will use the Kericho District Hospital as its tertiary referral center for complicated medical cases. The KDH laboratories will also provide overall quality control, assurance, and technical assistance for advanced HIV diagnostics and monitoring. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to Kapkatet Hospital ART (#4328). Kapkatet Hospital BHCS and Kapkatet Hospital ART will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Kapkatet District Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and most at risk populations.

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Also, Ministry of Health doctors, nurses, and pharmacists will be targeted for training in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Kapkatet District Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving basic health care services. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement including the purchase of drugs for opportunistic infections and HIV-related cancers, community mobilization, human capacity development, strategic information, and training. Kapkatet District Hospital will invest in renovation of the poorly existing HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	590	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

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Coverage Areas

Rift Valley

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Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kaplong Mission Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4331
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

Kaplong Hospital is a 150-bed, faith-based hospital in Bureti District in the south Rift Valley Province. Its catchment area extends beyond Bureti to Kisii as well as Nyamira in Nyanza Province. The hospital serves an estimated population of 300,000 people. With limited FY05 start-up funds to date (August 2005), Kaplong Mission Hospital began offering basic health care and support to HIV-infected adults and children, focusing upon the diagnosis and treatment of opportunistic infections. To date, they have enrolled over 200 HIV-positive patients who are receiving basic health care services through their integrated services outlet. However, the hospital struggles to optimally meet the demands of providing antiretroviral treatment and basic health care services due to inadequate infrastructure (e.g. physical structure and diagnostic equipment) and resources (e.g. a small number of inadequately trained staff and access to anti-retroviral drugs).

Under the President's Emergency Plan in FY06, Kaplong Hospital will provide basic health care and support services to at least 270 additional patients. This basic health care support will include treatment of opportunistic infections observed in both the outpatient clinics and inpatient wards. Malaria screening and treatment will also be offered given the high severe seasonal prevalence in this region. Cotrimoxazole prophylaxis, multivitamin supplementation, 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 basic health care support needs, 5 health care workers will be trained by this mission hospital. Training will coordinate with larger training for antiretroviral therapy, and all basic health care support services will be linked to the growing antiretroviral therapy and TB/HIV programs.

The Kaplong Hospital HIV program will continue to ensure expansion in the numbers of patients seeking HIV basic health care and support services and reduce stigma and discrimination associated with HIV. This will be achieved in part through the network of health centers and affiliated churches. Expanding the availability of basic health care services in this geographical area will improve equity in access to HIV care and treatment, particularly in women and children in rural, underserved areas.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available palliative care and ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART activity (#4109). Kaplong hospital will use the Kericho District Hospital as its tertiary referral center for complicated medical cases. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. BHCS activities will be linked to Kaplong Hospital ART Services (#4330). Thus Kaplong Hospital BHCS and AIC Kaplong Hospital ART will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Kaplong Hospital will target the general population, HIV/AIDS-affected families, and people living with HIV/AIDS by providing basic health care services to eligible persons. Kaplong Hospital health care providers will also be targeted to receive training in basic health care services.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

The Kaplong Hospital will increase gender equity in HIV programs by ensuring that equitable numbers of women (including children) are receiving basic health care services. The activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and minor emphasis on community mobilization, infrastructure, strategic information, and training. Kaplong Hospital will procure drugs for treating opportunistic infections and other medical supplies as well as conduct staff training as necessary to provide basic health care and support services. Minor renovations will occur at targeted health centers and dispensaries. Finally, community mobilization initiatives will be conducted to reduce stigma, encourage discussion of HIV status, and enhance adherence to treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	270	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

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Coverage Areas

Rift Valley

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Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Nandi Hills District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4333
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Nandi Hills District Hospital, located in Nandi South District of the Rift Valley Province in Kenya, serves a population of over 350,000. The district has an average HIV prevalence rate of 10.2%. The district has several small tea companies that attract a large number of migrant, manual labor workers throughout the Rift Valley, Western, and Nyanza Provinces of Kenya. With limited FY-05 start-up funds, Nandi Hills District Hospital became the only hospital providing comprehensive HIV services in the district and has provided basic health care services to over 320 patients.

Through FY06 Emergency Plan support, Nandi Hills District Hospital will provide basic health care services to 1,080 HIV-infected patients including ongoing diagnoses and management of opportunistic infections, malaria, HIV-related diarrheal diseases, and HIV-related cancers. Universal multivitamin supplementation will be instituted. Nutritional evaluations will be made and nutritional supplementation will be prescribed on a case-by-case basis where medically indicated. Target groups such as People Living with HIV/AIDS (PLWHA) will be the focus of initiatives aimed at providing psychological and spiritual support including home based care. All basic health care services and expansion will proceed in collaboration with the local Ministry of Health's Provincial ART Officer (PARTO), a relationship that has been ongoing in the south Rift Valley Province for now greater than 2 years.

Given the Nandi Hills Hospital lacks adequately trained HIV personnel as well as physical infrastructure necessary to provide HIV care and support, FY06 funds will be used to improve human capacity through the training of 25 personnel in basic health care services. Renovations to the three existing clinic spaces and laboratories will proceed in order to meet the needs of the increasing HIV clinic population. Formation of psychosocial support groups (e.g. Persons Living With HIV/AIDS) and linkages to local home-based care programs will further strengthen the comprehensive nature of care provided at the facility level.

The Nandi Hills District Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of basic health care services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to HIV services. The hospital's HIV program and outreach will result in increased access to HIV services particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of *encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.*

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to Kericho District Hospital ART program (#4109). Nandi Hills will refer advanced or complicated treatment cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. BHCS activities will be linked to Nandi Hills Hospital ART (#4332). Thus Nandi Hills Hospital BHCS and Nandi Hills Hospital ART will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

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Nandi Hills District Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children. Also, Ministry of Health doctors, nurses, and pharmacists will be targeted for training in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Nandi Hills District Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving basic health care services. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement including the purchase of drugs for opportunistic infections and HIV-related cancers, community mobilization, human capacity development, strategic information, and training. Nandi Hills District Hospital will invest in targeted renovations necessary for expanding care and support services, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,080	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

- Adults
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- HIV/AIDS-affected families
- People living with HIV/AIDS

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kilgoris District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4335
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The Kilgoris District Hospital, located in the town of Kilgoris in the Transmara District of the south Rift Valley Province, is the only Ministry of Health public hospital serving this district. Its catchment population is approximately 500,000 individuals living in Transmara, as well as the Gucha and Kuria Districts in Nyanza Province. The facility was recently upgraded from a 12 bed-health center to a District Hospital following the February 2005 closure of St. Joseph Mission Hospital Kilgoris, which used to be a major provider of health care in the district. Kilgoris District Hospital, having no pre-existing HIV care program, became the only health care facility providing HIV services in Kilgoris District. With limited FY05 start-up funds to date (August 2005), Kilgoris Hospital has provided basic health care services to nearly 100 HIV infected patients.

Through FY06 Emergency Plan support, Kilgoris District Hospital will provide basic palliative health care services to 690 HIV-infected patients including ongoing diagnoses and management of opportunistic infections, malaria, HIV-related diarrheal diseases, and HIV-related cancers. Universal multivitamin supplementation will be instituted. Nutritional evaluations will be made and nutritional supplementation will be prescribed on a case-by-case basis where medically indicated. Target groups such as People Living with HIV/AIDS (PLWHA) will be the focus of initiatives aimed at providing psychological and spiritual support. All basic health care services and expansion will proceed in collaboration with the local Ministry of Health's Provincial ART Officer (PARTO), a relationship that has been ongoing in the south Rift Valley Province for now greater than 2 years.

Working through the network model, Kilgoris District Hospital will open one new rural health center in FY06 (Lolgorian Sub-District Hospital). Kilgoris will provide basic care and support to HIV-positive individuals through two outlets. This rural health center will serve to link counseling and testing, provide non-antiretroviral therapy/clinic-based palliative care, continue limited ART in patients referred down from District Hospital, and ultimately refer "up through the network" to the District Hospital those patients requiring more advanced ARV evaluation and care.

Additionally, FY06 funds will be used to improve human capacity through the training of 10 personnel in basic health care services. Renovations to the existing clinic space and laboratory will proceed in order to meet the needs of the increasing HIV clinic population. Formation of psychosocial support groups (e.g. Persons Living With HIV/AIDS) and linkages to local home-based care programs will further strengthen the comprehensive nature of care provided at the facility level.

The Kilgoris District Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of basic health care services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to HIV services. The hospital's HIV program and outreach will result in increased access to HIV services particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

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This activity will be linked to Kericho District Hospital basic health care and support activity (#4110). Based on the network model, the Kericho District Hospital will continue to serve as the tertiary referral center for all advanced and complicated cases seen at Kilgoris District Hospital. Through KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. BHCS activities will be linked to Kilgoris Hospital ART Services (#4334). Thus Kilgoris Hospital BHCS and Kilgoris Hospital ART will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Kilgoris District Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children. Also, Ministry of Health doctors, nurses, and pharmacists will be targeted for training in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Kilgoris District Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving basic health care services. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement including the purchase of drugs for opportunistic infections and HIV-related cancers, community mobilization, human capacity development, strategic information, and training. Kilgoris District Hospital will invest in renovation of the poorly existing HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	690	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kapsabet District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4337
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Located in North Nandi District of Rift Valley Province, Kapsabet District Hospital serves a population of 325,000 with an estimated HIV prevalence rate of 9.8%. Kapsabet District Hospital has had little infrastructure development since its construction during the colonial period. With limited Emergency Plan FY05 start-up funds, Kapsabet District Hospital recently completed minor renovations of an older building that is now serving as an HIV clinic room, but the hospital still lacks adequate capacity to provide comprehensive HIV care services. With the limited renovations, the Kapsabet District Hospital has been able to offer basic health care and support services to approximately 335 patients (August 05). The District Hospital continues to struggle due to a limited number of trained health care workers in HIV/AIDS care and poor laboratory and pharmacy capacity.

Through FY06 Emergency Plan support, Kapsabet District Hospital will provide basic palliative health care services to 1,080 HIV-infected patients including ongoing diagnoses and management of opportunistic infections, malaria, HIV-related diarrheal diseases, and HIV-related cancers. Universal multivitamin supplementation will be instituted. Nutritional evaluations will be made and nutritional supplementation will be prescribed on a case-by-case basis where medically indicated. Target groups such as People Living with HIV/AIDS (PLWHA) will be the focus of initiatives aimed at providing psychological and spiritual support. All basic health care services and expansion will proceed in collaboration with the local Ministry of Health's Provincial ART Officer (PARTO), a relationship that has been ongoing in the south Rift Valley Province for now greater than 2 years. Service outlets providing general HIV-related palliative care will be increased to 3 by opening up new sites in FY06.

Additionally, FY06 funds will be used to improve human capacity through the training of 25 personnel in basic health care services. Renovations to the existing clinic space and laboratory will proceed in order to meet the needs of the increasing HIV clinic population. Formation of psychosocial support groups (e.g. Persons Living With HIV/AIDS) and linkages to local home-based care programs will further strengthen the comprehensive nature of care provided at the facility level.

The Kapsabet Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of basic health care services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to HIV services. The hospital's HIV program and outreach will result in increased access to HIV services particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART activity (#4109). Kapsabet will refer advanced or complicated non-ART cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. BHCS activities will be linked to Kapsabet Hospital ART (#4336). Kapsabet Hospital BHCS and Kapsabet Hospital ART will

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constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Kapsabet District Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children. Also, Ministry of Health doctors, nurses, and pharmacists will be targeted for training in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Kapsabet District Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving basic health care services. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement including the purchase of drugs for opportunistic infections and HIV-related cancers, community mobilization, human capacity development, strategic information, and training. Kapsabet District Hospital will invest in renovation of the poorly existing HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,080	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

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Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Medical and Research Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4817
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The African Medical Research Foundation (AMREF) will expand a successful HIV treatment program operating in 2 sites in Kibera, a very large informal settlement in Nairobi, Kenya, and will build on experiences with this program to expand activities to 1 additional site in this area, providing a package of basic health services to 1,200 people with HIV, including 200 children. AMREF will support staff salaries, training, laboratory evaluation, adherence counseling, and monitoring, provide drugs for prevention and treatment of opportunistic infections, and expand access to safe drinking water and malaria prevention interventions. Patient care is managed by multidisciplinary teams, and care interventions are supported through extensive involvement of community health workers and peer educators, including many people who themselves have HIV/AIDS. The community health workers and peer educators work in both the clinics and communities to support adherence, provide counseling and education about nutrition and other key aspects of care, and assist with recognition of adverse drug reactions and early referral. AMREF staff conduct extensive activities in the community that educate and sensitize church, political, and administrative leaders as well as all members of the community.

This activity will be primarily an expansion of the existing program. A significant change from 2005 to 2006 is that a central AMREF laboratory will be strengthened to support quality assurance for labs at the satellite sites. In addition, the 2006 activities will place an expanded emphasis on providing services for children.

AMREF has extensive experience and expertise implementing community-based HIV/AIDS prevention and care programs throughout Africa. The HIV treatment program in Kibera has been recognized as a model of community-based care for PLWAs. By September, 2005, the program was providing palliative care services to more than 500 patients. Rates of adherence to care are very high. The 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM

These activities will contribute to the results of expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services for HIV, and a strengthened referral network for HIV care.

3. LINKS TO OTHER ACTIVITIES

AMREF's activities link closely to community services supported by CBOs such as Kibera Community Self Help Program (KICOSHEP), to PMTCT (#4145) services supported by AMREF, and to the established network referral center at Kenyatta Hospital (supported by University of Nairobi and other partners). Activities are implemented in collaboration with the Provincial ART officer for Nairobi.

4. POPULATIONS BEING TARGETED

The population targeted with this activity are the HIV-infected slum residents that will be served by these programs and have great need for HIV treatment 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. Treatment services for children are being expanded at the site. The associated community sensitization activities raise awareness among men, women and children living in the slums.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses issues related to stigma and discrimination.

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6. EMPHASIS AREAS

This activity includes minor emphasis in the areas of commodity procurement (for example for drugs for opportunistic infections, lab reagents and other supplies), community mobilization, human resources (salaries for health care workers at the clinics), and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,200	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	3	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Unilever Tea Kenya
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4889
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

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 Buret Districts of the Rift Valley Province with a branch in Limuru District of Kenya's Central Province. Currently, the UTK Central hospital is the only health facility within UTK that is providing comprehensive HIV/AIDS care. The medical department serves a population of approximately 100,000 employees and their dependents including those residing within and outside the tea estates. The UTK Central Hospital has been providing HIV basic health care and support to employees and their dependents since April 2004 under the President's Emergency Plan. To date (August 2005), UTK Central Hospital has offered HIV basic health care and support to over 550 patients.

With a decrease in budget relative to FY05, the UTK medical department and its chain of health centers and dispensaries will provide basic health care and support to HIV-infected adults, children, and their families in the company and surrounding communities in the third year (FY06) of the Emergency Plan based upon expansion of their FY04 and FY05 activities. The patients will be identified and referred from the Prevention of Mother-To-Child Transmission of HIV infection (PMTCT) clinics, Counseling and Testing sites, and the inpatient or outpatient departments. Focusing upon the network model, UTK will provide basic health care and support services throughout its plantation to include their dispensaries and health centers numbering 25. With this expansion, 1000 individuals will receive basic health care services within their communities. Clinical services will include follow-up treatment of opportunistic infections, nutritional counseling, multivitamin supplementation, monitoring of patient disease progression, and provision of Cotrimoxazole prophylaxis.

Activities under this entry will contribute to the development of the continuum of care in the tea estates and target both clinical care and antiretroviral therapy programs. 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 care and support initiatives aimed at providing psychological and spiritual support for positive living and prevention of HIV transmission and super-infections. UTK 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 basic health care services, UTK Hospital will train 25 health care workers (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 include end-of-life care in the home-based setting.

The UTK Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of CARE/ART services in this geographical area will improve equity in access to HIV care and support through improved access for these underserved communities. The hospital program will contribute to the result of increased access to HIV care and support services particularly among underserved women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available basic health care and support services in the region.

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3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART activity (#4109). UTK Hospital will refer advanced or complicated non-ART cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. BHCS activities will be linked to UTK Hospital ART (#4085). Thus UTK Hospital BHCS and KDH Hospital ART will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Unilever Central Hospital will target the factory workers in the tea plantations for improved access and availability to HIV basic health care and support services. In addition, people living with HIV/AIDS will also be targeted to lead psychological and spiritual support groups. Finally, health care workers will be targeted for basic health care and support services in order to improve delivery of quality care to eligible HIV/AIDS patients.

5. KEY LEGISLATIVE ISSUES ADDRESSED

UTK Hospital will increase gender equity in HIV programs by ensuring that equitable numbers of women (including children) are receiving basic health care services. The activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and minor emphasis on community mobilization, infrastructure, strategic information, and training. UTK Hospital will procure drugs for treating opportunistic infections and other medical supplies as well as conduct staff training as necessary to provide basic health care and support services. Minor renovations will occur at targeted health centers and dispensaries. Finally, community mobilization initiatives will be conducted to reduce stigma, encourage discussion of HIV status, and enhance adherence to treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Factory workers (Parent: Business community/private sector)

People living with HIV/AIDS

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4922
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Columbia University (CU) will extend its Track 1 experience working collaboratively with Indiana University in Northern Rift Valley Province to support training and implementation of palliative care programs in Central Province. To date, sites in Central Province have been under-supported relative to some other areas in Kenya. Programs in this area have done well with this limited support, but will benefit from intensified technical assistance and expanded material support. CU will develop an existing collaboration with Jomo Kenyatta University of Agriculture and Technology (JKUAT). The collaborative activities will support care for 1,600 people with HIV, including 400 children, and will establish/enhance 8 care service networks centered at the Provincial Hospital and larger District Hospitals in Central Province. CU's collaboration with JKUAT will allow for creation of a regional university-based training and technical support program, and will train 60 individuals in HIV-related palliative care. The collaboration offers an opportunity to develop quality assurance capacity on all levels (laboratory, pharmacy, and clinical expertise), provides a forum for strategic planning for effective care and treatment programs, and addresses targeted evaluation and strategic information needs. Columbia will work closely with the Provincial ART Officer for Central Province, for example supporting regular meetings of care providers in the area. Funds will be used to support staff salaries in accordance with Emergency Plan guidance, renovations and equipment needed to provide treatment, disposable supplies, drugs for prevention and treatment of opportunistic infections, laboratory reagents, and the costs of supportive supervision and advanced training in HIV care.

CU has extensive experience implementing HIV care programs internationally, including the MTCT-plus program and Track 1 Emergency Plan programs in Kenya and 5 other countries in sub-Saharan Africa. CU has developed an extensive selection of training and information materials, some of which have been specifically adapted for use in Kenya. In Eldoret support through CU has been instrumental in building one of the largest HIV care and treatment programs in Kenya. Among their key contributions was building laboratory capacity at the reference hospital.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of care services for people with HIV/AIDS.

3. LINKS TO OTHER ACTIVITIES

This activity links to ARV treatment services provided by Columbia University (#4272).

4. POPULATIONS BEING TARGETED

The target population for these activities is people with HIV. In addition to providing support to scale-up care programs in an important geographic area, this activity will support care for HIV-infected students at JKUAT. These youth are among an important focus population identified in Kenya's 5-year strategic plan for Emergency Plan implementation.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, local organizational capacity building and quality assurance and supportive supervision, and training.

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Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,600	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	8	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAS)
Public health care workers

Coverage Areas

Central

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4924
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Catholic Relief Services (CRS) Consortium will expand services currently supported both by Track 1 funds and in country funds to support palliative care for 8,000 patients (including more than 1,200 children) at 16 service delivery sites throughout Kenya. CRS supports Mission Hospitals in several geographic areas with a standard package that includes funds for staff salaries, training of staff, laboratory evaluation, adherence counseling and monitoring, drugs for prevention and treatment of opportunistic infection, and end of life care. CRS supported sites are implementing a variety of community-based activities to support the understanding of, enrollment in, and adherence to care and treatment programs. The consortium has provided extensive support for monitoring and evaluation, allowing timely reporting to both PEPFAR and the Kenya National Program.

The implementing consortium includes Catholic Relief Services, Catholic Medical Mission Board, Futures Group, The Institute of Human Virology at the University of Maryland, and the Interfaith Medical Alliance. The consortium has established agreements with a number of Mission facilities in Kenya, and has supported rapid scale-up of treatment at these facilities. By September 2005, approximately 8,000 patients were receiving palliative care services as a result of Track 1 funding awarded to this partner and more than 1000 additional patients had care services as a result of supplemental funding awarded late in 2005.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care services for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of these services.

3. LINKS TO OTHER ACTIVITIES

These activities link to ARV treatment supported by CRS (#4271), 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 (#4091). There are treatment referral linkages between Lalimba and St. Camillus, facilities supported by CRS.

4. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Care services for children with HIV are being established or expanded at all sites. The ability to diagnose and provide care for very young children are being established through a relationship with Kenya Medical Research Institute (KEMRI); filter paper samples are transported to the KEMRI lab for infant testing (currently with PCR).

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination through community sensitization activities.

6. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, quality assurance and supportive supervision, strategic information, and training.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	16	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	16	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Private health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central
Coast
Eastern
Nairobi
Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Department of Pediatrics
Prime Partner: University of Nairobi
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4925
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The University of Nairobi Department of Pediatrics (UNBO) will work to strengthen the services available at one service outlet, the Kenyatta National Referral Hospital (KNH), with an emphasis on the provision of treatment to children and participants in US government sponsored research. Palliative care services will include cotrimoxazole preventive therapy, management of opportunistic infections, management of malnutrition, and end-of-life care. These services will be provided to 2000 people with HIV, including 700 children. Activities will strengthen Kenyatta National Hospital to conduct training, conduct diagnostic testing in infants, and serve in other diagnostic and management capacities particularly with respect to care of children. Funds will be used to support salaries for 60 health care workers in accordance with Emergency Plan guidance, to improve infrastructure through renovation, and to purchase commodities including laboratory reagents.

The University of Nairobi Pediatrics Department has run research clinics for perinatal cohorts of HIV infected women at KNH for 12 years studying PMTCT, immune responses, and disease progression in women and children, managing a handful of patients receiving donated ART. Research doctors have undergone short courses on the topic of HIV management and have now themselves conducted numerous courses on the topic of HIV care. The Kenyatta National Hospital Comprehensive Care Center has been running for > 5 years providing psychosocial care, and over the past year providing ambulatory medical care to PLWHA including nutrition, opportunistic infection prophylaxis, and treatment and ART. The center has dedicated staff providing psychosocial, nutritional, and medical care. By September 2005, more than 1,000 patients, including approximately more than 100 children were receiving care as a result of the activities of this partner.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for people with HIV, strengthened human resource capacity to deliver HIV care services, and a strengthened referral network for provision of these services. These activities will develop the capacity of KNH to serve as a key network center, developing clinical HIV expertise in the management of both adults and children.

3. LINKS TO OTHER ACTIVITIES

These activities link closely to activities currently supported by Family Health International to support general logistics and infrastructure at the comprehensive care clinic at KNH, to training activities supported by National AIDS and STD Control Program (#4223), and to multiple activities in and around Nairobi that refer to KNH as a network center.

4. POPULATIONS BEING TARGETED

Targeted populations include people living with HIV/AIDS, with a particular emphasis on children.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, development of networks, policy and guidelines, and training.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	1	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAf account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5072
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In Kenya, the concept of holistic palliative care services is not well understood, and palliative care services are largely confined to urban specialist centers, five predominately charity-supported urban-based hospices, and home based care services that are limited in providing clinical palliative services, such as pain management drugs and opportunistic infection symptom control. High poverty levels and the burgeoning HIV/AIDS epidemic require a well planned response to increase accessibility to high quality palliative care services and support networks.

The Kenyan private health care sector presents an effective and yet underused opportunity to provide palliative care and other support services. Although the private sector provides 40% of all of Kenya's health care services, capacity building in palliative care has focused on the public and faith based sectors to date. In 2005, the ACQUIRE Project with lead in-country implementation from IntraHealth and collaboration from EngenderHealth and the Society for Women and AIDS in Kenya (SWAK), implemented a widespread program that aimed to strengthen the overall capacity of the private sector to provide high quality services to communities. The concept was for carefully selected and empowered facilities to offer a high quality "basket of services" to their communities, who understand, appreciate and utilize these resources. Private providers were organized into "peer clusters", which were highly effective networks that reinforced training, provided supervision and often shared limited resources and supplies.

During FY2006, the ACQUIRE project activities will transition to the APHIA II RFA/mechanism. The activities in this proposal will expand this private sector capacity building program and offer high quality clinical palliative care and support services, and reinforce quality assurance linkages with the Ministry of Health. In addition, the APHIA II-TBD will support community based demand for these services, and strengthen systems to link clients to other HIV/AIDS resources, including home based and psychosocial care. Specifically, the APHIA II-TBD will introduce a multifaceted clinical palliative care pilot intervention among two private sector peer clusters in Kiambu, Thika and Nakuru (Naivasha area) districts.

Using the NASCOP-approved palliative care training curriculum, the APHIA-TBD will train 10 providers in each cluster, for a total of 30 providers, in clinical palliative care services. Clinical palliative care has three training foci – management of opportunistic infections, symptom control, and pain management. The APHIA-TBD will focus control of opportunistic infection training on tuberculosis, and build capacity/create linkages to DOTS services in the districts. In regards to laboratory services, the APHIA II-TBD will work with each peer cluster to identify referral laboratories for specialized tests such as viral load. It is important for each provider to thoroughly assess whether a client is in the terminal stage of life, and wouldn't respond to ART and other care and support therapy, especially if the client has had minimal previous clinical HIV/AIDS support.

These activities will increase availability of comprehensive clinical palliative care services in private sector clinical settings. Since the target private facilities are predominately rural, the planned activities will also result in increased access to palliative care among communities that are hard to reach and are currently underserved. All activities will be conducted in collaboration with NASCOP and the National Nurses Association of Kenya (NNAK).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The APHIA II-TBD project will reach 30 service outlets providing HIV-related palliative

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care (including TB/HIV), 750 individuals will be provided with facility-based palliative care including and 60 health workers will be trained to deliver palliative care services, according to national and/or international standards.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY ACQUIRE

This activity links to counseling and testing (#4083) and PMTCT (#4184) activities described in the ACQUIRE-APHIA II entries.

4. POPULATIONS BEING TARGETED

The populations being targeted include PLWHAs, particularly HIV positive pregnant women and HIV/AIDS-affected families, Private Health Care Workers (Doctors, Nurses, Laboratory Workers, and Pharmacists) in rural areas of Kiambu, Thika and Nakuru (Naivasha area) districts in Central Province.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues include Gender (piloting of a peer support group for HIV positive mothers) and Stigma and Discrimination by improving the health of PLWHAs and increasing the opportunity for them to return to work.

6. EMPHASIS AREAS

The area of major emphasis is the Development of Network/Linkages/Referral Systems by building private providers' capacity to offer high quality clinical palliative care and support services, and by reinforcing quality assurance linkages with the Ministry of Health. Minor emphasis includes Quality Assurance and Supportive Supervision, Training and Linkages with Other Sectors and Initiatives by strengthening systems to link clients to other HIV/AIDS resources, including home based and psychosocial care.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	750	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Rural communities
- Private health care workers

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Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Central

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Table 3.3.06: Activities by Funding Mechanism

Mechanism: FAHIDA
Prime Partner: Kenya Rural Enterprise Program
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5080
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity will disburse loans to about 650 new borrowers within the existing program area. In January 2001 with funding from USAID, K-Rep Development Agency (K-REP) started a pilot project to provide financial services to HIV/AIDS infected and affected persons in three districts (Kakamega, Butere-Mumias, and Busia) in Western Kenya. This was preceded by a study which concluded that HIV/AIDS infected and affected persons lacked access to financial services. The project seeks to establish a sustainable savings and credit scheme for HIV/AIDS infected and affected persons. It aims to mitigate the adverse socio-economic consequences of the AIDS scourge on infected and affected persons. The three-year, pilot phase ended in December 2003. A follow-on expansion and consolidation phase funded out of PEPFAR was approved in February 2005 to include Bungoma and Siaya districts in Western Province.

The project is primarily providing savings and credit services to the targeted clients using group lending and village banking approaches. Loans are made to HIV/AIDS infected and affected persons to start or expand existing micro and small businesses. Clients also receive training in basic business management. Through partner organizations, clients receive other services such as counseling, education on health issues related to AIDS.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and result in 650 new borrowers who are infected or affected by HIV/AIDS. Supporting their income generating activities will directly improve their standard of living and health condition. Currently the program covers five districts in western province with target groups of people living with AIDS (PLWHAs) in the communities including Commercial Sex Workers (CSWs). This will contribute to behavioral change, improve living standards, provide better planning and organizational abilities for income generating activities (IGAs) productivity through the training provided to them by the project. There will be reduced stigmatization against HIV/AIDS infected and affected persons reduced where non-infected recognize the infected persons doing better economically and socially.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to other palliative care activities implemented by 05 COP Pathfinder International (#5097); 05 COP Family Health International (#5285); St. Mary's Hospital - Mumias; Society of Women against AIDS in Kenya; University of Nairobi/University of Manitoba. The linking of activities aim to address in the mobilization and provision of Counseling and psychosocial supports to the HIV/AIDS infected and affected; volunteers and other vulnerable groups.

4. TARGETED POPULATIONS

This activity will target people affected and infected by HIV/AIDS, they include PLWAs in the communities, youth, commercial sex workers, who are members of financial services associations (FSA) or other organized groups such as post test clubs or Home based care groups in each district.

5. KEY LEGISLATIVE ISSUES ADDRESSED

By improving the standard of living the affected will start to live positively there by prolonging their lives these will reduce stigma and discrimination. Other legislative issues are access to Microfinance and Micro-credit to the various groups, which will boost their income generating activities thereby economically empowering the infected and affected families.

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6. EMPHASIS AREAS

The main emphasis will be community Mobilization and participation by providing savings and credit services to the target groups to undertake IGAs. Ultimately it is anticipated that the program will improve the living standards and develop a positive living approach of the target group. Minor emphasis will be in training the target groups in basic business management skills.

Emphasis Areas

% Of Effort

Community Mobilization/Participation

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)

Number of individuals provided with HIV-related palliative care (excluding TB/HIV)

Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients

Target Populations:

Adults

Community-based organizations

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Microfinance/Microcredit

Coverage Areas

Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5094
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

During FY 06, the World Vision Kenya (WVK) Kenya AIDS Treatment and Support for OVCs (KATSO) project will transition to the APHIA II RFA mechanism. In this activity the APHIA II TBD will reduce the spread and impact of HIV/AIDS in 10 districts in Kenya and scale up its response to the prevailing need for holistic—emotional, material, and physical—care for those affected by the HIV/AIDS crisis. Using a large network of churches/FBOs and CBOs, the APHIA II TBD 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.

The APHIA II TBD will also expand services currently being offered through USAID's comprehensive programs for orphans and vulnerable children to include the establishment of care of opportunistic infections to some 3000 people (mostly children and their families) with advanced HIV in three district namely Teso in Western province, Migori and Suba in Nyanza Province and Maragua in Central Province. Forty-eight health care workers and 120 Community Health Workers will be trained in OI management. Activities will build the capacity of multiple local faith-based and community organizations in collaboration with the Ministry of Health. The specific APHIA II partner will maintain data concerning the numbers of persons served and will report both nationally and through the Emergency Plan.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The APHIA II TBD 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. The APHIA II TBD 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 health workers 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.

These activities will also contribute to the results of expansion of OI care for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network. The increase in the number of sites will contribute to the overall PEPFAR goal for support to Kenya and significantly contribute to the national targets.

3. LINKAGES:

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY WORLD VISION.

This activity expands on work undertaken by WVK under a track 1 award (#5095).

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It is also an expansion and continuation of WVK's Kenya AIDS Treatment and Support for OVC (KATSO) project funded bilaterally under the 2004 and 2005 COPs. The APHIA II TBD and partners will provide clinical care and treatment while providing training and follow-up to community health workers and MOH staff. The APHIA II TBD will also complement work being implemented by Family Health International (APHIA II TBD) in Bungoma, Kilifi and Naivasha Districts. Accordingly, the APHIA II TBD will provide some baseline benchmarks and build on the experience of KATSO in the areas of ART and NAHS. The APHIA II TBD and partners 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.

4. POPULATIONS BEING TARGETED

This activity targets people affected by HIV/AIDS, orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and care givers of OVC and PLWHA. It community members and health care providers in public, private and faith based health facilities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The main legislative issue is the reduction of Stigma and Discrimination of PLWHAs by connecting this activity to mainstreaming HIV/AIDS messaging on living positively. PLWHA will also have improved health and the possibility of returning to work to contribute to their families' welfare. This activity will increase gender equity ensuring better coverage of women and children who are more disproportionately affected by HIV/AIDS. There is a wrap around for food and microfinance/micro credit.

6. AREAS OF EMPHASIS

The major area of emphasis is Local Organization Capacity Development through the formation of coalitions throughout the program areas to serve as the main vehicle for delivering care and support to OVCs and PLWHAs. Minor areas include Training (500 caregivers will be trained and supported by 40 trainers to provide care at the household level), Development of Network/Linkages/Referral systems through the use of its large network of churches/FBOs and CBOs and Community Mobilization/Participation through the establishment of 30 Community Care Coalitions.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50
Logistics	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	35	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination
Food
Microfinance/Microcredit
Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5097
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Persons living with HIV/AIDS, their families and caregivers must have access to a variety of resources in order to address the wide spectrum of problems that are faced by households, especially poor households, when dealing with a debilitating disease in an adult family member. Pathfinder's CPHIA Project will transition to the APHIA RFA mechanism and continue to provide PLWHAs and their families with a comprehensive package of home and community support (HBHC). The APHIA II-TBD will build the capacity of local implementing partners (LIPs) in 11 districts in 5 provinces to develop and manage programs providing care in the home, linkages to clinical services, counseling, support groups, food security, income generation, paralegal support, educational opportunities and life skills training, and awareness-raising for prevention and stigma reduction. In this way, HBHC activities will reduce AIDS-related morbidity and ease the burden that the disease places on vulnerable households and on the health care system. Linkages and strong collaboration with other public and private sector prevention and treatment efforts will help to overcome resource limitations and build sustainability. Efforts to link more clients to ARV and to ensure ARV and DOTS adherence will be stepped up in the coming year.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The APHIA II TBD will reach 12,000 new and 20,000 continuing PLWHA clients and 5,000 individuals will be trained to provide palliative care through 50 service outlets. This APHIA II activity responds to NACC's priority areas #2, "Improve the quality of life of people infected and affected by HIV/AIDS" and #3 "Mitigation of socio-economic impact". It is expected that the APHIA II-TBD will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY PATHFINDER INTERNATIONAL

This activity links closely with the previously approved activities in the area of BHCS described in the APHIA II (AMKENI) activity (#5381) and the APHIA II (FHI) activity (#5285).

4. POPULATIONS BEING TARGETED

Two populations are being targeted. 1) People affected by HIV/AIDS (including Caregivers, HIV positive children and infants, HIV/AIDS-affected families and People living with HIV/AIDS) and 2) Groups/Organizations (including community-based organizations, country coordinating mechanisms and faith-based organizations).

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination by providing access to increased resources in order to address the wide spectrum of problems that are faced by households when dealing with a debilitating disease in an adult family member. In addition, it will address Wrap Arounds through the provision of food and microfinance/microcredit.

5. EMPHASIS AREAS

The main emphasis is on Local Organization Capacity Development through building the capacity of communities and local organizations to implement community-based care and support to HBC clients and OVC. There is a minor emphasis on Training (training of LIPs to develop and manage programs), Linkages with Other Sectors and Initiatives (Linkages and strong collaboration with other public and private sector

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prevention and treatment efforts will help to overcome resource limitations and build sustainability. Efforts will also link more clients to ARV and to ensure ARV and DOTS adherence will be stepped up in the coming year) and Community Mobilization/Participation (building the capacity of community organizations to assist families).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	32,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- HIV/AIDS-affected families
- People living with HIV/AIDS
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)

Key Legislative Issues

- Stigma and discrimination
- Food
- Microfinance/Microcredit

Coverage Areas

- Central
- Coast
- Nairobi
- Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Indiana University School of Medicine
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5103
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by Moi University School of Medicine, Moi Teaching and Referral Hospital, Indiana University School of Medicine and other US academic medical centers. AMPATH is one of the most successful HIV treatment programs in Kenya. AMPATH has opened HIV/AIDS care clinics and screening programs at Moi Teaching and Referral Hospital, four district hospitals (Webuye, Teso, Kapenguria, and Kitale), and seven rural health centers (Mosoriot, Turbo, Burnt Forest, Amukura, Chulaimbo, Naitiri, and Mount Elgon). 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, and establishment of quality and best practice standards for HIV care. Patients are referred from a variety of sources including VCT and PMTCT programs supported through this partner and other Emergency Plan partners.

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 fifteen years. 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 has been designated as an official training center for HIV/AIDS by the Government of Kenya and NASCOP, and in 2006 this activity will contribute to the training of 2000 health workers in management of opportunistic infections.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

As of August 1, 2005, AMPATH was providing opportunistic infection care to 14,000 HIV infected patients in the various sites. By September 30, 2006, this activity will provide treatment to more than 28,000 patients, and this will expand to 48,000 HIV infected patients on in care by end of September 2007, thus contributing to 20% of the USG targets for this program area. This activity will support the expansion of palliative care services to 15 service outlets and the training of 2000 individuals in the provision of HIV-related palliative care services.

3. LINKS TO OTHER ACTIVITIES

These activities support and link to the network center at Moi Teaching and Referral Hospital, and link to other services such as TB/HIV (#4235), PMTCT (#4233), and ART (#4234) programs supported primarily by this partner. There are well-established links with other services supported by this and other partners for example, diagnostic testing for HIV among TB patients, orphan support programs and other community services.

4. POPULATIONS BEING TARGETED

The main populations targeted by this activity are people affected by HIV/AIDS such as people living with HIV/AIDS, HIV positive pregnant women and their families. Other populations targeted are health workers who will benefit from training in order to enhance service provision.

5. KEY LEGISLATIVE ISSUES

The main legislative issues addressed in this activity are stigma and discrimination and

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gender. The program uses novel approaches to the support of treatment, and provides business skills training and promotes micro-enterprise for HIV infected patients, especially women. These approaches are designed to reduce stigma against persons living with AIDS and increase gender equity.

6. EMPHASIS AREAS

The major emphasis area in this activity is training of health workers, with two minor emphasis areas being infrastructure improvement and community mobilization/participation by use of PLWHA in care activities.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	15	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	48,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	4	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Increasing women's access to income and productive resources
Stigma and discrimination

Coverage Areas

Rift Valley
Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Lea Toto
Prime Partner: Children of God Relief Institute
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5105
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This activity will result in 8,000 family members and 3,000 children receiving with high quality facility and home based care and other support services. The facility-based activities will include strengthening of facilities that are already serving as network referral centers for pediatric HIV care. Activities will include payment laboratory services for HIV related tests, OI prophylaxis (cotrimoxazole, fluconazole) and strengthening pharmaceutical management. Lea Toto will also strengthen the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs. The goal of the Lea Toto Project is to mitigate the impact of HIV/AIDS and decrease the risk of HIV transmission through the provision of a comprehensive home based care package. Some of the activities include group therapy sessions include life skills training, disclosure meetings, support group meetings and follow up counseling sessions. Life skills training sessions which are held with adults and children aged between 7 and 16 years address issues related to drug adherence basic hygiene and nutrition. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling and other support services for HIV+ children and their families. Other program activities include nutritional support, microfinance and empowering of caregivers through the self help groups. The project was started in September 1999, and implement programs in selected slums in Nairobi in Kangemi, Kariobangi, Kibera, Kawangware.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and increase the number of people receiving HIV/AIDS care and support. Specifically, 3000 will be provided with HIV-related palliative care, 750 trained to provide palliative care and 4 service outlets will provide care. This activity will contribute to increasing the number of HIV positive children receiving medical care, and accounts for 2% of all persons in care for this program area.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to CT (#4848) and ART (#5092) activities implemented by COGRI / Lea Toto and also linked to other USG ART activities in the ARV Services program area.

4. POPULATIONS BEING TARGETED

This activity will target People affected by HIV/AIDS including Caregivers, HIV positive infants and children, OVCs and PLWHAs. Community health care workers will be targeted for training and Groups/Organizations that will be worked through include Community-based organizations, Faith-based organizations and NGOs in Nairobi.

5. EMPHASIS AREA:

The main area of emphasis will be Community Mobilization/Participation as Lea Toto strengthens the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs. Minor emphasis will be in training of care providers and providing IEC in Life Skills Training.

6. KEY LEGISLATIVE ISSUES ADDRESSED

By meeting the needs of vulnerable children and their care providers, Stigma and Discrimination will decrease and allow children to return to school and parents/providers improve in health and earn income to contribute to the family's welfare.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Uniformed Services Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5110
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kenyan Prisons Service (KPS) will provide basic health care and support to over 1,500 HIV-positive service personnel, their dependents, and prisoners at 3 KPS medical facilities in FY 06. Activities will focus upon improving the quality of life of KPS personnel, their families, and prisoners infected with HIV and needing care. These activities will include 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). Expanding from one primary site this year, (Kamiti Prison Medical Center) these services will be offered in 2 other regional medical 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: Kodiaga/Kibos Prison Medical Centers and, Shimo La Tewa Prison Medical Center. Referral systems and networking among all the 92 Kenyan prisons will be developed to ensure that all those needing care get it in these three prison facilities and other approved civilian institutions. This activity will also support the training of 40 individuals in the provision of HIV-related palliative care services.

In partnership with the CDC, the KPS in the last year has been successful in encouraging KPS personnel and the prisoner community to come forward for testing so that those who need care can be assisted. Over 2,500 people have been tested and 60 registered in HIV comprehensive care clinics the KPS medical service will take over the follow up of these patients and others within their own system to ensure efficient system of care.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

It is estimated that the HIV + patients in the KPS are in the region of 4000. It is hoped that 1500 will be reached in 2006 and taken care of, thus contributing to the overall number of people to be put under care nationally.

3. LINKS TO OTHER ACTIVITIES

These activities will link closely with VCT (#4255), PMTCT (#4258), ART (#4259) services, and TB/HIV (#4256) services provided by the KPS program.

4. POPULATIONS BEING TARGETED

The populations being targeted in the activity are prisoners, prison staff, and their dependents.

4. EMPHASIS AREAS

The major area of emphasis will be in health care financing, and minor areas will include the relevant training, commodity procurement, workplace programs and quality assurance and supportive supervision.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Workplace Programs	10 - 50
Health Care Financing	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,500	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	3	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
Prisoners (Parent: Most at risk populations)
Public health care workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Pittsburgh
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5271
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

University of Pittsburgh (UPITT) will expand a collaborative relationship with Machakos District Hospital to enhance and expand the HIV care program in the southern region of the Eastern Province of Kenya, providing care for 2,300 people with HIV, including 450 children. This region is characterized by moderately high rates of HIV (approximately 4%); high rates of other infectious diseases including malaria, hepatitis, and schistosomiasis; and high rates of food insecurity. Machakos District Hospital is a high-volume district hospital that serves as the referral center for this area. Sites in this area are currently receiving modest support through the Kenya Medical Research Institute and have done well with establishment of care programs. However, the 12 sites would benefit from enhanced material and technical support. UPITT will support staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. The activity will also support the training of 60 individuals in the provision of HIV-related palliative care services. The package of services provided to patients will include cotrimoxazole prophylaxis, treatment of opportunistic infections, management of malnutrition, improved access to safe drinking water, and interventions to reduce the risk of malaria.

UPITT will work closely with, and support the activities of, the Provincial ART Officer for the region. These activities will include support for regular meetings of providers from sites in the area. UPITT will also support establishment/strengthening of other regional activities, including developing a system for quality control at Machakos District Hospital. In addition, UPITT will support the development of a regional system for transfer of blood samples/results to optimize the utilization of the CD4 cell count machine at Machakos District Hospital which is the only site in the region with a CD4 machine. UPITT will also assist with development of a quality improvement program for the region and will assist the National AIDS and STD Control Program with implementation of a similar system nationally.

UPITT is the largest provider of HIV care in western Pennsylvania, and currently provides comprehensive primary and HIV specialty care for approximately 1100 adult patients. The program includes HIV primary care and an active clinical research component and is funded in part by HRSA (Ryan White Titles III and IV), the NIH, and industry. The program addresses the full spectrum of HIV services through its partnership with the Children's Hospital of Pittsburgh for the care of HIV-infected children and exposed infants and with Magee Women's Hospital for identification and treatment initiation for HIV infected pregnant women. UPITT staff have specific expertise with evaluation and improvement of program quality (for example, a specific program to regularly evaluate all aspects of care). In the international arena the program has provided mentorship in the development and implementation of an HIV treatment program in the Sofala region of Mozambique.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to quality palliative care services for people with HIV, strengthened human resource capacity to deliver HIV care services, and a strengthened referral network for the provision of these services.

3. LINKS TO OTHER ACTIVITIES

These activities link closely to ART services supported by UPITT (#5274), to PMTCT activities being implemented by the African Medical and Research Foundation (#4145), and training activities being implemented by JHPIEGO (#4154) and Mildmay International (#4132).

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4. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS including HIV positive infants (0 - 5 years) and children (6 - 14 years) and public health care workers.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of networks, human resources, local organization capacity building, logistics, and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,300	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	12	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Eastern

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Working Capital Fund
Prime Partner: Working Capital Fund
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5278
Planned Funds: [Redacted]
Activity Narrative:

1. ACTIVITY DESCRIPTION

Implementation of the Emergency Plan in Kenya requires very substantial quantities of drugs for prevention and treatment of opportunistic infections. Ministry of Health supplies for these drugs are not always adequate to meet the needs of the expanding palliative care services. When MOH supplies are inadequate, drugs must be procured by US government partners or other partners. For example, in FY05, DFID procured a substantial quantity of these drugs for use by Emergency Plan supported sites. Centralized procurement allows for more uniform programming and fewer stock outs. Additionally, centralized procurement assists with accommodation of agency-specific procurement restrictions. A restricted formulary of drugs for prevention and treatment of opportunistic infections (cotrimoxazole, multivitamins, some anti fungal and some antiviral [e.g. acyclovir] drugs will be procured and distributed through the Mission for Essential Drugs and Supplies (MEDS). These drugs are distributed using the same system used by MEDS to deliver antiretroviral drugs

2. CONTRIBUTIONS TO OVERALL PROGRAM

These activities are essential to maintaining a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.

3. LINKS TO OTHER ACTIVITIES

These activities will complement and link with all facility based activities in the non-ART and ART services program areas and with the procurement, distribution, and quality control for ARVs activities implemented by MEDS (#4117) and Rational Pharmaceutical Management Plus.

4. POPULATIONS BEING TARGETED

This activity targets men, women, and children living with HIV/AIDS.

5. EMPHASIS AREAS

This activity includes a major emphasis in commodity procurement.

Emphasis Areas	% OF EFFORT
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

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Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5285
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

During FY06, FHI/IMPACT activities will transition to the APHIA II RFA mechanism. Year 2006 activities will provide HIV/AIDS basic health care and support to 48,000 HIV infected individuals at 60 health care facilities and communities in Coast, Western, Eastern, Nairobi, and Rift Valley Provinces. 800 health care workers will be trained in the provision of palliative care services, 300 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. National Guidelines for preventive therapy and OI/cancers will be reviewed and strengthened. The activity 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 per district (such as health centers) referring to the comprehensive care centers

In addition to the facility-based activities, the APHIA II TBD will provide home and basic health care services and follow-up to people with HIV/AIDS in their communities. 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. Support groups will be established in conjunction with all treatment services, in part through collaboration with faith based organizations.

The APHIA II-TBD will support the Gender Violence Recovery Centre, Nairobi Women's Hospital, in establishing gender violence counseling and services in 20 health facilities. The activity will also continue to support existing home-based care activities in Western Kenya, including St. Mary's Hospital in Mumias and the MOH Bungoma.

At a national level, the activity 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.

2. CONTRIBUTION TO PROGRAM AREA

This project will contribute to the Kenya 5-Year Strategy that focuses on number of people receiving care and support by providing 3000 PLWHAs with HIV-related care and training 300 home-based care workers in various aspects of home and community services within 40 service outlets.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY FHI/IMPACT.

These activities are linked to APHIA II TBD (prev. Family Health International/IMPACT) activities in the areas of: PMTCT (#4191), CT (#4190), OP (#4960), TB/HIV (#4196), and ARV Services (#5367).

4. POPULATIONS BEING TARGETED

The populations being targeted include the adults of the general population, people affected by HIV/AIDS including Caregivers and PLWHAs and Health Care Providers (public health care workers)

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues addressed include Gender (by increasing gender equity in terms of access to health services), Reducing violence and coercion by establishing gender

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violence counseling and services in 20 health facilities and increasing women's legal protection (by training in legal issues related to HIV/AIDS and improving access to legal services).

6. EMPHASIS AREAS

The major emphasis is Training, with minor emphases being Community mobilization/participation, development of networks and referral systems, IEC, local organizations capacity development, Infrastructure

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	60	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	48,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

Adults

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- HIV/AIDS-affected families
- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)
- Doctors (Parent: Private health care workers)
- Laboratory workers (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Pharmacists (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Gender

Reducing violence and coercion

Increasing women's legal rights

Coverage Areas

Central

Coast

Nairobi

Western

Eastern

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5290
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Since February 2004, Marquette University College of Nursing has been involved in a project aimed at improving the nutritional status of families living with HIV/AIDS in three geographic areas in Kenya – Nairobi, Mombasa and Voi. The set of interventions provided through this project are aimed at supporting adequate nutrition to improve the efficacy of ART, reduce the deleterious effects of opportunistic infections and establish a sustainable method for adequate and appropriate food intake for families affected by HIV/AIDS. In FY06, the Marquette University activity will transition to the APHIA II RFA/mechanism. The APHIA II TBD will enhance the program through the continued implementation of the food and water by prescription protocols, including a formal evaluation of their efficacy and a review of the amount of this support that can be predicted as a "stable" proportion of the populations served. Based on early results, it is expected that approximately 50% of all clients in the service area (population = approximately 14,000 to 15,000) will need food supplementation at some point in their treatment. Based on water analysis from the past year, it is expected that all the clients served will need support for clean water. In this year, approximately 10,000 clients will need food supplementation and an equal number will need provisions to provide clean drinking water. Additionally, a protocol will be put in place to address the need for vitamin and mineral supplementation for children and adults who are in need of them as well as an infant weaning and supplement program. The small garden program will be expanded and implemented with clients in the clinical site locations. This component of the project will include an assessment of the efficacy of the garden systems employed and establishing small garden "kits" to be distributed to clients.

The major change in this year's activities is the actual implementation of the interventions to a fully operational program of nutritional support for families living with HIV/AIDS in extremely poor living situations. This includes establishing a clinical position for nutritional assessment, monitoring and delivery in the 3 clinical partner sites, implementing the protocol for vitamin and mineral supplementation and weaning and infant supplementation and the scaling up and implementation of the small gardens systems and maintenance and expansion of the current food and water by prescription programs. It is the combination of these strategies that has the potential to positively affect the interaction between nutritional status, HIV/AIDS and treatment, particularly ART.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

In 2006, the APHIA II TBD will provide 10,000 clients with food supplementation and clean drinking water. Three service outlets will provide HIV-related palliative care and three will provide access to safe water.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY MARQUETTE.

4. POPULATIONS BEING TARGETED

This activity targets People affected by HIV/AIDS. In particular, HIV/AIDS-affected families, caregivers, HIV positive children and infants and PLWA. The geographical focus is in Nairobi, Mombasa and Voi.

4. KEY LEGISLATIVE ISSUES ADDRESSED

By providing adequate care for all people affected by HIV/AIDS the project will reduce Stigma and Discrimination. There is also a Wrap Around focusing on implementing the protocol for vitamin and mineral supplementation and weaning and

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infant supplementation and the scaling up and implementation of the small gardens systems and maintenance and expansion of the current food and water by prescription programs.

5. EMPHASIS AREAS

This project's major emphasis is on Local Organization Capacity Development through developing clinical and personal solutions to nutritional health care for people with HIV/AIDS and their families. The gardens component is also a "clinical" response to the situation that the clients served by the partner agencies and eventually will allow people to grow the food they need to eat to sustain health or to address a specific opportunistic infection. A minor, but important emphasis of this project is training. Providers are trained to assess nutritional status and to use appropriate assessment tools to do so, clients receive nutritional education, and clients are trained to grow food to respond to their particular needs.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients	3	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination
Wrap Arounds
Food

Coverage Areas

Coast
Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5381
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This APHIA II TBD activity will continue to increase the capacity of public and private health facilities in Coast and Western Province to provide quality services for the management of opportunistic infections building on the support previously provided through USAID's AMKENI Project. A total of 200 health workers will be trained using Ministry of Health (MOH) guidelines and laboratories will be upgraded in 60 facilities across ten districts. This will enable 3,000 HIV positive patients to receive treatment for opportunistic infections (OI) and referrals to comprehensive care centers for HIV/AIDS treatment. Creating effective linkages between prevention, care and treatment services are priorities in 2006. The AMKENI project has previously supported the integration of family planning/reproductive health/child survival and HIV services in Coast and Western Province. This activity will augment this support and strengthen the provision of quality care services to HIV positive individuals by linking VCT, PMCT, reproductive health, and maternal health services to HIV/AIDS treatment services.

Significant changes from 2004 to 2006 for this activity include the upgrading of laboratories and the strengthening of data collection in the 60 health facilities to improve quality of services. USAID's AMKENI project used FY 2005 Emergency Plan funds to strengthen opportunistic management by training 120 health workers, in ten districts of Coast and Western Province. In 2006 this support to public sector and faith-based facilities will continue through a new implementing partner and will include the strengthening of reporting systems for OIs. The MOH's Decentralized Training and Supervision Teams in the ten districts will supervise the training programs ensuring participation from providers in private and faith based facilities. Facilitative supervision by the District Health Management Teams (DHMT) and improved data collation will enhance service provision.

Referral systems will be strengthened to create efficient network systems linking HIV patients to comprehensive care services. The implementing partner will participate in the National AIDS and STI Control Program (NASCOP) Technical Working Group for ART to ensure coordination of services and compliance with MOH guidelines. Behavior change communication (BCC) activities amongst community members in Coast and Western Province will focus on stigma reduction and increasing demand for services.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2006 Emergency Plan result for increased availability of skilled health workers to provide care and treatment. It will enable service providers to identify and provide treatment to the large numbers of HIV infected patients who are potential candidates for ART. Through increased access to integrated services with linkages to HIV services, women and other community members will be encouraged to utilize services. It also contributes to Kenya's 5-year strategy emphases of developing effective linkages between prevention, care and treatment services within an integrated network.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY Engenderhealth/AMKENI

This activity links to APHIA II AMKENI PMTCT (#4097); providing palliative care for family members of HIV positive pregnant women, and APHIA II AMKENI OP (#4937); for STI services. Referral linkages will be made with APHIA II FH1/IMPACT HTXS (#5367)

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4. POPULATIONS BEING TARGETED

This activity targets people living with HIV/AIDS; HIV positive infants; HIV positive children; public and private health care doctors and nurses; other health care workers including clinical officers, doctors, nurses and community based organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma associated with HIV status by increasing the availability of comprehensive care.

6. EMPHASIS AREAS

This activity has a major emphasis on training and minor areas include development of network/linkages/referral systems, quality assurance and supervision as well as community Mobilization/Participation.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	60	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	<input type="checkbox"/>
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- People living with HIV/AIDS
- Rural communities
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Other health care workers (Parent: Public health care workers)
- Doctors (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

Key Legislative Issues

- Stigma and discrimination

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Coverage Areas

Coast

Western

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Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
 Budget Code: HVTB
 Program Area Code: 07

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: Intensified screening and treatment for TB among HIV+ patients and for HIV among TB patients

Key Result 2: Expanded and strengthened delivery of integrated HIV and TB services, including strengthened referral systems.

Key Result 3: Strengthened capacity of health workers to provide integrated HIV and TB services.

CURRENT PROGRAM CONTEXT

Kenya estimates that 60% of 142,000 TB cases projected to be registered in 2006 will be co-infected with HIV, the rate of co-infection being as high as 85% in some health facilities in the western Kenya. Programs serving TB patients identify large numbers of HIV infected patients who require additional treatment for HIV, including ARVs. A primary focus of addressing collaborative TB/HIV activities in Kenya is promotion of diagnostic HIV testing for all TB patients as part of a nationwide scale-up effort. The urban and unformed services populations are priority target groups because these make the highest contribution to the national TB and HIV burdens. As described in the Kenya 5 Year Strategy, testing confirmed or suspected TB patients is an important way to identify HIV infected patients needing treatment. A critical focus for Kenya's National Tuberculosis and Leprosy Control Program (NLTP) is to offer HIV diagnostic testing and counseling to patients with suspected or confirmed TB, and to provide preventive therapy against OIs and referral for ARV treatment for co-infected patients.

Collaborative TB/HIV programs to screen HIV infected individuals for TB are currently being rolled out and will be further expanded in 2006, as will efforts to ensure adherence to and completion of TB treatment for co-infected patients. It is now feasible to test for HIV within the context of TB care and to test for TB within the context of HIV care. The provision of collaborative 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 sustain and expand support for collaboration between Kenya's TB and HIV/AIDS programs that had previously operated as separate delivery systems.

NEW INITIATIVES

New and expanded activities in COP '06 will contribute to the described results as follows. In accordance with the 5 Year Strategy, programs providing HIV testing services such as VCT, STI and PMTCT will expand efforts to identify patients with known or suspected TB and provide treatment or referral for treatment. Implementation of collaborative TB/HIV activities will be carried out, through an already established partnership between the USG agencies (USAID, DOD and CDC) and the implementing consortium (constituted in the FY05 COP) that includes the NLTP, Family Health International (FHI), Program for Appropriate Technology in Health (PATH), Eastern Deanery AIDS Relief Program (EDARP) and a number of other partners based in specific geographic areas such as Indiana and Moi Universities in western Kenya and others, like the Christian Health Association of Kenya, targeting specific populations served by faith-based hospitals.

BARRIERS ENCOUNTERED/ STRATEGIES FOR RESOLUTION

Efforts to date have not sufficiently engaged the private sector, so additional efforts will be made to involve faith-based and other private sector providers in TB/HIV activities throughout Kenya in 2006.

WORK OF HOST GOVERNMENT & OTHER DONORS

Collectively, these efforts have the potential of identifying and providing treatment for an estimated 70,000 people with advanced HIV disease. To meet this direct target, USG agencies in Kenya will work closely with the national HIV/AIDS and TB programs, all implementing partners and WHO to complement Global Fund support for strengthening infrastructure, referral and reporting systems, human resource development and for increasing capacity of providers through training.

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Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1,600
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	3,500
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	70,500
Number of HIV-infected clients given TB preventive therapy	24,200

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Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prima Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4090
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Out of Kenya's 8 Provinces, Nyanza and Nairobi Provinces alone contribute about 40% of the national TB burden. Nyanza Province is the region with the highest HIV and TB rates in Kenya while Rhodes TB Clinic is the busiest walk-in TB clinic in Nairobi. In FY 06, Kenya Medical Research Institute (KEMRI) will, in collaboration with other partners, expand collaborative TB/HIV activities in Nyanza Province which is projected to register 22,000 new TB patients. The 12 Districts of Nyanza Province are at different stages of implementing TB/HIV activities. In addition to supporting expansion of TB/HIV activities at the Kisumu Provincial General Hospital currently providing care to 8500 patients, 1,400 of whom are on ARVs, all the 12 District Hospitals will be supported to either initiate or expand TB/HIV activities. KEMRI is also supporting collaborative TB/HIV services in 2 prisons (Kodiaga and Kibos) and will expand similar services to 3 additional prisons (Siaya, Homa Bay and Kisii). In collaboration with the Kenya Association for Prevention of TB and Lung Disease (KAPTLD), KEMRI will support increased participation of the private sector in TB/HIV work from current 3 to 10 facilities. KEMRI will use Emergency Plan funds to support either initiation or consolidation of collaborative TB/HIV activities in each District. Rhodes TB Clinic screens nearly 10,000 TB suspects annually. This clinic is run by the Nairobi City Council (NCC) but the Kenya Medical Research Institute (KEMRI) provides strong technical support. CDC has renovated the clinic block, set up a VCT unit and trained staff to deliver integrated TB/HIV activities including ART. USAID, through FHI, is supporting the ART program presently serving 40 patients. Rhodes TB Clinic provides an expanding integrated TB/HIV services with excellent prospects for the Emergency Plan goals. In FY 06, TB/HIV activities will be coordinated by KEMRI through partnership with the NLTP, NCC and the USG agencies. In 2004, Rhodes TB Clinic registered over 3000 TB patients drawn from poor populations in Nairobi. It is projected that in 2006, this clinic will serve between 4000 - 5000 TB patients. In both Nyanza and Nairobi, the funds requested for will be used for: testing TB patients for HIV, screening HIV+ persons for TB, providing HIV+ TB patients with additional care (cotrimoxazole, ART), risk reduction counseling and psycho-social support, training of health workers to build capacity to deliver TB/HIV services, supporting infrastructural development, supporting supply of HIV test kits and medicines for prevention of TB and other opportunistic infections (OIs) and establishing referral linkages. To improve community participation in DOTs delivery, 700 community health workers (CHWs) from Migori and Rachuonyo Districts will be trained. In addition, supervision of the already trained 1,000 CHWs will be strengthened through recruitment of a coordinator. Motivation of the trained community health volunteers will be maintained through regular meetings, refresher trainings and non monetary incentives. In order to improve supervision of TB/HIV work and allow health staff access difficult to reach high risk populations along fish landing beaches and islands in L. Victoria that have no road access, 3 motor bikes and 1 motor boat will be provided. All sites delivering collaborative TB/HIV services will use a standard TB/HIV data collection tool developed by the NLTP to assist with monitoring and evaluation of these activities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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 for program monitoring and evaluation and management of commodities. Indicators: potential number of HIV+ clients on HIV care/treatment who will receive TB treatment = 15,600 (13,200 from Nyanza, 2400 from Rhodes Clinic); potential number of TB patients who will be C&T for HIV = 26,000 (22,000 from Nyanza,

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4,000 from Rhodes Clinic); potential number of HIV+ TB patients who will be placed on CTX or ART = 15,600 (13,200 from Nyanza, 2400 from Rhodes Clinic); number of individuals who will be trained to deliver TB/HIV services = 240 (200 in Nyanza, 40 at Rhodes Clinic); number of service outlets that will be established/improved to provide prophylaxis or treatment for TB to HIV+ persons = 121 (120 in Nyanza, 1 at Rhodes Clinic)

3. LINKS TO OTHER ACTIVITIES

These activities will be linked to ongoing VCT (#4087), PMTCT (#4095), STI and ARV treatment services (#4091) in Nyanza and Nairobi Provinces including linkages with the private sector and prisons.

4. POPULATIONS BEING TARGETTED

A large pool of TB suspects (adults and children) from whom the 26,000 TB patients will be drawn are potentially available for C&T. The other populations targeted are HIV+ persons identified from VCT, PMTCT, STI, ARV clinics and PLWHA organizations - deliberate action will be taken to intensify TB screening and TB case finding among PLWHA

5. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on "opt out" principle. Guidelines on HIV testing and universal precautions - consent, confidentiality and counseling - will be observed as part of standard universal practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

6. EMPHASIS AREA

The emphasis areas are: commodity procurement, community mobilization, infrastructure, and training.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Training	10 - 50
Community Mobilization/Participation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	121	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	240	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	15,600	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	600	<input type="checkbox"/>

Target Populations:

Adults

People living with HIV/AIDS

Prisoners (Parent: Most at risk populations)

Professional Associations

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nyanza

Nairobi

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kericho District Hospital, Kenya
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4112
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kericho District Hospital (KDH) is currently the only Ministry of Health public hospital providing comprehensive HIV/AIDS treatment and integrated TB services in the south Rift Valley Province, serving approximately 500,000 individuals in Kericho District alone and in excess of 1.5 million in the south Rift Valley Province.

This activity emphasizes growth and expansion of an existing TB/HIV program. In FY05, KDH began aggressive tuberculosis (TB)-HIV program in collaboration with the District Leprosy and Tuberculosis Officer focusing upon 2 distinct areas identified as priorities by the Emergency Plan and Kenya's National Leprosy and Tuberculosis Program: testing all TB patients for HIV and testing all HIV patients for TB. Universal Diagnostic Testing and Counseling (DTC) of patients presenting to the TB out-patient clinic was successfully initiated. In addition, cough monitors were placed in the HIV clinic and in-patient wards to collect sputum for TB testing. Universal trimethoprim/sulfamethoxazole prophylaxis was instituted in all TB-HIV co-infected patients. Finally, refresher training of laboratory staff regarding National Leprosy and Tuberculosis Program was initiated and basic laboratory microbiology capacity was improved in order to meet the increased needs of the increased TB and HIV testing. Success in the TB/HIV program was facilitated through collaboration with Brown University based upon their international expertise in TB/HIV and earlier success at Moi University (north Rift Valley Province).

In FY06, KDH will enhance its collaboration with National Leprosy and Tuberculosis Program in both the hospital and community settings. In the hospital setting, additional training on the treatment of patients with advanced TB and HIV co-infections will occur. DTC services will be extended to Kericho District Hospital's 5 rural health centers based upon HIV growth and expansion through the network model. KDH will begin family screening for tuberculosis in the community and weekly medication adherence monitoring of all co-infected patients. Health Educator/Adherence monitors will conduct weekly visits to co-infected patients during the intensive phase of TB therapy. These health educators will supply information regarding good health practices in HIV-infected individuals as well as HIV prevention teaching and adherence monitoring for both TB and HIV drugs (modified DOT). In order to achieve success in this ambitious program, 30 health care workers will be trained in joint TB/HIV services. Funds will be used to continue technical assistance from 2 locally employed staff. Additional laboratory capacity building include training of laboratory technicians in smear preparation and QA/proficiency testing programs in order for Kericho District Hospital to serve as a clinical and laboratory referral for the south Rift Valley Province.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY06, KDH will counsel and test 2000 tuberculosis patients for HIV. 1000 HIV-positive patients will receive treatment for active or latent tuberculosis, and 300 will be referred for antiretroviral therapy. In addition KDH will train 15 health workers to provide clinical prophylaxis and/ treatment for TB/HIV infected individuals (diagnosed or presumed) and open 3 new TB/HIV treatment service outlets. KDH and the other 6 sites on south rift will test 3,200 TB patients (8% of national targets) for HIV and will refer 1000 for ART.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kapsabet District Hospital (#4881) and Kilgoris District Hospital (#4879) TB/HIV programs. Focusing upon the network model, Kericho District Hospital will serve as a referral hospital overseeing HIV services at these 5 district hospitals in the south Rift Valley Province. This activity will also be linked to

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KDH Hospital ART (#4109) and BHCS programs (#4110), all HIV positive patients will be investigated for TB and similarly all HIV+ will be tested for HIV. Those found to be positive will be and offered opportunity for care and treatment accordingly.

4. POPULATIONS BEING TARGETED

HIV/AIDS-affected families and people living with HIV/AIDS will be targeted for TB/HIV care through Kericho District Hospital by testing 100% of the TB patients for diagnostic purposes. Local ministry of health management staff will be targeted with management skills to enable them carry out supervision and support TB/HIV services in Kilgoris districts. Health workers will be trained in diagnosis and management of TB using the government guidelines.

5. KEY LEGISLATIVE ISSUES ADDRESSED

A successful collaboration Kericho District Hospital and Brown University will be continued in FY06. Kericho District Hospital's joint care/HIV-TB program will build upon a successful initiative at Moi Teaching and Referral Hospital and will benefit from Brown University expertise providing continued, direct in-country training and supervision.

The program will increase gender equity in HIV programming while reducing stigma associated with HIV/TB status.

6. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and minor emphasis on community mobilization, human resources, infrastructure, and training. Kericho District Hospital will procure supplies for expanding the HIV/TB program within the hospital and rural health centers as it expands to the community. Additionally, other necessary medical supplies (e.g. laboratory diagnostics and drug) will be procured as required for the diagnosis and management of HIV/TB comorbidities. Staff training as well as obtaining additional staff will occur in order to meet the needs of the ongoing, marked increase in patient load resulting from the successful program. Finally, minor renovations at the rural health clinics will be necessary for community expansion.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	20	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	400	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	1,000	<input type="checkbox"/>

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Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4126
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The National Leprosy and TB Program (NLTP) is responsible for establishing TB policy and provides implementation oversight for all TB control program activities 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 attending public and mission health facilities. The NLTP projects that 142,000 cases of TB will be registered for treatment in 2006, 60% of whom will be co-infected with HIV. The NLTP has a well-deserved reputation for widespread coverage, good diagnostic facilities, and for provision of free high quality TB drugs. National roll out of collaborative TB/HIV activities is being coordinated by the National TB/HIV Steering Committee (NTHSC) established jointly by the NLTP and NASCOP both of which previously operated as separate delivery systems. In FY 06, (NLTP) will build on experiences gained in FY 05 when the expansion of integrated TB/HIV services started in earnest. The first phase of expansion has covered 5 Provinces (Nyanza, Coast, Rift Valley, Eastern and Nairobi) and the next phase, which is presently underway, will cover the remaining 3 Provinces (Western, NE Province and Central) achieving national coverage in 2006. Apart from Emergency Plan, the NLTP receives complementary funding from several partners including WHO and the Global Fund. The priority TB/HIV activities supported by the GF are approved by the TB Interagency Coordinating Committee (TB-ICCC) whose membership is drawn from several stakeholders including USG agencies. While it will be important to consolidate and expand TB/HIV activities in the 5 Provinces already covered in phase one, it will be equally important, in the next phase to invest in training additional staff and in upgrading both clinical and laboratory infrastructure including capacity to manage commodities such as uninterrupted supply of HIV test kits, laboratory reagents, stationery and drugs. In order to decrease the burden of HIV among TB patients, the NLTP will promote diagnostic HIV testing for all TB patients, provide OI prophylaxis, nutritional and psychosocial support to HIV+ TB patients. In order to decrease the burden of TB in PLWHA, the NLTP will intensify TB screening for affected persons, provide quality TB treatment for those with active disease, TB preventive treatment for those who qualify and intensify TB infection prevention measures in health care facilities and congregate settings such as the prisons. Additional activities will include: promotion of health seeking behavior through multi-media TB/HIV-focused advocacy, communication and social mobilization; promotion of public-private-partnership in delivery of collaborative TB/HIV services; increasing HR capacity to optimize program performance, and implementation of routine targeted evaluation of key TB/HIV interventions

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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 for program monitoring and evaluation and management of commodities. Indicators: potential number of HIV+ clients on HIV care/treatment who will receive TB treatment = 23,551; potential number of TB patients who will be C&T for HIV= 37,102; potential number of HIV+ TB patients who will be placed on CTX or ART=18,551 (50% of TB/HIV cases); number of individuals who will be trained to deliver TB/HIV services =800; number of service outlets that will be established/improved to provide prophylaxis or treatment for TB to HIV+ persons= 1600

3. LINKS TO OTHER ACTIVITIES

These activities will be linked with ongoing VCT, PMTCT, STI and ARV treatment

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services supported by NASCOP and other implementing partners. In addition, the NLTP will work collaboratively with other programs implementing TB/HIV activities among special populations such as the prisons. The NLTP will lead all partners in the development, formulation and approval of national TB/HIV policy guidelines, training curricula and materials.

4. POPULATIONS BEING TARGETTED

TB suspects (adults and children) from whom the 142,000 TB patients projected to be registered in 2006 will be drawn. The TB suspects will be seen at various clinical settings - both public and private health facilities at different levels of care ranging from the Provincial General Hospitals, the District Hospitals, Health Centers, Dispensaries, Faith-based health facilities, the Prisons, Private Hospitals and others. The other populations targeted are HIV+ persons identified from VCT, PMTCT, STI, ARV clinics and PLWHA organizations - deliberate action will be taken to intensify TB screening and TB case finding among PLWHA.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on "opt out" principle. Guidelines on HIV testing and universal precautions - consent, confidentiality and counseling - will be observed as part of standard universal practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

6. EMPHASIS AREA

The major emphasis area is quality assurance and supportive supervision. The minor emphasis areas are: IEC, infrastructure, and training.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1,600	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	800	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	23,551	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	1,000	<input type="checkbox"/>

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Target Populations:

Adults

Country coordinating mechanisms

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

Prisoners (Parent: Most at risk populations)

Professional Associations

Rural communities

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Eastern Deanery AIDS Relief Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4129
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The Eastern Deanery AIDS Relief Program (EDARP) is a faith based organization (FBO) under the Roman Catholic Archdiocese of Nairobi established in 1993 in response to the HIV pandemic affecting predominantly poor 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 thousands of PLWHA. Elements of the program now include provision of ARVs - by August 2005, 2,300 patients ha been placed on ARVs. Through CDC's technical support, EDARP has piloted the integration of TB and HIV services, and has successfully introduced routine testing for HIV among people with TB, with more than 90% of TB patients presently accepting HIV testing. This program is serving as the model for the scale up of TB/HIV activities nationally. The populations served by this partner are a priority because of high rates of HIV and TB, widespread poverty and limited access to quality health services. In FY 06, due to increased demand, EDARP will expand collaborative TB/HIV services at existing 6 TB treatment sites (Baba Dogo, Shauri Moyo, Karlobangl, Dandora, Kayole and St Vincents - the last 2 also serve as TB diagnostic sites) and open a 7th new site at Ruai in the northern outskirts of the Deanery. EDARP will expand and strengthen HIV C&T for all TB patients, screening HIV+ persons for TB as part of routine quality clinical care and establish strong patient referral systems between TB and HIV programs. To increase capacity to deliver TB/HIV services, EDARP will hire, retain and train new and existing health workers, improve infrastructure and support supply of HIV test kits and medicines for prevention of TB and other opportunistic infections (OIs). Other activities will include expansion of a network of 450 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 laboratory and X-ray services, salaries for part of existing and new staff in accordance with Emergency Plan guidelines.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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 for program monitoring and evaluation and management of commodities. Indicators: potential number of HIV+ clients on HIV care/treatment who will receive TB treatment = 1500; potential number of TB patients/suspects who will be C&T for HIV = 3000; potential number of HIV+ TB patients who will be placed on CTX or ART = 1500; number of individuals who will be trained to deliver TB/HIV services = 60; number of service outlets that will be established/improved to provide prophylaxis or treatment for TB to HIV+ persons = 7

3. LINKS TO OTHER ACTIVITIES

The TB/HIV activities will be linked to a variety of services, including CT, PMTCT, STI and ART - all supported by EDARP; other linkages will include ART and palliative care activities supported through a Track 1 partner, Catholic Relief Services; and nutrition support programs funded through Marquette University. EDARP services are also linked to the network center at Kenyatta National Referral Hospital and to TB/HIV services provided by the Nairobi City Council facilities in the Eastern Deanery.

4. POPULATIONS BEING TARGETTED

TB suspects (both adults and children) attending 7 TB treatment outlets serving a high risk poor population within the EDARP. The other populations targeted are

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HIV+ persons identified from VCT(adults), PMTCT (pregnant women), STI (adults), ARV clinics (children and adults) and PLWHA organizations - deliberate action will be taken to intensify TB screening and TB case finding among PLWHA identified at these sites.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on "opt out" principle. Guidelines on HIV testing and universal precautions - consent, confidentiality and counseling - will be observed as part of standard universal practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

6. EMPHASIS AREA

The major emphasis area is community mobilization. The other emphasis areas are: commodity procurement, human resources, IEC, and infrastructure.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	7	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	60	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	300	<input type="checkbox"/>

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Partners/clients of CSW (Parent: Most at risk populations)

Laboratory workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4166
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In FY 06, Community Housing Foundation (CHF) will provide sub grants to local NGOs and CBOs to support, among other programs, strengthening and expansion of integrated TB/HIV activities. One of these NGOs will be the Kenya Association for Prevention of TB and Lung Disease (KAPTLD), an affiliate of the International Union Against TB and Lung Disease (IUATLD) initiated by practicing chest physicians in private practice in Nairobi and the major urban centers in Kenya. The NLTP recognizes the private practice as a resource that is presently underutilized for TB/HIV work despite the fact that >75% of Kenya doctors are in private practice and that about half of the national health facilities are in the private sector. Besides, for first consultations, increasing number of Kenyans are seeking care from private practitioners. To promote public-private partnership (PPP) in delivery of integrated TB/HIV services, the NLTP and KAPTLD have established a strong partnership and implementation framework. Over the last 4 years, the KAPTLD TB/HIV work has been supported by CDC through CDC/NASCOP Cooperative Agreement. This mechanism, however, has resulted in costly delays in funds disbursement to KAPTLD prompting the present consideration for an alternative arrangement through CHF. With its secretariat in Nairobi, KAPTLD has now established TB/HIV activities in Nairobi, Mombasa, Nakuru Eldoret, Kisumu and other major urban sites in Kenya. KAPTLD will use Emergency Plan funds to support administrative operations of its secretariat in Nairobi, provide TB/HIV technical support to private practitioners, establish a TB/HIV resource center, train frontline staff – nurses, clinical officers and doctors- as part of strengthening capacity in the private practice for TB/HIV activities. The funds will also support the printing and distribution of monitoring and evaluation tools. The key TB/HIV activities resulting from these investments are: testing TB patients for HIV, screening HIV+ persons for TB, providing HIV+ TB patients with additional care (cotrimoxazole, ART), risk reduction counseling and psycho-social support, training of health workers to build capacity to deliver TB/HIV services, supporting infrastructural development, supporting supply of HIV test kits and medicines for prevention of TB and other opportunistic infections (OIs).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated HIV and TB services in the private sector, 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 for program monitoring and evaluation and management of commodities. Indicators: potential number of HIV+ clients on HIV care/treatment who will receive TB treatment = 5000; potential number of TB patients who will be C&T for HIV= 10,000; potential number of HIV+ TB patients who will be placed on CTX or ART=5,000; number of individuals who will be trained to deliver TB/HIV services =200; number of service outlets that will be established/improved to provide prophylaxis or treatment for TB to HIV+ persons=50

3. LINKS TO OTHER ACTIVITIES

These activities will be linked to ongoing VCT, PMTCT, STI and ARV treatment services in both the private and public settings. These will be intimately coordinated with the national expansion of integrated TB/HIV activities spearheaded by the NLTP and NASCOP (#4126). 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 for program monitoring and evaluation and management of commodities.

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4. POPULATIONS BEING TARGETTED

These activities target TB suspects (adults and children) from whom 15% of all notified TB patients will be derived. The TB suspects will be seen at private outlets in the major urban settings in Kenya. The other populations targeted are HIV+ persons identified from VCT, PMTCT, STI, ARV clinics and PLWHA organizations - deliberate action will be taken to intensify TB screening and TB case finding among PLWHA

5. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on "opt out" principle. Guidelines on HIV testing and universal precautions - consent, confidentiality and counseling - will be observed as part of standard universal practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

6. EMPHASIS AREA

The emphasis areas are: IEC, infrastructure, local organization capacity development, and training.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	50	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	200	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	200	<input type="checkbox"/>

Target Populations:

- Adults
- People living with HIV/AIDS
- Pregnant women
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Doctors (Parent: Private health care workers)
- Laboratory workers (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

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Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

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Table 3.3.07: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4196
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

These activities will continue the activities previously implemented by the FHI/IMPACT Project. FHI/IMPACT has been working in four provinces of Kenya to implement HIV care and treatment services for persons living with HIV/AIDS. In the preceding years, FHI/IMPACT 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. These activities have supported 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 APHIA II TBD activity 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.

This APHIA II TBD activity will play a key role in the implementation of the national integration of TB/HIV services. It will support the National TB/HIV Steering Committee to develop policies and guidelines for TB/HIV collaboration. It 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 activity 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 activity 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 will be undertaken. Low literacy materials on TB/HIV will also be produced.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This APHIA II TBD activity will provide clinical prophylaxis and treatment for TB to 4000 people, thus contributing to 14% of the national TB/HIV targets, and train 400 health workers in TB/HIV related activities in 150 health care facilities in Coast, Western, Eastern, Nairobi, and Rift Valley Provinces. These set of 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.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY FHI/IMPACT.

These activities are linked to previous FHI/IMPACT activities in the areas of PMTCT (#4191), OP (#4960), BHCS (# 5285) and ARV Services (# 5367) all to be implemented under APHIA II.

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4. POPULATIONS BEING TARGETED

General population, Health workers, PLWHA with dual TB/HIV infections.

5. EMPHASIS AREAS

Major emphasis is Training, with minor emphasis Community mobilization/participation, development referral systems, local organizations capacity development, and IEC.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	150	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	400	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	4,000	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- People living with HIV/AIDS
- Public health care workers
- Other health care workers (Parent: Public health care workers)
- Private health care workers
- Doctors (Parent: Private health care workers)
- Laboratory workers (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Pharmacists (Parent: Private health care workers)

Coverage Areas

- Nairobi
- Coast
- Eastern

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Country: Kenya

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Table 3.3.07: Activities by Funding Mechanism

Mechanism: DELIVER
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4230
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This component will continue to strengthen, improve and maintain the National logistics and distribution system for HIV clinical care and support and the prevention of TB. Through system strengthening, training and monitoring, The National Leprosy and Tuberculosis Program (NLTP) will be enabled to improve case detection rates, establish Diagnostic Counseling and Testing (DCT) and provide integrated TB/HIV treatment and referral.

Current estimates are that there are 120,000 TB patients, of which at least half are also reported as HIV positive. Provincial and District TB and Leprosy Coordinators need to have access to not only TB drugs but also HIV tests for DCT, and prophylaxis treatment regimes such as cotrimoxazole. These integrated HIV commodities will be added into the TB logistics system so as to provide a fully integrated TB/HIV service.

JSI/DELIVER has been supporting supply chain management of reproductive health commodities in Kenya for over 10 years, and during the last 4 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

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will support the distribution and logistics systems for equipment, supplies (such as laboratory equipment and pharmaceuticals including cotrimoxazole and isoniazid), and training necessary to implement the National TB program 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.

3. LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ARV (#4229), Other Prevention (#4977), and Laboratory Infrastructure (#4241) which concentrate on improving logistics for the various HIV/AIDS related commodity groups from condoms, home-based care kits, laboratory equipment and reagents to other associated health commodities.

4. POPULATIONS BEING TARGETED

The beneficiaries are people living with HIV/AIDS.

5. EMPHASIS AREAS

The major emphasis area for this component is logistics serving to enhance the availability of anti-TB drugs. Minor areas of emphasis include quality assurance and support supervision and training.

Emphasis Areas	% Of Effort
Logistics	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	560	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>

Target Populations:

Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
People living with HIV/AIDS
Public health care workers
Private health care workers
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Indiana University School of Medicine
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4235
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by Moi University School of Medicine, Moi Teaching and Referral Hospital, Indiana University School of Medicine and other US academic medical centers. AMPATH is one of the most successful HIV treatment programs in Kenya. AMPATH has opened HIV/AIDS care clinics and screening programs at Moi Teaching and Referral Hospital, four district hospitals (Webuye, Teso, Kapenguria, and Kitale), and seven rural health centers (Mosoriot, Turbo, Burnt Forest, Amukura, Chulaimbo, Naitiri, and Mount Elgon). 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 TB clinics, VCT and PMTCT programs supported through this and other emergency plan partners.

Like other care systems in Kenya, AMPATH has found that active *Mycobacterium tuberculosis* (TB) affects more than 10% of newly enrolled HIV patients and HIV is found in up to 70% of new TB patients presenting to TB clinics. The overall objective of the AMPATH HIV/TB care model is to demonstrate a decreased prevalence of TB in areas served by AMPATH and integrate care of co-infected patients into a comprehensive program that meets the objectives of the National Tuberculosis and Leprosy Program (NLTP) and NASCOP. To meet these objectives, AMPATH will initiate a HIV/TB model that supports all AMPATH clinics and surrounding communities through;

Case Finding: Expand the very successful case finding model just completed in Uasin Gishu District to all AMPATH communities. The model deploys community-based cough monitors who are dually trained at sputum collection and diagnostic counseling and testing (DCT) for HIV. In combination with improved training of MOH laboratory personnel and patient follow up, this model has demonstrated very cost-effective case finding and over 90% adherence through completion of TB treatment. In addition, DCT is provided to all TB infected patients. All co-infected patients are referred to the AMPATH HIV/TB clinic for care.

Care of the co-infected: AMPATH physicians and clinical officers will provide comprehensive HIV/TB management in all AMPATH clinics. All providers will undergo additional training on NLTP guidelines and all national registration and reporting procedures will be observed. NLTP staff will be integrated into the clinic in an effort to improve reporting and patient convenience. Providers with additional expertise in managing the co-infected patient will be available to all clinics for consultation. The AMPATH Medical Record System will provide electronically generated patient care reminders and alerts in an effort to assure uniform performance and adherence to national guidelines for both HIV and TB care.

Contact tracing and outreach: In an effort to further reduce the prevalence of active TB surrounding AMPATH service areas, an active program of contact tracing will be initiated. Home visits will be offered to all co-infected patients and the visit will be done by a dually trained DCT/cough monitor to perform home rapid testing for HIV and sputa collection for AFB smear. In addition, a cough monitor in the field will visit the index patient every two weeks to check on adherence and provide health information. Where necessary, the cough monitor will provide transport support for all HIV infected patients and their children to the AMPATH clinic.

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2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will lead to the identification and care of 5000 TB/HIV co-infected patients in the AMPATH service areas by September 2007, thus contributing to 7% of the national target in this program area.

3. LINKS TO OTHER ACTIVITIES

These activities support and link to the network center at Moi Teaching and Referral Hospital, and link to other services such as ART (#4234), BHCS (#5103) and prevention of mother to child transmission programs (#4233) supported primarily by this partner. There are well-established links with other services supported by this and other partners for example, diagnostic testing for HIV among TB patients, and provision of HIV care and treatment services to HIV positive TB patients. These activities will contribute to the results of expansion of ARV treatment for clinically qualified TB/HIV co-infected patients, as well as regular screening of HIV positive patients for TB infection.

4. POPULATIONS BEING TARGETED

The main populations being targeted by this activity are TB/ HIV co-infected patients and health workers.

5. EMPHASIS AREAS

The main emphasis areas are community mobilization/ participation by use of community-based cough monitors who are dually trained at sputum collection and diagnostic counseling and testing (DCT) for HIV. A minor emphasis area is training for health workers.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	15	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	300	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	5,000	<input type="checkbox"/>

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Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
People living with HIV/AIDS
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workers (Parent: Private health care workers)

Coverage Areas

Rift Valley

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism: TB Country Support/ TASC 2
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4237
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The Program for Appropriate Technology in Health (PATH) is working collaboratively with the National Leprosy and TB Program (NLTP) of the Government of Kenya to roll-out collaborative TB/HIV activities that will increase the number of TB patients tested for HIV and linked to care. Primary activities include strengthening human resource capacity at district level, strengthening referral networks between TB and HIV services, and improving the flow of information between care providers, patients, and communities. PATH has partnered with WHO and KNCV for implementation of this project and has mainstreamed the project activities with other NLTP-led initiatives to catalyze other funding sources. Despite delays in the receipt of funding in 2005, PATH and its partners were able to position key staff at central and districts levels to bolster NLTP and KAPTLD capacity to implement TB/HIV activities. The PATH project supported the development and launch of TB/HIV training for provincial coordinators and provided technical inputs for the development of a human resource plan and surveillance tools. District-level implementation is taking off with the PATH team being poised to move into full implementation in the coming months, with anticipation of full staff in place and project activities underway in 10 districts by late 2005, as detailed in PATH/KNCV/WHO Work-plan 2005 – 2006. District Coordinators will be prepared to engage and supervise facilities in referral of TB and HIV patients with published directories available; facilities will be prepared to appropriately refer cases and there will be an increased number of referrals to facilities with TB and HIV testing and care capacity. Simultaneously, regular information to communities and patients through radio spots and patient education will increase community awareness about TB/HIV and self-referrals. During this period, PATH will expand programmatic focus, bring together the public and private sectors in effective collaborations to sustain TB/HIV activities and will forge outreach links to pharmacies, private clinics and other providers to the referral networks. Also, PATH will develop and launch an interactive satellite and DVD-based remote training program to enable consistent, quality training at the district level. Complementary tools and job aides will guide provincial and district TB coordinators on referrals, case management, and monitoring and evaluation systems. 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By September 2006, 4,000 new HIV infections will have been detected among TB patients with links to care services in 10 districts. From October 1 2006 through September 30, 2007 PATH will expand full implementation to 15 districts, adding more districts each year. By Sept. 30 2007, it is estimated that an additional 10000 people with HIV will have been detected among TB patients and linked to HIV care services, thus contributing to 14% of the national TB/HIV targets for this program area. Through this activity, 200 health workers will be trained in TB/HIV services.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to CDC-TB/HIV-NLTP(#4126) activities in this program area.

4. POPULATIONS BEING TARGETTED

The main populations targeted by this activity are people living with HIV/AIDS and health workers.

5. EMPHASIS AREAS

The major emphasis area for this activity is training, with the minor emphasis areas being human resources, Development of Network/ Linkages/ Referral Systems,

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Information, Education and Communication.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	30	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	200	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10,000	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	10,000	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- People living with HIV/AIDS
- Professional Associations
- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Private health care workers
- Doctors (Parent: Private health care workers)
- Laboratory workers (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Pharmacists (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Medical Corps
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4238
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In FY 06, the International Medical Corps (IMC) will not only expand TB/HIV services at Kibera slums in Nairobi Province and in Suba District in Nyanza Province but also introduce the same services in Tana and Taita/taveta Districts at the Coast Province. IMC, as a partner is complementing NLTP and NASCOP efforts to deliver essential services to high risk hard to reach populations with limited access to health services. This activity will assist scale-up services to prevent TB in HIV infected individuals and to provide care and treatment for dually-infected individuals. IMC has been separately supported, through Emergency Plan funds, to implement VCT and PMTCT services in the same 4 Districts. In Suba District, IMC will be working in close partnership with KEMRI, NLTP, NASCOP and local PLWHA organizations to reverse high TB and HIV trends witnessed along Lake Victoria fish landing beaches and islands involved in fish trade. The specific TB/HIV activities will include: diagnostic HIV testing for all TB patients on an opt out basis, screening of HIV+ individuals for TB, delivery of HIV-related care and support (CTX, ARV, nutrition, risk reduction counselling) to HIV+ TB patients and TB preventive treatment. Other activities will include strengthening community participation in and ownership of the TB/HIV program, improving delivery of DOTS at household level, expanding linkages with other partners and programs, tracing treatment defaulters, linking with PLWHA groups to enhance participatory advocacy, strengthening referral linkages between TB and HIV programs, improving infrastructure and expanding training of health workers.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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 for program monitoring and evaluation and management of commodities. Indicators: potential number of HIV+ clients on HIV care/treatment who will receive TB treatment = 800; potential number of TB patients who will receive C&T for HIV= 2000; potential number of HIV+ TB patients who will be placed on CTX or ART=800; number of individuals who will be trained to deliver TB/HIV services=200; number of service outlets that will be established/improved to provide prophylaxis or treatment for TB to HIV+ persons=58

3. LINKS TO OTHER ACTIVITIES

These TB/HIV activities will be integrated with ongoing VCT (#4787), PMTCT(#4225), STI and ARV treatment services (#4223) in the respective Districts as part of the national programs coordinated by NLTP and NASCOP. 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 for program monitoring and evaluation and management of commodities.

4. POPULATIONS BEING TARGETED

These activities will target TB suspects (both adults and children) from high risk hard to reach poor populations. The other populations targeted are HIV+ persons identified from VCT(adults), PMTCT(pregnant women),STI (adults), ARV clinics (children and adults) and PLWHA organizations - efforts will be made to intensify TB screening and TB case finding among PLWHA identified at these sites.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on "opt out" principle. Guidelines on

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HIV testing and universal precautions - consent, confidentiality and counseling - will be observed as part of standard universal practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

6. EMPHASIS AREAS

The emphasis areas are: commodity procurement, human resources, infrastructure, and training.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	58	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	200	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,000	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	300	<input type="checkbox"/>

Target Populations:

Adults

People living with HIV/AIDS

Rural communities

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Migrants/migrant workers (Parent: Mobile populations)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Coast

Nairobi

Nyanza

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Table 3.3.07: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4253
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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, 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. The military plans to extend TB/HIV services to the neighboring civil population, it is thus possible that the above numbers will be exceeded.

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 Gigili. At least 1600 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. KDOD will train 10 health workers to provide clinical prophylaxis and/ treatment for TB/HIV infected individuals (diagnosed or presumed).

In partnership with the CDC/US Army Medical Research Unit and the National Leprosy and Tuberculosis Program, the KDOD has in the last 4 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 FY05 will care for 400 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 of the 1000 TB/HIV patients expected to be reached, 500 of them will also 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities in this program area will contribute to the results of expansion of ARV treatment for clinically qualified HIV positive patients. They will also care for those who have TB as well, thus improving the level of care offered to the patients in KDOD. Human capacity to deliver TB treatment will be strengthened as well as the referral network for provision of ART and TB/HIV care. Effort will be made to ensure that all patients in KDOD and in the neighborhood of military barracks who deserve care in the area of TB/HIV access this care.

3. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive program and is linked to other KDOD VCT/DCT (#4249), KDOD ART (#4250) and KDOD non-ART care (#4252). All HIV-positive patients will be investigated for TB and similarly all TB-infected patients will be tested for HIV. Those found to be positive will be and offered opportunity for care and treatment accordingly.

Linkages between VCT/DTC centers and care outlets will be harmonized and strengthened to improve utilization of care opportunities in the nearest KDOD health

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facility created through PEFAR funding. The KDOD will seek closer collaboration between the various services with a view to sharing the facilities and where possible these services will be extended to the neighboring civil population.

4. POPULATIONS BEING TARGETED

This activity targets military personnel, their families and members of public in the immediate neighborhoods. The KDOD young men and women often serve away from their homes, thus being vulnerable to risky behaviors thus exposing them to HIV and TB. The stations have significant numbers of young families and continue to be popular health service delivery points for the surrounding communities benefiting from TB/HIV services. The new sites will include improved laboratory services for handling TB/HIV, thus helping support staff, families and community members.

5. KEY LEGISLATIVE ISSUES

KDOD TB/HIV program will increase gender equity in HIV programming by ensuring that equitable numbers of women including children are receiving treatment. The activities will address stigma associated with TB/HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis on commodity procurement, unity mobilization, human resources, and infrastructure. KDOD will procure medical supplies (e.g. laboratory diagnostics and drug) as required for the diagnosis and management of HIV/TB co-morbidities. Staff training as well as obtaining additional staff will occur in order to meet the needs of the increased patient load. Finally, minor renovations will be required to prepare clinic space for this program activity.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	5	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	10	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	500	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	1,000	<input type="checkbox"/>

Target Populations:

Adults

Military personnel (Parent: Most at risk populations)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

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Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

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Table 3.3.07: Activities by Funding Mechanism

Mechanism: Uniformed Services Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4256
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

TB and HIV/AIDS are the leading causes of preventable deaths in Kenya's 92 prisons currently hosting some 50,000 inmates, 15,000 staff (excluding their families) and thousands of host communities who use neighboring prison health services. Kenya prisons are overcrowded and underserved. Controlling TB/HIV in the prisons is one of Kenya Government's priorities and constitutes a multi-faceted reform agenda being implemented to decongest and improve prison living conditions. In partnership with the NLTP and Kenya Prisons Services (KPS), CDC in the past conducted a needs assessment that resulted in establishment of successful integrated TB/HIV services in 2 prisons – Kamiti in Nairobi and Kodlaga in Kisumu. Lessons learnt informed present national efforts to roll out similar services in the other prisons and in FY 06, Emergency Plan funds will be used to support these efforts. In order to achieve a more efficient and coordinated response, the Uniformed Services Program (USP) – within which the KPS fall- and the NLTP, both of which receive CDC's technical and financial support, have jointly planned for FY 06 TB/HIV prison activities and agreed to channel funding through the USP in KEMRI. In FY05, both partners started an aggressive investment in prisons' TB/HIV infrastructure and HR capacity development. These efforts, which also support ART services in selected prisons, will be strengthened and expanded in FY 06. The key TB/HIV activities that target the inmates, prison staff and host communities alike include: testing TB patients for HIV, screening HIV+ persons for TB, providing HIV+ TB patients with additional care (cotrimoxazole, ART), risk reduction counseling and psycho-social support, training of prison health workers to build capacity to deliver TB/HIV services, supporting infrastructural development, supporting supply of HIV test kits and medicines for prevention of TB and other opportunistic infections (OIs). Additional activities will include: development, production and distribution of TB screening protocols for the prisons and supply of 5 X-ray units and 20 microscopes to enhance TB diagnostic capacity.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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 for program monitoring and evaluation and management of commodities. Indicators: potential number of HIV+ clients on HIV care/treatment who will receive TB treatment = 1500; potential number of TB patients who will be C&T for HIV=4000; potential number of HIV+ TB patients who will be placed on CTX or ART= 1500; number of individuals who will be trained to deliver TB/HIV services =100; number of service outlets that will be established/improved to provide prophylaxis or treatment for TB to HIV+ persons = 20 prisons.

3. LINKS TO OTHER ACTIVITIES

These activities will be linked to ongoing VCT, PMTCT, STI and ARV treatment services already started in some prisons and these will be intimately coordinated with the national expansion of integrated TB/HIV activities nationally spearheaded by the NLTP and NASCOP (#4126) and supported by KEMRI (#4090), Kenya Prisons Services, PLWHA organizations and other partners. These activities will result in strengthened delivery of integrated HIV and TB services in the prisons, 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 for program monitoring and evaluation and management of commodities.

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4. POPULATIONS BEING TARGETED

Prisoners, prison staff and host communities. A total of 20 prisons will be covered in FY 06 (20 prisons will receive microscopes, 5 will receive X-ray facilities) and some 4,000 TB patients will be tested for HIV, 2,000 HIV infected individuals will be screened for TB and 1,500 will be referred for HIV-related treatment including ARVs.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on "opt out" principle. Guidelines on HIV testing and universal precautions - consent, confidentiality and counseling - will be observed as part of standard universal practice. Increased availability of CT in the prisons and increased access to HIV-related care for TB patients will help reduce stigma and discrimination. Prisoners constitute a special risk population. This program will be sensitive to their needs and rights as failure to contain TB and HIV in the prisons will equally be failure to contain TB and HIV in the civilian population from which the prisoners come and to which they are released. Stigma and discrimination is a key legislative issue addressed through this activity.

6. EMPHASIS AREA

The emphasis areas are: commodity procurement, local organization capacity development, quality assurance and supportive supervision, and training.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	100	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	200	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Men who have sex with men (Parent: Most at risk populations)
Prisoners (Parent: Most at risk populations)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

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Country: Kenya

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National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4299
Planned Funds:

Activity Narrative:

1. ACTIVITY DESCRIPTION

CDC Kenya staff provide an intensive level of technical assistance and programmatic guidance on the integration of TB and HIV activities in partnership with the National Leprosy and TB Program (NLTP), the National AIDS and STI Control Program (NASCO), non-governmental organizations, faith based organizations, private practitioners and other USG partners involved in TB/HIV activities. CDC staff are active leaders in the National TB/HIV steering committee and are assisting the Ministry of Health coordinate roll out of routine HIV testing for TB patients, TB screening for HIV+ individuals and provision of additional HIV-related care (prevention of opportunistic infections, ARV therapy) for HIV+ TB patients. TB/HIV section staff, who include four Kenyan physicians, one laboratory technologist (funded separately in FY06 under the Laboratory Services section), and three support staff, are instrumental in developing project protocols and conducting operational research designed to improve care and prevention of HIV-related TB in collaboration with the above partners. CDC Kenya staff also provide best practice training and guidance to medical staff, including assistance to the Ministry of Health in developing TB/HIV training curricula. Other technical assistance to the NLTP includes collection, analysis, and dissemination of national TB/HIV data. The same staff are involved in the piloting of an electronic TB/HIV register, the development and evaluation of data collection instruments and monitoring and evaluation of TB/HIV collaborative activities across the country. CDC Kenya professionals assist with the formulation of national policies and guidelines on HIV/TB matters. This budget includes support for 7 CDC Kenya staff, 6 weeks of technical assistance from CDC Atlanta in the coming financial year, and a considerable amount of in-country travel for supervision of project activities and supply of essential commodities such as HIV test kits. CDC Kenya staff supervise and monitor the use of USG funds in all CDC supported projects dealing with TB/HIV activities.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kilgoris District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4879
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kilgoris District Hospital located in the town of Kilgoris in the Transmara District of the south Rift Valley Province, is the only Ministry of Health public hospital serving the nomadic Masai communities in this district. Its catchment population is approximately 525,000 individuals living in Transmara as well as the Gucha and Kuria Districts in Nyanza Province. To date, Kilgoris District Hospital Chest Clinic has not had the capacity to offer HIV testing and HIV treatment to tuberculosis (TB)-positive patients or to thoroughly offer TB testing to patients suspected of having HIV. Kilgoris Hospital currently has inadequate physical infrastructure to offer HIV/TB services.

This activity initiates a TB/HIV care and treatment program at the Kilgoris District Hospital and specifically targets this District Hospital in a most southern area of the south Rift Valley Province where support for TB/HIV is otherwise not likely to occur. In FY06, Kilgoris District Hospital will begin an aggressive TB-HIV program in collaboration with the District Leprosy and Tuberculosis Officer focusing upon 2 distinct areas identified as priorities by the Emergency Plan and Kenya's National Leprosy and Tuberculosis Program: testing all TB patients for HIV and testing all HIV patients for TB. Universal Diagnostic Testing and Counseling (DTC) of patients presenting to the TB out-patient clinic will be initiated. In addition, cough monitors will be placed in the HIV clinic and in-patient wards to collect sputum for TB testing. Universal trimethoprim/sulfamethoxazole prophylaxis will be instituted in all TB-HIV co-infected patients. Finally, refresher training of laboratory staff regarding National Leprosy and Tuberculosis Program will be initiated and basic laboratory microbiology capacity improved in order to meet the increased needs of the increased TB and HIV testing. This program will leverage success from the previously established Kericho District Hospital HIV/TB program.

Focused infrastructure development will occur for not only TB/HIV clinical space but microbiological laboratory capacity as well. Through the above activities, 1000 TB patients will be tested for HIV. Access to ARV for TB/HIV patients in the clinic will be enhanced and result in 100 co-infected patients receiving ARV.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Kilgoris Hospital will contribute towards the provision of integrated HIV/TB care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. Planned activities will improve equity in access to TB/HIV treatment and care services since the currently underserved rural communities will have better access.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to Kericho District Hospital TB/HIV program (#4112). Based on the network model, the Kericho District Hospital will continue to serve as the tertiary referral center for all advanced and complicated cases seen at Kilgoris District Hospital. This activity will also be linked to Kilgoris Hospital ART (#4334) and BHCS (#4335) programs, all HIV-positive patients will be investigated for TB and similarly all HIV+ will be tested for HIV. Those found to be positive will be offered opportunity for care and treatment accordingly.

4. POPULATIONS BEING TARGETED

HIV/AIDS- affected families and people living with HIV/AIDS will be targeted for TB/HIV care through testing 100% of the TB patients for diagnostic purposes. Local ministry of health management staff will be targeted with management skills to enable them carry out supervision and support TB/HIV services in Kilgoris districts.

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 REVIEW AUTHORITY: HARRY R MELONE
 DATE/CASE ID: 06 JUL 2006 200504053

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Health workers will be trained in diagnosis and management of TB using the government guidelines.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Kilgoris Hospital's TB/HIV program will increase gender equity in HIV programming by ensuring that equitable numbers of women including children are receiving treatment. The activities will address stigma associated with HIV/TB status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and minor emphasis on community mobilization, human resources, infrastructure, and training. Kilgoris District Hospital will procure medical supplies (e.g. laboratory diagnostics and drug) as required for the diagnosis and management of HIV/TB comorbidities. Staff training as well as obtaining additional staff will occur in order to meet the needs of the increased patient load. Finally, minor renovations will be required to prepare clinic space for this program activity.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	5	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	100	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	300	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

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Coverage Areas

Rift Valley

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Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kapsabet District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: .4881
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Kapsabet District Hospital, located in Nandi North District of Rift Valley Province in Kenya, has a population of 340,000; however its catchment area extends beyond the administrative boundaries. To date (August 2005), Kapsabet District Hospital has not had the capacity to offer HIV testing and HIV treatment to tuberculosis (TB)-positive patients or to thoroughly offer TB testing to patients suspected of having HIV.

This activity initiates a TB/HIV care and treatment program at the Kapsabet District Hospital. In FY06, Kapsabet District Hospital will begin an aggressive TB-HIV program in collaboration with the District Leprosy and Tuberculosis Officer focusing upon 2 distinct areas identified as priorities by the Emergency Plan and Kenya's National Leprosy and Tuberculosis Program: testing all TB patients for HIV and testing all HIV patients for TB. Universal Diagnostic Testing and Counseling (DTC) of patients presenting to the TB out-patient clinic will be initiated. In addition, cough monitors will be placed in the HIV clinic and in-patient wards to collect sputum for TB testing. Universal trimethoprim/ sulfamethoxazole prophylaxis will be instituted in all TB-HIV co-infected patients. Also, funds will be used to continue and/or initiate technical assistance from 2 locally employed staff. Finally, refresher training of laboratory staff regarding National Leprosy and Tuberculosis Program will be initiated and basic laboratory microbiology capacity improved in order to be able to meet the increased needs based on the increased TB and HIV testing. This program will leverage success from the previously established Kericho District Hospital HIV/TB program.

Through the above activities, 1000 TB patients will be tested for HIV. Access to ARV for TB/HIV patients in the clinic will be enhanced and result in 200 co-infected patients receiving ARV. In addition Kapsabet Hospital will train 10 health workers to provide clinical prophylaxis and treatment for TB/HIV-infected individuals (diagnosed or presumed).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Kapsabet Hospital will contribute towards the provision of integrated TB/HIV care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV-related morbidity and mortality in TB patients co-infected with HIV. Planned activities will improve equity in access to TB/HIV treatment and care services since the currently underserved rural communities will have better access.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital TB/HIV activity (#4112). Kapsabet will refer advanced or complicated treatment cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. This activity will also be linked to Kapsabet Hospital ART (#4336) and BHCS (#4337) programs, all HIV-positive patients will be investigated for TB and similarly all HIV+ will be tested for HIV. Those found to be positive will be and offered opportunity for care and treatment accordingly.

4. POPULATIONS BEING TARGETED

This partner will target the general population along with HIV/AIDS-affected families and people living with HIV/AIDS and most at risk populations. HIV/AIDS-affected families and people living with HIV/AIDS will be targeted for TB/HIV care through testing 100% of the TB patients for diagnostic purposes. Local ministry of health management staff will be targeted with management skills to enable them carry out supervision and support TB/HIV services in Nandi North districts (Kapsabet). Health workers will be trained in diagnosis and management of TB using the government

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guidelines.

5. KEY LEGISLATIVE ISSUES

Kapsabet Hospital TB/HIV program will increase gender equity in HIV programming by ensuring that equitable numbers of women including children are receiving treatment. The activities will address stigma associated with TB/HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and minor emphasis on community mobilization, human resources, infrastructure, and training. Kapsabet District Hospital will procure medical supplies (e.g. laboratory diagnostics and drug) as required for the diagnosis and management of HIV/TB co-morbidities. Staff training as well as obtaining additional staff will occur in order to meet the needs of the increased patient load. Finally, minor renovations will be required to prepare clinic space for this program activity.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	10	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	200	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	300	<input type="checkbox"/>

Target Populations:

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

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Country: Kenya

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Coverage Areas

Rift Valley

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
 Budget Code: HKID
 Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: National Policy on OVC disseminated and implemented
 Key Result 2: Capacity of national and local government coordinating structures on OVC strengthened
 Key Result 3: Situational analysis on OVC in Kenya completed
 Key Result 4: HIV prevention/care for OVC and family members improved
 Key Result 5: Existing programs expanded to include socioeconomic empowerment for over 130,000 OVC.

CURRENT PROGRAM CONTEXT

HIV/AIDS erodes family and community capacity to meet the needs of OVC. Traditional community mechanisms are overwhelmed by the sheer number of orphans that continues to rise. The June 2004 "Rapid Assessment Analysis and Action Planning Process for OVC" estimated that 1.79 million Kenyan children have been orphaned due to HIV/AIDS, with the number expected to rise to 2.3 million by 2010. OVC have limited access to essential services and are the most vulnerable population in Kenyan society. Developing and strengthening local structures is critical to meet this growing need in a manner consistent with Kenyan government policies. The National Policy on OVC commits to ensuring that every Kenyan child who is orphaned or vulnerable is supported in order to achieve his/her full potential. The policy recognizes that OVC require 6 essential support services: 1) health, 2) education, 3) nutrition, 4) psychosocial support, 5) shelter, 6) protection.

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. Current USG activities focus on strengthening communities to provide orphan support in a family environment, to identify and support more than 130,000 OVC, and to identify and support adolescents affected by HIV/AIDS (as orphaned heads of household, infected individuals, or both). Programs will be linked with PMTCT, care and treatment, prevention, access to health care, nutrition, education, economic strengthening, psychosocial support and protection. Interventions will strengthen local structures to balance the need for emergency relief with developing sustainable programming. Programs will support community and FBOs to organize regular visits to these children to monitor their status, and provide emotional and material support and protection. Interventions will strengthen efforts to keep OVC in school or to offer educational alternatives. Support will be provided for succession planning, including creation of memory books.

NEW INITIATIVES

The Emergency Plan Team has adopted as a standard that USG partners will embrace all six essential services called for in the national policy before we claim with confidence that an OVC has been "served." This will be a year of transition to this higher standard for some partners, especially some Track 1 partners, and may result in a transitory lowering of targets. We believe that this requirement of a holistic approach to caring for children is both more "honest" than taking credit for a child who may only be reached once with a superficial service and – most importantly – will help assure that OVC receive real benefits that contribute to their safety and welfare over time.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

The Round 5 proposal of GFATM modified the OVC proposal from the original version developed by the Department of Children's Services (DCS) and OVC Task Force, without input from these agencies or the ICC. We will work closely with the Global Fund Secretariat as well as the Country Coordinating Mechanism to realign Global Fund OVC activities with the original proposal.

WORK OF HOST GOVERNMENT & OTHER DONORS

The DCS, UNICEF, World Bank and DFID work in collaboration to support NGOs and CBOs to ensure that all essential services of OVC are met. The DCS and USG also work closely together through the Interagency Technical Teams to provide national level guidance and leadership to define OVC work in Kenya.

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Program Area Target:

Number of OVC served by OVC programs

173,233

Number of providers/caretakers trained in caring for OVC

750

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Kenya AIDS Treatment and Support for OVCs
Prime Partner: World Vision Kenya
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4139
Planned Funds:

Activity Narrative:

1. ACTIVITY DESCRIPTION

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.

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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will complement work being implemented by other organizations in the target districts. In COP 04 World Vision Kenya targeted to support 25,000 OVCs, and managed to serve 32,000 in the same period. Their COP 05 target was set at 38,480 out of which 6,480 were new clients. For the remaining 8 months period after March 2006, to the end of the project in November 2006, they will continue to serve 45,480 OVCs, out of which 7,000 will be new, and 750 caregivers trained for the extra funding of

3. LINKS TO OTHER ACTIVITIES

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This activity is linked to APHIA II BHCS activities (#5094); CT activities (#4142); and ARV Services (#5374), and World Vision/KATSO ARV Services (#4141).

4. POPULATIONS BEING TARGETED

Orphans and vulnerable children, care givers and the community.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues being addressed is stigma and discrimination through enhanced medical and psychological well being, and demonstrated improved quality of life. This activity also addresses the wraparound issues of food, microfinance/micro credit and education.

6. EMPHASIS AREAS

Major emphasis area is commodity procurement and minor emphasis is training and human resources.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	7,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	750	<input type="checkbox"/>

Target Populations:

Community leaders
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Wrap Arounds
Food
Microfinance/Microcredit

Coverage Areas

Central
Coast
Nairobi
Nyanza
Rift Valley
Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4169
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Community Health Financing (CHF) was awarded a cooperative agreement with CDC in late FY04 to work with local Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) in Nyanza, Rift Valley and Nairobi provinces and build their capacity to implement community-based HIV services. CHF international was successful in building the capacity of local partner organizations and disbursing sub-grant awards within the first 3 months of the program's start-up. In less than a year, CHF went on to support over 30 local partners implementing a wide range of HIV prevention and care activities including CT, ABY, ART, OVC and HBC mainly in remote and hard to reach rural parts of Kenya.

In FY05, CHF partnered with three local NGO partners to provide critical services to OVC including: Gethsemane Garden of Hope for Africa, which provide a comprehensive package that includes access to schooling, shelter, nutritional support, care and support, and support to OVC caretakers; Kenya Society for People Living with AIDS, which provides school fees and clothing, while linking OVCs to other critical services; and Siaya Peasant Community Outreach Project, which provides material support, school fees, and nutritional support. In addition, CHF introduced two new OVC partners, Our Lady of Perpetual Support, which will pay school fees, provide nutritional support, and material support, while linking them to other essential services within the community, and Apostles of Jesus AIDS ministries, who provide a comprehensive package of essential services to underserved children in Kajjado District. These organizations are also currently funded through CHF for other HIV interventions.

CHF will continue supporting new partners who will be selected through close collaboration with CDC. FY06 OVC funds will be used to support grantees supported through the CHF funding mechanism. These funds will also support program expansion to include the underserved District of Uasin Gishu, as recommended by the Government of Kenya Department of Children's Services.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through partnerships with local sub-partners supported with FY 06 funds, CHF will provide 1,200 OVCs with access to essential services, train 100 caregivers, and build the capacity of local, community and faith-based organizations to meet the needs of OVCs in their communities. CHF mainstreams the development of referral mechanisms and linkages among all partner organizations within a geographic region, ensuring that served OVCs link with appropriate services, even if the individual NGO partner does not provide them.

3. LINKS TO OTHER ACTIVITIES

The OVCs and the community will be referred to VCT centers in the health facilities where the activities are taking place. CHF will work with the organizations undertaking home and community support in the same areas. CHF is also funded under the home and community service category. This activity is linked to CHF activities in the following program areas: CT (#4170); AB (#4171); OP (#4167); and BHCS (#4165).

4. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, older OVCs, and women-headed households.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity helps increasing gender equity in HIV/AIDS programs by ensuring the girl

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children have equal access to services, and disaggregating data on girl children. It also addresses the wrap around issues of food and education.

6. EMPHASIS AREAS

The major emphasis areas are local organization capacity development and development of network linkages/referral system. Minor emphasis areas are community mobilization/participation and training.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,200	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	100	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Rural communities
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Food

Education

Coverage Areas

Rift Valley

Nyanza

Eastern

Nairobi

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Samoei Community Response to OVC
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4211
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

Samoei Community Response (SCR) is a community-based organization that has been working with orphans and vulnerable children (OVC) in the rural communities within Kericho District for the past four years and became an Emergency Plan funded partner in FY05. SCR has an established grass-root structure comprising of young and old (both men and women) and those affected by HIV/AIDS. SCR will continue to directly care for and support 600 OVC by providing food and clothing, paying school fees, providing basic necessities, addressing health care, and through programs aimed at addressing psycho-social support of the OVC in their communities. SCR will increase their target numbers in FY06 to include an additional 200 OVC in the area. They will also expand their program to address the psycho-social needs of the child by introducing group and individual counselling into the OVC's milieu. Education and support groups for the caregivers have been started in FY05 to teach them about how to offer support and psychosocial needs of OVC. In FY06, training of 50 additional caregivers will be conducted to meet the substantial increase in OVC. Furthermore in FY06, SCR will begin to provide legal protection to the OVC in case of death of guardian or loss of property by developing close partnerships with the local magistrate's office where these issues are a concern. The psycho-social needs of the older OVC will also be an area of expansion in FY 06 by establishing support groups that are developed by OVC/youth that will be trained in peer counseling and support.

All planned interventions are in full compliance with pertinent Government of Kenya policies and guidelines which are 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. SCR will also collaborate with other relevant entities such as the Ministry of Health's Kericho District Hospital in provision of healthcare services to the OVC and the Ministry of Education in the provision of free primary education and bursaries for secondary school students. Their partnership with other local community/religious based organizations will also ensure comprehensive and quality services are delivered to the OVC without removing the OVC from the community.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

SCR is a community based group that ensures that OVC will continue to gain care and support from their original community. They work with the existing community services or government children agencies to augment the level of community and family based support already available to the OVC. This approach is supported by the Kenya Emergency Plan in which the needs of the OVC are identified at the community level and subsequently cared for in by strengthening existing structures already in place to tend to the needs of the OVC in the Belgut division of Kericho.

3. LINKS TO OTHER ACTIVITIES

This activity is linked with Kericho District Hospital Antiretroviral Therapy (ART) program (#4109), and KEMRI-South Rift Valley Counseling and Testing (CT) program (#4250). Samoei Community Response will refer OVC to the well-established pediatrics AIDS program at Kericho District Hospital that already have put over 60 children on ART in an attempt for early diagnosis and subsequent treatment of OVC. In addition, KEMRI's program of the South Rift Valley will provide counseling and testing to the OVC in hopes of early identification of HIV-positive OVC.

4. POPULATIONS BEING TARGETED

SRC will target people affected by HIV/AIDS by focusing their training activities on

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caregivers to support the OVC and providing monetary and psychosocial support to HIV- positive children and HIV/AIDS-affected families. Community leaders will also be targeted as SRC is a community-based organization that relies on the community members to fully support the program's cause for OVC. SRC will target leaders of the community to participate in their steering committee that is comprised of community members that meets once a month to assess the needs of OVC referred to them by schools around the area. In addition, volunteers will be targeted to add support as the program continues to expand.

5. KEY LEGISLATIVE ISSUES ADDRESSED

In accordance with the Emergency Plan FY 06 approach to OVC care and support, SRC will be an integral part of a community wrap around service that will address the needs of the whole child. Every orphan under the auspices of SRC will be ensured that food, education, legal protection, and other psycho-social support will be provided to the OVC either directly or indirectly through referral and linkages with existing community or government based services.

6. EMPHASIS AREAS

A major emphasis area of focus for SRC is community mobilization/ participation. SRC will focus their attention on increasing the involvement of community members in program planning and implementation of the activities for OVC. A minor emphasis of SRC's efforts will be establishing and strengthening linkages of other sectors and initiatives. SRC will be linked with schools to provide assessment of OVC and subsequently providing partial school fees and uniforms to OVC. SRC will also focus part of their efforts on training of caregivers and volunteers to meet the diverse needs of OVC.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	600	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	50	<input type="checkbox"/>

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Food
Education

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Coverage Areas

Rift Valley

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Table 3.3.08: Activities by Funding Mechanism

Mechanism: Speak for the Child
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4212
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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 2006 focus of AED/Speak for the Child Program will be to train 54 household mentors through 4 community based organizations to support 1,500 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 1,500 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activities addressed will provide comprehensive care for 1,500 orphans and vulnerable children in five districts of Western and Nyanza Provinces: Kisumu, Slaya, Butere-Mumias, Bondo, and Nyando. Approximately 1,000 caregivers, 54 mentors and social workers, and 60 members of local administration and elders will receive training in OVC services.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to APHIA II CT activities (#4190), PMTCT Activities (#4191), and ARV services (#5367).

4. POPULATIONS BEING TARGETED

This activity will target orphans and vulnerable children, community leaders, care givers and local administration.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

A key legislative issue is increasing women's access to income and productive resources.

6. EMPHASIS AREAS

The major emphasis area is development of network/linkages/referral systems and minor emphasis is training.

Emphasis Areas	% Of Effort
<i>Development of Network/Linkages/Referral Systems</i>	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,500	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	1,000	<input type="checkbox"/>

Target Populations:

Community leaders
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing women's access to income and productive resources

Coverage Areas

Nyanza
Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Lea Toto
Prime Partner: Children of God Relief Institute
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4918
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Children of God Relief Institute/Lea Toto Project will provide care and support services to 3,000 orphans and vulnerable children (OVCs) with high quality home based care and other support services. This activity is a continuation of the project which was started in September 1999, and implemented in selected slums in Nairobi in Kangemi, Karlobangi, Kibera, Kawangware. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling and other support services for HIV+ children and their families.

Lea Toto Project will work with trained community workers at the activity sites and will provide or facilitate access to a range of services for families and OVC care givers. It is anticipated that these services will include training around OVC support; anti-retroviral treatment education; vocational and micro-business training for family income support and psycho-social support, including succession planning. Other program activities include nutritional support, microfinance and empowering of caregivers through the self help groups. This activity will strive to strengthen the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs.

8,000 family members and 3,000 children will receive high quality home based care and other support services and 750 caregivers will be trained.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy, will increase the number of OVCs receiving HIV/AIDS care and support, and will reach 8,000 family members of OVC.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to ARV treatment and services and palliative care implemented by COGRI (#5092 and #5105 respectively), and also linked to other USG CT programs managing test kits.

4. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers of OVC, and community health workers

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues being addressed is stigma and discrimination through enhanced medical and psychological well being, and demonstrated improved quality of life. This activity also addresses the wrap around issue of food.

6. EMPHASIS AREAS

Emphasis areas are Training and Community Mobilization and Participation

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	3,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	750	<input type="checkbox"/>

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Food

Coverage Areas

Nairobi

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Support of Orphans & Vulnerable Children Affected by HIV/AIDS
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4926
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This program works with ongoing OVC projects in Nyanza and Coast provinces. In total, the 2 projects are currently serving 26,000 OVC with education, health and psychosocial support services, food assistance and clothing support. In 2006, this project will increase the target from 26,000 to 36,000 OVC. CRS will employ a broad range of strategies and activities to build the capacity of communities, families, and orphans to meet their needs, and build the institutional capacity of local faith-based and community-based partners to deliver sustainable high-quality OVC interventions. CRS' strategic approach will include strengthening the capacity of families to cope with problems, mobilizing and strengthening community-based responses, increasing the capacity of children and young adults to meet their own needs, raising awareness within communities to create an environment that enables support for children affected and infected by HIV/AIDS, setting up a community protection mechanism, and forging strong partnerships and networks to improve and promote best practices with existing programs and relevant government institutions.

The uniqueness of this strategy to deliver care and support lies in its ability to attain improvement in the quality of life of the affected through a package of comprehensive care. This package includes basic medical and nursing care, counseling, psychological support, spiritual guidance, relief for social needs, prevention of further spread of HIV and promotion of community empowerment. This provides the most effective way of addressing the complex needs of OVC, their families, and caregivers. Community based care and support enables OVC and their families to live more productively and also reduces the stigma associated with HIV/AIDS within the community. Considering the high number of orphans as a result of AIDS, this project will work in close partnership with the community and government departments to attain significant impact. This program will work in the following areas: economic strengthening, health improvement, education support, psychosocial support, capacity building and food support.

This program works with ongoing OVC projects in Nyanza and Coast provinces. The Nyanza project started in October 2000 and is funded until September 2007. The Coast project started in March 2004 and is funded until February 2009. The Nyanza project (known as The Children Behind- TCB) has three implementing partners: St. Camillus Hospital in Karungu Division, Lake Region Community Development Program in Nyatike Division, and Mothers' Rural Care for Orphans (MORCAO) in East Karachuonyo Division of Rachuonyo District. The Coast project is through the Archdiocese of Mombasa in Kilifi District. This program also partners with the Archdiocese of Nairobi and Kitui Diocese.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The overall goal of this project is to improve the quality of life of 36,000 OVC and their families through the provision of compassionate care and social support and also train 4,000 caregivers. Specifically, 36,000 OVC and their family members will demonstrate enhanced medical and psychological well being, will have the skills necessary to reduce their risk of HIV infection, and 75% of the targeted households and their families will demonstrate improved quality of life. Local Implementing Partners (LIPs) will strengthen their capacity to deliver quality care and support to 36,000 OVC and their families.

3. LINKS TO OTHER ACTIVITIES

This activity links to other CDC-implemented programs and partners in the areas of ART and counseling and testing. This activity is linked CRS ARV services (#4271) and CDC CT services.

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4. POPULATIONS BEING TARGETED

This activity will target orphans and vulnerable children, their family members and care givers, and will work through FBO implementing partners.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue being addressed is Stigma and Discrimination through enhanced medical and psychological well being, and demonstrated improved quality of life. This activity also addresses the wraparound issues of food and microfinance/micro credit.

6. EMPHASIS AREAS

The major area of emphasis is Local Organization Capacity Development and the minor area of emphasis is Community Mobilization/Participation.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	10,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	4,000	<input type="checkbox"/>

Target Populations:

Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination
Food
Microfinance/Microcredit

Coverage Areas

Coast
Nyanza

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Transport Corridor Initiative
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4928
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The overall goal of the multi-sectoral Transport Corridor Initiative (TCI) is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable people along major East African transport corridors. There is a high HIV transmission rate among *members of mobile populations - drivers and their assistants, prostitutes, and members of the uniformed services*, all of whom tend to congregate at stop-over sites - and the vulnerable populations of OVC and low income women in these host communities. Services at these high risk sites such as CT, PMCT and STI diagnosis and treatment tend to be fragmented at best and/or unavailable or unwelcoming to those in greatest need. Especially at cross-border stop-over sites where trucks can be held up for 2-3 days in customs clearance and where the poverty of the host communities is exceedingly high, the prevalence of transactional sexual behaviors involving not only community women but orphaned children is also high. The TCI targets these high risk mobile populations and the communities that host them with regionally coordinated messages and new or improved services tailored to meet their needs. It thereby adds value by maximizing the effectiveness of most at-risk population country level interventions and thus the results of country programs. This program is jointly funded by the USAID/Regional Economic Development Services Office (REDSO) and participating USAID bilateral missions. The TCI is presently working in Kenya, Uganda, Rwanda, Djibouti and the Southern Sudan and in 2006 will initiate activities in Burundi and the DRC.

In Kenya, TCI activities were initiated in FY05 with seed funding from the USAID/REDSO regional program in the initial TCI/Kenya sites of Mariakani, the first stop for the east-west flow along the Northern Transport Corridor, and Malaba and Busia, two critical Kenya/Uganda border crossing towns. TCI/Kenya is a partnership of USG/Kenya, the Kilifi and Kaloleni Provincial AIDS Committees, the Constituency AIDS Coordination Committees, the Transport and Transit Coordination Authority, numerous community-based groups in the stop-over sites, various private sector partners, Catholic Relief Services, the Hope for African Children Initiative, and Family Health International. Site assessments were conducted and stakeholders meetings were held to share the results. In June, Family Health International (FHI) and the Hope for African Children's Initiative (HACI) convened workshops for 15-20 local CBOs and FBOs in each site to initiate community-based OVC programs in these communities based on needs identified during the assessment meetings. Participants developed an in-depth inventory of current programs as well as the specific outstanding needs at each site based on the holistic essential package of service developed by HACI. Overall, the need for food, education, health care and *income-generating activities were singled out as areas of high priority at both sites*. It was also apparent that coordination among the various community actors was weak leading to gaps in services and many OVC who are not captured in the current efforts.

In FY06 FHI and HACI will establish a Community Care Coalition (CCC) for Mariakani with about 15 FB/CBOs who currently work with or are interested in OVC in their community to reach approximately 1,200 additional OVC with an essential package of services. FHI will similarly work with the CCC comprising over 20 CBOs and FBOs in Malaba to increase the numbers of OVC accessing quality services through sustainable, community-based programs that effectively reduce their vulnerability. The newly established CCCs will build upon and adapt successful experiences integrating support for OVC into existing home-based care (HBC) services and other programs providing services to OVC to expand and improve coverage for vulnerable children and their families. Funds will be disbursed in such a way that a lead FB/CBO becomes an anchor for smaller initiatives but optimum coordination will be provided

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through the CCC. The project will coordinate closely with all relevant implementing and coordinating agencies including World Vision and Catholic Relief Services who are implementing programming with OVC in neighboring districts to maximize impact and minimize duplication, and will strategically deliver a comprehensive package of needed services and support to OVC and caretakers. It will also link closely with TCI programming funded by REDSO to address the needs of the other priority target groups: truck drivers, low-income women, youth, and people living with HIV/AIDS, home-based caregivers, and FBO leaders.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In 2006, this program will reach approximately 1,200 additional OVC with an essential package of services through FBO and CBOs and train 400 caregivers.

3. LINKS TO OTHER ACTIVITIES

This activity links to other PEPFAR-funded clinical service delivery sites, counseling and testing, other prevention, and home-based care and social services in these communities.

4. POPULATIONS BEING TARGETED

This program will target OVCs, caregivers, community-based organizations, faith-based organizations, and implementing organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address key wraparound issues of food, education, and microfinance/microcredit.

6. EMPHASIS AREAS

The major area of emphasis is Development of network/linkages/referral systems. Minor areas of emphasis are community mobilization/participation and linkages with other sectors/initiatives.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,200	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	400	<input type="checkbox"/>

Target Populations:

Community-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Implementing organizations (not listed above)

Key Legislative Issues

Food
Microfinance/Microcredit
Education

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Coverage Areas

Coast

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Live With Hope Centre
USG Agency: Department of Defense
Funding Source: GAC (GHA) account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4929
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The Live with Hope Center is faith-based organization that has been providing comprehensive HIV/AIDS services in a markedly underserved and difficult-to-reach area of Kericho as well as its surrounding rural communities since 2000. The LWHC has been providing spiritual, psychosocial, nutritional, and home-based care services to over 200 People Living With HIV/AIDS (PLWHA) since the inception of the program. The LWHC has been an Emergency Plan partner since 2003 in the areas of counseling and testing, abstinence and being faithful, as well as palliative community health care and support. In FY06, the LWHC will expand its program by bridging an existing gap in their service delivery through the extension of care and support to 500 orphans and vulnerable children (OVC) that already exist on the periphery by being the dependents of past and present active support group members as well as part of their community health care program. The LWHC has been struggling to ensure the provision of basic needs and medical services to these OVC since the inception of their program in 2000 and with the assistance of FY 06 Emergency Plan the LWHC will be able to augment the strengthening of the communities to provide orphan support in the already existing family environment. The LWHC has been active in the communities in which they serve and have been instrumental in alleviating the household burden to ensure that families remain together despite the economic hardships experienced. The LWHC will become an important but integral part of the local government, including the Ministry of Education and the District Children's Welfare office, in identifying and providing care to OVC in the Kericho District. The LWHC will work closely with the Children's Welfare office in ensuring that services are delivered in the area of nutrition and shelter with the assistance of existing community support. In addition to this partnership, along with the Ministry of Education and local government offices, the LWHC will also ensure that proper OVC are identified and provided with local bursary fund to assist in the payment of school fees. For those unable to receive the bursary fund, LWHC will pay for the tuition of 25 secondary school students to attend school. They will continue to bolster the family centered approach to care for OVC by training 100 existing care givers in the provision of basic care and support and the possible psychosocial needs of the OVC.

Shelter is classified as any minor home improvement or provision of housing that contributes to the protection of a child from residing on the streets or outside or from the harsh elements of the weather. This means that LWHC will assess the current housing situation of all their OVC and rectify or ameliorate any condition that endangers the security of the child. For those OVC that reside on their own, shelter funds will go to the ongoing management and security of their homes. Cost per child is in line with the sum total we decided at the OVC JTT meetings. It is high due to the six essential services that LWHC will offer each of their orphans. Unlike other agencies that leverage some of their essential six services with other partners, Kericho does not have any other existing service provider that serves OVC so LWHC will be ensuring all services are provided. Also, this is a new program for this partner and the scope of care is wide.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The LWHC will target 500 OVC by continuing care and support through the provision of nutrition, education, food security, psychosocial support, shelter and protection. The LWHC is consistent with the 5-Year Strategy of caring for the OVC by strengthening partnerships with government systems and other community organizations in providing comprehensive and quality services with the best interest of the child in mind.

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3. LINKS TO OTHER ACTIVITIES

This activity is linked to the Kericho District Hospital anti-retroviral therapy (ART) program (#4109). The LWHC has actively worked with the Kericho District Hospital in the early identification, diagnosis, and subsequent treatment of over 20 children currently receiving anti-retroviral viral (ARV) medication. They will continue to link their OVC program with the KEMRI counseling and testing (CT) program (#4249) and the Live with Hope CT program (#4114) in the provision of early diagnostic testing and counseling to at-risk children orphaned by parent(s) who were HIV positive.

4. POPULATIONS BEING TARGETED

The LWHC OVC program will target People Affected by HIV/AIDS by focusing on training the existing caregivers of OVC in basic care and support; linking care and support to HIV positive children by improving basic access to health care and ART; assisting HIV/AIDS affected families by paying for school fees and the provision of proper nutrition; ensuring the community based support for OVC; by augmenting the support to People Living with AIDS in their ability to care for their children and by assisting widows or widowers with the burden of caring for the OVC. To ensure that the OVC interventions continue to strengthen the community efforts to provide care and support, the LWHC will continue to use volunteers from the churches and other community based groups.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The LWHC will ensure that local community based structures continue to provide for the needs of the OVC by being an integrated part of the wrap-around services that exist to ensure the basic nutritional, educational, legal, and psycho-social needs of the OVC are successfully cared for. Wrap-around services will be ensured by the LWHC partnering with local government offices and other agencies in the delivering of comprehensive services to the OVC.

6. EMPHASIS AREAS

The LWHC will focus the majority of their efforts on community mobilization/participation in their OVC program. The 5-Year Strategy in Kenya regarding OVC is to develop and strengthen local structures to adequately address the needs of the OVC and LWHC will dedicate their efforts in ensuring that existing resources are improved to address the wide spectrum of needs of the OVC in Kericho.

The LWHC will focus a lot of their efforts on establishing the infrastructure to provide basic shelter for the OVC as well as on human resources in order to ensure the supply of skilled and competent staff that can ensure the needs of the OVC are met as well. They will also focus part of their efforts in the training needs of the caregiver as well as the larger community to ensure quality services are provided.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	500	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	100	<input type="checkbox"/>

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Target Populations:

Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Food
Education

Coverage Areas

Rift Valley

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4947
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

USAID placed support to organizations under an umbrella grant mechanism, the Capable Partners Program (CAP) implemented by the Academy for Educational Development (AED). The Capable Partners Program is designed to strengthen the organizational capacity and sustainability of NGOs, NGO networks, intermediate support organizations (ISOs) and coalitions. Housed in AED's Center for Civil Society and Governance, the program adapts approaches to national NGO/ISO contexts that have proven successful in the past. Unique among USAID cooperative agreements, CAP is designed to strengthen organizations in any sector—or across multiple sectors—such as health, environment, education, information technologies, gender, conflict mitigation, business development or civil society.

In Kenya, the Capable Partners Program strengthens the organizational and technical capacity of organizations working at the community level with HIV/AIDS-affected orphans and vulnerable children, organizations working more broadly to address HIV/AIDS in Kenya and NGOs in other sectors that plan to introduce an HIV/AIDS component into their work. The program manages grant funds to organizations that have been selected through competitive processes. AED's experience in grants management has shown that a grant program is most effective when technical and institutional capacity building are incorporated in the grant-making process.

In 2006 the Capable Partners Program will expand the number of partners working on OVC programs from 19 anticipated by the end of 2005 to a total of 30 partners. CAP also will further enhance the technical and institutional strengthening work with existing grant sub-recipients. A key element of this in 2006 will be to encourage a comprehensive approach to care for orphans and vulnerable children under which sub-recipient organizations will be required to ensure that orphans and vulnerable children receive essential services necessary for them to mature into adulthood.

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.

This activity includes support to the following sub-recipients for activities integral to the program:

- Africa Focus NGO
- Beacon of Hope
- Church World Services
- Kolanya Girls' Boarding Primary School
- Makindu Children's Centre
- Mothers' Rural Care for AIDS Orphans (MORCAO)
- Neighbours in Action
- Ripples International
- St. Camillus Dala Kiye Children Welfare Home
- Tropical Institute of Community Health and Development
- New grants (20)

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities that will be implemented under the Capable Partners Program will continue to support the National Plan of Action for Orphans and Vulnerable Children. In 2006 CAP will enlist and develop the technical and organizational capacity of up to 10 new partners working at the community level. CAP will assist new and existing partners in the design and delivery of quality programs consistent with national policies and

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initiatives for orphans and vulnerable children. Through its partners, CAP will reach 26,500 OVC with care and support, and will train 14,205 providers and caretakers of OVC.

3. LINKS TO OTHER ACTIVITIES

CAP has developed an excellent working relationship with the Department of Children's Services in the Office of the Vice President and Ministry of Home Affairs. This will enable CAP to create linkages between sub-recipients and children's officers in the districts in which projects are being implemented. At the community level, organizations will be assisted to create and sustain linkages with other appropriate USG-funded programs. These are programs that have interventions aimed at: strengthening community mechanisms to cope with the impact of HIV/AIDS, prolonging the lives of and providing care and support to PLWHAs, and linking with other programs providing and promoting home-based care, ABY and VCT services. This activity is linked to APHIA II's BHCS activity (#5285) for home based care services, CT activity (#4190) for counseling and testing and ARV Services (#5367) for treatment.

4. POPULATIONS BEING TARGETED

This activity primarily targets orphans and vulnerable children, adolescents, particularly girls, as well as young adults, caregivers and the community.

5. KEY LEGISLATIVE ISSUES ADDRESSED

In 2006 the key issue is increased women's legal rights.

6. EMPHASIS AREAS

The major emphasis is Local Organization Capacity Development and the minor emphases are training, and development of network/linkages/referral systems.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	26,500	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	14,205	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing women's legal rights

Coverage Areas

Central

Eastern

Nairobi

Nyanza

Rift Valley

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4952
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

USAID will partner with an organization TBD to provide scholarships to students orphaned by HIV/AIDS and who are in secondary schools and tertiary institutions. This activity will result in increased access to education; increased retention rate and improved quality of education for approximately 520 students orphaned by HIV/AIDS with special emphasis on girls.

Peace Corps scholarships also include payment of tuition for older OVCs. This is considerably higher than younger students. By 2008 these will phase out, enough funds have been budgeted to cover till the end of the course.

This activity will administer scholarships and sponsorships nationally to needy students, with a reach to the grassroots and a capacity to reach orphans in all regions so they may benefit from these scholarships. This activity will advocate for children's rights to education and develop intervention strategies to increase access to education, retention of students, and participation of orphans in educational activities. Peace Corps Volunteers in collaboration with this TBD organization, heads of schools, local administration (chiefs) and the Kenyan Ministry of Education, Science and Technology will identify these orphaned students and nominate them as recipients of the scholarships.

Peace Corps volunteers serve in six of the eight provinces in Kenya, and in some of the most remote areas. This makes it possible to reach orphans in underserved areas. Since Peace Corps Volunteers serve for two years, the partnership with the organization will ensure a continued response once the volunteer's service is over.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will give 520 orphans better access to education.

3. POPULATIONS BEING TARGETED

The target population is orphans and other vulnerable children

4. KEY LEGISLATIVE ISSUES ADDRESSED

This program will increase gender equity in HIV/AIDS programs by promoting the education of female students.

5. EMPHASIS AREAS

The major emphasis is linkages with other sectors and initiatives, with minor emphasis areas being information, education and communication and training.

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Emphasis Areas

Information, Education and Communication
Linkages with Other Sectors and Initiatives
Training

% Of Effort

10 - 50
51 - 100
10 - 50

Targets

Target

Number of OVC served by OVC programs
Number of providers/caretakers trained in caring for OVC

Target Value

520

Not Applicable

Target Populations:

Orphans and vulnerable children

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Education

Coverage Areas

Central

Coast

Eastern

Nairobi

Nyanza

Rift Valley

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5000
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This APHIA II TBD activity will provide care and support services to an additional 4,500 orphans and vulnerable children (OVCs) through intensive weekly activities in five districts and continue to care for 3,750 children through quarterly support activities for three districts. Districts chosen are those hardest hit by HIV/AIDS and having the highest orphan prevalence in Western and Nyanza provinces. The APHIA II TBD will selectively provide support to OVCs among the following menu of services as determined by individual needs assessment: malnutrition: increasing the frequency and diversity of feedings, and planting kitchen gardens; quarterly de-worming; emergency supplemental food (UNIMIX) to households where children are underweight; agricultural training for caregivers about effective seeds and planting practices and provision of seeds and fertilizer; Education: by mentor visits which will assist the caregivers to address the importance of school attendance, provision of school fees and investigating reasons children did not attend school. Health: counselling on health emergencies, essential hygiene, and in-home care of common illnesses; referral to local clinics and hospitals, pharmacies for malaria and pneumonia treatment and medications for children and for malaria medications for caregivers, and support for mobile clinics where health access is poor; Immunization and Vitamin A supplementation support through provision of local clinic fees and facilitation of mobile health clinic outreach; direct provision of de-worming medications, water purification additives, soap, insecticide-treated bednets (ITNs) and semi-annual re-treatment tablets, and blankets; and development of caregiver support groups. Protection: trainings on legal issues for local administrators, on issues of inheritance, rights, abuse, and the processes for seeking local redress; training for community mentors, who in turn inform, counsel, and support caregivers in seeking redress; and development of caregiver support groups that give caregivers experience in speaking before groups and a personal network that provides caregivers with the confidence and emotional support to pursue difficult issues. Psychosocial support: This will be addressed during the weekly mentor visits which targets problem-solving and counseling on children's psychosocial needs, including needs for social interaction, cognitive stimulation, and non-abusive discipline; caregiver support groups in which psychosocial issues of both children and caregivers are addressed by caregiver peers. Shelter: Issues will be addressed through weekly mentor visits during which mentors advise caregivers on effective ways to improve her housing/compound and try to garner assistance from other community members; through development of caregiver support groups whose labor can assist in repairing walls and whose rotating savings schemes and income-generating activities can provide payment for thatch roof repairs as non-family labor is a locally acceptable solution. While we are establishing the expectation that services as diverse and comprehensive as those listed above will be provided on an as-needed basis to individual children, there is also an expectation that many of these services will be provided through cost-share or in-kind contributions, rather than directly funded by the Emergency Plan.

Caregiver support groups increase household economic and food security immediately through rotating savings schemes, and in the long-term through animal husbandry income-generating projects.

Strengthening and mobilizing Community-based organizations (CBOs) and Faith-based organizations (FBOs) can provide safety nets for caregivers, orphans, and vulnerable children as well as the local commitment and resources to sustain care. The APHIA II TBD identifies dedicated and serious local CBOs and FBOs wherever possible in the under-served areas it targets and provides its members with training in caregiver mentoring; training in service monitoring, financial monitoring, and record keeping; and transport and organizational support to develop into a lasting force for care in

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the community.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activities addressed will provide comprehensive care for 4,500 orphans and vulnerable children in five districts of Western and Nyanza Provinces: Kisumu, Siaya, Butere-Mumias, Bondo, and Nyando. Approximately 3,000 caregivers, 215 mentors and social workers, and 240 members of local administration and elders will receive training in OVC services. The APHIA II TBD intensive program for 8,250 children includes all six essential services: nutrition, education, health, protection, psychosocial support, and shelter. It also addresses two needs critical to supporting orphans and vulnerable children and their caregivers: food security and economic strengthening. The quarterly support program for 3,750 children addresses three of the six emphases: nutrition through de-worming and weight monitoring, education through provision of preschool fees and attendance monitoring, and health through bednet re-treatment, immunization, and Vitamin A supplementation.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED 2005 COP ACTIVITY OVC-AED/SFC.

Caregivers and community will be updated through community based organizations social workers on local availability of VCT, PMTCT, and ART programs. The privacy provided by individual caregiver mentoring and the trust established through regular weekly household visits, serves to maximize services uptake. This activity is linked to APHIA II CT activity (#4190) for counseling and testing; PMTCT activity (#4191) for prevention of mother to child transmission, and ARV services (#5367) for treatment.

4. POPULATIONS BEING TARGETED

This activity will target orphans and vulnerable children, community leaders, caregivers and local administration.

5. KEY LEGISLATIVE ISSUES ADDRESSED

A key legislative issue is increasing women's access to income and productive resources and reducing stigma and discrimination.

6. EMPHASIS AREAS

The major emphasis area is training and the minor emphases areas are community mobilization and monitoring and evaluation.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	4,500	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	3,000	<input type="checkbox"/>

Target Populations:

Community leaders
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing women's access to income and productive resources

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Coverage Areas

Nyanza

Western

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Table 3.3.08: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5095
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This program plan and activity description is a continuation and expansion of the OVC care and support activities of Support for OVC activities which began in November 2004.

The APHIA II TBD will be the lead implementing organization. At district level, the program will be implemented through numerous FBOs and CBOs as well as the respective local government departments. In 2006, the APHIA II TBD will focus on improving comprehensive service delivery to ensure that all 45,480 OVC in the program receive all six essential services, i.e. nutrition, education, health, protection, psychosocial support and shelter.

The overall goal of the activity is to reduce the spread and mitigate the impact of HIV/AIDS in 10 districts in Kenya. This goal will be pursued through mobilization and strengthening community led response to improve care and support for OVC; improved enabling environment at division and district levels that actively support holistic care for OVC and others affected by HIV/AIDS; and reduced HIV transmission and improved care and support. As one of the ways to protect themselves from HIV/AIDS infection, adolescent OVCs/youth in and out of school will be equipped with values - based life skills. The APHIA II TBD will adapt "Adventure Unlimited" a training guide developed by Scripture Union to teach Life skills that help adolescents make positive health choices, recognize and avoid risky situations/behaviors, make informed decisions and contribute positively their wider community. Families also need food production and vocational skills and employment in order to sustainably obtain these basic needs in the future. The APHIA II TBD strategic focus on community-led care is therefore complemented by interventions to ensure immediate access to these basic needs while also strengthening the livelihood security of OVC and the households caring for them, both in the long and short term. The program monitoring system will ensure that all OVC receive all the six essential services

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

45,480 OVCs have been effectively identified and enrolled in ten target districts: Busia, Teso Migori, Suba, Kisumu, Bungoma, Nakuru, Nairobi, Maragua and Kaffi. For 2006, APHIA II TBD will continue to carry out activities in those same districts, but scale up the coverage of OVC from 45,480 to 50,000, principally by including 4,520 additional children from the same households, who had not been originally enrolled and 370 caregivers trained. This will be done at a lower cost by increasing the OVC to caregiver ratio.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED 2005 COP ACTIVITY OVC-WORLD VISION/KATSO.

This activity is linked to APHIA II BHCS activity (#5094) for home based care services; CT activity (#4142) for counseling and testing services and ARV Services (#5374) for treatment services.

4. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers and the community.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues being addressed is stigma and discrimination through enhanced medical and psychological well being, and demonstrated improved quality of life. This activity also addresses the wraparound issues of food, microfinance/micro

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credit and education.

6. EMPHASIS AREAS

Major emphasis area is commodity procurement and minor emphasis is training and human resources.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	4,520	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	370	<input type="checkbox"/>

Target Populations:

Community leaders
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Food
Microfinance/Microcredit

Coverage Areas

Central
Coast
Nairobi
Nyanza
Rift Valley
Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHA1 account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5099
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

HIV/AIDS has been the leading cause of death in the military over the last five years. It is estimated that 75% of the deaths in the military are HIV related. The Kenya Department of Defense (KDOD) estimates that the military community has over 5,000 orphans mainly as a result of the AIDS menace. Currently these 5,000 children orphaned by HIV/AIDS have no support from the KDOD despite continued pleas for assistance from the caregivers of those OVC from the KDOD. In FY 06, the KDOD wants to expand their Emergency Plan services to include the care and general support to 800 OVC in the Armed Forces. These 800 OVC of the KDOD will be collectively monitored and cared for by the establishment of OVC coordination offices in five existing KDOD sites throughout the country. It will be the responsibility of these coordinating offices to successfully implement partnerships with other local community and government offices in the various regions in augmenting the delivering of comprehensive services to the OVC. The KDOD wants to take the lead in ensuring that the survivors of their service men and women are adequately cared for. The KDOD will ensure that the educational needs of their OVC are met by working with district Ministry of Education offices in the identification and subsequent provision of bursary funds to the OVC of the KDOD. The KDOD in FY 06 will successfully provide bursary to 400 of those OVC in secondary schools or university/colleges. The KDOD will also ensure that the medical needs of the 800 OVC will be ensured by linking all medical care and support through the existing military medical facilities for the treatment of minor illnesses or opportunistic infections. They will also ensure the provision of ART for those OVC found to be HIV positive.

The KDOD will implement the care and support of these OVC by strengthening the capacity of the current caregivers in the local community and continue the tradition of communal and familial support of the OVC. The KDOD will train 200 caregivers in basic care and support of the OVC as well as in issues regarding the psycho-social health of the child. The regional OVC military offices will be equipped with local community staff that will be trained in working with the OVC and integrating their services into the larger societal approach to caring for the OVC.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The KDOD OVC program will work with the existing community services or government children agencies to augment the level of community and family based support already available to the OVC. This approach is supported by the Kenya Emergency Plan in which the needs of the OVC are identified at the community level and subsequently cared for in by strengthening existing structures already in place to tend to the needs of the OVC in the various regions throughout the country. The KDOD will work closely with other government systems and structures like the Ministry of Education and the National Children's Welfare Office, to continue to protect the OVC and ensure their basic children's rights are met.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to KDOD CT services (#4249) that are established throughout the country. Through the early identification and subsequent care and treatment of those service men or women in the KDOD identified as HIV positive, early support and care can also be provided to their dependents. This activity is also linked to KDOD antiretroviral therapy (ART) program (#4250) by ensuring that all OVC receive subsequent care and treatment from the KDOD medical facilities if previously exposed to HIV by their parents.

4. POPULATIONS BEING TARGETED

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This activity targets People affected by HIV/AIDS including caregivers of OVC by ensuring they are actively supported and linked to services. This activity is also targeting the OVC by ensuring their basic needs are met and by ensuring the OVC is protected and their rights are guarded. The KDOD activity will also directly work with those OVC that have been diagnosed as HIV positive by ensuring that the medical care and support required are given as early interventions to ensure the health of the OVC. The OVC program will also directly work with the families that have been affected by HIV/AIDS through the establishment of psycho-social support for every OVC in their program. This activity will also work with the widows/widowers of those service men and women of the KDOD that passed away from HIV/AIDS related illnesses. The support given to the caregivers will be provided with this population specifically in mind.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will actively address issues surrounding stigma and discrimination by encouraging the formation of psycho-social support groups for the OVC. By focusing on many of the adolescent OVC, the KDOD hopes to establish a youth friendly support network that can work on tackling many of the issues surrounding stigma and discrimination faced by the OVC. The KDOD OVC program will also be an integral part of a wrap around approach to caring and supporting for the OVC through establishing links with other community or religious organizations in ensuring the needs of the OVC are met fully.

6. EMPHASIS AREAS

The major emphasis area of this activity is focused in community mobilization and participation. The KDOD will work in mobilizing community-based responses to address the comprehensive needs of the OVC. The other emphasis areas will be in maintaining adequate staff in the regional OVC offices through human resources as well as training needs for the caregivers of the OVC. The other minor emphasis area will be in developing information, education, and communication for the OVC and their caregivers as well as the training the 200 OVC caregivers.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	800	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	200	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers

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Key Legislative Issues

Stigma and discrimination

Food

Education

Coverage Areas

Rift Valley

Table 3.3.08: Activities by Funding Mechanism

Mechanism: POLICY Project
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5104
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

AIDS has orphaned an estimated 1.68 million children in Kenya – a potentially catastrophic social problem. Although the Children's Act has been passed, and the National OVC Response Plan is fully funded, government and civil society have yet to operationalize this plan to respond to the needs of this massive population. PEPFAR-supported agencies targeting orphans will be expected to ensure that essential services are provided to orphans under their care. One essential service is protection. Children without the guidance and protection of their primary caregivers are often more vulnerable and at risk of becoming victims of violence, exploitation, trafficking, discrimination or other abuses. POLICY Project will provide support for the social protection of orphans through two key activities. First, POLICY Project will provide TA to the Children's Department to support implementation of the national OVC policy and advocate for a supportive OVC legislative environment. This will be done by supporting the dissemination of the national OVC Policy and Guidelines, providing TA to enact OVC legislation and, supporting policy dialogue around the passage of the legislation in parliament in partnership with the National OVC taskforce. POLICY will produce, review or update information to inform planning, policies and programs for use in OVC advocacy, policy analysis, and program development, and will generate advocacy materials for OVCs to be used in campaigns against HIV/AIDS stigma and discrimination.

Secondly, in partnership with the Kenya National Commission on Human Rights, POLICY will work with other PEPFAR partners focusing on orphans (World Vision, AED, CRS, Pathfinder, etc) to enhance the capacity of communities, and political and administrative leadership to enhance the rights of women and children to own and inherit family land and property. This issue is critical because the majority of women, especially widows, get disinherited despite having land laws in Kenya that protect their rights. The extent to which the widow and her children enjoy their rights of family land and property is dependent on decisions by the cultural leaders and the reinforcement of law by the provincial administration. In the era of AIDS, these structures, including the CBOs/NGOS, need strengthening to be able to work together to support the widows and OVC, ensure them access services, and enforce their right to own family property.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity intends to enhance OVC and women's property ownership, enforce inheritance and legal rights, and strengthen the capacity of NGOs/CBOs and traditional structures. This activity will reach 10,000 OVCs and train 500 community caretakers (local administration and traditional/community leaders) on women and OVC property rights and legal rights in all provinces of Kenya.

3. POPULATIONS BEING TARGETED

This activity will target PLWA, OVC, caregivers, and widows/widowers; Groups/organizations – CBOs, FBOs, NGOs, community leaders and provincial administration; Host Country Government workers – policy makers, teachers and community leaders.

4. KEY LEGISLATIVE ISSUES ADDRESSED

This activity directly targets stigma and discrimination and helps increase women's legal rights.

5. AREAS OF EMPHASIS

Major areas are community mobilization/participation and local organization capacity development, and the minor area of emphasis is training.

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Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	10,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	500	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Teachers (Parent: Host country government workers)
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Increasing women's legal rights
Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Horizons
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5106
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

A qualitative study conducted in 2003 by Population Council and Plan Kenya in Bondo district found the following to be the major needs of caregivers of orphans and vulnerable children (OVCs): adequate food and nutrition, school requirements and child-rearing knowledge and skills. Of these, lack of food is the major problem for OVC households in an area where over 34% of children are orphaned. Many households engage in subsistence farming and are often unable to produce adequate food to last the entire family until the next harvest. While there is plenty of food in the area, availed by traders, caregivers do not have resources to buy it. Lack of food affects the well being of OVCs and caregivers leading to poor health, worry, poor concentration at school, absenteeism and school drop out. Lack of quantifiable data, however, makes it difficult to ascertain the magnitude of the burden of care as well as coping mechanisms of caregivers. The Population Council/Horizons Program and Plan Kenya are collaborating with CBOs in Nyang'oma Division in Bondo district to improve food security and reduce the effect of lack of food on OVC and their caregivers. This involves identifying the causes of food insecurity and implementing possible solutions to improve food security of caregivers and OVCs. Intervention activities include strengthening existing CBOs and initiating additional ones in areas without them; training and supporting OVC caregivers in food security; sensitizing communities to enhance food security; linking caregivers to microfinance institutions and facilitating pooling of resources; and training caregivers in management of opportunistic infections and referrals. This project will work with relevant government ministries including Agriculture (MOA), Home Affairs (VPMHA), Education (MOEST) and Health (MOH) for sustainability. Targeted evaluation will document the burden of care and coping mechanisms of caregivers and will recommend strategies for strengthening food security for caregivers and OVCs.

COP 2005 activities mainly focused on formative research including baseline survey and initiation of intervention. COP 2006 activities will focus on intervention implementation, monitoring and evaluation. Additional funding will be required for intervention activities that will run for a longer period compared to 2005. Activities will be implemented in collaboration with relevant government ministries.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The project will strengthen community capacity to address food security through training and support in: sustainable agricultural practices; nutrition; income generating activities; and management of AIDS related illnesses. This is expected to result in improved access to and utilization of nutritious food, improved access to medical care, and education.

COP 2005 activities include identification of OVC households, formative research including baseline survey, and intervention development and initiation. Between April-September 2006, it is expected that 400 caretakers/providers will be trained as follows: 180 trained in sustainable agricultural practices, 130 trained in income generation, 45 people trained in HBC and 45 health professionals trained in management of opportunistic infections and referrals. 1000 OVCs are expected to receive improved access to and utilization of nutritious food, improved access to medical care and increased school enrollment and attendance.

3. LINKS TO OTHER ACTIVITIES

This intervention is being undertaken in close collaboration with MOA, MOH, MOEST and VPMOHA which implement other related activities. The project will build a strong referral system for OVCs and their caregivers for appropriate services including VCT, ART and treatment of STIs. This activity will be linked to Population Council activities

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in ARV Services (#5098) and counseling and testing (#4076).

4. POPULATIONS BEING TARGETED

This project targets OVC, caretakers/providers, community members, HIV positive children, parents and caregivers and OVCs, community leaders, and local administrators.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The project will increase women's (who are usually the caregivers) access to income and productive resources and microfinance services. Additionally the project will enhance access to basic needs such as food security, access to health services, and education for OVC.

6. EMPHASIS AREAS

The major area of emphasis is community mobilization/participation and the minor areas of emphasis are development of networks/linkages/referral systems, training and local organization capacity development.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	400	<input type="checkbox"/>

Target Populations:

Community leaders
Orphans and vulnerable children
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Food
Microfinance/Microcredit
Education

Coverage Areas

Nyanza

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5382
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The majority of Kenya's 1.7 million orphans, having lost one or more parents to AIDS, live in precarious conditions. OVC are frequently left behind in terms of education, life skills, access to health services and nutrition, and they are at greater risk of HIV infection and domestic violence. The APHIA II TBD and its Local Implementing Partners (LIPs) will address OVC needs within the context of the TBD Project, adopting the Kenya PEPFAR strategy of addressing six essential elements of OVC support. These essential services have been agreed upon by all stakeholders and include: Nutrition, Education, Health, Protection, Psychosocial support, Basic Material needs and Livelihood Capacity Building. In order to ensure an agreed upon level of quality for each of these services, all seven are being defined by the OVC ITT and OVC PEPFAR stakeholders. Clear indicators will be developed in order to create a shared expectation of a quality of care across all agencies receiving PEPFAR support. Approaches and activities will include: a Community Health Worker role in monitoring health; training service providers in pediatric HIV/AIDS; strengthening linkages to specialized pediatric services; 2-way clinic-community referrals; vocational training; provision of uniforms, books and shoes; linking secondary students to bursaries; nutrition education; food production; income generating activities; training teachers in child counseling; support to community based counselors, paralegals and support groups; obtaining clothing and housing improvements; and involving the community for improved linkages with relevant services. The APHIA II TBD will apply a full package to every OVC and support local organizations with small discretionary grants to help implement these activities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

2006 activities will reach 20,000 OVC and train 10,000 caregivers. The APHIA II TBD will respond to the National OVC Action Plan by mobilizing communities, building family and community capacity to protect and care for OVC, and improving access to health, education, food and shelter. The TBD will ensure that GOK policies and guidelines are utilized and communicated, and staff participates in national level HIV Technical Working Groups.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED 2005 COP ACTIVITY OVC-COPHIA.

OVC activities are an element of home and community support. Prevention is a cross-cutting theme. CHWs link clients to VCT sites. Policy and advocacy are addressed through paralegals activities. CHWs link clients with PMTCT, ART and non-ART services and provide follow-up. This activity is linked to the APHIA II BHCS activity (#5097) for home and community support.

4. POPULATIONS BEING TARGETED

Individuals infected and affected by HIV/AIDS, OVC - especially the girl child and caregivers.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Increased gender equity in HIV/AIDS and wrap rounds in food and education.

6. EMPHASIS AREAS

Major emphasis area is development of network/linkages/referral and minor emphasis is training and community mobilization.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	20,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	10,000	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Food
Education

Coverage Areas

Coast
Nairobi
Rift Valley
Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Support of Orphans & Vulnerable Children Affected by HIV/AIDS
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5448
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Catholic Relief Services' Track 1 orphans and vulnerable children (OVC) Project in Kenya is implemented in Kilifi District in the Archdiocese of Mombasa (ADM). Kilifi District is along the main transport corridor road from the port of Mombasa to Central African countries. The highway has thus heavy truck traffic contributing to the high HIV prevalence rate of 7% in the District. This situation is also fueled by some cultural practices such as early marriages, polygamy and wife inheritance. With an overall goal of improving the quality of life of orphans and vulnerable children (OVC), the program is designed to use a two-fold strategy: to increase the capacity of communities, families and orphans to respond to the needs of OVC and to increase the institutional capacity of the partner to deliver high quality and sustainable OVC interventions. This strategy is in line with the broader Kenya government goal, which seeks to provide OVC with quality care, support and protection. The program targets 20,000 OVC that were identified in the first year of the project implementation. Through its HIV/AIDS unit, CRS Kenya provides the technical backstopping and administrative support for the program while the Archdiocese of Mombasa (through its Parish management and Village management committees and CBOs on the ground) does the actual activity implementation on the ground. Services provided via the program include education support, health care, psychosocial support, food and nutrition, and economic strengthening.

The traditional extended family fostering system is believed to be a more effective way of caring for OVC since their social, cultural and psychological needs can be met as they interact with different members of the society. The program is designed to use the home based care approach, in which a packaged care and support service delivery strategy is employed to deliver various services to orphans and vulnerable children in an affordable, accessible and sustainable way.

The program is designed to use two main strategic objectives: OVC are better able to meet their needs, and local faith- and community-based organizations (FBOs/CBOs) have a sustained capacity to deliver quality services to OVC. Under the first strategic objective, the program is designed to ensure that OVC use and enjoy improved access to required services. These services include community-based child care, psychosocial and education support, and nutrition. This is attained through community mobilization and training, and partnership and networking with other key stakeholders on the ground, namely some CBOs, Parish and Village management committees. Under this strategy, the OVC were identified based on agreed criteria of selection. Their specific needs are identified and documented and include education, health, psychosocial and economic needs. Follow up efforts and support is provided through home visits using a network of 400 volunteer Community Health Workers and 7,950 caregivers who have been keen and active in this cause.

While many of the project activities for FY06 are a continuation of FY05 activities, new activities have emerged in this FY as a result of implementation of last year's activities. For example, owing to OVC completing primary education, it was realized that there is need for vocational training so that the OVC gain useful skills to help them earn some income and support their families.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The goal of CRS is to reach 20,000 OVC. 7,950 caregivers will be trained to provide support to the OVC. Planned training programs for enhancement of partner capacity include training CBO and partner staff as Training of Trainers (TOT) in home based care, basic counseling, basic knowledge on HIV/AIDS programming, financial management and other relevant areas such as Gender issues and HIV/AIDS. These

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training are specifically tailored to suit the training needs of the ADM and CBO partner staff. The capacity building efforts are reinforced with planned periodical supervisory visits at different levels and the provision of technical and financial support. It is envisioned that through these efforts, the organizations will attain sustained capacities to provide the much desired quality services for the OVC.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with other existing HIV/AIDS services e.g. voluntary counseling and testing and ART. It relates to the APHIA II CT activity (#4190), ARV activity (#5367) and the PMTCT activity (#4191).

4. POPULATIONS BEING TARGETED

Target group will be OVC, caregivers, HIV affected and/or infected children and families, volunteers, teachers, community and faith based organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues to be addressed include wrap arounds in food and education and reducing stigma and discrimination.

6. EMPHASIS AREAS

There are three minor emphasis areas, i.e. community mobilization/participation, development of network/linkages/referral systems and training.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	20,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	7,950	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Teachers (Parent: Host country government workers)
Volunteers
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination
Food
Education

Coverage Areas

Coast

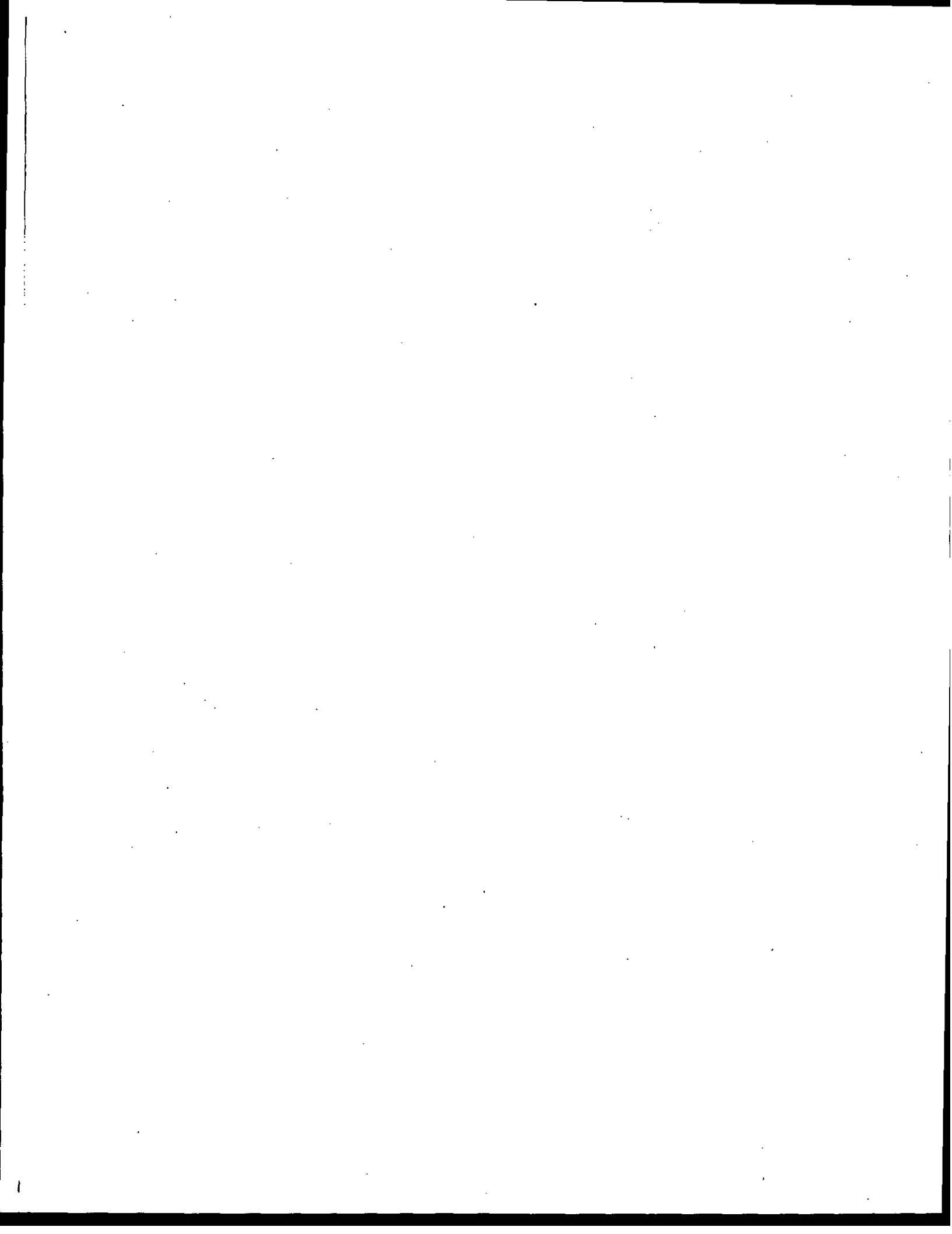


Table 3.3.08: Activities by Funding Mechanism

Mechanism: Breaking Barriers
Prime Partner: PLAN International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5452
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Plan USA is the prime for Breaking Barriers, a Track One Centrally Funded program, among a consortium of Hope for African Children Initiative (HACI). The partners in Kenya include Save the Children (HACI member), World Conference of Religions for Peace (HACI member), Pandpieri Catholic Center, Rangala Child and Family Development Program, St. Johns Community Center and the Inter-religious Council of Kenya (IRCK).

Program activities are concentrated in the urban areas of Kisumu (Nyanza Province) and Nairobi and in rural parts of Siaya district in Western Kenya. The program will emphasize expanding OVC access to school and school-based services such as HIV awareness, prevention and psychosocial support; home-based care and nutritional support for OVC and families and in engaging religious groups and PLWHA in combating stigma and discrimination. Over 100 OVC households in rural Siaya will receive farm inputs, while over 200 OVC households in Nairobi will receive IGA training and support. IRCK will also support national workshops for religious leaders on advocacy and stigma reduction. Breaking Barriers will make substantial strides towards its strategic objective to expand sustainable, effective, quality OVC programs in education, psychosocial support and community-based care for children and families affected by HIV/AIDS, using an extensive network of schools (both formal and informal) and religious institutions as a coordinated platform for rapid scale up and scale out. Intermediate results are threefold.

The first is to improve the the education, psychosocial support (PSS), and community-based care services for 8,364 OVC and families affected by HIV/AIDS. Education, life skills training, and HIV-prevention will be accomplished by supporting formal and non formal school options, which expand OVC enrollment and attendance and promote teacher and child knowledge of HIV/AIDS and behavior change skills to prevent HIV infection. Psychosocial Support (PSS) will promoted in schools through teacher training, development of new curriculum and organization, support of child counseling, recreational activities and peer support groups. FBOs and other groups will be strengthened in their efforts to provide, referral, counseling and spiritual support for children and families. Identify unmet basic material needs and increase access to resources to meet them.

The second intermediate result is building capacity and mobilizing resources for care and support to OVC and families. This result will increase the capacity of vulnerable children, families and communities to mobilize and manage internal and external resources needed for quality care and support for children and families affected by HIV/AIDS. This goal is accomplished by building the capacity of local organizations in skills such as needs assessment, strategic planning, project design, resource mobilization, community organizing, program management, and monitoring and evaluation. Building capacity of individuals will be done by training 776 community resource people (teachers, caregivers, religious leaders, and children) in improved methods for provision of education, psychosocial support, and community based care.

The third intermediate result is to create a supportive environment for OVC and their families. This entails creating an environment in which children, families and communities working with the government, faith-based organizations and civil society advocate for the provision of essential services, and reduce stigma and discrimination related to HIV/AIDS. Religious leaders trained in stigma reduction and advocacy skills will campaign, in collaboration with PLWHA, community leaders and children, with positive messages to raise HIV/AIDS awareness. Non-discriminatory school policies,

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positive environments, and activities that reduce stigma and empower OVC through a collaboration of children with teachers and administrators will be designed and implemented.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Breaking Barriers seeks to increase OVC access to education, psychosocial support and home-based care for both children and their caregivers. Thus, access to education shall be increased both directly, by eliminating common barriers keeping OVC from school, and indirectly, by addressing their psychosocial and physical health needs and those of their families, and by addressing HIV/AIDS-related stigma. The program will reach 8,364 OVC and train over 776 individuals in caring for OVC.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to health facilities in the area on issues of counseling and testing, PMTCT, ART and home based care services.

4. POPULATIONS BEING TARGETED

Target population will be children and youth, OVC and their caregivers, HIV affected and/or infected children and their families and people living with HIV/AIDS. This activity will also reach street youth and out of school youth, religious leaders, volunteers, policy makers, teachers, community and faith based organizations and rural communities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues addressed will be volunteers, stigma and discrimination.

6. EMPHASIS AREAS

Major emphasis area is community mobilization and minor emphasis area is human resources, information, education and communication and local organization capacity development.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	8,364	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	776	<input type="checkbox"/>

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Target Populations:

Community-based organizations
Faith-based organizations
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Teachers (Parent: Host country government workers)
Volunteers
Rural communities
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Volunteers
Stigma and discrimination

Coverage Areas

Nairobi
Nyanza
Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Associazione Volontari per il Servizio Internazionale
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5457
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

Associazione Volontari per il Servizio Internazionale (AVSI) program will provide quality services to orphans, vulnerable children (OVC), caregivers and the communities through an operative network of 22 local partners. AVSI will follow a strategic approach, outlined in the following: a) to primarily focus on the child as a unique and unrepeatable human being, endowed with dignity and potential, and by nature, not only by necessity, in relationship with family and community; b) to follow a bottom-up approach in the identification of beneficiaries and the choice and delivery of support, that is, to listen to and involve the beneficiaries to the highest degree possible in order to provide them with that which is consistent with their real needs and expectations, in a gender-sensitive manner, and not according to "external" blueprints. Priority will be given to fostering education, since AVSI considers the educative process of the child the main concern, even in the most distressful situations, and key for any other development; c) to ensure that every child supported be cared for by an adult, either in the family or by someone in the community or of a Community Based Organization (CBO); d) to rely on and to enhance the operational capacity of the CBOs through close and continuous working relations between AVSI personnel and every single partner, as well as among the partners themselves through an operational and stable network.

The activities and services combine indirect and direct forms of assistance. Direct assistance will include requirements for school attendance, learning materials, after-school programs, vocational training, health care, recreational and emotional support. Indirect assistance will consist of support to quality education, income generating activities (IGAs), community projects and sensitization and family support. The identification of the children is done by the local partners who work in strict collaboration with district authorities. This method allows to reach the most vulnerable ones, not forgetting that HIV/AIDS is but one of the root causes of vulnerability of children and it is interrelated with other factors including poverty and conflict in what is often a vicious cycle. AVSI will work in close and permanent contact with its local partners and social workers to jointly establish and update the selection criteria and the characteristics of intervention within each specific community. The identification of the OVC included as direct beneficiaries of the program is left up to each local partner, because we believe that they really know the community and the needs of the children inside their community since they live with them. The activities and services given to each child are decided case by case, according to the personal and family needs. Direct assistance for school requirements of the OVC represents the main percentage of child expenditure and assistance, being the need for education the main need of orphans and the best response for their growth and to promote their self esteem and sustainability for the future.

Training and consultations will be provided for individual partners and local networks to address institutional and operational weaknesses and to improve capacity, efficiency and quality. AVSI's strategic approach, in any project and any country, begins with the person at the center, with a "primarily focus on the child as a unique and unrepeatable human being endowed with dignity and potential, and by nature, not only by necessity, in relationship with family and community." Consistent with this method and to guide project implementation, social workers and teachers' training is one of the activities organized specifically to help adults to pay more attention to the child as a person. The fact that near each child who is supported in the program there is always an adult/educator to evaluate his/her situation, to respond to his/her needs and the ones of the family and community, is a method through which each activity is concretely focused on "the child as a person." Given the number of on-the-ground stakeholders, training activities organized for teachers,

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AVSI social workers, local partners, and families can help to harmonize this way of working. The "Risk of Education" training module takes this principle as its starting point to convey a holistic approach to the adventure of educating a child.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will reach 2,864 orphans and vulnerable children and train 100 caregivers.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to APHIA II CT activities (#4190) for counseling and testing; BHCS-activities (#5097) for home and community support ARV services (#5367) for treatment.

4. POPULATIONS BEING TARGETED

This activity will target OVC and their caregivers, community leaders, program managers, religious leaders, volunteers, CBOs, FBOs and NGOs. AVSI will build the capacity of OVC caregivers, such as social workers and teachers. During the training sessions for the social workers, vulnerability is one of the main topics, together with the methods of observation of the child, the identification of his/her needs and how to respond.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The individualized approach to the identification and care of beneficiaries, including the choice of direct and indirect activities to be implemented, is also gender sensitive, in the sense of paying particular attention to the needs of girls, who are generally underestimated in these countries. The personal adult relationship is particularly important for girls to receive the attention and services best suited to their life situation. The other issue to be addressed is stigma and discrimination and wrap arounds in education and food.

6. EMPHASIS AREAS

Major emphasis area is linkages with other sectors and initiatives and local organization capacity development. Minor emphasis to be addressed is information, education and communication and infrastructure.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,864	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	100	<input type="checkbox"/>

Target Populations:

Community-based organizations
Disabled populations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Food

Education

Coverage Areas

Eastern

Nairobi

North Eastern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: S459
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

CARE Local Links Project is part of CARE (USA) two-country program. Local Links project provides support to OVC and strengthens family units affected by HIV/AIDS. Local Links works through locally based partners to stimulate and support the use of locally available resources (human, economic and knowledge systems) for the well being and protection of these vulnerable groups. Activities focus on: 1) strengthening economic coping mechanisms of OVC families and communities; 2) capacity building of civil society organizations and other community and faith-based groups; and 3) reducing HIV/AIDS stigma and discrimination affecting OVC and their families. Local Links will continue to implement in the five villages of Kibera in Nairobi, working with 30 civil society organizations, 10 faith-based groups and ten youth groups. Local Links will provide training and technical assistance to support partners in implementing effective OVC programs in their communities.

Local Links will identify 10 new CBO partners operating in Kibera to widen the reach of services to OVC and their caregivers. A specific focus will be given to CBOs providing early childhood development (ECD) services to OVC who are in the pre-primary school category. A significant number of children in the pre-primary category are therefore ignored in regards to the provision of basic education, food, psychosocial support and other needs. Staff members of the ECD centers will be trained in child rights, childcare, psychosocial support and management skills so as to ensure quality ECD services for OVC. CARE Kenya will work with the Kenya Institute of Education, Children's Department and the ECD practitioners in Kibera to assess the suitability of the available curricula on ECD with a view to adopting it or refining it to suit the Kibera context. In 2006 Local Links will continue working with the CSO partners already receiving support to scale up their provision of quality services to OVC and their families. In addition, key members of staff from the CSOs will be trained in Project Development and Management, Resource Mobilization, Lobby and Advocacy, Home Based Care, the Rights of the Child, Child Counseling and best practices in ECD service provision.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

Local Links project will train 900 caregivers on group savings and loan (GS&L) which will directly benefit OVC in residents' families. These caregivers will care for 4,500 OVC. In addition to the GS&L training, CSOs staff will be trained on running Income Generating Activities (IGA) with 2,100 OVC caregivers who will care for 5,500 OVC. As OVC caregivers establish well run IGAs, Local Links will create linkages between the OVC caregivers operating businesses and external marketing agencies.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to APHIA II CT activity (#4190) for counseling and testing; APHIA II BCHS activity (#5097) for home and community support and APHIA II ARV services - (#5367) for treatment.

4. POPULATIONS BEING TARGETED

Target populations for the activity include OVC, caregivers, HIV affected families, youth, PLWHA, community and religious leaders, volunteers, program managers, CBO, civil society organizations, FBOs, and NGOs.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Main key legislative issue being addressed is stigma and discrimination which is affecting OVC and their families. This will be done through training on reducing stigma and discrimination, development of information, education and communication materials and leadership. In addition, the youth will be trained on Participatory

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Education Theater (PET) to enable them develop appropriate and professional theatre activities aimed at changing the community's perception of HIV/AIDS and subsequently reducing the stigma and discrimination experienced by PLWHAs and their families.

6. EMPHASIS AREAS

Major emphasis in these activities is on community mobilization/participation. Minor emphasis is on development of network/linkages/referral systems, human resources, IEC, linkages with other sectors and initiatives and local organization capacity development.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	10,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	3,000	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children
- Program managers
- Volunteers
- Caregivers (of OVC and PLWHAs)
- Religious leaders
- Host country government workers

Key Legislative Issues

- Stigma and discrimination
- Microfinance/Microcredit

Coverage Areas

- Nairobi

Table 3.3.08: Activities by Funding Mechanism

Mechanism: ANCHOR
Prime Partner: Hope Worldwide
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5460
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Hope Worldwide Kenya (HWWK) will continue to scale up the work being done in the Mukuru slums where it has strong partnerships with local community stakeholders and entry points into OVC care and support. In 2006, six caregiver support groups will be set up and will be based within local primary health care centers or local institutions. These support groups are expected to be meeting on a weekly basis. Health care workers will work in tandem with support group facilitators to improve the quality of care of OVC.

The mechanism for OVC referral to the support groups will be strengthened with local VCT and PMTCT centers, as well as with community health clinics and other relevant care and social services. Support group sites will be equipped, where necessary, with basic equipment. HWWK staff and volunteers will be actively engaged in providing these and other forms of community support, including identification of resources and staff to sustain activities once outside funding is ended. Sub-partners will also help establish links with vocational training sites to support older OVC with skills training and apprenticeships.

Trained community workers at both HWWK programs and from community partner organizations will provide or facilitate access to a range of services for families and OVC caregivers. These services will include training around OVC support; anti-retroviral treatment education; vocational and micro-business training for family income support and psychosocial support, including succession planning. Facilitators will work closely with HWWK and technical partners to provide documentation and training around these issues. Families and caregivers will also receive information on other community services available to them, including legal services. This will be especially important in order to protect family rights and property.

Since January 2005, with start-up funds from Rotary Japan, HWWK has been working with 88 caretakers in Mukuru who care for 341 children. In 2006 the goal is to continue strengthening this group and increasing their capacity to train, educate, and build their capacity so that they can build the capacity of caretakers in their communities. HWWK staff and volunteers have experience in community mobilization approaches and will organize a 5-day skills-building workshop on community capacity-building strategies. Local HWWK partner representatives and community resource persons, identified through community mapping, will be invited to participate. HWWK will also provide technical assistance to sub-recipients on organizational capacity development and programmatic issues. Regular mentoring and feedback sessions will be held to review program progress, effectiveness, and level of potential sustainability.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

HWWK's 5 year goal for the number of OVC reached is 25,300. In 2006, HWWK will reach 3,000 OVCs and train 140 caregivers. This will be done through integration and coordination between community-based agencies, and combined coordinated efforts with community leaders and stakeholders, and the government of Kenya, donors, and civil society. Activities include community mobilization and "edutainment"; in-school programs; gender sensitivity and girl-child focus; peer education and tournaments to mobilize FBO's for prevention; and abstinence only activities. Work with the youth will remain an integral part of capacity building within the communities to take care of the children among the poorest and most underserved. The major focus in 2006 will be on mobilizing, educating, training, and equipping the members of these poorest communities towards being able to better meet the nutrition, education, health, protection, psychosocial support, and shelter

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needs of the increasing number of OVCs in their midst.

3. LINKS TO OTHER ACTIVITIES

Linkage will be strengthened with local VCT and PMTCT centers, as well as with community health clinics and other relevant care and social services. This activity relates to the CT Hope Worldwide program (#4786).

4. POPULATIONS BEING TARGETED

These activities target children and families infected and/or affected in the community. Also caregivers and providers of care to the OVC, community based organizations and NGOs who provide service and care to OVC, community health care providers, leaders and stakeholders.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues addressed are to increase gender equity in HIV/AIDS programs. Both girls and boys will receive assistance, and data will be disaggregated to demonstrate the impact on girls relative to boys. This activity also addresses wraparound issues of food and education.

6. EMPHASIS AREAS

The major emphasis area will be training and minor emphasis areas are community mobilization/participation and human resources.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	3,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	140	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Food
Education

Coverage Areas

Nairobi
Rift Valley

Populated Printable COP
Country: Kenya

Fiscal Year: 2006

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Table 3.3.08: Activities by Funding Mechanism

Mechanism: Support to Orphans and Vulnerable Children Affected by HIV/AIDS
Prime Partner: World Concern
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5467
Planned Funds:
Activity Narrative:

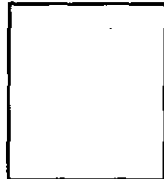
1. ACTIVITY DESCRIPTION

Ten member agencies of the Association of Evangelical Relief and Development Agencies (AERDO) have come together in the AERDO HIV/AIDS Alliance (AHA) to mobilize comprehensive community and faith-based responses to HIV/AIDS. Six of these AHA agencies are in Kenya and will work together to meet the needs of orphans and vulnerable children (OVC). Building upon the complementary strengths and coverage of these agencies, the AHA will integrate community interventions for the care of OVC. These agencies share the distinction that they all work in partnership with local churches and community-based organizations. They will collaborate to help churches and communities increase their compassionate care and support to OVC while improving their quality of life.

A firm foundation for the program has been laid in the first year with programs expanded and goals met. This second year will see a larger outreach in the numbers of OVC as the agencies have a full year to mobilize the churches and CBOs. There has been strong success in the recruiting and retaining of volunteers that are the core of providing individual care to the children in need. The creation of programs within the national churches and CBOs allows for program self sustainability. Their resources are being mobilized and volunteers trained so that they can continue serving OVC and their caregivers after USAID grant funding ends.

This activity also includes support to the following sub recipients for activities integral to the program

- World Relief (WR)
- Christian Reformed World Relief Committee (CR)
- Food for the Hungry (FH)
- Nazarene Compassionate Ministries (NC)
- Medical Assistance Program (MA)
- World Concern Development Organization (WC)



B5

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity is focused on the care of 12,965 OVC affected by HIV/AIDS and training of 941 caregivers. As identifying OVC individually as HIV/AIDS affected can create significant stigma we have focused our areas of intervention in high prevalence areas. Possible interventions include training and/or inputs for the following: help doing regular chores, business training, micro credit loans, vegetable gardens, livestock, protection of property, basic health care, psychosocial support, care giver support groups, food, adult role models, formal education and/or vocational training. The need and resources will be considered for each OVC and a plan made on how to help. The volunteers will bring training to the household on the many issues above as they apply to that household.

3. LINKS TO OTHER ACTIVITIES

In many areas of OVC need we will be linking with other agencies. For health care each partner will find available services in their area of operation. They will then refer OVC and care givers in need to the hospital or clinic as required. Referrals will be made to local VCT centers in each location.

4. POPULATIONS BEING TARGETED

This project is narrowly focused on OVC and their care givers. The goal is to work primarily with HIV/AIDS affected households, but care will be taken to not create stigma. To accomplish this work we will work through community leaders, teachers, religious leaders and volunteers. CBO and FBO in the form of churches and para church organizations will be the foundation of the project.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

Through the OVC project we will work with women care givers to provide economic activities. Wrap rounds for food, micro credit and education are all interventions that will be carried out during the year as part of supporting care givers and caring for OVC.

6. EMPHASIS AREAS

The major emphasis of the program will be information, education, communication, local organization capacity development and minor emphasis will be community mobilization/participation and development of network/linkages/referral systems.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	12,965	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	941	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing women's access to income and productive resources

Food

Microfinance/Microcredit

Education

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Weaving the Safety Net
Prime Partner: Christian Children's Fund, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5486
Planned Funds:

Activity Narrative:**I. ACTIVITY DESCRIPTION**

CCF's Weaving the Safety Net project aims to reduce the impact of HIV/AIDS on orphans and other vulnerable children and adolescents in Thika and Kiambu Districts in Kenya. The project will respond to the current gap in psychosocial programming while strengthening community structures to care and support OVCs and youth. To meet this goal, CCF will support the provision of sustainable, high-quality essential services through: strengthening the capacity of families to cope with their problems; mobilizing and strengthening community-based responses; increasing the capacity of children and young people to meet their own needs; raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS; and developing, evaluating, disseminating, and applying best practices and state-of-the-art knowledge in the area of quality OVC programming.

The CCF Weaving the Safety Net Program aims at achieving two objectives: To mobilize and strengthen family and community-based responses to provide care and support, with an emphasis on psychosocial care, to HIV affected and other vulnerable children and adolescents; and to increase the capacity of HIV affected and other vulnerable children and adolescents to meet their own needs through active participation in national and district-level programs and policy development and access to formal and non-formal education.

Through the partnership with Pathfinder, the program in paralegal training for caregivers and community leaders will train 30 caregivers and community leaders on child protection issues. The participants will include: OVC parents/guardians, religious leaders, chiefs, HBC supervisors, teachers, and representatives from the Children's Department. Working together with the local implementing partners (LIPs), the paralegals will be assisted to form community paralegal clinics in order to make their services more easily accessible to the community. The paralegals will also be involved in all community fora organized by LIPs, HBC teams, religious leaders and other CORPs as a way of raising awareness on child protection issues. The program will document and disseminate children's voices at the community and national level. Children and youth will be facilitated to air their views on issues affecting them through radio features that will be supported by the program. The program will support in development of various IEC materials with messages pertaining to the plight of OVCs and youth.

Home Based Care: Through partnership with Pathfinder, CCF will integrate OVC care and support interventions within Pathfinder's Home Based Care program. The program will train HBC supervisors who will cascade the training to volunteer Community Health Workers. The CHWs are drawn from existing cadres of community-based health workers (CBHWs), such as community-based distributors (CBDs), and traditional birth attendants (TBAs), to provide the direct physical and emotional care and support and bridge the gap between hospital professionals and the untrained "primary" caregivers at home. To strengthen the quality of home-based care services, the program will strive to recruit nurses and other health personnel as HBC supervisors and trainers, thereby expanding and strengthening referral linkages between health facilities and HBC clients. CCF will also work in the area of economic strengthening, by providing support to schools' income generating activities, and by micro-credit services to vulnerable households.

The educational support component of CCF's program will include identification of OVCs for vocational training, which will include tailoring, weaving, carpentry, welding, hairdressing, vehicle mechanics, and other areas of interest that can be supported in this program. All the adolescents benefiting from vocational training will also be

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linked to other elements of the safety net such as counseling support, training in life skills, mentoring, and recreational facilities to ensure a holistic approach to their development. The guardians of these OVC will be targeted for home-based care services as well as other safety net services such as income generating activities and psychosocial support through support groups. Some of them will also be part of the community-owned resource persons (CORPs) in various capacities such as paralegals, CHWs, and community counselors. The educational support component of the project will also identify and support OVCs in Thika and Kiambu districts with uniforms and exercise books as a short-term assistance to very vulnerable children. In addition, the program will support a local youth group called FORCUS to replicate its "model" of a community day school for young children to other communities. The program will support selected community schools with rental fees as well as support existing schools to improve their learning facilities e.g. toilet facilities and play equipment.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The program will reach 20,000 OVC and train 3,750 caregivers in support to OVC and paralegal and child protection issues. This will be done with the local implementing partners and the care givers will be assisted in forming community paralegal clinics.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to home based care services (#5097).

4. POPULATIONS BEING TARGETED

Target population is orphans and vulnerable children, caregivers, HIV positive children, HIV affected and/or infected families and HIV positive pregnant women.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues to be addressed include wrap arounds of food, microfinance/microcredit and education.

6. EMPHASIS AREAS

Major emphasis area is community mobilization/participation and minor area is development of network/linkages/referral system, information education and communication and linkages with other sectors initiatives.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	20,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	3,750	<input type="checkbox"/>

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Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Program managers
Teachers (Parent: Host country government workers)
Volunteers
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Microfinance/Microcredit
Education
Food

Coverage Areas

Central

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community-based Care of OVC
Prime Partner: Christian Aid
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5650
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

Christian Aid (CA) is a UK based international development agency with over 40 years of experience supporting more than 550 indigenous non-governmental and faith-based organizations in 60 countries. CA will work with community and faith based organizations to provide holistic care and support to orphans and vulnerable children (OVC) in Eastern and Nyanza Provinces. CA will work through CBO and FBO in Western Kenya where HIV prevalence is quite high and also implement quality OVC programming in impoverished areas of Eastern Province. These areas are Machakos & Makueni districts. Sub districts; Lita, Mbee, Kathiani, Maviye, Kiima-kiu & Kilome. The expected impact of the CA Track 1 project is improved quality of life for 3,200 OVC and 500 care givers. This will be done through building the technical knowledge and material capacity of 50 OVC households to produce nutritious food for the long term, benefiting the OVC in these households. Provide income generation support to at least 50 OVC household guardians and older OVC, to enable them to operate new, profitable income generating activities (IGAs). Ensure that OVC regularly receive quality psychosocial support through community-based volunteers and caregivers. This intervention will include health care, provision of fees to enable OVCs to access education and also mobilize the local community volunteers to build or repair basic housing for OVC. To ensure clean water availability, the program will fund and organize for four water springs to be protected in Kathiani impact zones. This will enable at least 800 OVC households to access safe drinking water for their everyday needs, benefiting OVC in these households.

To protect OVC from stigma and discrimination, community volunteers will be mobilized to establish Child Protection Committees (CPCs) and actively promote messages geared to reducing stigma and discrimination on OVC and promoting child rights. This will lead to a reduction of at least 30% of community members with negative and discriminating attitude towards OVC and an increase of at least 30% in the proportion of community leaders, guardians and general community members that acknowledge and recognize the extent of exploitation, violence and abuse experienced by OVC. Support CPC members to monitor discrimination and abuse of OVC through community based home visit programs, which will be operational in six sub locations. Mobilize the formation of youth clubs in 73 villages. Peer educators will provide life skills training to OVC in the youth clubs. The life skills will help OVC avoid situations where they can fall victim to exploitation, violence and sexual abuse. CPC members will be trained on children's rights and counseling skills and conduct exchange visits and attend a reflection workshop in Uganda towards the end of the period, to reflect on progress made, what has worked well and what has not and to share innovative approaches and tools. Lessons learned will be fed into the interventions for the following year, resulting in improved effectiveness and quality of support provided to OVC and OVC households.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

The program will reach 3,200 OVCs through complementary and integrated care and support interventions and 500 care givers will be trained in a number of complementary areas, including income generation, sustainable food production, psychosocial support, and child protection.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to APHIA II's CT program (#4190) and APHIA II's ARV services activity (#5367).

4. POPULATIONS BEING TARGETED

This program will target orphans and vulnerable children and their caregivers.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

Issues to be addressed include stigma and discrimination and ensuring that as many as girl OVC benefit as well as boys. Data will be gender disaggregated to ensure gender equity in all the project's various interventions. Support to food security, micro-finance, micro-credit and education sectors will be addressed. Work will also be undertaken to link women and girls to the project's educational support, food security, and income generation interventions.

6. EMPHASIS AREAS

Major emphasis area is community mobilization/participation and training and minor emphasis area is development network/linkages/referral systems and quality assistance and supportive supervision.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	3,200	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	500	<input type="checkbox"/>

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender
Stigma and discrimination
Food
Microfinance/Microcredit
Education

Coverage Areas

Eastern

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
 Budget Code: HVCT
 Program Area Code: 09

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: 215,000 Kenyans will learn their HIV status in medical settings
 Key Result 2: 302,000 Kenyans will learn their HIV status in 550 VCT sites
 Key Result 3: New models for CT—testing of family members of ART patients, mobile VCT, door-to-door testing, and self-testing for health workers—will be piloted.

CURRENT PROGRAM CONTEXT

Personal knowledge of HIV status is the priority intervention in the Kenya 5 Year Strategy, and increased access to CT services continues to be a high priority for the government of Kenya. Guidelines for HIV testing in clinical sites were issued by the Ministry of Health in November 2004, leading to a remarkable increase in the number of hospital and TB patients tested for HIV. FY06 COP activities extend HIV testing in clinical sites to reach 215,000 individuals, along with training of over 5,500 health care workers. Poor record keeping in medical facilities inhibits proper reporting of CT services, and therefore activities supported in this COP will improve record keeping in clinical sites. In addition to the numbers reported in this section, over 500,000 women will be tested and receive their results through Emergency Plan supported PMTCT activities.

Voluntary counseling and HIV testing continues to be a success story for Kenya, and there are now over 550 registered VCT sites. Nearly 500,000 Kenyans will request VCT services in 2005, approximately 60% in Emergency Plan supported sites. The USG team works closely with the VCT team at the National AIDS and STD Control Program (NAS COP). The HHS/CDC cooperative agreement with NAS COP provides funds to the GOK for national oversight and supervision of CT services, and almost all CT services in Kenya are either directly or indirectly supported by the Emergency Plan.

Emergency Plan funds have supported mobile VCT (MVCT) services in rural and underserved areas of Kenya, using a converted truck, containers on wheels, and even bicycles. These services have proved to be extremely popular, with over 18,000 persons served between March-July 2005. Based on this success, we plan to increase MVCT services to serve nearly 80,000 individuals in 2006. Rapid scale-up of ART services has meant that most VCT clients found to be HIV+ can be referred for care and treatment services nearby.

NEW INITIATIVES

Novel approaches such as door to door testing in high prevalence areas, testing of family members of patients on ART, and self testing for health workers will be piloted and evaluated. Innovative approaches intended to improve access to CT by special populations such as the disabled, injection drug users, refugees, nomads, long distance truck drivers and prisoners have been initiated, and significant scale up of these activities is planned in this COP, leading to testing of approximately 75,000 people. Building on the success of mass media promotion of VCT services in Kenya, which has markedly increased the demand for VCT services, we propose to introduce mass media promotion of CT services in clinical sites. 100% of CT activities will contribute to the 2006 treatment target.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Purchase of 2 million test kits and other commodities to support CT in Kenya is included in the 2005 Kenya Global Fund workplan. Unfortunately, Kenya still experiences considerable problems with GOK procurement and distribution systems, which has negatively impacted the scale-up of CT services. Thus, Emergency Plan funds are needed to purchase an emergency stock of more than 300,000 test kits to ensure that test kit availability does not compromise the achievement of USG/Kenya's prevention, care and treatment targets. Funding for this is included in the LI program area.

WORK OF HOST GOVERNMENT & OTHER DONORS

Counseling and testing has become a high priority intervention, and VCT is supported by the Government of Kenya, the Global Fund, the UK Department for International Development, and many international NGOs.

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Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	415
Number of individuals who received counseling and testing for HIV and received their test results	517,000
Number of individuals trained in counseling and testing according to national or international standards	5,537

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Horizons
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4076
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The USG team in Kenya plans to have the Horizons project continue two activities relating to counseling and testing that were started previously.

The first study is examining alcohol and substance abuse, known risk factors for HIV transmission. A review of current practice at VCT sites revealed that alcohol and drug abuse are risk factors that are rarely addressed in HIV counseling. Since HIV testing involves counseling about high-risk behavior, it provides an opportunity to advise a client about factors that trigger risky sexual behavior such as alcohol consumption. The study population is made up of 800 VCT clients accessing VCT in three different parts of Kenya. In FY06 the study will expand from 5 to 10 sites. Since alcohol is also a factor in ARV effectiveness, the planned examination of ART patients will provide insights on how these patients can be assisted.

The second activity will implement an intervention in schools in order to reach teachers with HIV/AIDS information for their own personal behavior change. This intervention builds on the baseline survey that Horizons undertook in 2004. The activity will reach about 3,000 teachers in 200 primary and secondary schools with information and education about HIV/AIDS. It will also bring mobile VCT testing to them at schools periodically during selected education activities.

These activities also include support to the following sub recipients for activities integral to the program: Liverpool VCT, and the Christian Health Association of Kenya (CHAK).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The alcohol abuse study 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. It will be used to guide decisions on whether or not to include alcohol and substance abuse issues in counseling for HIV testing. If study findings suggest a need to include these issues, then the VCT training curriculum will also be revised to include this topic.

There are 240,000 teachers in Kenya, the largest number of employees in a single organization. This activity will provide guidance on how such a large group can be reached with HIV and AIDS information and services.

These activities will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention Targets in this project will contribute to numbers counseled and tested for HIV/AIDS. The proposed program contributes to COP 2006 targets, and is consistent with the PEPFAR 5-Year Strategy.

3. LINKS TO OTHER ACTIVITIES

Both of these studies are linked to all of the VCT/CT activities described in this COP since they will improve responsiveness of HIV counseling to client needs and expand demand and access to these services.

4. POPULATIONS BEING TARGETED

The target populations of these studies are VCT clients (men and women of reproductive age), health care providers (counselors and their trainers and supervisors), teachers, policy makers, and program managers.

5. KEY LEGISLATIVE ISSUES ADDRESSED

To the extent that alcohol abuse is a negative male norm and behavior, and leads to

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violence and coercion directed against women, the alcohol abuse study has an important gender component. If VCT counselors can help men and women understand and reduce this behavior, violence against women could be reduced.

6. EMPHASIS AREAS

Strategic information is the major emphasis area and training and workplace programs are minor areas. These continuing studies will answer questions of importance to the entire CT area. In addition, these studies are being carried out in sites supported by PEPFAR and use clients of these sites as their study populations.

Emphasis Areas	% Of Effort
Workplace Programs	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	3,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Policy makers (Parent: Host country government workers)

Program managers

Teachers (Parent: Host country government workers)

Public health care workers

Private health care workers

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Central

Coast

Table 3.3.09: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4080
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This component will improve access to HIV/AIDS service and reduce new infection rates in hard to reach geographic areas of North Eastern Kenya. 11 new CT service outlets including provider initiated testing and mobile VCTs have been established to reach the nomadic population, with an annual target of 3,000 clients. These activities will contribute to the result of increased access to CT among the underserved and hard to reach nomadic populations. 22 individuals will be trained in CT according to national or international standards.

The residents of the project districts are predominantly Muslim nomadic pastoralists whose livelihoods are dependent on livestock and livestock provide a critical entry point for the implementation of human health interventions including HIV/AIDS prevention. The region has been marginalized for several decades and health facilities are very few and poorly equipped. Moreover, the nomadic lifestyle of pastoralists implies that fixed-point service centers are of limited value and hence the need for the mobile units.

With support from USAID Kenya, the counseling and testing services have expanded in North Eastern and USAID has facilitated the provision of VCT centers in private and public health centers in the target districts, inhabited by the predominantly Muslim populations. In 2005, USAID supported activities including plans to rehabilitate, equip, and commission 6 VCTs in the District Hospitals. The project has managed to assess a total of 16 VCT sites and rehabilitated 11 VCT centers and supported training of 33 VCT counselors in the project districts. 93 people have been counseled and tested at Wajir and Mandera District hospitals. Even though the Kenya Demographic and Health Survey, 2003 had indicated that North Eastern Province could be having HIV prevalence of less than 1%, there are strong indications that the prevalence in North Eastern Province could be higher going by the data generated from the two VCT sites, which shows an infection rate of about 5%.

In the FY 2006, a partner under APHIA II will significantly increase on the CT service to reach more people by supporting 11 existing CT sites install 1 prefabricated structure and support an additional 3 new sites. To be able to reach the pastoralist populations and increase coverage of CT services in the project districts, CT activities will include Provider initiated testing and mobile VCT services to the underserved nomadic populations.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CT services in these semi arid and arid areas of Kenya will contribute up to 3% of 2006 overall Emergency Plan CT targets for Kenya. Planned mobile VCT services will improve service delivery and access to HIV prevention and care services since the currently underserved nomadic pastoralist and other hard to reach populations will have better access to CT and other health care services. The APHIA II TBD activities will contribute to increased access to CT services, particularly among the nomadic populations and youth intending to marry and this would result in increased availability of diagnostic CT services in medical settings to identify in numbers of the HIV infected people who may require anti retroviral therapy and thus contributing to Kenya's 5-Year Strategy of scaling up CT services.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY AU/IBAR.

This APHIA II TBD activity also relates to activities in abstinence and be faithful

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APHIA II (AU-IBAR) AS activity (#4079) AHIA II (AU-IBAR) OP activity (#4078). The other on-going livestock health activities, which include community, and religious outreach programs that are using the existing indigenous and modern methods of communication for awareness creation and abstinence and be faithful messages will, create demand for CT services and thus complement the CT services. In 2005, activities in NorthEastern trained a pool of Community Animal Health Workers (CAHWs) who provided basic veterinary services for the livestock at same time disseminating HIV/AIDS messages and mobilizing livestock producers and traders for CT services.

4. POPULATIONS BEING TARGETED

These APHIA II TBD activities target special populations particularly mobile populations in Northern Kenya focusing on young people, women and men intending to marry. The Sheikhs and Imams officiate all marriages and advice the would-be couples to go for CT before the marriage is formalized.

5. KEY LEGISLATIVE ISSUES ADDRESSED:

The key legislative issue addressed is the one of stigma and discrimination by enhancing knowledge of HIV status amongst the nomadic people of North Eastern Kenya. The project intends to operate within the confines of VCT client privacy and confidentiality. All the CT services will adhere to testing protocols, practice safety measures and information originating from all the supported centers client records and log books shall be kept confidential and only released to the right authorities. Couple counseling shall be promoted and referral for clinical services and post test clubs strengthened. Provision of CT for certification purposes within the VCTs shall be discouraged at all cost and young adults intending to marry shall be encouraged to undertake couple CT.

6. EMPHASIS AREAS

The major emphasis of this component is quality assurance and supportive supervision with a minor emphasis on training. The human resource to assist in quality assurance and offering CT services will be enhanced. This APHIA II TBD activity will train 5 CT supervisors. The CT trained supervisors will ensure that the services are delivered in such a way that the required standards are met and that the clients are assured of the quality of the service and confidentiality. All sites will use a standard VCT data collection tool to assist with monitoring and evaluation of the CT activities.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	11	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	3,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	22	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations

Most at risk populations

Mobile populations (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North Eastern

Table 3.3.09: Activities by Funding Mechanism

Mechanism: ACQUIRE
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4083
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

During FY2006, the ACQUIRE Project will contribute to private providers' capacity to offer integrated VCT and HIV/AIDS care and support services. In addition, ACQUIRE will strengthen systems to link clients to other HIV/AIDS resources, including ARVs and psychosocial care. Districts targeted are Kiambu and Nakuru (Naivasha area). ACQUIRE partner, IntraHealth, will take the lead on implementing this project, in collaboration with ACQUIRE staff from EngenderHealth. 30 individuals will be trained in counseling and testing according to national or international standards, 5,000 individuals will receive CT for HIV and receive their test results, and 15 service outlets will provide CT according to national or international standards.

Specifically, ACQUIRE will focus VCT, diagnostic CT and HIV/AIDS care and support services among private sector service delivery providers in facilities currently supported by the ACQUIRE project. Using the Ministry of Health's training curriculum, ACQUIRE will train these providers, and will provide extensive follow up in supportive supervision and quality assurance. Through the existing private sector "peer cluster" networks, ACQUIRE will facilitate the identification/strengthening of a comprehensive referral network that links clients to medical and psychosocial resources that are available within communities and at the district level.

These activities will increase availability of counseling and services in clinical settings. Planned trainings will increase private practitioners' capacity to provide both diagnostic and voluntary counseling and testing. Since the target private facilities are predominately rural, the planned activities will also result in increased access to counseling and testing among communities that are hard to reach and are currently underserved. All activities will be conducted in collaboration with NASCOP and the National Nurses Association of Kenya (NNAK).

ACQUIRE currently implements a widespread program that aims to strengthen the capacity of the private sector to provide high quality services to communities. The concept is for carefully selected and empowered facilities to offer a "basket of services" to their communities, who understand, appreciate and use these resources. These services currently include PMTCT, VCT, FP and PAC, and ACQUIRE receives PEPFAR and population funding from USAID to do so. Private providers currently lack significant experience and confidence in providing HIV services to their clients, so focusing FY06 prevention funding on this cohort will significantly contribute to strengthening the private providers' ability to offer a full range of HIV/AIDS services.

The significant change from COP 2005 to 2006 is that during 2006 ACQUIRE will expand the number of providers who will receive capacity building in counseling and testing. This change responds to the Government of Kenya's need to increase the accessibility of counseling and testing services, particularly in underserved areas. It also responds to USAID's and the Government of Kenya's desire to increase the quality of health care services in the private sector.

Sub recipients:
 IntraHealth International, Inc.
 Society for Women and AIDS in Kenya

2. CONTRIBUTION TO OVERALL PROGRAM AREA

The ACQUIRE project began providing CT activities in Kenya during FY2005. Targets are to train 30 public and faith-based sector providers in 15 facilities. This will bring the total number of individuals who receive counseling and testing to 5,000. Targeted districts are Mombasa, Kwale, Kilifi, Malindi and Gucha. Although the private

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sector provides 40% of all healthcare services in Kenya, ACQUIRE aims to increase the number of private sector facilities that will provide high quality counseling and testing services.

3. LINKS TO OTHER ACTIVITIES

As mentioned above, ACQUIRE currently works with private sector health care providers. The private providers' "basket of services" currently includes VCT (#4083), EngenderHealth-Acquire OP (#4942), HIV/AIDS prevention services, FP and PAC services, and ACQUIRE receives FY 05 PEPFAR and population funding from USAID to do so. ACQUIRE submitted proposals to USAID to expand PMTCT, PMTCT plus, prevention and VCT services during FY2006. The proposed program will build on and strengthening these services, as well as referral linkages between these services and other clinical and psychosocial services within the communities.

4. POPULATIONS BEING TARGETED

The proposed program targets youth 15-25 and the general population: adults, male and female, ages 26-45

5. KEY LEGISLATIVE ISSUES BEING ADDRESSED

The proposed program addresses gender equity, both among private sector providers and potential counseling and testing clients. The majority of private sector health care providers are female, so the program indirectly will support capacity building and empowerment of female health care providers.

6. EMPHASIS AREAS.

Major emphasis: Training including clinical skills training. The minor emphasis: Quality assurance, and Local organization capacity development.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	15	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	5,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	30	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Children and youth (non-OVC)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

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Coverage Areas

Coast

Nyanza

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4087
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In FY 06, Kenya Medical Research Institute (KEMRI) will provide CT to 15,000 people primarily through support to provider initiated CT at 20 Health facilities in Nyanza province. Significant changes from 2005 to 2006 for this activity include a major shift towards promotion of provider initiated CT as part of diagnostic work up of medical patients, especially those presenting with TB, Sexually transmitted infections and other conditions commonly associated with HIV. This shift responds to the need to refer symptomatic HIV infected individuals to emerging care opportunities created through the President's Emergency fund. Core activities will include introduction of HIV testing as part of standard package of care in target health facilities and training of counselors to provide both Diagnostic and voluntary CT.

Nyanza has the highest rate of HIV infection and the highest rate of HIV-related disease burden of all the provinces in Kenya. The 2003 Kenya Demographic Health Survey reported 14% HIV prevalence in Nyanza versus 7% nationwide, including a significantly higher rate of infection in young women compared to males of the same age. With support from CDC, KEMRI has implemented VCT in the province and its environs since 2001. Over 80,000 Kenyans have been counseled and tested through this program implemented in partnership with local NGOs, CBOs and FBOs.

VCT will be expanded primarily to increase knowledge of HIV serostatus for primary prevention but will also result in identification of significant numbers of HIV positive individuals.

Emergency Plan funding will be used to develop infrastructure to create additional CT outlets and to build human resource capacity to provide these services in clinical settings. Additional 80 counselors will be trained to match the anticipated increase in CT service uptake. The program of quality assurance (QA) for both counseling and testing will be expanded to cope with increased service uptake during FY06. QA for HIV testing will involve submitting dried blood spot samples from every tenth VCT client to a designated reference laboratory for retesting and confirmation of results issued to clients. On the other hand, 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CT in this high prevalence area will result in identification of many previously undiagnosed HIV positive individuals that will benefit from care and treatment availed through the President's Emergency Fund. This partner is expected to contribute approximately 3% the total USG target for CT during FY06. These planned activities will contribute to the result of increased access to CT services, particularly among underserved and high risk populations and the result of increased availability of diagnostic CT services in medical settings to identify the large numbers of HIV infected patients who are potential candidates for ART. The activity also contributes substantively to Kenya's 5-Year Strategy that focuses on encouraging Kenyans to learn their status and emphasizes HIV testing as standard package of care in medical settings. The strategy also emphasizes the development of strong links between CT services and network care outlets for those who are HIV-positive and in need of medical care.

3. LINKS TO OTHER ACTIVITIES

KEMRI CT activities in Nyanza province and neighboring areas will refer increased number of HIV positive patients requiring care to the Emergency fund supported

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Comprehensive care centers at Nyanza Provincial Hospital, AMPATH -Chulaimbo, Merin and Mildmay. Strengthened linkages between CT centers and care outlets will improve utilization of care opportunities created through the President's Emergency Fund and WHO 3 by five initiative. This activity is linked to KEMRI AB activity (#4089), KEMRI-ART activity (#4091), KEMRI PMCTactivity (#4095), KEMRI TB/HIV activity (#4090), KEMRI-Uniformed services CT activity (#4255) and KEMRI OP activity (#4094).

4. POPULATIONS BEING TARGETED

This activity targets symptomatic individuals seeking care at health facilities especially in medical wards, STI clinics, TB clinics and other service outlets targeting conditions that are commonly associated with HIV. New sites will include facilities operated by NGOs and FBOs to improve access for community members who may be uncomfortable seeking CT services in government health facilities. In addition, health care providers in both public and private medical settings will be trained to provide CT services to patients as part of routine medical care thereby increasing access to CT for all segments of the population.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through counseling messages targeted to vulnerable young girls and women attending reproductive health Clinics. Low CT service uptake by couples and low disclosure rate by partners will be addressed through vigorous campaigns to educate people of Nyanza on the benefits of couple VCT and mutual disclosure of HIV status. The much increased availability of CT services in clinical and hospital ward settings will help to reduce stigma and discrimination besides addressing patients' right to access the highest standards of diagnostic services available to guide their treatment.

6. EMPHASIS AREAS

This activity includes major emphasis on human resources and minor emphasis on infrastructure, quality assurance, and training as detailed in the activity description in Section 1 above. The resources dedicated to human resources will primarily be used to pay salaries and benefits for CT service providers who are not employed by the government. Resources for infrastructural improvement will mainly be used for minor alterations in public facilities as part of scaling up of CT in medical settings. Quality assurance program for HIV testing will be strengthened to ensure that at least 10% of samples tested in CT service outlets are retested in a designated reference laboratory to validate results issued to clients and patients.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	20	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	15,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	80	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Populated Printable COP
Country: Kenya

Fiscal Year: 2006

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Target Populations:

Adults
Community-based organizations
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Discordant couples (Parent: Most at risk populations)
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Rural communities
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workers (Parent: Private health care workers)

Key Legislative Issues

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

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Live With Hope Centre
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4114
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Live with Hope Center is faith-based organization that has been providing comprehensive HIV/AIDS services in a markedly underserved and difficult-to-reach area of Kericho as well as its surrounding rural communities since 2000. In FY06, the Live with Hope Center will expand their counseling and testing (CT) services to 2500 individuals through continued support and maintenance of the stand alone Voluntary Counseling and Testing (VCT) site that was constructed under the FY04 President's Emergency Plan. The site offers and promotes the routine voluntary counseling and testing for the general population in this area. They will also continue mobile VCT services to the most at risk populations by focusing on prisoners, migrant tea workers, and out-of-school youth. The targets that LWHC has set in regards to CT will be reached by increasing their mobile CT services to difficult to reach rural areas surrounding Kericho town. Three individuals will be trained in counseling and testing according to national or international standards.

The Live with Hope Center will also reach their CT targets by integrating their counseling and testing services into their existing home-based care program that services over 200 individuals who are HIV positive and are receiving ART or under medical supervision for potential opportunistic infections like TB. This initiative will bring counseling and testing into the homes of every client that is part of their home-based care program by providing CT to every member of the household. By doing so, Live with Hope will ensure that every family member of their clients on home-based care receives quality care and treatment if required. The LWHC has a dynamic program that routinely links the Person Living with HIV-AIDS to their active support group which in turn assists in combating stigma and discrimination in the larger community. The LWHC will also train three more health care workers in VCT. In addition, technical assistance will be provided by 2 locally employed staff.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

VCT services offered by LWHC will contribute to the overall Kenya 5-year strategy of 250,000 Kenyans accessing VCT services and subsequently learning their HIV status. The LWHC will continue to use VCT as an important HIV prevention tool by providing VCT to at risk populations through outreaches and mobile VCT. LWHC will also contribute substantially to Kenya's 5-Year Strategy emphasis on the youth and people with disabilities by establishing a youth center that will work closely with their stand alone site in promoting prevention and by training existing counselors in sign language to improve their communication with the deaf population. In addition, LWHC will continue to provide VCT to married discordant couples who are members of the church and who do not know their status. Furthermore, LWHC will be the focal point of the novel approach of testing every family member of patients on ART.

3. LINKS TO OTHER ACTIVITIES

This activity will be closely linked with the Kericho District Hospital TB/HIV activity (#4112) as well as the LWHC community based palliative care program activity (#4115). The Live with Hope Center will continue to work closely with the Kericho District Hospital as part of the larger HIV/AIDS care and support network by serving as a referral point for advanced care and treatment.

4. POPULATIONS BEING TARGETED

LWHC CT activities will target young people, especially out of school youth, through the close partnership with the established youth recreation center and the existing stand alone VCT site. They will also continue their focus on other at risk populations like prisoners and migrant tea workers through increasing the number of mobile counseling and testing services to both the prisons and the many tea estates

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surrounding the Kericho area. The stand alone VCT site will continue to also serve the general adult population in the area as well.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The CT activity under the LWHC aims to change traditional gender norms and behaviors that have contributed to the rapid spread of HIV in some communities by using information, education, and communication to spread messages about risky behavior. CT will also target young girls in an effort to increase their access and availability of HIV information through VCT services. Previous statistical analysis indicated that the LWHC was working in accordance with the Kenyan national strategy by targeting a higher percentage of women than men; the percentage of women accessing the LWHC VCT site compared to the men was approximately 60% in FY05. The LWHC CT service also challenges pre-conceived misconceptions of testing and counseling for HIV by fully integrating the service in already existing church community activities they provide to the general public hence de-stigmatizing the process of HIV counseling and testing in the Kericho-Motobo area.

6. EMPHASIS AREAS

The majority of this partner's efforts will be in maintaining the current staff through the direct payment of salaries of the healthcare workers and VCT counselors that have been recognized by the National AIDS Control Office as trained to provide VCT services. Commodity procurement for test kits, continued community mobilization to improve access to VCT, and the training of 3 more health care workers to provide VCT will consist of the remaining small percentage of this partner's efforts under CT.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	1	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	2,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	3	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Factory workers (Parent: Business community/private sector)

Faith-based organizations

Prisoners (Parent: Most at risk populations)

Children and youth (non-OVC)

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4142
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This APHIA II TBD activity will build on activities approved in 2005 and implemented through World Vision. In 2006, the activities implemented through APHIA II will contribute to this goal by increasing access to VCT services, particularly among underserved and hard-to-reach populations in 10 districts. In partnership with community-based organizations (CBOs) and faith-based organizations (FBOs), the APHIA II TBD activity will continue to mobilize communities for VCT and make appropriate referrals to MOH-supported Specialist Centers (clinics). These facilities will also offer diagnostic counseling and testing services, and treatment including ARVs. In 2005 two Patient Support Centres doubling as VCT centers were identified and supported to handle all individuals needing VCT in each of the ten districts, and also two counselors and one supervisor were trained for each of the 20 VCT sites identified to ensure service continuity. During 2006 plans are to scale up access to CT services by identifying one more Patient Support Center and support the training of an additional 2 counselors in each of the ten districts while at the same time providing care and support to other HIV-infected individuals from PMTCT clinics, hospital discharges and antenatal clinics. Through supporting the MoH Specialist Clinics HIV-infected individuals are able to access treatment of OIs including TB, ARV and Home Based Care. Evidence shows that demand for VCT increases with the availability of clinical care and support services. It is therefore expected that in 2006 about 1000 individuals will undergo VCT in each district annually, for a total target of 10,000 persons served with CT.

This APHIA II TBD activity is also linked to the 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity fits into the Kenya Five-Year Strategy of working through faith-based organizations and networking with other FBO/NGOs as well as Government of Kenya.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY WORLD VISION.

This activity links with OVC APHIA II activities (# 5095), ARV Services APHIA II activities (# 5374). The project will integrate prevention interventions, psychosocial support, food/nutrition supplementation, livelihood training, micro-enterprise training and advocacy into all programming initiatives.

4. POPULATIONS BEING TARGETED

This APHIA II TBD activity will target the general population: adult men and women of reproductive age, and HIV/AIDS-affected families, underserved and hard-to-reach populations, particularly in rural communities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

All activities will be characterized by the use of local volunteers through 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.

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6. EMPHASIS AREAS

The major emphasis is on community mobilization and participation with minor emphases on development of network/linkages/referral systems, local organization capacity development, and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	20	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	10,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	20	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Faith-based organizations

Most at risk populations

HIV/AIDS-affected families

Coverage Areas

Central

Coast

Nyanza

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: ACCESS
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4155
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In FY06 USAID'S ACCESS project implemented by JHPIEGO will continue to promote the availability and delivery of high quality counseling and testing services in public Ministry of Health (MOH) facilities. The MOH's National Guidelines for Counseling and Testing in clinical and medical settings will be disseminated in 27 districts of Western, Coast and Nyanza Province and orientation provided to 400 health workers. Subsequently these health workers will give service orientation to 2,000 health workers using a cascade on-the-job (OTJ) approach. This activity will promote the availability of diagnostic counseling and testing (DCT) in Ministry of Health facilities. Strengthening referrals and linkages to care, treatment, and prevention are priorities for FY06. This activity will enable health workers to reach individuals who are most likely to benefit from ARV treatment, through integration with STI, TB, and In patient services. Effective linkages to comprehensive care centers (CCC) for HIV treatment will be established.

Significant changes from 2005 include the advancement of training for health workers through on the job (OJT) cascade training. The activity also focuses on increasing linkages between STI, TB and In patient services with HIV treatment services. The increased availability of DCT will help to reduce stigma associated with HIV testing.

In FY05 JHPIEGO supported the National AIDS and STI Control Program (NAS COP) to develop an orientation package for health workers to build skills in counseling and testing in medical settings as defined in the National Guidelines. This orientation for health workers helped to improve the quality of DCT in 8 districts in Central, Eastern and Nairobi Province. In FY06 this activity will advance the DCT skills of health workers in Western, Nyanza and Coast Province and improve the quality of prevention, palliative and HIV treatment services. JHPIEGO will participate in the MOH's Technical Working Group to ensure coordination of activities and compliance with MOH guidelines for service delivery.

This activity will utilize plus up funds to train an additional 400 health workers and support on the job training for a further 2,000 health workers in Nyanza, Western and Coast Province. JHPIEGO will also collaborate with local non-governmental organizations for people living with HIV/AIDS and community healthcare workers to reduce stigma towards DCT. At the planning stage, both central and appropriate peripheral levels of the ministry of health will be involved along with other stakeholders.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2006 Emergency Plan result for increased availability of diagnostic counseling and testing through training of health workers. It will enable service providers to identify the large numbers of HIV infected patients who are potential candidates for ART. This activity will increase access to prevention and treatment services particularly among underserved and high risk populations.

It also contributes to Kenya's 5-year strategy emphases of encouraging Kenyans to learn their status and developing strong links between counseling and testing and HIV services for those who are HIV positive and in need of health care.

3. LINKS TO OTHER ACTIVITIES

JHPIEGO's activities in Western, Nyanza and Coast Province relate to (6) Palliative Care activities in the AMKENI HBHC entry (#4099), Palliative Care TB/HIV activities of IMPACT (#4195) and (11) HIV/AIDS treatment activities of IMPACT ART activity

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(#4187).

4. POPULATIONS BEING TARGETED

This activity targets adults, people living with HIV/AIDS, other MOH staff including program managers in the NASCOP, public health care doctors and nurses, other health care workers including community health workers and non-governmental organization.

5. KEY LEGISLATIVE ISSUES ADDRESSED.

This activity will help to reduce stigma associated with HIV status by increasing the availability of routine testing for diagnosis in medical settings.

6. EMPHASIS AREAS COVERED

This activity includes major emphasis on policy and guidelines and minor emphasis on training and development of network/linkages/referral systems as detailed in the activity description in Section 1 above.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	2,400	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Rural communities

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Central

Nyanza

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4170
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

Through the President's Emergency Fund, Community Housing Foundation (CHF) already supports over 30 local partners implementing a wide range of HIV prevention and care activities including CT, ABY, ART and HBC mainly in remote and hard to reach rural parts of Kenya. During FY 06, CHF plans further to consolidate and expand activities of its existing partners to broaden their geographical coverage. The planned expansion and consolidation of initial efforts will result in an increase of CT outlets supported by CHF to 26 through which 75,000 clients and patients will receive CT. CHF sub-partners will promote couple testing, and will ensure that discordant couples are provided with support and access to care. CHF sub-partners will also assist HIV infected clients with the difficult process of disclosure to sexual partners and family members. CHF will train an additional 50 counselors to provide CT in both medical and non-medical setting during the plan period. Most of CHF's subpartners provide services in remote and rural parts of Kenya where the operating costs are relatively high. CHF will make financial provisions to cover these higher costs and additional costs for capacity building for local partners, which is an integral part of its mandate in Kenya.

Community Health Financing (CHF) was awarded a cooperative agreement with CDC in late FY04 to work with local Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) in Kenya, building their capacities in implementing HIV Counseling and Testing (CT) activities for primary prevention and for timely identification of individuals requiring medical care. Four months after beginning the CDC/CHF partnership, the first six sub-partners provided CT to 8,000 clients. The network model approach in programming and financing adopted by CHF has greatly enhanced linkages among the complementary activities implemented by these sub-partners, especially between CT and care services supported through the President's Emergency Fund.

In the capacity building front, 20% of the existing sub-partners will move towards greater autonomy and will record a significant reduction in CHF's direct involvement in their program activities as they will have acquired considerable skills needed for independent operations. Emerging NGOs with good potential for expanding access to CT in different settings will be recruited into the CHF umbrella in consultation with CDC.

The planned activities will result in increased availability of quality diagnostic and voluntary counseling and testing services. 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 in increased human resource capacity to provide both diagnostic and voluntary counseling and testing.

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 current cooperative agreement with CDC, CHF has done exceptionally well in responding to the national aspiration of increasing access to quality HIV prevention and care services in Kenya. In addition to assisting the local organizations to develop and use local networks for referral of patients and for services not directly provided by the sub-grantee, CHF will facilitate sharing of lessons learnt. Besides building the capacity of the local sub-partners in CT program implementation, CHF will continue to provide sub-grants and to build their overall management capacity. Training in proposal writing, which will enable sub-grantees to compete independently for USG and donor funds, will be emphasized. CHF will

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promote compliance with prescribed national standards for CT service delivery and continuous quality improvement at all sites through a program of support supervision conducted jointly with Ministry of Health officials.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through partnership with local sub-partners supported with FY 06 funds CHF will provide CT to 75,000 Kenyans. Majority of those testing positive will be linked to care services within the network frameworks for HIV activities initiated by CHF through President's Emergency fund. CHF's effort in CT is expected to contribute approximately 15% of the total USG target for Kenya in FY 06. A number of CHF sub-partners will provide CT through multiple approaches including Mobile VCT, CT in Medical settings and CT within home Based Care Programs, thereby improving equity in access to HIV prevention and care services since many rural communities that are currently underserved will have better access. Overall, CHF's activities will contribute to the result of increased access to CT among underserved and high risk populations and better capacity to implement high quality HIV/AIDS interventions by local sub-partners.

3. LINKS TO OTHER ACTIVITIES

The CHF supported CT activities will focus on enhancing links to other Emergency Plan funded care and treatment activities intended to better serve geographical areas where linkage to care for those testing HIV positive are still weak. Many of the partners to be supported under this mechanism will also receive the President's Emergency funds to implement multiple HIV/AIDS prevention and care interventions including AB activity (#4171), OP activity (#4167), ARV therapy activity (#4164) and OVC activity (#4169), TB/HIV activity (#4166) which are largely complementary.

4. POPULATIONS BEING TARGETED

This activity targets predominantly rural populations falling largely within remote parts of Kenya. Innovative programs for promoting CT amongst commercial sex workers and the youth are an integral part of the planned activities. New sites will include facilities operated by Community or Faith-Based Organizations and non-profit organizations serving nomads and other hard to reach population groups.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase equity in access to HIV/AIDS services for nomads and other hard to reach populations that have largely been marginalized in the past.

6. EMPHASIS AREAS

This activity includes major emphasis on local capacity building, human resource development and minor emphasis on improvement of infrastructure for CT service provision. CHF will focus mainly on building the capacity of local organizations to implement high quality HIV/AIDS interventions responsive to the needs of target communities. The training component of the planned activities will result into increased human resource capacity to provide both diagnostic and voluntary counseling and testing at grassroots level. In settings where infrastructure for CT service provision is underdeveloped or lacking, resources will be committed for minor alterations, improvements and furnishings to create decent CT service outlets.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	26	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	75,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	50	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Discordant couples (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Widows/widowers

Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Local Voices
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4174
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

According to the Kenyan Demographic and Health Survey (DHS), four out of every five HIV-positive Kenyans don't know that they have contracted the virus. Internews will increase demand for counseling and testing (CT) services through innovative communications and by encouraging reporting on the subject via radio and television. The primary strategy will be to train journalists and talk show hosts to equip them with the skills to accurately report on complex CT related issues, which are common sources of rumors, misconceptions, and public misinformation.

In FY06, Internews will specifically train 4 television journalists and 4 camera people and support them in producing 8 high quality features to be broadcast on prime time TV programs in Kenya, estimated to reach 2 million viewers around the country. This activity will contribute to increased access to and utilization of diagnostic, routine, and voluntary counseling and testing.

Internews Network Inc. is an international non-profit organization that supports open media worldwide. In Kenya, the organization is committed to training broadcast journalists, supporting improved news reporting and programming about the HIV/AIDS epidemic and its impact on local communities. The radio content analysis research in Kenya, conducted by Steadman International, has shown that the frequency of HIV/AIDS radio programs in Kenya has increased by at least 50% since this activity started two years ago. There has also been a significant increase in the quality and diversity of programs, with the voices of PLWHAs being heard far more often on radio.

To date Internews has conducted 2 training workshops for radio journalists on VCT and one on diagnostic testing and counseling (DCT), resulting in over 24 radio programs aired on these issues. 2006 will be an excellent opportunity for this activity to expand and get more involved in training television journalists, to better address the frequency of, and improve the quality of programs on, counseling and testing issues in that medium as well.

Since May 2004, Internews has operated a Media Resource Center (MRC) Nairobi. The MRC is stocked with more than 2,000 HIV/AIDS publications and offers internet access to provide Kenyan journalists with desperately needed resources to produce stories about HIV/AIDS. It also provides computers with digital sound editing programs, as well as the help of a sound technician and senior journalists, to assist in the production of programs.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya 5-Year Strategy that focuses on number of people counseled and tested. This activity will contribute to increased access to and utilization of diagnostic, routine, and voluntary counseling and testing.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to: Internews Network-Local Voices ART activity (#4172) and Internews Network-Local Voices PMCT activity (#4173).

4. POPULATIONS BEING TARGETED

Targeted populations include the general population (men and women), people living with AIDS, host country government workers especially policy makers who are involved in the training sessions.

5. KEY LEGISLATIVE ISSUES ADDRESSED

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Through the training sessions stigma and discrimination is addressed.

6. EMPHASIS AREAS

Internews places major emphasis on Training and Capacity building for media houses targeting journalists and talk show hosts. Internews will hold one television workshop for 4 journalists and 4 camera people, resulting in at least eight (8) high quality features on television; and one NGO workshop for 8 NGOs (such as Liverpool VCT, Nazareth Hospital (DCT), etc.). Information, Education and Communication is another major emphasis area in which Internews will continue to provide services through the media resource center set up by the project.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults
People living with HIV/AIDS
Host country government workers
Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Liverpool VCT and Care
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4176
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

During FY 06, Liverpool VCT and Care program (LVCT) will continue to improve model programs of CT and care through technical assistance to non-governmental organizations (NGO), community-based organizations and faith-based organizations (FBO). Core activities will include provision of CT to 105,000 people in medical and non-medical settings, training of 200 service providers and quality assurance support to partners. CT services will be provided in 40 sites and HIV positives clients referred to comprehensive care centers established through the President's Emergency funds. Specific efforts will be aimed at promoting couple CT, assisting discordant couples, and assisting HIV infected clients to disclose their status to their sexual partners. These activities will increase access to high quality HIV prevention and care. LVCT plans to train 100 counselors in VCT and another 100 in Diagnostic Counseling and testing (DCT). In addition to the 20 VCT sites that LVCT operates with support from CDC, three new VCT sites will be established to better address the needs of special vulnerable groups including men who have sex with men and people with visual and hearing impairments. LVCT will also take over the management of 17 existing VCT sites that were established by Kenya Medical Research Institute (KEMRI) using the President's Emergency funds.

Given the expected rise in uptake of CT and the need to link those testing positive to care, LVCT will establish 5 HIV comprehensive care clinics (CCC) during FY 06. It will maintain a regional presence in Eastern province, Central Nairobi and Nyanza provinces and will implement multiple models of CT services including mobile VCT where appropriate. By the end of FY 06, 2000 HIV positive persons tested will be started on ART at LVCT-operated care outlets. In addition, 6,000 will receive non-ARV treatment including prophylaxis for opportunistic infections.

In keeping with its commitment to enhance local capacity to provide quality HIV/AIDS services, LVCT will conduct CT trainings including DCT, VCT, couple counseling and Training of Trainers courses. It is estimated that LVCT will conduct a total of 12 VCT courses enrolling 15 persons per class, offer ongoing VCT counselors supervision on a bi-weekly basis, conduct 4 couple counseling courses, refresher VCT training and 6 Diagnostic Counseling and Testing trainings.

To enhance service delivery of CT and care to the public, LVCT will provide technical assistance, capacity building and program support to selected government institutions. LVCT will also offer ongoing quality assurance trainings for its service providers and those of collaborating partners to ensure continuous improvement in quality of CT services.

LVCT is a Kenyan NGO widely known for its leading role in providing quality VCT services and trainings. LVCT has been a CDC Kenya partner since 2002 and was awarded a CDC Cooperative agreement in September 2004 to continue providing VCT using multiple approaches, to train service providers in CT and support supervision; and to expand access to both ART and non ART Care for CT clients who test HIV positive. LVCT will expand these activities during FY 06. The estimated budget of \$ 1,340,000 for FY 06 represents a modest increase over FY 05 budget that will largely cover expansion costs as highlighted above; in addition to improving quality of existing services and training of additional service providers.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through LVCT's efforts, an estimated 105,000 Kenyans will access CT in settings with well-established linkages to care services created through the president's Emergency fund. LVCT's CT targets for 2006 will contribute 20% to the overall

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Emergency Plan CT targets for Kenya and will include significant number of counselors trained. LVCT will also provide mobile VCT services in selected underserved parts of Central, Eastern, Rift valley and Nyanza provinces to improve equity in access to HIV prevention and care services. Many underserved rural communities will have better access to these essential services. Linkages between outreach Mobile VCT programs and medical sites where AIDS care and treatment are available will be enhanced thereby enabling many HIV infected individuals to access appropriate medical care.

3. LINKS TO OTHER ACTIVITIES

HIV positive individuals identified through LVCT's CT activities will be linked to LVCT's comprehensive care Centers whose expansion will be designed to serve geographical clusters of CT sites. The model CT sites operated by LVCT will continue to be *centers for best practice and training of service providers besides forming a platform to pilot activities that will guide National CT program improvement*. Model youth friendly CT sites operated by LVCT will improve the program's responsiveness to the needs of the youth thereby improving access to services by this highly vulnerable sub-segment of Kenya's population. LVCT will also receive President's Emergency Fund to implement other HIV interventions that complement CT efforts. Such interventions will include palliative care, ARV treatment activity (#4178) and other efforts that can be implemented as integrated packages.

4. POPULATIONS BEING TARGETED

This activity targets multiple high risk groups including people with disabilities, young people, as well as other most at risk populations especially Men who have sex with men and survivors of rape. Public health care workers as well as leaders of FBOs and NGOs will be trained to address the particular needs of these groups, which also include widows/widowers, HIV positive pregnant women, and mobile populations such as truck drivers and migrant workers.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase equity in programming through expansion of CT services that are responsive to the unique needs of the deaf, blind, Men who sex with Men, rape survivors, the youth and other marginalized groups. Increased availability of CT services for these special vulnerable groups will help to reduce stigma and discrimination amongst them.

6. EMPHASIS AREAS

This activity includes major emphasis on building local capacity to provide quality CT services through trainings on provider-initiate CT, Client-initiated CT and quality assurance. There will be minor emphasis on development of infrastructure to provide space for CT service delivery, especially in medical facilities that have not yet institutionalized provider initiated CT. Increasing interest in quality of CT by the Kenyan Ministry of Health has been demonstrated through recent approval of new National strategy and tools for supervision and quality assurance (QA) for CT. LVCT is already working with the Ministry of Health to expand national training in HIV/AIDS Care, monitoring and supervision for CT services as well as district level mentoring. LVCT will build on its experiences and emerging opportunities to expand scope and improve quality of CT trainings that it provides to both governmental and NGO agencies. In model stand alone CT sites where LVCT provides services to the public at no fee, resources will be set aside to cover salaries for service providers.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	40	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	105,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	200	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Disabled populations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

Injecting drug users (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Rural communities

Widows/widowers

Migrants/migrant workers (Parent: Mobile populations)

Religious leaders

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

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Coverage Areas

Central

Coast

Eastern

Nairobi

Nyanza

Rift Valley

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Table 3.3.09: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4190
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity will build on activities approved in 2005 and implemented through FHI/IMPACT. The 2006 APHIA II TBD activities will provide counseling and testing services to 150,000 people through existing static sites, expanded testing in clinical settings, and increased outreach services. 20 new sites will be developed. Increasing access to antiretroviral therapy dictates that CT efforts quickly transform to accommodate active case finding through provider initiated testing (PIT) in clinical settings, in addition to the more passive client initiated testing (CIT). Existing integrated VCT sites are particularly well placed to support these efforts in the interim; they will be strengthened to support DTC efforts (e.g. supporting start up activities, providing testing for partners and other family members of index patients, providing ongoing counseling, providing bedside counseling, consolidating CT returns, and managing HIV test kit supplies etc). These efforts will prioritize existing CC-ART sites, as they are expected to result in identification of a large number of patients over a short period of time, many of them already eligible for ART. PIT initiatives will require support for logistics, creation and renovation of space especially at inpatient facilities, supportive supervision, ongoing monitoring, and mainstream CT reporting.

Existing supported VCT sites already serve a large population of young people (39% are aged 24 and younger). In addition to existing dedicated youth VCT services, counselors at general VCT sites will be trained and skilled to work with young people. Targeted outreaches to youth centers and tertiary institutions, will also reach young people. Experiences with comprehensive counseling services at existing youth VCT centers (including alcohol and substance abuse prevention counseling, gender based violence prevention and counseling, pregnancy prevention/FP, STI prevention, diagnosis and treatment, and referral to addiction treatment services) will be documented and used to scale up these efforts at existing general VCT sites.

Intensification of outreach services will require that selected static sites have the capacity to support these outreaches (back-up supervision, sessional staff, supplies and other logistics, data collection), and make provision for weekend services. Family based counseling and testing will be piloted in one district (Nakuru), and will require at least one fully equipped and staffed semi-mobile VCT service, to serve families resident in more rural locations where VCT services are not readily accessible. To ensure human resource capacity for CT services; 120 counselors (primarily lay counselors), will be trained in VCT, to staff new sites as well as fill existing VCT staffing gaps. 250 health care workers, (counselors at existing integrated sites who are already serving a large symptomatic client base and many counselors previously trained but not necessarily practicing VCT will be prioritized); will be trained in diagnostic counseling and testing. Finally 450 existing and newly deployed counselors will be oriented to HIV care and treatment and need for systematic referrals.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This APHIA II TBD project will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention. Targets in this project will contribute to numbers counseled and tested for HIV/AIDS. The proposed program contributes to COP 2006 targets, and is consistent with the PEPFAR 5-Year Strategy, in the following manner: Increased access to counseling and testing clinical services, and increased availability of counseling and testing clinical services.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY FHI/IMPACT

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This activity is linked to: APHIA II AB activity (#4193); APHIA II OP activity (#4188); APHIA II ART activity (#4187); APHIA II Palliative care activity (#4194).

4. POPULATIONS BEING TARGETED

The targeted population will include general population and especially special populations, youth, communities, health care providers and CBOs, NGOs, and FBOs.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Gender is a key legislative issue addressed in this activity. This includes activities supporting counseling that challenges norms about masculinity, delayed sexual activity and reduced multiple sex partners for boys and men and transactional sex. The activity also include support for testing and support services for victims of sexual abuse and violence, training on couple counseling, risk assessment, stigma reduction, and supporting women to mitigate potential violence.

6. EMPHASIS AREAS

This activity supports the development and implementation of referral systems, quality assurance and supportive supervision for CT counselors, the activity will also support the training of additional counselors especially targeting testing for youth and in clinical setting. The activity will also work with local organizations and NASCOP to strengthen their capacity to implement programs.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	20	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	150,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	370	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Community-based organizations

Most at risk populations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Public health care workers

Traditional birth attendants (Parent: Private health care workers)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Coast

Nairobi

Rift Valley

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Frontiers in Reproductive Health
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4204
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

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.

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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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 target groups will be trained in counseling to inform clients about issues of HIV/AIDS and the need for knowing their status.

3. LINKS TO OTHER ACTIVITIES

The activity creates demand for VCT services and will link to the VCT services at the health facility. More information will be given to clients and the community during community meetings with the local administration so that more messages and activities are conveyed through this community channel. The activity will also be linked to other ART, OVC, and Palliative Care (#4074) activities implemented by USG partners.

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4. POPULATIONS BEING TARGETED

General population will be targeted who will attend the facility for family planning services and also health facility staff, family planning clients and providers, doctors, clinical officers and nurses. These included men, women, adolescents and the community at large.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will work towards addressing the issue of stigma and discrimination faced by individuals with HIV/AIDS and their families.

6. EMPHASIS AREAS

Major emphasis will be training and minor emphasis will be information, education and communication materials will be used to raise awareness of knowing your HIV status.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	16	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	10,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	36	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Tenwek Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHA) account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4245
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Tenwek Mission Hospital is a 300-bed, faith-based hospital in Bomet District serving an estimated population of 500,000 people. Counseling and testing (CT) activities for the hospital have primarily been conducted through the Tenwek Community Health Department (TCHD) in six districts within the Rift Valley Province through 11 stand alone Voluntary Counseling and Testing (VCT) sites as well as mobile VCT services which attends to the underserved, hard-to-reach rural areas. In FY06, Tenwek Mission Hospital will provide CT to 14,000 individuals by continuing to support their existing sites as well as scale up the testing of in-patient and TB patients for HIV as well as routinely link CT into their STI and reproductive health clinics. The six districts in Kenya in which TCHD has had a significant presence in the area of CT are characterized by its high rural population and poor infrastructure which severely limits the accessibility of medical services.

TMH has been an Emergency Plan partner since 2003 and has successfully provided VCT to approximately 20,000 Kenyans in some of the most-difficult to reach areas in the south Rift Valley. In FY05, the TCHD successfully provided counseling and testing to 14,000 individuals through 11 of their VCT sites as well as through mobile counseling and testing services.

With the assistance of the Emergency Plan funding, TCHD has also been bringing CT services to many of the migrant seasonal workers in the tourism industry in a few Kenyan national parks through mobile VCT's. TCHD is also targeting at-risk populations through the prisons and outreach VCT services to commercial sex workers in many of the towns along the major Kenyan highways. They have also converted three of their stand alone sites to become youth friendly to attract and serve both in and out of school youth. Through the promotion of CT services to the youth, TCHD/TMH provides an important link to early prevention and subsequent behavior change to this at-risk age sector.

In order to expand counseling and testing activities in FY06, 10 health care workers will be trained in DTC. In addition, funds will be used to continue to train qualified individuals to maintain and provide services through the existing stand alone VCT sites and mobile VCT. Also, technical assistance will be provided by 2 locally employed staff. Tenwek will continue to operate CT sites and conduct mobile CT services in six districts within the Rift Valley Province as well as bring quality DTC services to all their rural health facilities within these districts.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

TCHD, in conjunction with TMH, will successfully allow 14,000 more Kenyans to gain a personal knowledge of their HIV status through traditional VCT sites and mobile counseling and testing services. In accordance with the national initiative of increasing HIV testing in clinical sites, TMH will also bring quality diagnostic testing & counseling (DTC) services to their hospital in Bomet District, which will contribute to the number of individuals learning their HIV status. Furthermore, in accordance with the Emergency Plan's overview for CT, special populations will be targeted in FY06 in CT for Tenwek by focusing on bringing quality CT services at-risk populations.

3. LINKS TO OTHER ACTIVITIES

TMH CT activity is closely linked with Tenwek Mission Hospital TB/HIV activities as well as Longisa District Hospital TB/HIV activities. TCHD and TMH will continue to link their CT services to other HIV care and support service providers in the area by providing a referral list of all hospitals or health facilities that provides quality support and care for the HIV positive client.

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4. POPULATIONS BEING TARGETED

TCHD and the TMH will specifically target special populations in their provision and scale-up of CT services in the south Rift Valley by making a concerted effort to train 3 of their current VCT counselors in sign language in order to adequately communicate with the deaf population. Since many of their stand alone sites are situated along the busy transportation routes of Kenyan highways, the initiative of many of these sites is to target commercial sex workers and other mobile populations such as truck drivers. The transformation of 3 of their existing sites to become youth friendly in FY05 has also captured the youth population. The mobile CT services are bringing CT migrant workers currently working in the seasonal tourism industry in a few of the Kenyan national parks that are part of the geographic area that TMH serves. TMH CT services will also be extended to reach the frequent discordant couple phenomenon found in the church community.

5. KEY LEGISLATIVE ISSUES ADDRESSED

CT activities undertaken by TMH will focus on improving the availability and accessibility of gender sensitive CT services to women and young girls. They will focus on utilizing CT services as a behavior change intervention that empowers young girls to be more pro-active regarding issues surrounding sexuality as well as serving as a tool to counsel men on gender-specific traditional roles and beliefs that have had a direct relationship to the rapid spread of HIV in the area.

6. EMPHASIS AREAS

TCHD's budget will be split up into commodity procurement, community mobilization, human resources, information, education and communication, infrastructure, and training. TMH will increase their test kits and supplies through their own procurement to supplement the supply from the national government. A small emphasis of the TMH efforts will also be used to continue the financial support of their dedicated counselors and staff providing quality CT services. TCHD will be mobilizing community resources to disperse educational material to prepare communities for their mobile VCT. Also, the TCHD will need to conduct recruitment and training to meet the needs of their expanding VCT activities. Finally, a percentage of funding will be used to convert three of their VCT centers into youth friendly VCT centers.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	12	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	14,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	10	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Disabled populations

Faith-based organizations

Family planning clients

Discordant couples (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Prisoners (Parent: Most at risk populations)

Children and youth (non-OVC)

Migrants/migrant workers (Parent: Mobile populations)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHA) account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4249
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In FY 06 the Kenya Department of defence (DOD) will accelerate and expand its CT activities through training and deployment of 75 additional counselors and increasing its CT service outlets from 25 to 28, thereby building capacity to provide CT to an estimated 7,500 people. DOD will also continue education to reduce stigma and discrimination and refer all the HIV-positive individuals to the relevant military clinics for care, support or treatment as necessary.

The Kenya Department of Defense (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. Training in Diagnostic Counseling and Testing (DCT) will be undertaken for KDOD health personnel in order to institutionalize routine DCT for HIV in the military medical facilities, thereby leading to increased HIV case finding in the Kenyan military. In total, over 12,000 people have been tested in these sites.

Significant changes from 2005 to 2006 CT include; establishment of 3 additional VCT sites to make a total of 28, equipping and completion of 5 comprehensive care centers, increased use of mobile VCT services improve CT access for the widely scattered military personnel countrywide, training of 15 CT providers, refresher training of 75 old CT providers and establishing Post Test clubs at the CT sites. Through this program, KDOD will provide CT to 7,500 clients which will go along way in achieving the national target.

CDC Kenya in collaboration with Walter Reed and other development partners will continue to support the KDOD in implementing its Comprehensive HIV/AIDS Prevention and Care programs to ensure maximum benefits, avoid undue duplication of activities, wastage of resource and adoption of lessons learned. Fixed VCT outlets established through this program have increased from 20 in the year 2004 to 25 in 2005. Further scale up of services is planned during FY 06 to match the expected increase in demand for CT services, especially in those areas without fixed sites. 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 CT client served will be submitted to a designated reference laboratory for retesting and confirmation of validity of test results issued to clients at the CT 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. Linkages between counseling and testing centers and care outlets will be strengthened to improve utilization of care opportunities created through the President's Emergency fund. All sites will use a standard data collection tool to assist with monitoring and evaluation of these activities. 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

VCT and diagnostic testing in KDOD will contribute significantly to the overall PEPFAR CT targets for Kenya, for both primary prevention and care. Planned mobile VCT services will improve equity in access to HIV prevention and care services in remote areas without fixed VCT sites where necessary, thus ensuring better overall access to CT services. Adequate networks and linkages between the VCT sites and medical sites will be provided where AIDS care and treatment are available. KDOD plans to reach 7,500 clients making a cumulative total of over 27,500 clients seen by the end

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of FY06.

This activity also contributes substantively to Kenya's 5-Year Strategy that emphasizes universal knowledge of HIV serostatus amongst Kenyans, especially those who are sexually active. Links between CT services and network service provision for those who are HIV-positive and in need of health care will be enhanced.

3. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive program and is linked to other services in this COP such as activities as PMTCT activity (#4251), STI, AB activity (#4917), OVC activity (#5099) etc, that also target the KDOD. Linkages between CT centers and care outlets will be harmonized and strengthened to improve utilization of care opportunities in the nearest KDOD's comprehensive centers and health facilities created through PEPFAR funding. The KDOD will seek closer collaboration with other uniformed services with a view to providing technical assistance to their counterparts, sharing experiences, lessons learned and challenges.

4. POPULATIONS BEING TARGETED

This activity targets the Military personnel, their dependants; KDOD Civilian personnel and general members of public living next to the barracks, 7,500 clients are targeted. The KDOD like any other uniformed service has the bulk of its personnel made up of young men and women who often by virtue of duty serve away from their homes making them vulnerable to risky behaviors. The barracks have significant numbers of young families and continue to be popular health service delivery points for the staff and civilian personnel. This group of people can benefit a lot from CT services. New sites will include facilities which are youth friendly thus increasing access for staff, families and community members who may be uncomfortable seeking services in the current medical settings.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will empower and increase awareness through counseling and targeted messages for the military personnel. Vigorous campaigns to educate them on the benefits of, VCT services, couple VCT and mutual disclosure of HIV status will be undertaken. Testing and counseling will also be promoted in clinical setting, especially TB, STD, PMTCT Clinics and medical wards to enhance identification and timely referral of those requiring care. It will also seek to empower and inform the KDOD staff, families and communities through counseling and targeted messages. Analysis of VCT clients' data at existing KDOD sites indicates a low service uptake so this activity will also include promotion campaigns aimed at increasing overall CT uptake. The increased availability of CT services and their popularization among the Military personnel will reduce stigma and discrimination.

6. EMPHASIS AREAS

This activity includes major emphasis on training, human resource (health care and CT providers) and infrastructure management. 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 Counseling and Testing (DCT) will be undertaken for KDOD health personnel in order to institutionalize routine DCT 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.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	28	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	7,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	75	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Military personnel (Parent: Most at risk populations)

Children and youth (non-OVC)

Public health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Uniformed Services Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4255
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In FY 06, the Kenya Uniformed Services project (USP) will establish six additional CT sites, thereby increasing its total outlets from 45 to 51. Mobile VCT activities will also be expanded to increase access to CT by rural communities that are currently underserved. Additional 120 CT service providers will be trained and deployed to improve human resource capacity to provide services and to address rising demand. Post Test clubs will also be initiated in at least 21 CT sites. Training in Quality Assurance (QA) and supervision will be enhanced to ensure creation of internal capacity for long-term sustainability of QA activities that are integral to CT services. Through these efforts the USP will provide CT to 21,500 clients thereby contributing 4% of the total USG CT target for Kenya in FY 06. HIV positive individuals will be referred to care and treatment centers already established within the USP through the President's emergency fund.

USP comprises of the Kenya Prison Services (KPS), the National Youth Service (NYS), the Kenya Police Department (KPD), the Kenya Wildlife services (KWS) and the Administration Police (AP). In FY04 and FY05 the USP opened 30 new CT sites in addition to the previously existing 15 sites, bringing the total to 45 sites countrywide, with a target of serving 18,000 clients. USP also continued education on stigma and discrimination, and referral of all the HIV-positive clients to the relevant clinics for care, support and treatment. USP trained 135 CT providers.

CDC Kenya will continue to support the USP in implementing comprehensive HIV/AIDS Prevention and care programs in collaboration with other development partners supporting HIV/AIDS activities for Uniformed Services in Kenya to maximize benefits, avoid duplication of activities and sharing as well as adoption of lessons learned.

Fixed VCT outlets established through this program have increased from 14 in the year 2003 to 46 September 2005. Further scale-up of services is planned during FY 06 because of increased demand for CT, especially in those areas without fixed service outlets. 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 FY06. QA 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. QA of counseling will involve monthly support supervision to practicing counselors by a certified counselor supervisor in groups and on a one-to-one basis. Linkages between counseling and testing centers and care outlets will be strengthened to improve utilization of care opportunities created through the President's Emergency Fund. All CT sites will use the national data collection tool to standardize monitoring and evaluation of these activities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

VCT and diagnostic testing in USP will significantly contribute to the overall Emergency Plan CT targets for Kenya, for both primary prevention and care. Planned mobile VCT services will improve equity in access to HIV prevention and care services in remote areas without fixed VCT sites and in overcrowded prisons, thus improving overall access to CT. Linkages between the CT sites and medical sites where AIDS care and treatment are available will be enhanced to increase access to care for those who are HIV positive.

This activity also contributes substantively to Kenya's 5-Year Strategy that encourages Kenyans to learn their status both for primary prevention and as a

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strategy for timely identification of those who are already infected.

3. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive program of HIV response targeting uniformed service personnel and is linked to other services that will be funded through the President's emergency fund in FY 06. Such activities include PMTCT (#4258), STI, ABY (#4257), OP(#5064) etc. Linkages between CT centers and care outlets will be harmonized and strengthened to improve utilization of care opportunities in the nearest USP health facilities that are also largely supported by the President's Emergency Fund. The Uniformed services will seek closer collaboration between the various services with a view to sharing the facilities and information among them where possible. Information Education and communication (IEC) materials relevant to the uniformed services will be developed jointly. This activity is also linked to KEMRI activities in ART (#4091), PMTCT (#4095), TB-HIV(#4090), AB (#4089) and OP (#4094).

4. POPULATIONS BEING TARGETED

This activity targets uniformed staff, their families and members of public in the immediate neighborhoods. The USP services share some common features for example; young men and women often serve away from their homes thus being vulnerable to risky behaviors. The stations have significant numbers of young families and continue to be popular health service delivery points for the surrounding communities. New sites will include facilities that are youth friendly thus increasing access for staff, families and community members who may be uncomfortable seeking services in other medical settings.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will empower and increase awareness through counseling and targeted messages for the USP personnel. Vigorous campaigns to educate them on the benefits of VCT services, couple VCT and mutual disclosure of HIV status will be undertaken. CT will also be promoted in clinical setting, especially TB, STD, PMTCT Clinics and medical wards to enhance identification and timely referral of those requiring care. Analysis of VCT clients' data at existing USP CT sites indicates an overall low service uptake. This activity will therefore include accelerated campaigns to increase CT uptake. The increased availability of CT services and improved uptake among the uniformed services will also help to reduce stigma and discrimination.

6. EMPHASIS AREAS

This activity includes major emphasis on training of both CT and health care providers, all levels of management in USP, quality assurance and minor emphasis on infrastructure, as detailed in the activity description in Section 1 above.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or International standards	51	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	21,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	120	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Prisoners (Parent: Most at risk populations)

Migrants/migrant workers (Parent: Mobile populations)

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Increasing women's legal rights

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Medical Corps
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4772
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

During FY 06, International Medical Corps (IMC) will continue to work in Suba, promoting uptake of Counseling and Testing (CT) in medical facilities, fixed and outreach VCT outlets and through door-to-door testing in selected areas of the District. Door-to-door testing for HIV is justified in Suba because it is the focus of highest HIV prevalence (41%) in Kenya and this approach will lead to identification of large numbers of previously undiagnosed individuals who will benefit from the rapidly emerging care opportunities. IMC will primarily pilot this approach to increase identification of those eligible for care and mitigate the consequences of HIV/AIDS. The initiative will also contribute towards realization of Kenya's ambitious national treatment and care targets.

Through multiple approaches, IMC will provide CT services to 12,000 individuals. Core activities will include establishment of additional 4 CT sites in health facilities, provision of mobile VCT, door-to-door CT, strengthening the networks for referral of those testing HIV positive to available care. Support to the six existing VCT sites operated in collaboration with local community based organizations (CBO) will also continue. Periodic Mobile VCT to selected underserved areas of Suba will be provided as part of integrated outreach package coordinated jointly with Ministry of Health and CDC/KEMRI GAP program for Nyanza. Service elements during such integrated outreach activities will include CT, TB screening and referral, PMTCT and immunization. 24 new CT service providers will be trained to meet personnel requirements for new CT sites and expansion of service through door-to-door testing. These activities will result into an increase in access to CT and better linkage of HIV positive persons to care.

Using FY04 and FY05 funds, IMC has initiated 6 community-based CT outlets in partnership with local CBOs and the District Health office. In FY06 IMC will strengthen its network with the local CBOs to educate community members in Suba on the benefits of CT for primary prevention and for timely identification of those requiring medical care services. Suba is the focus of highest HIV prevalence in Kenya but stigma and fear remain major barriers to uptake of CT and utilization of available HIV/AIDS care services. IMC will use a two pronged approach ensuring proper access to information and easy access to CT by individual household members to promote universal knowledge of HIV serostatus in the district. IMC will also work with local health authorities to institutionalize HIV Testing as part of diagnostic work up of patients and strengthen referral linkages between door-to-door CT initiative and available care and support services.

IMC will also work with Suba District Health Management Team (DHMT) and other stakeholders to ensure compliance with national guidelines for CT services, quality assurance and data management at all points of services delivery including home settings. Local churches will be encouraged to educate congregations on the benefits of couple VCT and mutual disclosure between sex partners. Local leader will be encouraged to educate men and support women to reduce instances of gender violence and other negative outcomes of disclosure to male partners.

Adequate publicity, ownership and support of communities are necessary for acceptance of home-based CT, especially where stigma is high. This will be addressed through collaboration with chiefs, faith-based and community leaders. IMC will approach communities through these leaders and will also approach households directly to secure community consent. Individual acceptance is dependent on community approval and with improved community mobilization and better publicity, rates of refusal will be low and probability of mutual disclosure improved.

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2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

IMC's CT work in Suba, an area with the highest prevalence of HIV in the country, is appropriately targeted towards identifying large numbers of HIV infected individuals who are potential beneficiaries to the Care and treatment opportunities created through President's Emergency Fund. The planned CT service output of 12,000 for FY 06 represents a two fold increase in the FY 05 target. At national level, it represents only a modest contribution to the overall 2006 Emergency Plan CT targets for Kenya, but is highly relevant since it targets a population with the highest HIV prevalence in the country. Planned mobile VCT and Door-to-door testing will improve equity in access to essential HIV/AIDS services and will help normalize HIV testing in this high prevalence district. Linkages initiated with FY 05 funds between CT services and network service provision for those who are HIV-positive individuals eligible for care will be strengthened further to ensure achievement of President's Emergency target for care and treatment.

3. LINKS TO OTHER ACTIVITIES

The IMC CT activities in Suba District relate to CDC Supported PMTCT plus as well as TB/HIV (#4238) activities and collectively constitute an effective comprehensive response to HIV/AIDS epidemic in this area of extremely high HIV prevalence.

4. POPULATIONS BEING TARGETED

This activity targets a district with the heaviest burden of HIV and its related consequences in Kenya and where practices that encourage HIV spread such as widow inheritance and premarital sex are common. The primary target group will be young people, especially young women who are at higher risk of HIV infection than their male counterparts. Focused campaigns to deal with male norms and behaviors that increase females' vulnerability to HIV infection and its adverse consequences will be undertaken.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through counseling messages targeted to vulnerable young girls and women. Analysis of VCT client data at existing IMC sites indicates a low service uptake by couples and low disclosure rate amongst sex partners. The much increased availability of CT services through door-to-door testing, Mobile VCT and in health facilities will help to reduce gender disparities in access to CT and reduce stigma.

6. EMPHASIS AREAS

The planned activities will require a major emphasis on human resources for successful implementation since the target district has a severe shortage of service providers both in public and private. Resources to expand human resource capacity to provide other essential HIV/AIDS services are also lacking. IMC will therefore dedicate considerable efforts and funds during FY 06 towards addressing human resource deficit for its planned activities. Innovative approaches that increase access to CT within home settings and within medical facilities in this high prevalence area will be implemented. Minor emphasis will be on infrastructure, training of service providers and enhancing linkages to care services outlets to match increased identification of HIV positive individuals that will result from improved CT uptake in the district.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	10	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	12,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	24	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
People living with HIV/AIDS
Seafarers/port and dock workers (Parent: Most at risk populations)
Rural communities
Widows/widowers
Migrants/migrant workers (Parent: Mobile populations)
Religious leaders

Key Legislative Issues

Gender

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

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4774
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

With support from CDC, International rescue Committee (IRC) has implemented CT and other HIV/AIDS intervention programs for refugees at Kakuma Camp and neighboring communities in Turkana District in Northwestern Kenya since 2001. The CT component of the IRC program in Turkana is implemented at four outlets whose capacities will be expanded to provide CT more people during FY 06. During this period, 20 additional counselors will be trained and deployed at these sites and there will be a shift of focus towards providing CT within medical settings as part of diagnostic work up of patients. Through these efforts, IRC will provide CT to 12,000 people during FY 06. HIV positive individuals identified in this CT program will be referred to care and treatment outlets operated in the same geographical area by IRC through support from the President's Emergency fund.

IRC's CT work underpins the crucial importance of the continuum of care through the reinforcement of referrals from VCT and PMTC programs to the HIV care clinic and other health services available. CT services target the local community, comprised primarily of members of the nomadic Turkana tribe, humanitarian aid workers, refugees, fishermen from Lake Turkana, commercial sex workers, and youth. 20 members of the local and refugee communities will be trained in CT service provision. With the signing of a historic comprehensive peace agreement in Sudan and the expectation of eventual repatriation of Sudanese refugees, significant emphasis is given to building the capacity of Sudanese nationals returning home to initiate similar programs in their homeland. The FY 06 funds will be used to support capacity building efforts for refugees returning home and to continue paying salaries for CT providers in Turkana.

Founded in 1933, the IRC is a leading non-sectarian, voluntary organization providing relief, protection and re-settlement services for refugees and victims of oppression or violent conflict. IRC is committed to promoting freedom, human dignity and self-reliance. This commitment is reflected in well-planned resettlement assistance, global emergency relief, rehabilitation and advocacy for refugees in 33 countries around the world.

IRC has been operational in Kenya since 1992, focusing initially on health outreach activities in Kakuma Refugee Camp. Since 1997, IRC has been the sole implementing partner for the entire health sector in Kakuma, under the operational umbrella of UNHCR. With additional support from CDC, IRC started an HIV/AIDS prevention and care program in Turkana District at Kakuma in September 2001, at Lokichoggio in February 2004, and at Kalokol in July 2005.

Remote and arid, Turkana district covers a vast area where government infrastructure and social services are weak and poverty is high. Local pastoralists exist only with great difficulty. The total population of the target areas (Kakuma, Lokichoggio and Kalokol) for this program is 271,000 people, of whom 91,000 are refugees. Currently there are approximately 16,000 individuals infected by HIV in Turkana and less than one percent are receiving any form of care and support. IRC is one of the few agencies working to meet these needs.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CT activities implemented by IRC in this geographical area will result in CT for 12,000 people who will be served in varied settings, including health facilities and stand-alone CT outlets. IRC activities will also result in the training of 20 additional CT service providers. IRC's activities will contribute 2% of the overall USG CT target for Kenya in FY 06. This activity will also contribute substantively to Kenya's Five-Year Strategy

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which encourages Kenyans to learn their status and supports development of strong links between CT care service provision for those who are HIV positive and in need of health care.

3. LINKS TO OTHER ACTIVITIES

IRC CT activities in Kakuma are part of a comprehensive program and will be linked to other services the IRC will offer such as AB activity (#4805), NAHS activity (#4148), ART activity (#4809), CT activities in Kalokol and Lokichoggio will be linked to OP (#4149), and PMCT (#4150), services that will be provided through IRC's partner, the African Inland Church. AIC is well-positioned to identify and implement strategies for linkage in these two locations.

4. POPULATIONS BEING TARGETED

This activity targets the highly underserved populations in the Turkana District of Northern Kenya. Specific groups targeted for CT activities include the nomadic/pastoralist local community, fishermen, truck drivers, refugees, relief workers and commercial sex workers. These nomadic populations and the commercial sex workers whose services they may utilize are particularly at risk for HIV infection. Relief workers who often live apart from their families while serving refugees also experience increased risk of exposure. In providing HIV services to refugees, efforts will focus on identifying significant leaders in the refugee community who will then assist in encouraging refugee community members to seek appropriate services.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is under the "other" category for refugees and other nomadic, underserved groups. Legislative issues regarding gender equity and reducing discrimination will also be addressed through advocacy and health outreach.

6. EMPHASIS AREAS

This activity includes major emphasis on human resources and minor emphasis on infrastructure, quality assurance, and training as detailed in the activity description above. The factors that increase project costs include lack of security, isolation, distance between inhabited areas, severe lack of infrastructure in the district, difficulty in recruiting and retaining qualified staff, and the higher staff salaries needed to compensate for the hardship in this location. Project costs reflect the current lack of local capacity and need to provide trainings and other capacity building support to partners in the district.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	4	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	12,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	20	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>
Populated Printable COP		

Country: Kenya

Fiscal Year: 2006

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Target Populations:

Adults

Community leaders

Mobile populations (Parent: Most at risk populations)

Pregnant women

Rural communities

Implementing organizations (not listed above)

Key Legislative Issues

Other

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Hope Worldwide
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4786
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

During FY 06, Hope Worldwide (HWW) will continue to provide youth-friendly CT services in Nairobi and Makueni as part of its comprehensive HIV prevention services for young people. Hope Worldwide was first supported by CDC through a locally executed contract in 2003 to start up a youth targeted HIV/AIDS prevention program in Mukuru slums of Nairobi. The program was a major success in providing CT to young people and in linking HIV infected individuals to available care services and has now expanded to Makueni through additional support from Presidential funding in FY 05. In addition to its oldest VCT site at Mukuru slums in Nairobi, HWW now operates two youth friendly VCT sites in Kibwezi and Makindu, along the busy Nairobi-Mombasa highway. Further scale-up and improvement of quality of services at these three existing outlets is planned in FY 06. Youth outreach programs and mobile VCT will be scaled up through partnership with local youth organizations, schools, churches and other existing organizations. HWW will train 12 CT service providers and increase the number of its youth-friendly VCT sites from three to five. CT services at these fixed sites will be complemented with a program of mobile VCT to remote areas. An estimated 12,000 people will access CT through these efforts. HIV positive individuals identified through this program will be referred to nearby comprehensive care centers that have been established with financial support from the President's Emergency fund for eastern province.

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 to restore hope among those who struggle as a result of disease, poverty or abandonment. Focused on helping people regain their worth and realize their potential, HWW is a recognized non-governmental organization in a 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). In the year 2004, Hope Worldwide was awarded a CDC cooperative agreement to scale up its highly valued youth targeted interventions.

During FY 06, HWW will maintain its presence at Mukuru slums in Nairobi, Makindu and Kibwezi. It will also extend activities to underserved neighboring areas through periodic outreach and by establishment of two additional youth friendly sites. Outreach services to remote areas will be coordinated from the fixed youth friendly VCT sites. The youth friendly sites will train peer educators and will also provide outreach HIV/AIDS education with special focus on CT to neighboring schools.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The CT activities supported by HWW will result in improved access to CT for a highly vulnerable group of young people along the Mombasa-Nairobi highway and in a Nairobi slum. An estimated 12,000 young people will receive CT through this initiative. Those who test HIV positive will be linked to appropriate care and treatment available in these geographical areas. These activities constitute a modest contribution to the overall 2006 Emergency Plan CT targets for Kenya and will target a high priority group of vulnerable youth. Consistent with the mandates of the Five-Year Strategy, this activity improves equity in access to HIV services, focuses on youth as a priority population encourages Kenyans to learn their serostatus, and improves linkages between CT and care services.

3. LINKS TO OTHER ACTIVITIES

HWW CT activities in Nairobi slums, In Makueni, Makindu, and Kibwezi are closely linked to AB activity (#4805), HWW AB activity (#4198) and HWW OVC activity

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(#4200)activities which are an integral part in the youth CT program initiative. AB interventions and related trainings will be provided regularly in these programs.

4. POPULATIONS BEING TARGETED

This activity targets young people, especially young women, as well as other most at risk populations including long distance truck operators along Mombasa-Nairobi Highway. HWW recognizes the importance of involving and soliciting the input of significant community leaders as a strategy for creating community awareness of CT services, which are also promoted through education outreach efforts in primary and secondary schools.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase equity in programming through the dissemination of counseling messages aimed at vulnerable young people and long distance truckers. The increased availability of CT services for these high-risk groups will help normalize HIV testing among them and promote further uptake of associated services. The reduction of stigma and discrimination, another key legislative issue addressed, is an expected outcome of increased uptake and a more normalized perception of CT services by these groups. The youth friendly VCT sites will also provide unique opportunities for entertainment and education of youth on reproductive health issues.

6. EMPHASIS AREAS

This activity includes major emphasis on human resources that will provide integrated prevention and care services for youth delivered through youth-focused outlets. The focus will be on engaging service providers capable of providing high quality comprehensive reproductive health education coupled with recreation for youth in slums and rural areas. Significant resources and efforts will be dedicated to attracting and retaining these service providers in settings where they will serve underprivileged youth at high risk. Linkages with other outlets that provide additional youth friendly services will be strengthened. Efforts to document and share lessons learnt will be an integral part of the activities and will be used to guide further expansion of these initiatives.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	5	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	12,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	12	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Truck drivers (Parent: Mobile populations)
- Rural communities
- Secondary school students (Parent: Children and youth (non-OVC))
- University students (Parent: Children and youth (non-OVC))
- Migrants/migrant workers (Parent: Mobile populations)

Key Legislative Issues

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

Coverage Areas

- Eastern
- Nairobi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4787
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

The National AIDS/STI Control Program (NAS COP) is the Ministry of Health unit which coordinates prevention and care of HIV/AIDS in Kenya. It is responsible for developing and promoting compliance with policies and guidelines for all HIV prevention and care activities in the country. The Voluntary Counseling and Testing (VCT) program was first launched in Kenya in 2000 and has remained the predominant approach to CT services delivery in the country. Currently there are more than 600 sites offering VCT services countrywide. The ongoing NAS COP-led expansion of CT services, particularly (VCT) has provided more Kenyans with the opportunity to know their HIV serostatus. Nonetheless, the vast majority of Kenyans still do not know their HIV status. The Kenya Demographic and Health Survey in 2003 showed that only 13% of women and 14% of men said they had been tested, although approximately two-thirds of respondents said they were willing to learn their status. The low rates of testing uptake and of test result disclosure mean that the majority of Kenyans do not know the HIV status of their spouse or sexual partner, and some are therefore unknowingly exposed to HIV. Being unaware of their serostatus, these people may not benefit from improved opportunities for care and support that have emerged through the President's Emergency funding. NAS COP will promote policies and activities which facilitate disclosure of HIV status to family members, and will also also activities which assist discordant couples and ensure their access to care and specialized services to support these families.

In an effort to utilize the potential for scaling up CT that exists in Public health facilities, NAS COP launched an ambitious campaign of institutionalizing HIV testing as part of comprehensive diagnostic workup of patients in medical settings. 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 CT in the clinical context. The first step in addressing this issue was the development and launching of National guidelines for HIV testing in Clinical settings in FY 05. This was followed by sensitization of health workers on the importance of HIV testing as part of diagnostic work up of patients. These efforts led to considerable increase in HIV testing within clinical settings in FY 05.

In FY 06, NAS COP shall continue to mobilize stakeholders to continue providing VCT services while simultaneously scaling up CT in clinical settings. Through planned activities in FY 06, NAS COP will increase health workers' participation in testing and counseling and will streamline referral linkages between CT and care in government facilities. It will also, through the expanded CT committee, launch the National Curriculum for Diagnostic Counseling and testing in clinical settings. It shall work closely with other partners, principally JHPIEGO, to develop packages for orientation of health workers on provider-initiated CT. Increased health worker participation in CT shall also be achieved through further dissemination of National Guidelines on HIV testing in Clinical sites. The national guidelines and training curricula on CT will be updated, where necessary, to reflect changing realities regarding HIV testing in Kenya. The pediatric component of HIV CT shall be developed and appropriate guidelines drafted. NAS COP will continue to strengthen the capacity of its national and regional staff to monitor and evaluate counseling and testing activities. It shall seek to integrate testing in all aspects of clinical care and improve data collection efficiency on people undergoing testing. An estimated 600 service providers will be trained in CT to increase the ability to deliver these expanded services. CT as part of diagnostic work up of symptomatic patients will be introduced in 70 previously uncovered public health facilities. Through these efforts, NAS COP will provide CT to 25,000 Kenyans during FY 06.

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2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Until recently, few HIV positive benefits resulted from knowledge of one's personal serostatus in Kenya. One of the most important recent developments has been increased access to antiretroviral drugs and care services that can prolong and improve quality of life for persons who are HIV positive. Knowledge of HIV status is a critical first step in the provision of appropriate prevention and care services for persons exposed to or infected with HIV. Through the planned CT activities in FY 06, many Kenyans will receive an appropriate standard of health care because their HIV status will quickly be ascertained in clinical settings where opportunities for appropriate care exist.

These activities will also contribute substantively to Kenya's 5-Year Strategy that emphasizes knowledge of HIV serostatus among Kenyans and which encourages referral of HIV positive individuals for appropriate care.

3. LINKS TO OTHER ACTIVITIES

The planned NASCOP CT activities in FY 06 will increase knowledge of HIV status both for primary prevention and linkage to care services for HIV positive individuals. Linkages between counselling and testing centers and care outlets will be strengthened to improve utilization of care opportunities created through the President's Emergency funding for NASCOP to support other complementary services including ART (#4223), PMTCT (#4225) and Palliative care. This activity is also linked to NASCOP PMTCT activity (#4225), NLTP TB-HIV activity (#4126), NASCOP AB activity (#4226), NASCOP OP activity (#4228), NASCOP HBHC activity (#4224), NASCOP SI activity (#4221), and NASCOP HLAB activity (#4222).

4. POPULATIONS BEING TARGETED

This activity targets symptomatic individuals served in public health facilities, especially in Medical wards, TB wards and STI clinics. The primary purpose is to ensure timely identification of those who would benefit from available care services. New sites will mainly be public health facilities that have not previously provided CT as part of diagnostic work up of symptomatic patients seeking various forms of treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help reduce HIV related stigma and discrimination by promoting routine HIV testing in clinical settings and linking HIV infected individuals to care. Patients will be sensitized to expect HIV testing as a standard package of good medical care in health facilities. Health care providers will be sensitized to understand patients' basic right to the best diagnostic services including being offered HIV test whenever this is likely to influence their management. In selected settings, existing reproductive health services within target health facilities will provide excellent opportunities for integrating CT services.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	70	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	25,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	600	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Indirect Targets

The National AIDS and STD Control Program (NASCOP) is the unit within the Ministry of Health mandated to coordinate CT and all other HIV/AIDS interventions. In addition to supporting CT service outlets directly, Emergency Plan funds will be used by NASCOP to strengthen the national plan for CT and to build capacity for CT program management at national level. CT activities that will be supported by NASCOP include quality assurance, supervision, logistics, review of guidelines for CT, data management, training of health workers and counselors, training in the operation of model CT sites in varying settings, and overall national leadership in CT services.

The USG support channeled through NASCOP will enable an additional 283,000 people to receive CT during FY 06 through indirect support, at approximately 285 sites. In addition, USG agencies and their partners will directly support provision of provider-initiated and client initiated CT at 415 outlets where an estimated 517,000 people will be counseled and tested. It is therefore estimated that a total of 800,000 Kenyans will learn their HIV status at a projected total of 700 sites, through a combination of direct and indirect USG support to CT activities with FY06 funds.

Target Populations:

Adults

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Infants

National AIDS control program staff (Parent: Host country government workers)

Pregnant women

Professional Associations

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Populated Printable COP

Country: Kenya

Fiscal Year: 2006

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Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4788
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Counseling and Testing (CT) for HIV plays a pivotal role in both prevention and treatment of HIV infection. With support from CDC and other partners, Kenya has recorded a major success in implementing Voluntary Counseling and testing since 2000. Recent scale up of ART services in the country, made possible largely through Presidential Emergency Fund, now means that CT clients found to be HIV+ can be referred readily for care and treatment services nearby. But these emerging care opportunities are not fully utilized because only 14% of Kenyans know their HIV serostatus yet ARV therapy is only available for those who are known to be HIV positive.

Personal knowledge of HIV status is a priority intervention in the Kenya 5 Year Strategy, and increasing access to CT services continues to be a high priority for the Emergency Plan in Kenya.

During FY 06 CDC will continue to work with government of Kenya agencies and non-governmental partners to promote CT in both clinical and non clinical settings including STI clinics, TB clinics, medical wards, antenatal clinics as well as integrated, stand alone and mobile VCT sites. The CDC Kenya's multidisciplinary CT team will continue to provide technical guidance for these activities. This involves provision of the most up-to-date technical information relating to CT, monitoring CT activities of local partners to ensure adherence to international and local standards and guidelines, and work with the government of Kenya to ensure that policies relating to CT are appropriate and technically sound. Technical activities of the CT team also involves collecting and analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved.

The CDC Kenya CT technical team includes one Direct Hire (USDH) working 50% in CT. This staff member has extensive international experience in CT and works directly with the government of Kenya and implementing partners to ensure technical soundness of the program. CDC has four locally employed technical staff positions and one program assistant working in CT on full-time basis. The technical staff include a medical officer with expertise in both VCT and CT in medical settings, a counselor who works directly with the counseling staff of implementing partners, a mobile VCT coordinator who works with local partners to deliver mobile VCT services, and a new position to provide technical guidance to VCT and CT partners in Nyanza province, the part of Kenya with the highest HIV prevalence and the principal geographic focus area for CDC Kenya. The program assistant is engaged in a variety of tasks to support the technical team, such as reviewing and assembling training curricula and other technical materials, organizing training programs, and other duties to support the technical work of the CT staff. This team will be supported by seven locally employed regular drivers whose work is devoted to supporting CT activities. Four drivers will drive mobile VCT trucks operated by CDC to address CT needs of remote Kenyan communities; these vehicles have been purchased with Emergency Plan funds in previous fiscal years. The other drivers will enable the technical staff to conduct regular field visits and technical supervision. This budget includes rent that CDC pays directly with post-held funds for the large VCT center in Kisumu. The total proposed CT management budget for FY 06 is US \$ 402,100.

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Emphasis Areas

% Of Effort

Human Resources

51 - 100

Logistics

10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing counseling and testing according to national or international standards

Number of individuals who received counseling and testing for HIV and received their test results

Number of individuals trained in counseling and testing according to national or international standards

Cover 14 Districts

Cover half the Kenyan Population

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: South Rift Valley
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4828
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Kenya Medical Research Institute (KEMRI) will establish and maintain counseling and testing (CT) services in partnership with the Ministry of Health in six districts in the south Rift Valley Province. Together the six districts represent a collection of 58 district hospitals, sub-district hospitals, and health facilities that will be equipped to serve as nationally registered CT sites. In FY06, the six districts will collectively offer CT services to over 28,000 people through conventional voluntary counseling and testing (VCT) services as well as through the new Kenyan national initiative of Diagnostic Testing and Counseling (DTC). 35 individuals will be trained in counseling and testing according to national or international standards. All CT activities will be integrated into the more comprehensive care and support treatment facilities existing within the District Ministry of Health systems through collaboration with the local District AIDS Control Officers (DASCOS). Technical assistance will be provided by 2 locally employed staff. The combination of client-initiated and provider-initiated CT services will significantly contribute to an increased proportion of Kenyans learning their HIV status in the south Rift Valley Province, which has a population of greater than 2.2 million.

KEMRI-MOH will also continue to maintain the successful youth friendly stand alone site in Kericho which combines recreational services as well as CT services as a more integral and dynamic approach to behavior change and HIV prevention among the youth. The center was created through the PEPFAR FY04 partnership with Kericho District Hospital and has successfully assisted over 400 individuals per month to learn their HIV status. The center also offers youth-friendly mobile VCT services in collaboration with mobile reproductive health clinics that assist in early identification and treatment of Sexually Transmitted Infections (STI) in the larger district as a whole.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

The south Rift Valley Province is an area that is characterized by its highly populated rural population. These rural areas will be the main target of the CT initiative in FY06. Together with the MOH, KEMRI will continue offering professional and reliable CT services to the various tea estate communities as well as the rural population through an escalated initiative in mobile CT services. Currently, mobile CT services are conducted weekly and reach anywhere from approximately 100 to 250 clients per visit. In order to meet the needs of rural Kenya, KEMRI will assist the MOH to scale up mobile CT services in these areas. These coordinated CT activities will successfully provide VCT and DTC to over 58,000 Kenyans in the south Rift Valley Province. This combined effort to extend quality CT services to this geographical area will successfully contribute to 4% of 2006 Emergency Plan CT targets for Kenya. KEMRI will be instrumental in contributing to the national objectives of extending CT to hospital patients and TB patients in both the inpatient and outpatient clinical settings. The youth recreational center and VCT site in Kericho will continue to consistently target out of school and in-school youth, a special population that has become a national focus in the provision of VCT services.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to: Kericho District Hospital TB/HIV activity (#4112); Kapsabet District Hospital TB/HIV activity (#4881); Kilgortis District Hospital TB/HIV (#4879). This partner will collaborate with these Tb/HIV activities to target 100% of the Tb clients through the initiation of diagnostic testing and counseling (DTC). These partners will work together to test and counsel Tb patients for diagnostic purposes and place eligible Tb clients on ART.

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4. POPULATIONS BEING TARGETED

KEMRI's CT services will target the general population, including children and youth. KEMRI is working in partnership with the MOH offices in six districts and therefore will be in a position to provide CT to family planning clients in rural communities as well. KEMRI will train and equip 35 public health care workers in DTC in their attempt to actively participate in the national scale-up of CT in clinical settings within Kenya. The youth center in Kericho will also target its CT services to out-of-school youth as well as other most at risk youth like street youth.

5. KEY LEGISLATIVE ISSUES ADDRESSED

KEMRI, in partnership with the MOH, will improve gender equity in accessibility of CT services within the six districts in south Rift Valley. CT will be an important intervention strategy in challenging current sexual norms that have contributed to the risks of contracting HIV in many of the rural communities.

6. EMPHASIS AREAS

KEMRI's efforts in CT will be divided between commodity procurement, community mobilization/participation, human resources, information and communication, infrastructure, and training. KEMRI will purchase test kits and other commodities to support CT in Kenya to avoid stock-outs of test kits in their VCT sites and in medical facilities. They will also improve the awareness of their CT services by focusing a part of their efforts in community mobilization and participation. Other efforts will also go towards the training of 35 health care workers in the provision of CT services in the clinical setting. Many of the health care settings do not have the existing space to provide CT services and therefore some of the efforts in FY 06 will be to make minor renovations in the already existing infrastructure of the medical health facilities.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	58	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	28,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	35	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

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Target Populations:

Adults

Family planning clients

Street youth (Parent: Most at risk populations)

Rural communities

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Public health care workers

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4847
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Handicap International began operations in Kenya in 1992 and currently has 4 location offices: Nairobi (Country office), Garissa, Kitale and Kakuma. The mission has developed two integrated HIV/AIDS projects. In Kitale, Trans Nzola district, the project includes prevention in the communities, churches and schools, Voluntary Counselling and Testing (VCT), reinforcement of the care network through government and faith-based partners, and support of people living with the virus and their families using home based care, support groups and micro-credit. Of particular note is the CDC-funded youth-friendly VCT and Reproductive Health center called Chanuka, which means 'get smart'. Chanuka serves as a model VCT for reaching youth at risk and initiating behaviour change.

In 2006 the program will continue to use behaviour change communication as a key strategy to sensitize the youth on the dangers of HIV/AIDS and promote positive behaviour in the context of HIV. The project aims to increase the level of intervention by targeting both the youth in-school and the youth out-of-school. Mobilization exercises will target the churches, schools, and tertiary institutions and youth groups and train 3 youth groups in each of the 8 administrative divisions in Kitale district.

In order to promote behaviour change, the project will continue encouraging the youth and other community members to go for HIV testing at the existing VCT sites in the district. Due to the infrastructure and poverty levels, a significant proportion of the community members are unable to access the service due to lack of transport. In view of this, the project proposes to continue providing the service through mobile VCT service to the far and remote areas of the district. A full mobile team comprising of trained VCT counsellors will be deployed for this purpose. To ensure quality, counsellors will continue attending monthly supervision meetings organized by the District AIDS and STI Coordination Office (DASCO) and according to the requirements of NASCOP. Four staff members will also attend external Quality Assurance workshops in Nairobi as facilitated by Liverpool VCT and Care.

The Chanuka Youth Centre will continue providing quality VCT service to youths with special emphasis on the female youths. By the end of 2006, the number of youth who receive counselling and testing in Chanuka Youth Centre is expected to be at least 350 per month. An emphasis will be placed on making services at Chanuka Youth Centre more accessible to youth with disability by recruiting a sign language interpreter to be trained as a counsellor for both hearing and deaf clients. The project proposes to provide technical, managerial and financial support to the Post Test Club (PTC) at Chanuka Youth Centre, a process which aims to empower the group and to transfer organizational skills with the view that Chanuka will be completely independent of Handicap International within 5 years.

IEC materials will be adapted to the local contexts will incorporate messages for People with Disabilities. Under IEC, there will also be production of a newsletter for the out-of-school population and an interactive magazine for the school-based populations. The activity will reach 5,000 individuals for counselling and testing, will train 20 individuals in CT, and will fund CT services in 3 sites.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Handicap International will contribute to the overall program area with 3 service outlets that provide counselling and testing, 5,000 individuals will receive counselling and testing and 20 individuals will be trained to provide VCT.

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3. LINKS TO OTHER ACTIVITIES

This activity is linked to: AED-Capable Partners AB activity (#5091); AED-Capable Partners OP activity (#4940); and AED-Capable Partners OVC activity (#4947).

4. POPULATIONS BEING TARGETED

The main target population is Special Populations including 1) persons with different types of disabilities (deaf, blind, mentally and the physically disabled) and 2) Out-of-school youth. In the general population parents and guardians will also be involved especially for the mentally challenged to support in providing information and helping them access HIV services. Training will include public health workers in Sign Language for VCT. Groups/Organizations include CBOs and NGOs.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The project will address issues of Stigma reduction and Discrimination, as it has been the major factor hindering access to HIV services by PWDs. It will work to promote the rights of disabled people for equal access to HIV/AIDS related prevention and intervention measures and to influence the Government policies to be inclusive of needs of PWDs. Gender equity is also key in this project, as within the disability fraternity issues of women with disabilities have not been well articulated and would therefore be put into consideration in all activities. The Chanuka Youth Centre will continue providing quality VCT service to youths with special emphasis on the female youths.

6. AREAS OF EMPHASIS

The primary area of emphasis will be on Information, Education and Communication in the development of behavior change communication, peer education in schools and the production of IEC material. A minor area of emphasis is Training, including youth reproductive health and sexuality training and the training of VCT counselors in Sign Language and training religious leaders as agents of change in HIV/AIDS context. Three youth groups will also be trained in each of the 8 administrative divisions in Kitale district.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	3	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	5,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	20	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

Community-based organizations

Disabled populations

Non-governmental organizations/private voluntary organizations

Out-of-school youth (Parent: Most at risk populations)

Other health care workers (Parent: Public health care workers)

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Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Lea Toto
Prime Partner: Children of God Relief Institute
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4848
Planned Funds:

Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity will result in counseling and testing of 1,000 children and at least 500 adults in 5 existing voluntary counseling and testing centers situated near the project sites in the selected slums of Nairobi. In addition, 10 VCT counselors will be trained. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling services for HIV+ children and their families. Referrals for VCT services which are mainly through CHWs, caregivers, community leaders and other institutions within the program area will be strengthened. Program Counselors and Community Based Counselors (CBCs) will carry out continuous dissemination of prevention information both during Voluntary Counseling and Testing and in any other counseling and / or group therapy session organized by the project. These group therapy sessions include life skills training, disclosure meetings, support group meetings and follow up counseling sessions.

The project was started in September 1999, and the first phase was implemented for 2 years in Kangemi. Following an evaluation that was conducted in May 2001, an extension was granted through 2007.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and increase the number of people counseled and tested for HIV/AIDS by training 10 VCT counselors and testing 1,000 children and 500 adults.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to: COGRI-Lea Toto ART activity (#5092); COGRI-Lea Toto Palliative care activity (#5105); COGRI-Lea Toto OVC activity (#4918). This activity is also linked to other USG CT program on CT promotion and procurement of test kits.

4. POPULATIONS BEING TARGETED

Targeted population include the General population (men and women), Families affected by HIV/AIDS including HIV positive infants and children, care givers, community health workers

5. LEGISLATIVE ISSUES ADDRESSED

This activity will work to reduce stigma and address discrimination faced by individuals infected or affected by HIV/AIDS. This activity will address issues on disclosure of ones status to partner and family members.

6. EMPHASIS AREAS

Training of VCT counselors to enhance their ability to provide quality HIV/AIDS services that are responsive to the clients' needs is the major emphasis area while community mobilization and participation are the minor emphasis areas.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	5	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	1,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	10	<input type="checkbox"/>
Cover 14 Districts		<input checked="" type="checkbox"/>
Cover half the Kenyan Population		<input checked="" type="checkbox"/>

Target Populations:

Adults

HIV/AIDS-affected families

Orphans and vulnerable children

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAS)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: BCC/SM-PSI
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4930
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

In Kenya, VCT has evolved from its original role in 2000 as the primary public health intervention for HIV testing and prevention to its current role as one component of a more comprehensive HIV/AIDS prevention and care program. This comprehensive CT program includes a variety of testing interventions including VCT, diagnostic counseling and testing in hospital in-patient wards, CT during prevention of mother to child services, and CT during tuberculosis diagnosis and treatment services, among other interventions. Linkages to other prevention and care services have formed a major component of the CT strategy.

This activity will undertake a new CT communications campaign to be conducted during FY06. The campaign's specific goal and objectives will be determined by the Ministry of Health and the VCT and CT Technical Working Groups. Before campaign development, a series of consumer focus groups will be conducted to assess the impact of previous VCT campaigns and to solicit consumer direction for the proposed campaigns.

The campaign itself will include:

- a. Production of television and radio spots
- b. Artwork for billboards, posters, and press advertisements
- c. Pretests of all communications pieces using consumer focus group discussions
- d. Placement of radio and television spots, press advertisements
- e. Poster distribution through strategic venues as per the target audience
- f. Selective airing of the previously-produced "established couples" campaign

The activity also includes the installation of new signs for CT promotion. This includes the production of 50 new logo wall signs and road signs, and the renewal of 16 commercial billboard sites with extra artwork to keep the billboard fresh and effective.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Kenya's 5-Year Strategy has "personal knowledge of HIV status" as a priority intervention. This knowledge is essential if Kenyans are to access care and treatment, and prevent further HIV transmission. This activity, which will increase knowledge of VCT services and demand for these services, will directly increase the number of people being tested in FY06, which will lead to increases in the number receiving ART and in the number of HIV cases averted.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES BY PSI.

This activity is directly linked to all Counseling and Testing activities implemented by the USG and also to USG activities in PMCT activity (#4994), OP activity (#5006), and AB activity (#5090)

4. POPULATIONS BEING TARGETED

The campaign will be targeted to adults and will promote CT services as part of a package of care and treatment services now more widely available in Kenya.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will work to reduce stigma associated with HIV status.

6. EMPHASIS AREAS

This activity includes major emphasis on information, education, and communications.

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This activity will undertake a new CT communications campaign to be conducted during FY06. The campaign's specific goal and objectives will be determined by the Ministry of Health and the VCT and CT Technical Working Groups. The activities will include Production and promotion through television and radio spots, billboards, posters, and press advertisements.

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing counseling and testing according to national or international standards

Number of individuals who received counseling and testing for HIV and received their test results

Number of individuals trained in counseling and testing according to national or international standards

Cover 14 Districts

Cover half the Kenyan Population

Target Populations:

Adults

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
 Budget Code: HTXD
 Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement:

79

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

Key Result 1: Sufficient quantities of ARV drugs procured to support treatment for 70,000 people.
 Key Result 2: Public sector commodity forecasting, procurement and distribution systems strengthened.
 Key Result 3: Drug quality monitoring by National Quality Control Laboratory strengthened.

CURRENT PROGRAM CONTEXT

Pharmaceutical logistics management overall in Kenya is weak but gradually improving, and drug delivery is erratic and relies on a push system where drug rations are allocated to facilities from central stores. Information about stocks is kept in paper systems, reporting from Ministry of Health (MOH) sites is generally incomplete, and stock outs are common.

The majority of procurement and distribution of drugs and supplies for Emergency Plan-supported sites is led by the Kenya Medical Supply Association (KEMSA, the government supply system) and the Mission for Essential Drugs and Supplies, (MEDS, an FBO that provides medicines to a network of mission, NGO, public and small community facilities). KEMSA's capacity is stretched by responsibilities related to procurement and distribution of ARVs with Global Fund and Government of Kenya (GoK) resources.

Two major technical partners collaborate with USG agency staff to support these activities, JSI DELIVER and Management Systems for Health (MSH/RPM+). Both work to assist NASCOP with policy development for drug procurement and distribution and strengthening of the drug registration process in Kenya; MSH/RPM+ also works with the National Quality Control Lab to strengthen capacity there. MSH/RPM+ strengthens capacity at MEDS, and supports development of patient/provider relationships at facilities. JSI strengthens capacity at KEMSA, and assists NASCOP with forecasting overall national needs and reporting from MOH facilities. JSI also supports MOH to build logistics management and planning capacity for drugs, test kits, and other essential commodities.

NEW INITIATIVES

In FY06 we hope to buy USFDA approved generic equivalent ARVs, and start a number of patients on these. We will also work closely with the MOH to prioritize procurement of pediatric ARVs with resources from the Global Fund, which MOH had not catered for in the initial Kenya GF work-plan.

MEDS will continue to distribute ARVs procured under the Emergency Plan while the strengthening of KEMSA will improve the distribution of drugs purchased by the GoK and the GF. We have allocated the bulk of funds for ARVs to MEDS, who will also retain responsibility for distribution of Emergency Plan ARVs in Kenya. When the centrally-awarded Supply Chain Management Contract is in place we will evaluate its potential role in Kenya. A small fraction of drug procurement funds are allocated to CDC's cooperative agreement with the Kenya Medical Research Institute to provide some added flexibility for contingencies.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

A key challenge is 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. Another challenge is the shortage of stavudine, a key first line drug in Kenya, but in limited supply from the originator company. DFID has agreed to purchase 12,000 boxes of WHO prequalified stavudine to meet the immediate shortfall and we aim to overcome this by purchasing FDA approved generics from other companies to start new patients on treatment. Closely related to this are the long lead times for drugs supplied by most manufacturers.

WORK OF HOST GOVERNMENT & OTHER DONORS

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 Laboratory is limited by resources available. Ongoing and expanded activities proposed in the FY06 COP will broadly support improvement in pharmaceutical management in Kenya.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 4093
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute (KEMRI) will assist with forecasting and procurement of additional drugs needed to treat 75,000 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. Together with USG staff in country, these major partners are primarily responsible for quantification and tracking for ARVs procured with Emergency Plan funds. This alternate procurement mechanism through KEMRI will allow some flexibility that will help to continue to avoid stock outs and treatment interruptions.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are essential to maintaining a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.

3. LINKS TO OTHER ACTIVITIES

These activities will complement and link with all activities listed in the ART services program area and with all services listed in this program area.

4. POPULATIONS BEING TARGETED

This activity targets men, women, and children with HIV.

5. EMPHASIS AREAS

This activity includes a major emphasis in commodity procurement.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mission for Essential Drugs and Supplies
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 4118
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Mission for Essential Drugs and Supplies (MEDS) will forecast, procure, store, and distribute drugs purchased through Emergency Plan funds including ARVs for 70,000 patients. Specifically, MEDS will participate in the quantification of ARVs to meet the set target of 70,000 patients by September 30, 2007, 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, warehousing and distributing drugs primarily to Mission sector in Kenya since 1986. Other key beneficiaries of MEDS services include public sector donor funded projects, non-governmental and community based organizations. MEDS is also involved in training of all cadres of Health care workers primarily from the Mission sector with a specific emphasis on rational use of drugs. MEDS was among the first organizations to support expansion of access to treatment for HIV/AIDS in 2001 and started stocking ARVs to support treatment.

From 2004, MEDS has been procuring, warehousing and distributing ARVs for Emergency plan in the country as well as procuring drugs for opportunistic infections to support the Emergency plan program. MEDS has a well functioning procurement, warehousing and country wide distribution capacity. MEDS also has an in house quality control laboratory that conducts quality control testing for some pharmaceuticals although this capacity needs to be enhanced especially in the area of antiretroviral drugs.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The procurement of ARVs will contribute to supporting 70000 patients on treatment, therefore accounting for 70% of the USG contribution to treatment nationally.

3. LINKS TO OTHER ACTIVITIES

These activities will complement and link intimately with all activities listed in the ARV services program area, such as Management Systems for Health/Rational Pharmaceutical Management Plus (MSH/RPM+) program in ARV drugs activity (#4209), KEMSA's ARV drugs program activity (#5008), JSI/DELIVER's ARV services program activity (#4229), and KEMRI's ARV drugs program activity (#4093). MEDS will receive support from MSH/RPM+, 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.

4. POPULATIONS BEING TARGETED

Populations targeted include people living with HIV/AIDS, private health care workers and faith-based organizations.

5. EMPHASIS AREAS

The major emphasis area for this activity is Commodity Procurement, with two minor emphasis areas being training, logistics and Linkages with Other Sector Initiatives.

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Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Private health care workers

Doctors (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: RPM/PLUS
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 4209
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus) will support forecasting, procurement and tracking of supplies of antiretroviral drugs and other pharmaceuticals for 75,000 people. Specifically, MSH/RPM Plus will coordinate overall ART commodity supply coordination to requests from Emergency Plan partners' institutions and assist Mission for Essential Drugs and Supplies (MEDS) with appropriate procurement requests and distribution planning for ART Sites. MSH/RPM Plus will assist with provision of strategic information from ART commodity sources including importers and manufacturers. At the national level, RPM Plus will provide technical assistance in ART commodity management to MEDS, KEMSA, NASCOP and Department of Pharmaceutical Services in order to strengthen commodity supply chain systems supporting ART. To assist in capacity building for commodity management, RPM Plus will design and implement curricula for training ART healthcare workers at all levels of care. MSH/RPM Plus will also strengthen systems by applying tried and tested commodity management tools and approaches.

RPM Plus will work closely and collaboratively with USG PEPFAR Inter-agency team, MEDS and NASCOP to assist in the timely national planning of ART drug requirements (both ARVs and OIs), national quantification/forecasting, procurement planning, distribution resource planning and documentation of ART commodity utilization /consumption by USG and MOH supported sites. Activities will include gathering and collating information on stock levels, usage rates at points of service, to assist sites in commodity requirements planning, assist MEDS with strategic information necessary for efficient commodity acquisition and distribution to sites in a timely manner. Under COP 2006, RPM Plus will continue coordinating ART commodity supply and distribution efforts on behalf of the USG team.

RPM Plus will work with the Department of Pharmaceutical Services and its institutions, (the Pharmacy and Poisons Board- PPB, National Quality Control Laboratory-NQCL) to support the policy and practice reform agenda aimed at strengthening national skills and capacity in commodity selection, quantification, procurement, distribution, quality assurance and appropriate use of commodities needed for the treatment and care of PLWHA. RPM Plus will also support activities by the Pharmacy professional associations, the NGO/private sector aimed at improving access and use of ARVs and other medicines in support of the national ART programme. These will include Review of the National Drug Policy to includes components supportive of the provision of effective ART commodity management services; Preparation of the national strategic plan to guide the pharmaceutical sub-sector; Support stakeholders in the development and dissemination of various ART policy guidelines; Encourage and advocate for linkages between the Department of Pharmaceutical Services, NASCOP, PPB, NQCL in cross-cutting issues such as pharmaco-vigilance, ART drug procurement and Quality Assurance.

At central level, RPM Plus will work with MOH, USG agencies and other cooperating partners to identify activities and technical assistance inputs needed to build the capacity of NASCOP to improve access to and use of quality pharmaceutical products for national ART programs. These will include Support to the MOH/NASCOP National ART Task Force activities; Support NASCOP training efforts by continuing the existing joint RPM Plus/NASCOP commodity management training efforts in areas in which RPM Plus has designed various in-service commodity management training curricula; Implementation of Commodity management tools and approaches to support the national programme particularly in the area of quantification and forecasting; point of service dispensing; Support efforts to develop/updates ART standard treatment guidelines; Support efforts to develop/update MIS and M&E

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commodity management indicators and instruments; Support efforts to develop patient medication counseling materials and methodologies.

At site level, RPM Plus will provide technical assistance in the development and/or adaptation of SOPs and forms; use of inventory management tools, patient medication counseling for adherence; commodity management monitoring and evaluation systems, including ART Drug Utilization Reviews (DUR); the design and implementation of robust ART Drug Management Information Systems; on going training and monitoring for performance improvement at site level employing the MTP methodology. MSH/RPM Plus will also initiate and strengthen commodity management through commodity management training to address human resource needs at sites; addressing essential commodity management infrastructure and equipment needs; assisting in setting up site based ART commodity management structures.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will support forecasting, procurement and tracking of supplies of antiretroviral drugs and other pharmaceuticals purchased by the Emergency Plan for 75,000 people. This contributes to 71% of national targets in this program area.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to Mission for Essential Drugs and Supplies' ART program activity (#4117), Kenya Medical Research Institute's ART program activity (#4091) as well as the other activities implemented by partners working in the ARV services program area.

4. POPULATION BEING TARGETED

Health workers, Ministry of Health staff, and faith-based organizations.

5. EMPHASIS AREAS

The major emphasis area for this activity is local organization Capacity Development, with minor emphasis areas being commodity procurement, Training, Quality Assurance and Supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Public health care workers
Private health care workers
Laboratory workers (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)

Coverage Areas:

Populated Printable COP
Country: Kenya

Fiscal Year: 2006

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National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: DELIVER
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 4229
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This component will support the continued development of a logistics system for delivery of antiretroviral drugs and other pharmaceuticals from the National level to Districts that currently serve 140 public, NGO/Mission, and Private ART facilities. JSI will work with key partners to update product selection, develop standard treatment guidelines, verify registration status, quantify requirements and update forecasts to enable uninterrupted procurement. JSI will continue to implement a computerized automated logistics management information system (LMIS), developing a database from all pharmacies of all ART sites nationally, for all ART programs regardless of drug supply or funding source. This is to enable timely and accurate collection and reporting of ARV drug and patient data to the National AIDS and STD Control Program (NASCOOP), KEMSA and the Mission for Essential Drugs and Supplies (MEDS). Finally, JSI will work with the Management Sciences for Health/RPM Plus project to link data bases between the National System and data collected from the interaction between provider and patient.

Key partners with whom JSI will work include: KEMSA, the Kenya Government organization responsible for ensuring medical supplies to government facilities and 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); the National AIDS and STD Control Program (NASCOOP), the program with overall responsibility for management of the GOK program; the Mission for Essential Drugs (MEDS), the distribution agent selected to serve the NGO community; and Management Sciences for Health/RPM Plus, the USG program which focuses on activities related to the interaction between provider and patient.

Further to the above, JSI will seek to develop a performance improvement (PI) strategy 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

JSI assumes substantial responsibility for supporting delivery of pharmaceuticals purchased by the Government of Kenya to sites and collecting necessary returns from the sites. 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 achieving a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities. JSI has already provided essential assistance to KEMSA that has facilitated distribution of antiretroviral drugs from the Government of Kenya to approximately 15,000 people. This continuing initiative should increase the number of patients receiving GOK ARVs to 40,000.

3. LINKS TO OTHER ACTIVITIES

This activity also relates to activities in and JSI's laboratory infrastructure program activity (#4241) which concentrate on improving logistics for the various HIV/AIDS related commodity groups from condoms, home-based care kits, laboratory equipment and reagents to other associated health commodities.

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4. POPULATIONS BEING TARGETED

The beneficiaries are people living with HIV/AIDS.

5. EMPHASIS AREAS

The major emphasis area for this component is logistics serving to enhance the availability of ARVs a minor emphasis area is local organization capacity development working to build the capacity of KEMSA.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	51 - 100

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Supplies Agency
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5008
Planned Funds:

Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity aims to enhance the quality and timeliness of delivery of public sector Anti-Retroviral (ARVs) and also enhance the storage conditions. This activity will assist Kenya Medical Supplies Agency (KEMSA) in renovations that will at a minimum separate the receipt and dispatch areas, improve the floor of the warehouse and also provide racking to improve warehouse usage.

KEMSA is the government of Kenya public sector health commodities supply agent involved in ensuring the delivery of all health commodities including ARVs to public sector health institutions.

The problems at the KEMSA warehouse are: i) the combined receipt and dispatch areas which currently are handled from the same doorway thus leading to congestion and losses due to inadequately recorded incoming or outgoing goods; ii) the floor of the warehouse is rough making it difficult keep it clean and also for the forklifts to navigate smoothly whilst carrying goods; and iii) Goods are oftentimes stacked on top of each other due to lack of racks in the warehouses this leads to damage to delivered goods and also means that a large percentage of warehouse is not used adequately. This activity therefore seeks to address these problems by renovating the floor, providing racking and separating receipts and dispatch areas.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to improving public sector ARV storage and delivery as well as other HIV/AIDS commodities.

3. LINKS TO OTHER ACTIVITIES

This activity links to PAS activities designed to strengthen public sector logistical capacity in the procurement, storage and distribution of all necessary health commodities and drugs KEMSA-PAS activity (#4248).

4. POPULATIONS BEING TARGETED

General population and people living with HIV/AIDS.

5. EMPHASIS AREAS

The major area of emphasis is Infrastructure with a minor emphasis on Local Organization Capacity Development.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100
Local Organization Capacity Development	10 - 50

Target Populations:

People living with HIV/AIDS

Coverage Areas:

Populated Printable COP

Country: Kenya

Fiscal Year: 2006

National

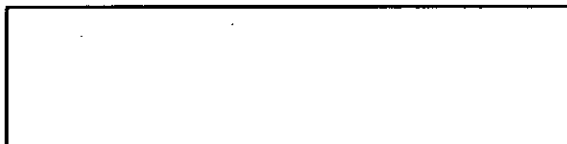
Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: HTXS
 Program Area Code: 11

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:



Key Result 1: The Emergency Plan directly supports ART for 102,000 people including an estimated 17,000 children, and indirectly supports ART for 10,000 people.

Key Result 2: Improved linkages between treatment sites.

Key Result 3: Ongoing classroom and practical training in adult HIV treatment use approved national training materials and is coordinated through National AIDS and STD Control Program (NAS COP).

Key Result 4: USG works with other donors including JICA and DFID to develop improved Infrastructure.

CURRENT PROGRAM CONTEXT

There has been dramatic expansion of access to ART in Kenya with the number of people on ARVs more than doubling from 24,000 in September 2004 to 50,000 in September 2005. Plans for ARV scale up are coordinated through NAS COP. In accordance with Kenya's 5 Year Strategy, USG inputs include assistance with planning and development of strategies, policies and guidelines; support for centralized activities such as drug procurement and delivery, training, and enhancement of laboratory capacity; direct support to 50% of the 210 sites providing ART in Kenya and indirect support to nearly all sites providing ART in Kenya through collaboration with NAS COP.

NEW INITIATIVES

A key USG effort this year is to strengthen support for systems, so that support provided by larger partners strengthens sites within the region as well as the relationships between those sites, regional functions such as quality assurance, and the supervision of those sites as a network. Networks are now well defined in all regions and are overseen by NAS COP designees (mostly physicians and pediatricians) known as Provincial ART Officers (PARTOs). PARTOs determine which sites become treatment centers, provide supervision, work to strengthen treatment networks, and conduct periodic meetings where health care providers can share experiences and receive continuing medical education. A second focus for 2006 is pediatric treatment. A national curriculum for pediatric treatment has been developed, over 300 providers have received classroom training, many providers have received practical training, access to diagnostic testing for infants is expanding, and pediatric formulations of ARVs are available, setting the stage for rapid scale up of treatment for children.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Key barriers to scale up are under-staffing; availability, costs and quality of laboratory services; and weak infrastructure. Most treatment sites are understaffed and morale is falling due to heavy workloads in the clinics. In addition, many larger treatment centers are operating in cramped conditions, and there are serious needs for improvement in the physical structures of laboratories, pharmacies, and in-patient treatment units.

A key concern relates to drug quality and coordination. Global Fund procurements for drugs are beginning to materialize; unfortunately, many products were originally procured without sufficient information about drug quality, but now systems are being strengthened to facilitate evaluation of these products pre- and post procurement. There is an enormous variety of ARVs available, causing confusion for clinicians, pharmacies, and patients. In the future, it may be necessary to rationalize and standardize drug provision to minimize the extent to which a single site has patients on drugs from multiple sources.

WORK OF HOST GOVERNMENT & OTHER DONORS

Global Fund resources will support drug procurement for approximately 30,000 people, lab equipment for Provincial and District Hospitals, vehicles for supervision/program implementation, and hiring of a limited number of health care workers. Support for ARV scale up also comes from WHO (technical support in integrated TB/HIV activities), DFID (training, ART communication, and infrastructure), MSF (treatment for over 7,000 patients), and the Clinton Foundation (pediatric treatment, access to reduced prices for drugs).

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Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	385
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	51,000
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (Includes PMTCT+ sites)	117,149
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	102,000
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	5,884

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Unilever Tea Kenya
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4085
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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 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 put 200 patients with advanced AIDS on antiretroviral therapy and will initiate treatment to another 300 in FY05. The medical department serves a population of approximately 100,000 employees and their dependents including those residing within and outside the tea estates.

The UTK Central Hospital will expand its antiretroviral therapy program to more employees including factory workers and their dependents in FY06 based upon ongoing President's Emergency Plan HIV activities. Focusing upon the network model, UTK will extend antiretroviral therapy program to more than 25 of its health centers and dispensaries. These health centers and dispensaries will serve as sites to link prevention, palliative care, counseling, and testing to the UTK Central Hospital. With this expansion, UTK will provide antiretroviral therapy to 750 patients, including 75 children (200 new and 550 in existing treatment). The total ever treated will be 825. This will be achieved in part through training 25 new health workers (focusing upon the dispensary level) in comprehensive HIV care and strengthening of the dispensary referral mechanism.

Funds under this proposal will be used to procure equipment, reagents and supplies for HIV 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. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff. UTK Central Hospital will serve as a referral facility for the affiliated health centers and dispensaries through the network model. Special needs for children, young adults, and women in both HIV diagnoses and treatment will be given strong emphasis. PMTCT-plus activities will be built upon the successful UTK PMTCT program. 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.

The UTK Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services on the plantations will improve equity in access to HIV care and treatment services. The hospital program will result in increased access to ART, particularly among women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART program (#4109). UTK Hospital will refer advanced or complicated treatment cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program

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(#4095) family members of mothers testing positive will be identified and offered opportunity for care and treatment.

4. POPULATIONS BEING TARGETED

UTK Central Hospital will target HIV/AIDS-affected families and people living with HIV/AIDS to assure antiretroviral therapy is obtainable. Furthermore, factory workers in the tea plantation will be the majority population that is targeted.

5. KEY LEGISLATIVE ISSUES ADDRESSED

UTK Central Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women are receiving treatment. Overall, assuring 10% of those on treatment being children will be the goal. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes minor emphasis on commodity procurement, community mobilization, information, education and communication, strategic information, training and workplace programs. UTK Hospital will invest in medical supplies necessary for offering HIV services primarily at the health centers and dispensaries, train staff necessary to expand HIV treatment services as described above, and develop a program to promote positive living and adherence to treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	26	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	200	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	825	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	750	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	25	<input type="checkbox"/>

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Target Populations:

Factory workers (Parent: Business community/private sector)

HIV/AIDS-affected families

People living with HIV/AIDS

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4091
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

Kenya Medical Research Institute (KEMRI) will expand ongoing activities at more than 40 sites mainly in Nyanza, Eastern, and Central Provinces. These expanded activities include provision of antiretroviral treatment to 6,100 HIV-positive individuals including 1300 children (increasing the total number ever receiving ART to 7400), and support for training for 260 health care workers. 2700 individuals will newly initiate antiretroviral therapy. Network centers will be supported at the Provincial Hospitals in Kisumu, Nyeri, and Machakos. Points of service will include all District and most Sub-District Hospitals in the regions served by these referral hospitals, as well as many health centers and dispensaries. At each site, KEMRI provides technical assistance; equipment and supplies; infrastructure improvement; support to improve laboratory capacity, laboratory reagents; support for adherence counseling; and assistance with monitoring and reporting. KEMRI also conducts training and provides salary support for some staff in accordance with Emergency Plan guidelines. ARVs are provided at the sites through the Mission for Essential Drugs and Supplies (MEDS) and the Kenya Medical Supplies Agency (KEMSA).

KEMRI also conducts a substantial number of activities that enhance the development of treatment services at the national and regional level. KEMRI supports regular meetings of care providers in the Province in collaboration with the Provincial ART Officer, and is helping to develop regional quality assurance programs and specimen transfer networks to provide high quality CD4 cell count determination and diagnostic HIV testing for infants. KEMRI program key focus areas include: identification and treatment of HIV-infected children, identification and treatment of infected patients in the in-patient setting, and provision of care in remote areas. The latter is facilitated by mobile teams that move between rural health centers and dispensaries, particularly those providing PMTCT services or providing treatment services to large numbers of patients with TB. Because the PMTCT and TB treatment programs have been effectively decentralized, the support for services at these sites is an important step toward decentralization of treatment services for people with HIV. KEMRI will continue to assist with data collection and national reporting for supported facilities. By September 2005, KEMRI was contributing to ART for more than 3000 patients, including more than 150 children.

2. CONTRIBUTIONS TO OVERALL PROGRAM 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, strengthened referral networks for provision of ART, and expansion of treatment services for children. KEMRI activities also support other programs, for example by providing training opportunities to staff from other programs and by providing infant diagnostic testing.

3. LINKS TO OTHER ACTIVITIES

This activity links to CT (#4087), non-ART/BHCS (#4088), PMTCT (#4095), OP (#4094), and SI (#4092) services supported by KEMRI and Catholic Relief Services. The treatment activities in Central and Eastern Provinces will be replaced by support from other partners (University of Pittsburgh and Columbia University). Practical training supported by KEMRI is linked directly to classroom training supported by Midway International (#4132).

4. POPULATIONS BEING TARGETED

The target population for this activity is people with HIV. The main geographic region served is high priority because of the very high prevalence of HIV (9-41%). Most of the services are provided to the general population with HIV, but special

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services are provided to women and children through pediatric and PMTCT-plus services, and to participants in US government funded research programs and their families. Discordant couples are targeted by behavior change counseling and other prevention activities focused on HIV-infected patients.

5. EMPHASIS AREAS

This activity includes major emphasis on development of network/linkages/referral systems, and minor emphasis on commodity procurement, human resources, logistics, and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	40	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	2,700	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	7,400	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	6,100	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	260	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- Discordant couples (Parent: Most at risk populations)
- Orphans and vulnerable children
- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Laboratory workers (Parent: Public health care workers)
- Private health care workers

Coverage Areas

Nyanza

Central

Eastern

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Department of Pediatrics
Prime Partner: University of Nairobi
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4104
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The University of Nairobi Department of Pediatrics (UNBO) will work to strengthen the services available at Kenyatta National Referral Hospital (KNH), with an emphasis on the provision of treatment to children and participants in US government sponsored research. Treatment, including antiretroviral therapy will be provided to 1500 people with advanced HIV (550 new initiators) including 600 children, increasing the number of individuals ever receiving ART to 1800. Activities will strengthen KNH's ability to conduct training, perform diagnostic testing in infants, and manage other diagnostic activities, 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, purchase commodities including laboratory reagents, and train 90 health workers.

The University of Nairobi Pediatrics Department has run research clinics on perinatal cohorts at KNH for 12 years studying PMTCT and immune responses and disease progression in women and children, as well as managing a handful of patients receiving donated ART. Research doctors have undergone short training about HIV treatment and have conducted numerous courses on ART. The KNH Comprehensive Care Center has been running for more than 5 years providing psychosocial care. Over the past year it has provided ambulatory medical care to PLWHA including nutrition, opportunistic infection prophylaxis and treatment, and ART. It has dedicated staff providing psychosocial, nutritional, and medical care. By September, more than 700 patients, including approximately 100 children were receiving treatment as a result of the activities of this partner.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to 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.

3. LINKS TO OTHER ACTIVITIES

These activities link to HIV treatment activities currently supported by Family Health International at Kenyatta National Hospital (#5367), to training activities supported by National AIDS and STD Control Program (#4223) and the Kenya Pediatric Association, a treatment sub-partner of CHF (#4164), and to multiple activities in and around Nairobi that refer to KNH as a network center.

4. POPULATIONS BEING TARGETED

Targeted populations include people living with HIV/AIDS, with a particular emphasis on children.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, development of networks, policy and guidelines, and training.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	1	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	550	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,800	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	90	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: James Finlay (K) Ltd.
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4105
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

The James Finlay Kenya Ltd (JFK) Central Hospital currently provides comprehensive HIV/AIDS services to employees and dependents within the James Finlay Tea Plantation. JFK serves a population of approximately 80,000 employees and their dependants including those residing within and outside the tea estates. In FY04, the JFK hospital provided antiretroviral therapy to 200 AIDS patients with advanced disease and will increase the number to 550 in FY05. With a decrease in budget relative to FY05, JFK Central Hospital is planning to expand its comprehensive HIV/AIDS antiretroviral program to 200 employees and their dependants in FY06 bringing the number on ARVs to 760 with the total ever treated as 825.

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 760 patients, including 70 children (260 new and 500 receiving ongoing treatment). This will be achieved through training 5 health workers in comprehensive HIV care, strengthening HIV evaluation capacity at the health centers, and strengthening of the referral mechanism. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff. Emphasis will be placed on adherence counseling and will be linked with prevention of HIV infection activities and positive living.

FY06 funds under this proposal will be used to procure equipment, reagents, and supplies for HIV 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. 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 and "down through the network" to the affiliated health centers and dispensaries. Kericho District Hospital also will provide quality assurance for ART care, treatment, and diagnostic services for the JFK Central Hospital.

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.

The JFK Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services on the plantations will improve equity in access to HIV care and treatment services. The hospital program will result in increased access to ART, particularly among women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART program (#4109). JFK

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Hospital will refer advanced or complicated treatment cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4251) family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to JFK Hospital BHCS (#4106). Thus JFK Hospital ART and JFK Hospital BHCS will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

James Finlay Kenya Ltd (JFK) Central Hospital will target HIV/AIDS-affected families and people living with HIV/AIDS to assure antiretroviral therapy is obtainable. Furthermore, factory workers in the tea plantation will be the majority population that is targeted.

5. KEY LEGISLATIVE ISSUES ADDRESSED

James Finlay Kenya Ltd (JFK) Central Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women are receiving treatment. Overall, assuring 10% of those on treatment being children will be the goal. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes minor emphasis on commodity procurement, community mobilization, information, education and communication, strategic information, training and workplace programs. JFK Hospital will invest in medical supplies necessary for offering HIV services primarily at the health centers and dispensaries, train staff necessary to expand HIV treatment services as described above, and develop a program to promote positive living and adherence to treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	5	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	260	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	825	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	760	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	5	<input type="checkbox"/>

Target Populations:

Factory workers (Parent: Business community/private sector)
HIV/AIDS-affected families
People living with HIV/AIDS

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kericho District Hospital, Kenya
USG Agency: Department of Defense
Funding Source: GAC (GHA1 account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4109
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Kericho District Hospital(KDH) is currently one of six Ministry of Health (MoH) public district hospitals providing comprehensive HIV/AIDS treatment in the south Rift Valley Province, serving approximately 500,000 individuals in Kericho District alone and in excess of 1.5 million in the south Rift Valley Province. To date (August 2005), KDH has started nearly 800 qualifying Kenyans on antiretroviral therapy.

Under the auspices of the MoH Provincial ART Officer (PARTO), KDH will continue to expand its ART program as well as develop its capacity to serve as a referral center in the south Rift Valley Province. In year-3 of the Emergency Plan, KDH will initiate antiretroviral therapy in 500 new patients thereby increasing their total number on treatment to 1300, including 150 children. The total ever treated will be 1430. In FY06, a multidisciplinary team consisting of 20 health workers will be trained in comprehensive HIV/AIDS care including antiretroviral therapy.

In FY06, KDH will expand screening and ARV services to 3 rural health centers, (totaling 5 rural health centers served) and one sub-district hospital (Londiani sub-district hospital). While pushing down through the network, KDH will develop capacity at their district level sub-district and rural hospital facilities so patients traveling marked distances for treatment and demonstrating stability can be referred down through the network to their more local facilities. The total number of sites providing service is 7. This will in turn maintain capacity at KDH for other District Hospitals in the south Rift Valley to refer complicated cases up through the network.

FY06 funds will be used to encourage positive living, prevent HIV infection transmission or re-infection, enhance 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, KDH will offer training to doctors, nurses, and other health care workers. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff. In addition, funds will contribute to a HIV/AIDS comprehensive/ tertiary care center serving the needs of Kericho District and south Rift Valley. The KDH 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 rural health center facilities as well as the existing FY04/05-supported hospitals in the south Rift Valley Province. Building upon the successful PMTCT program in the area, coordination and introduction of PMTCT-plus activities will be given direct attention. HIV-infected pregnant women, sexual partners, children, and other members of their families will be referred from the PMTCT sites scattered throughout the districts to KDH or any of the ART treatment sites within the network.

The KDH HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services in this geographical area will improve equity in access to HIV care and treatment services since the currently underserved rural communities will have better access. The hospital program will contribute to the result of increased access to ART particularly among underserved rural folks, women, and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

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3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kapsabet District Hospital (#4336), Kilgoris District Hospital (#4334), Longisa District Hospital (#4324), Kapkatet District Hospital (#4328), and Nandi Hills District Hospital (#4332) ART programs. Focusing upon the network model, KDH will serve as a referral hospital overseeing HIV services at these 5 district hospitals in the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to KDH Hospital BHCS (#4110). Thus KDH Hospital ART and KDH Hospital BHCS will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

KDH will target the general population including adults, children, and family planning clients as well as people affected by HIV/AIDS through HIV/AIDS-affected families, orphans and vulnerable children, and people living with HIV/AIDS, most at risk populations will be targeted for treatment. New rural health care facilities will increase coverage and access to all these targeted populations. Health care providers will also be targeted by increased ARV training thus increasing the amount of clients able to be served more efficiently.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The KDH HIV program will increase gender equity in HIV programming by ensuring that equitable numbers of women including children are receiving treatment. The activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities. Children will also be targeted as the District Hospital continues to add to the existing pediatric population on treatment (73 children as at 7th Sept 05)

6. EMPHASIS AREAS

This activity includes minor emphasis on training, strategic information, human resources and commodity procurement. KDH will procure supplies for HIV diagnoses and staging (e.g. CD4 counts) as well as safety monitoring for HIV treatment (e.g. hemoglobin, liver transaminases). KDH will obtain medical supplies for providing HIV treatment services and procure and train additional staff as needed to assure quality care is delivered in light of their increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	7	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	500	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,430	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,300	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	20	<input type="checkbox"/>

Target Populations:

Adults

Family planning clients

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

Children and youth (non-OVC)

Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mission for Essential Drugs and Supplies
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4117
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Mission for Essential Drugs and Supplies (MEDS) will conduct countrywide activities that will result in 360 healthcare providers being trained in provision of ART health services at 10 mission sites, and will lead to 1,000 people with advanced HIV receiving ART health services, out of which 500 will be new. This will allow implementation and expansion of treatment activities to other small mission hospitals that are otherwise not specifically supported to provide HIV care. In combination with other resources such as ARVs that are procured through the Emergency Plan, this program will increase the number 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, and strengthen logistics, particularly pharmacy management. MEDS 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.

These trainings are priority activities because many of these facilities have potential in scaling up ART 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) establishing 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. The multi-cadre approach to training adopted by MEDS will enhance teamwork in the delivery sites.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the number of qualified trained personnel providing HIV/AIDS services countrywide indirectly increasing the number of HIV positive people reached with services.

3. LINKS TO OTHER ACTIVITIES

This activity is linked with MEDS's ARV drug procurement activities under HIV/AIDS Treatment/ARV Drugs (#4118) and HIV/AIDS treatment/ARV services (#4117) and to prevention of mother-to-child HIV transmission activities carried out by other partners in the Emergency Plan.

4. POPULATIONS BEING TARGETED

This training targets health care workers from private faith based facilities which include doctors, clinical officers, nurses and pharmacists. It also targets faith based organizations.

5. KEY LEGISLATIVE ISSUES

Through this training it's hoped that the trained health care workers will change their attitude towards PLWHAs thus reducing stigma and discrimination and increase coverage for women and children.

6. EMPHASIS AREAS

Major emphasis will be placed on training while local capacity development,

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development of networks, linkages and referrals and quality assurance and supervision will have minor emphasis.

Emphasis Areas

Quality Assurance and Supportive Supervision
Training

% Of Effort

10 - 50
51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	10	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	500	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	360	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africa Inland Church Litein Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4122
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The African Inland Church (AIC) Litein Hospital is a faith-based mission hospital in Bureti District of the south Rift Valley Province. It acts as a referral for and 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 system.

In their second year (FY06) of the President's Emergency Plan, AIC Litein Hospital intends to offer antiretroviral therapy to 450 patients, including 45 children (200 new and 250 existing) for a total of 495 ever treated. AIC Litein Hospital will expand screening and ARV services to 3 rural health centers, so patients demonstrating stability can be referred down through the network to their more local facilities, nearer their places of residence.

In response to the inadequate number of staff trained in HIV/AIDS treatment, AIC Litein will train 10 health care workers including physicians, nurses, and pharmacists in HIV/AIDS care and treatment. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff. Religious leaders will also be trained and educated regarding 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). Kericho District Hospital will provide quality assurance for ART care and treatment of cases managed at the AIC Litein Hospital.

The AIC Litein Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services in this geographical area will improve equity in access to HIV care and treatment services through assuring improved ART services to currently underserved, rural communities, particularly among women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART (#4109) program. AIC Litein Hospital will refer complicated and advanced cases to Kericho District for more intensive care. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to AIC Litein Hospital BHCS (#4123). AIC Litein Hospital ART and AIC Litein Hospital BHCS will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

AIC Litein Hospital, as a faith-based organization, will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children with approximately 10% of those receiving treatment being children. AIC Litein Hospital doctors, nurses, and pharmacists will be trained in antiretroviral care, thereby increasing the availability of health care providers able to address the

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increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

AIC Litein Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving treatment. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement, community mobilization, human resources, strategic information, and training. AIC Litein Hospital will conduct maintenance care for the HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	200	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	495	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	450	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	10	<input type="checkbox"/>

Target Populations:

Adults

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Nyanza

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Eastern Deanery AIDS Relief Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4130
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) will expand services at 7 sites in the Eastleigh slums of Nairobi to provide ART to 6000 people with advanced HIV including approximately 850 children (2600 new, with the total ever served to 7200). EDARP provides these services in urban slums in Eastern Nairobi, an area with relatively few Ministry of Health medical facilities and extreme challenges including severe poverty and very limited availability of services such as access affordable housing, sanitation, and safe drinking water. EDARP provides a package of antiretroviral treatment that includes support for staff salaries, training of 12 staff, laboratory evaluation, adherence counseling, and monitoring. ARVs will be supplied to the sites through the distribution system of the Mission for Essential Drugs and Supplies (MEDS). The program also includes a very strong component of community-based support for adherence to ART, infrastructure improvement (renovations at the facilities), and production and distribution of informational materials to patients. In expanding services to children, EDARP is taking a lead role in addressing important issues related to optimizing pediatric care. EDARP staff is also implementing activities focused on reducing the risk of HIV transmission from people identified as having HIV by promoting abstinence and risk reduction. For example, EDARP staff is implementing programs designed to support adherence to treatment for children of all ages, developing policies and best practices related to difficult issues such as disclosure of HIV status to children, and setting up systems to provide emotional support for health care workers who are facing the enormous challenges of providing services in this area.

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 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 a variety of HIV prevention and treatment 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. By September 2005, the program was providing ART to more than 2200 people, including more than 50 children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to 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. Because EDARP is among the first programs providing extensive services to children, their experiences are being shared with other programs and are contributing to the quality of services provided at other sites.

3. LINKS TO OTHER ACTIVITIES

This activity relates to counseling and testing services and integrated TB/HIV activities (#4129), and palliative care services supported by EDARP; ART (#4128) and palliative care activities supported through a track 1 partner, Catholic Relief Services (#4924); and nutrition support programs funded through Marquette University (#5290). The treatment services are implemented in collaboration with the provincial ART officer of Nairobi Province and are linked to the network center at Kenyatta National Referral Hospital, currently supported by FHI and University of Nairobi.

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4. POPULATIONS BEING TARGETED

The populations targeted with this activity are adults and children with advanced HIV who are living in slums in eastern Nairobi. They 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.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, and strategic information.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	7	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	2,600	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	7,200	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	6,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	12	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (5 - 14 years)

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mildmay International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4132
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Mildmay International will continue to support mobile teams to provide training in HIV treatment using materials developed and approved by the National AIDS and STD Control Program, 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 ARV management as part of a package of training on comprehensive care of people with HIV/AIDS, and will incorporate components of follow up supportive supervision and quality assurance at the sites where these trained health care workers are engaged. Mildmay will support this activity by sustaining two teams of specially trained trainers. Members of these training teams will also provide patient care at supported sites, (these targets are reported by partners providing other direct support at these facilities). This on-site participation helps to maintain the clinical skills of the trainers, ensure that the trainers are teaching from recent and relevant experience, and assist with meeting critical staffing needs. Funds will support salaries for the trainers, office costs related to coordinating the trainings and preparing and conducting the continuing medical education sessions, accommodation costs for training participants, and travel costs for participants and trainers.

Mildmay International is a Christian not-for-profit organization, involved in the provision of consultancy, training and AIDS palliative care services worldwide. Staff from the Kenyan Ministry of Health, including district medical officers, hospital superintendents, and staff from the National AIDS and STD Control Program have traveled to Uganda to participate in Mildmay HIV program management course and have been empowered and motivated to establish or expand treatment programs in their areas. The mobile training teams have been functioning in Kenya since late 2004 and have been highly successful. By September, 2005, two multidisciplinary teams had provided classroom training to 487 health care workers and had reached more than 400 health care workers through CME sessions addressing care of pediatric patients and management of patients with TB/HIV co-infection. The teams have undergone training in teaching methodology as well as advanced training in HIV management. Many of the training team members have begun advanced training in pediatric ARV management and will begin to assist the group of pediatric specialists currently providing the bulk of pediatric training in Kenya. The importance of these activities relates to the fact that prior to availability of the teams with a primary focus on training, training needs were met either by pulling busy clinicians from their work places to facilitate the trainings or by having people with limited "on the ground experience" with HIV care provision in Kenya conduct the trainings.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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.

3. LINKS TO OTHER ACTIVITIES

This activity relates to TB/HIV and care and treatment services supported through CRS Track 1 supported facilities in Nyanza Province including St. Camillus, St. Joseph's and St. Monica's Hospitals, KEMRI ART facilities throughout Nyanza, Eastern, and Central Provinces (#4091), Lalmba and Merlin which are partners supported through CHF (#4164), and UCSF ART at Lumumba (#4138) and to the network centers at Nyanza Provincial Hospital, Machakos District Hospital, and Nyeri Provincial Hospital.

4. POPULATIONS BEING TARGETED

These activities directly target health care workers, and indirectly target people living with HIV/AIDS. The geographic area where activities are focused is a high priority

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because of high rates of HIV (overall rates of HIV in Nyanza Province are 15%, the highest in Kenya).

5. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis on quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (Includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	600	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
Public health care workers
Private health care workers

Coverage Areas

Nyanza
Coast
Eastern
Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: New York University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4134
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

New York University (NYU) will support treatment at Bomu Clinic in Mombasa, resulting in 1250 individuals receiving ART services, including 250 children (775 new, bringing the total ever served to 1500). This will be accomplished by providing on-site material and technical support 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 and training for 20 health care workers. 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. Activities will be conducted in close collaboration with the ART Coordinator for Coast Province.

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. NYU has supported development of a program that was providing treatment to 110 patients by September, 2005, including 20 children. NYU brings particular expertise in pediatric treatment, and this site is expected to rapidly expand treatment for children. A key barrier to expansion of the program at the moment is space. NYU has received grant funding from other sources to establish an annex to the main clinic building that will allow substantial expansion of pediatric treatment.

2. CONTRIBUTIONS TO OVERALL PROGRAM 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.

3. LINKS TO OTHER ACTIVITIES

These activities link to non-ART services supported by NYU (#4133) 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 currently supported by FHI (#4190), advanced training in HIV care also currently supported through FHI, and network strengthening activities being implemented by the Kenya Pediatric Association, a sub-partner of CHF (#4161).

4. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. A key focus of the family clinic is the provision of services to children with HIV, and the identification of 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.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, local organization capacity building, and quality assurance and supportive supervision.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	1	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	775	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,500	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,250	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	20	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Coast

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Manitoba
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4136
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

University of Manitoba will expand provision of services at two sites in Nairobi, providing ART to 300 people with advanced HIV (230 new), including 80 children, bringing the total ever treated to 360. Patients receiving treatment will include two cohorts of patients identified through US government funded research studies, their families, and others in the geographic area. Services will be provided at Pumwani Maternity Hospital and a clinic in the Pumwani Majengo area of Nairobi. University of Manitoba activities will link with those conducted by other University based groups collaborating with the University of Nairobi and will be conducted in close collaboration with the Nairobi Provincial ART Officer. 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, and will support logistics (particularly pharmacy management) and dissemination of informational materials.

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. Prior to the availability of Emergency Plan funds, it had not been possible to provide antiretroviral treatment to the women and children in this cohort because of lack of resources. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi. Extensive community-based services have already been established that involve 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 and will train 12 health care workers.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to 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.

3. LINKS TO OTHER ACTIVITIES

This activity relates to treatment activities currently supported by Family Health International (FHI) and University of Nairobi at Kenyatta Hospital, a network center and relates closely to FHI supported coordination services provided through a consortium of university partners at Kenyatta.

4. POPULATIONS BEING TARGETED

The populations targeted in this activity include two cohorts of patients identified through US government funded research studies, their families, and others in the geographic area. These populations include vulnerable women and children, in particular sex workers and former sex workers who might not otherwise seek/access medical care and who may be at high risk to transmit HIV, particularly in the absence of appropriate treatment and support.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, and human resources.

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Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	230	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	360	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	300	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	12	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4138
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The University of California at San Francisco (UCSF) will expand services at 2 sites (Nairobi and Kisumu, bringing the total to 10) and will provide antiretroviral therapy for 2000 people with advanced HIV (1300 new), including 400 children, bringing the total ever served to 2400. Services will include diagnostic testing; ongoing counseling with a particular focus on counseling for couples (including those with discordant HIV results); and 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. An area of emphasis for the UCSF supported program is to manage families rather than individuals with HIV. The programs supported by UCSF make extensive efforts to identify and provide treatment to family members of enrolled patients, and are structured to optimize the provision of care to families. UCSF also works closely with partners providing HIV prevention services to youth and will provide youth-friendly HIV treatment services to individuals referred from those programs. In addition, UCSF will provide high-level technical assistance to sites in Nyanza Province and will work with NASCOP to develop a system for telephone consultation that will allow care providers in rural areas to access HIV expertise. Funding will be used to train 60 health care workers. Additional activities will include community mobilization and dissemination of educational materials to patients. UCSF 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 US. 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 whose activities will capitalize on their technical expertise in treatment. By September 2005, the established centers in Nairobi and Kisumu were providing ARV treatment to more than 250 people.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to 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. The activities will specifically support improved quality of care, particularly for difficult to manage patients.

3. LINKS TO OTHER ACTIVITIES

This activity relates to KEMRI's activities in CT (#4087) and PMTCT (#4095) and to ART training supported by Mildmay International (#4132). UCSF activities will augment services provided at the Provincial Hospital in Kisumu, which is a network referral center but is near 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).

4. POPULATIONS BEING TARGETED

Populations targeted by this activity include participants in US government 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 of herpes simplex infection can reduce the risk of HIV transmission in couples where one partner is infected with

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HIV.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of networks, human resources, local organization capacity building, logistics, quality assurance and supportive supervision, and training.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	10	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,300	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,400	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	60	<input type="checkbox"/>

Target Populations:

Discordant couples (Parent: Most at risk populations)
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Key Legislative Issues

Twining

Coverage Areas

Nairobi

Nyanza

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Medical and Research Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4144
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The African Medical Research Foundation (AMREF) will expand a successful HIV treatment program operating in 2 sites in Kibera, a very large informal settlement in Nairobi, Kenya and will build on experiences with this program to expand activities to an additional site in this area, providing antiretroviral treatment to 1000 people with HIV (350 new), including 150 children, bringing the total ever treated to 1200. AMREF implements antiretroviral treatment by supporting staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. ARVs are supplied to the sites through the distribution system of the Mission for Essential Drugs and Supplies (MEDS). Treatment is provided by multidisciplinary teams, and treatment services are supported through extensive involvement of community health workers and peer educators, including many people who themselves have HIV/AIDS. The community health workers and peer educators work in both the clinics and communities to support adherence, provide counseling and education about nutrition and other key aspects of care, and assist with recognition of adverse drug reactions and early referral. AMREF staff conducts extensive activities in the community that educate and sensitize church, political, and administrative leaders, as well as all members of the community. Evaluation components include the assessment of the feasibility and acceptability of caregivers supporting ART adherence and delivery at the community level. 30 health care workers will be trained.

This activity will be primarily an expansion of the existing program. A significant change from 2005 to 2006 is that a central AMREF laboratory will be strengthened to support quality assurance for labs at the satellite sites. In addition, the 2006 activities will place an expanded emphasis on providing treatment for children.

AMREF has extensive experience and expertise implementing community-based HIV/AIDS prevention and care programs throughout Africa. The HIV treatment program in Kibera has been recognized as a model of community-based ART. By September, 2005, the program was providing ART to more than 300 patients. Rates of drug adherence are very high, and rates of complete viral load suppression are comparable to those seen in research settings in the US and Europe. The 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM 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.

3. LINKS TO OTHER ACTIVITIES

This activity relates to community services supported by KICOSHEP, a sub-partner of Community Housing Foundation (#4164), to VCT and PMTCT services supported by AMREF (#4145) and to the established network referral center established at Kenyatta Hospital, supported by University of Nairobi and other partners. Activities are implemented in collaboration with the Provincial ART officer for Nairobi.

4. POPULATIONS BEING TARGETED

The population targeted with this activity are the HIV-infected slum residents that will be served by these programs and have great need for HIV treatment 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. Treatment services for children are being expanded at the site. The associated community sensitization activities

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raise awareness among men, women and children living in the slums.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination.

6. EMPHASIS AREAS

This activity includes minor emphasis in the areas of commodity procurement (for example for drugs for opportunistic infections, lab reagents and other supplies), community mobilization, human resources (salaries for health care workers at the clinics), and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	350	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,200	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	30	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: ACCESS
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4154
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

In FY06 USAID'S ACCESS project (implemented by JHPIEGO) will continue to build the capacity of health workers in Ministry of Health (MOH) facilities in Eastern, Central and Nairobi Provinces, to make timely referrals for comprehensive HIV/AIDS treatment and care services. In collaboration with National AIDS and STD Control Program (NAS COP) JHPIEGO will develop competency-based orientation materials for comprehensive care, based on MOH National Guidelines for HIV/AIDS treatment. Subsequently these materials will be used to provide orientation to 600 health workers to strengthen their ability to refer HIV positive patients for treatment and care. In Eastern, Central and Nairobi Provinces 200 health workers will be trained to provide ART using the MOH Guidelines and 50 service providers will be trained in facilitative supervision. Strengthening referrals and linkages to care, treatment, and prevention are priorities for FY06. This activity will enable health workers in public and faith-based health facilities to reach individuals who are most likely to benefit from ARV treatment, and will contribute to the provision of ART to 4,000 HIV positive patients.

Significant changes from 2005 include the advancement of training for health workers through development of orientation materials. This activity also focuses on increasing linkages to HIV treatment services. In FY05 JHPIEGO supported the training of 250 health workers in ART across twenty districts in Eastern and Nairobi province, which helped to improve the quality of services in 20 ART sites. In 2006 Emergency Plan funding will be used to provide competency-based tools for training in comprehensive care, to increase the number of skilled trainers and advance the ART skills of health workers in Eastern, Central and Nairobi Province. JHPIEGO will continue to participate in the MOH's Technical Working Group to ensure coordination of activities and compliance with MOH guidelines for service delivery.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2006 Emergency Plan result for increased availability of skilled health workers to provide care and treatment. It will enable service providers to identify and refer the large numbers of HIV infected patients who are potential candidates for ART. This activity will increase access to quality treatment services particularly among underserved. It also contributes to Kenya's 5-year strategy emphases of developing effective linkages between prevention, care and treatment services within an integrated network.

3. LINKS TO OTHER ACTIVITIES

The training activities in Eastern, Nairobi and Central Province will link to health workers in EGPAF's Call to Action program in ART, ART activities to be carried out in the APHIA II entries: EGPAF (#5376), IMPACT (#5367) and AMREFs (#4144).

4. POPULATIONS BEING TARGETED

This activity targets people living with HIV/AIDS, HIV positive infants, HIV positive children. It also targets other MOH staff including program managers in the NASCOP, and public health care doctors and nurses.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma associated with HIV status by increasing the availability of comprehensive care.

6. EMPHASIS AREAS

This activity includes major emphasis on training and development of network/linkages/referral systems as detailed in the activity description in Section 1

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above.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (Includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	850	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Rural communities

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4164
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Community Housing Foundation (CHF) will build organizational capacity and provide sub-grants to NGOs, FBOs, and CBOs, resulting in the provision of antiretroviral treatment to 5,000 people (3500 new) in 22 facilities, including 800 children, bringing the total ever served to 6,000. 30 health care providers will be trained. 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 provide a standard package of ARV treatment including support for health care worker salaries in accordance with Emergency Plan guidance, training, infrastructure improvement (for example through renovation of clinic spaces), community mobilization activities, support for laboratory evaluation, and adherence counseling and monitoring. ARVs are supplied to the sites through distribution system of the Mission for Essential Drugs and Supplies (MEDS) and the Kenya Medical Supplies Agency (KEMSA). This activity will expand an existing program. Significant changes from 2005 to 2006 are the addition of new sub-partners and the fact that supported sub-partners will place an expanded emphasis on providing treatment for children.

The primary implementing partner in this activity, 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. By September, 2005, CHF was supporting 5 organizations, whose combined activities were providing ARVs to approximately 750 individuals with advanced HIV. Capacity building activities have included both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific ability to implement care programs).

Sub-partners funded through CHF will support HIV treatment in 5 districts in Nyanza Province, and remote areas of Rift Valley and Eastern Provinces. Several of the sub-partners are FBOs. This activity includes support to the following sub-recipients for activities integral to the program:

AID Village Infectious Disease Clinics	140,000
Christian Missionary Fellowship	120,000
Kenya Pediatric Association	300,000
Latmba	200,000
Medical Emergency Relief International (Merlin)	320,000
Community of St. Egidio	355,000
Vihda	100,000

A particularly important partner funded through CHF is the Kenya Pediatric Association. This local professional organization is providing both classroom and practical training related to pediatric treatment, and strengthening networks for pediatric HIV treatment (for example through an E-mail list-serve and national meetings). They are also establishing networks for infant diagnosis.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the 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. This partner has a key role in building capacity of local organizations so that these activities can be sustained over the long term.

3. LINKS TO OTHER ACTIVITIES

There are numerous linkages related to these activities. Of specific importance are

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activities supported by the Kenya Pediatric Association, which link to a number of other partners supporting treatment for children by providing essential training, coordination, and access to diagnostic testing. In addition to building the capacity of sub-grant recipients, an important aspect of CHF's activities is to support development of linkages between the organizations they support to implement a variety of HIV prevention and treatment activities. For example, linkages that have been established during capacity building trainings have led to improved referrals of patients from VCT sites (supported by Nyarami, a sub partner of CHF described in the CT program narrative #1470) to treatment sites in Migori District (supported by Lalmba, a sub-recipient of this partner, and sites supported by the Kenya Medical Research Institute and Catholic Relief Services).

4. POPULATIONS BEING TARGETED

The primary target populations for these activities are people with HIV, including HIV-infected children. While HIV-infected children are targeted by most partners, the activities of the Kenya Pediatric Association are specifically critical to the scaling of treatment for children in Kenya. Some sub-partners reach remote populations who are otherwise unable to access treatment services, for example, the Masai populations served by AID Village Infectious Diseases and Christian Missionary Fellowship.

5. EMPHASIS AREAS

This activity includes major emphasis in the area of local organization capacity development, and minor emphases in commodity procurement, human resources, and quality assurance and supportive supervision (the last three through sub-grants).

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	22	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	3,500	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	6,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	5,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	30	<input type="checkbox"/>

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Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Professional Associations

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas

Rift Valley

Nyanza

Central

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Local Voices
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4172
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

ART is rapidly becoming available at many sites in Kenya. Information and education for communities and society on the realities of ART use needs to be in place. In 2006, Internews will assist in distributing accurate information on the effectiveness and need for ARVs through innovative communications and encouraging reporting on the subject on radio and television. The primary strategy will be to train journalists and talk show hosts to equip them with the skills to accurately report on complex ARV related issues, which are common sources of rumors, misconceptions, and public misinformation.

In FY06 Internews will particularly focus on the need for pediatric ARVs. Internews will specifically train six senior radio professionals in reporting accurately and effectively on the science of ARVs, as well as ten senior radio journalists on reporting on the need for pediatric ARVs. This training will result in at least 24 ARV programs being broadcast on the radio. These activities will contribute to achieving the goal of increased access to and utilization of ARVs.

Internews will also train 4 senior TV journalists on the science of ARVs. This will result in the broadcast of 8 feature ARV TV features.

From experience over the past three years, Internews has found that training a small number of journalists intensively is far more effective than training a large number. The output of 6 to 10 journalists trained intensively is far higher than that of 20 journalists trained more generally. When trained in small numbers and closely supported after the training, journalists tend to do considerably more follow-up reporting on ARV issues. It has also been found that without the co-operation of government, hospital and NGO officials, the media cannot be effective in ARV reporting. It has, therefore, become essential to train NGOs and government officials in effective media relations. We therefore propose a one-week seminar for NGO and government officials working with ARV related issues (6 people). This training will result in trainees obtaining the knowledge and skills to engage the media effectively in their advocacy campaigns and will put them in close contact with various experienced Kenyan journalists who serve as co-trainers in our workshops.

Internews Network, Inc. is an international non-profit organization that supports open media worldwide. 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 involved the intensive training of broadcast media professionals on HIV/AIDS reporting, while encouraging station owners and managers to support high quality reporting and programming on the disease. In Kenya, the organization is committed to training broadcast journalists and supporting improved programming about the HIV/AIDS epidemic and its impact on local communities. The Internews radio content analysis research, conducted by Steadman International, has shown that the frequency of HIV/AIDS radio programs in Kenya has increased by at least 50% since the project started two years ago. There has also been a significant improvement in the quality of programs and diversity of topics discussed on air, with the voices of PLWHA being heard far more often.

Internews efforts to date to prepare radio journalists and talk show hosts to effectively report on ART issues has resulted in 50 radio features and talk shows aired on Kenyan radio since 2004, far exceeding our original goal.

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2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will increase accurate media reporting on ART issues and improve knowledge among the general public on HIV care and treatment issues. This will also increase demand for HIV care services and increase the numbers on ART in Kenya thus contribute to reaching the treatment targets.

3. LINKS TO OTHER ACTIVITIES

This activity supports initiatives by other donors targeting media communications on ART. This activity is linked to the ARV Services Communication Campaign 2006 (PLUS UP, THEREFORE NOT DESCRIBED HERE) being proposed in this program area and also supports initiatives by other donors targeting media communications on ART.

4. POPULATIONS BEING TARGETED

People living with HIV/AIDS, General Public, Business Community/ private sector (Media Owners)

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination against PLWHA

6. EMPHASIS AREAS

Training is the major emphasis area, others being local organization capacity development community participation and Information, Education and Communication

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

Business community/private sector
 Doctors (Parent: Public health care workers)
 People living with HIV/AIDS
 Other health care workers (Parent: Public health care workers)
 Doctors (Parent: Private health care workers)
 Other health care workers (Parent: Private health care workers)

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Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

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Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Liverpool VCT and Care
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4178
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Liverpool Voluntary Counseling, Testing and Care Project (LVCT) will expand existing programs to provide antiretroviral therapy to 3000 people (1300 new), including 350 children with advanced HIV (bringing the total ever served to 3600) at 10 sites in Nairobi, Nyanza, and Eastern Provinces. A key focus will be area-wide efforts in the Central part of Eastern Province, expanding the treatment program at the Provincial Hospital (Embu) that serves as the network center in that area, supporting implementation of treatment services at surrounding district and sub-district hospitals, and supporting implementation of regional activities such as regional quality assurance and coordination meetings in collaboration with the Provincial ART Officer. Funds will be used to support salaries for health care providers in accordance with Emergency Plan guidance, to train 60 health care workers, to improve infrastructure (through renovation of clinics at supported sites), and to 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, for example information about ARVs and the importance of adherence, to patients. Significant changes from 2005 to 2006 include geographic consolidation of activities, expanded support for coordination activities, and an increased emphasis on support for treatment of children.

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. LVCT has been a key provider of VCT services in Kenya and since 2003 has been supporting implementation of HIV treatment programs. In the specific area of HIV treatment, Liverpool staff brings substantial medical expertise, and have played a crucial role in development of national policies and training materials and a desk-top referral manual that has now been made available throughout Kenya.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to 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.

3. LINKS TO OTHER ACTIVITIES

This activity relates to non-ART services supported by LVCT in these sites (#4177), to care and treatment activities at Kenyatta (currently supported by University of Nairobi and FHI) and by KEMRI for the Rachuonyo site (#4091).

4. POPULATIONS BEING TARGETED

The primary target population for these activities is people with HIV. LVCT activities serve populations that are high priority for a variety of reasons. For example, the 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.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of networks, human resources, local organization capacity building, policy and guideline development, and logistics.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	10	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,300	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	3,600	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	60	<input type="checkbox"/>

Target Populations:

Disabled populations
Men who have sex with men (Parent: Most at risk populations)
People living with HIV/AIDS
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas:

Eastern
Nairobi
Nyanza

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4223
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The National AIDS and STI Control Program (NASCOP) is the arm of the Ministry of Health that is responsible for implementation of medical interventions related to treatment and prevention of HIV/AIDS. NASCOP will oversee the implementation of all antiretroviral treatment programs in Kenya. Specific activities supported by NASCOP will result in treatment of 10,000 people (including 1,500 children and 1,500 new individuals) with HIV who are not included in other reported targets at approximately 25 sites not otherwise supported by the Emergency Plan. The total ever treated will be 12000. These activities will also result in the training of 160 health care workers not included in other targets.

Specific supported activities will include the coordination of all partners in the area of ART provision (through national level meetings such as the National ART task force), and supervision of treatment in Ministry of Health and other facilities. Specific guidelines for treatment with ARVs will be 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 workers through renewable temporary contracts at facilities with critical staff shortages. Funds will be used to provide administrative support and transport for the Provincial/Regional ART coordinators so that they can coordinate, track and provide supportive supervision to sites in their areas. Funds will also be used to support regular regional meetings of care providers.

The supervisory structure at NASCOP 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 activities. 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, the networks of care in the Private and Mission sectors, and JSI supported logistics/systems strengthening (particularly for KEMSA, the Kenya Medical Supplies Association). Additional resources support these activities, including global fund resources and the Clinton Foundation. Significant changes from 2005 to 2006 include an intensified focus on provision of treatment for children, efforts to reduce gaps between the numbers of people requiring treatment and those receiving treatment, and improved coordination with other sources of support such as the Global Fund for AIDS, tuberculosis and malaria.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are essential to the overall implementation and coordination of HIV treatment programs in Kenya. NASCOP 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.

3. LINKS TO OTHER ACTIVITIES

Since NASCOP coordinates HIV prevention and treatment activities throughout Kenya, there are strong linkages between these activities and virtually all HIV prevention and treatment activities in Kenya. All Emergency Plan partners have been encouraged to extend efforts to further strengthen these linkages by coordinating with and supporting the activities of the Provincial ART coordinators and by participating in national efforts such as policy/guideline revision and national stakeholders meetings.

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4. POPULATIONS BEING TARGETED

Populations targeted by these activities include people living with HIV/AIDS, and health care workers and other providing services to people with HIV.

5. EMPHASIS AREAS

This activity includes minor emphases in development of networks, human resources, policy and guidance development quality assurance and supportive supervision, training, and strategic information gathering.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	25	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,500	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	12,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	10,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	160	<input type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4232
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

University of Washington (UW) will expand a long-standing research collaboration with the University of Nairobi to provide HIV care, including antiretroviral therapy to 3000 people with advanced HIV (1950 new), including 500 children, bringing the total ever treated to 3300. UW 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. In addition, UW will support the establishment of "daughter" clinics (clinics supported by the Coptic church at facilities throughout Kenya, particularly in the western part of the country where HIV rates are highest) and "satellite" clinics, which will function as part of the main clinic in Nairobi, enabling referral of stable patients to allow continued enrollment of patients at the main Coptic Hospital site. These satellite clinics will also allow provision of services at locations convenient for specific underserved populations, including a large group of employees who subsist by seeking temporary work in what is referred to as the industrial area of Nairobi. There will be a total of 60 sites and 6 health care workers trained. Other important aspects of the UW/Coptic Hospital program support behavior change and risk reduction for people with HIV/AIDS, with specific emphasis on patients with less advanced HIV, in whom rates of discordant partnerships have been found to be high. 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.

UW 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 have also donated their time to supporting the establishment of care services at Coptic Hospital. By September 2005, the HIV Clinic (Hope Clinic) was providing treatment for more than 1,000 patients, including more than 200 children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the 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.

3. LINKS TO OTHER ACTIVITIES

This activity relates to testing and treatment activities at the Nairobi network center at Kenyatta National Hospital currently supported by Family Health International and University of Nairobi (#4190), and to other services provided through the expanding treatment partnerships between other US-based universities such as University of Manitoba (#4136) University of California at San Francisco (#4138), and the University of Nairobi.

4. POPULATIONS BEING TARGETED

These programs target people living with HIV, especially men with HIV/AIDS served in the satellite clinics. Although women in Kenya are more vulnerable to HIV/AIDS, they tend to seek HIV treatment services more easily than men; men are therefore an important target population for treatment efforts.

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5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, local organization capacity building, and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	60	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,950	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	3,300	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	6	<input type="checkbox"/>

Target Populations:

Discordant couples (Parent: Most at risk populations)
People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Migrants/migrant workers (Parent: Mobile populations)
Public health care workers

Coverage Areas

Nairobi
Nyanza

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Indiana University School of Medicine
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4234
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by Moi University School of Medicine, Moi Teaching and Referral Hospital, Indiana University School of Medicine and other US academic medical centers. AMPATH is one of the most successful HIV treatment programs in Kenya. AMPATH has opened HIV/AIDS care clinics and screening programs at Moi Teaching and Referral Hospital, four district hospitals (Webuye, Teso, Kapenguria, and Kitale), and seven rural health centers (Mosoriot, Turbo, Burnt Forest, Amukura, Chulaimbo, Naitiri, and Mount Elgon). 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.

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 fifteen years. 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 has been designated as an official training center for HIV/AIDS by the Government of Kenya and NASCOP. This activity will cover 15 sites and train 900 health care workers.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

As of August 1, 2005, AMPATH was providing medical care to 14,000 HIV infected patients, with more than 6,000 patients on anti-retroviral therapy. By September 30, 2006, AMPATH will provide treatment to more than 12,000 patients, and this will expand to 18,000 HIV infected patients (12,000 new) on antiretroviral treatment by end of September 2007 (bringing the total ever treated to 20,000), thus contributing to almost 20% of the USG targets for this program 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.

3. LINKS TO OTHER ACTIVITIES

These activities support and link to the network center at Moi Teaching and Referral Hospital, and link to Indiana University/AMPATH's program in TB/HIV (#4235), PMTCT (#4233) and BHCS (#5103). For instance, AMPATH's PMTCT program will screen annually more than 25,000 pregnant women, and all women testing positive are enrolled immediately into a HIV clinic. There are well-established links with other services supported by this and other partners for example, diagnostic testing for HIV among TB patients, orphan support programs and other community services.

4. POPULATIONS BEING TARGETED

The main populations targeted by this activity are people affected by HIV/AIDS such as people living with HIV/AIDS, HIV positive pregnant women and their families. Other populations targeted are health workers who will benefit from training in order to enhance service provision.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

The main legislative issues addressed in this activity are stigma and discrimination and gender. The program uses novel approaches to the support of treatment, including involvement of HIV-positive persons as care extenders, a special program called the "Family Preservation Initiative" that provides business skills training and promotes micro-enterprise for HIV infected patients, especially women. These approaches are designed to reduce stigma against persons living with AIDS and increase gender equity in the program.

6. EMPHASIS AREAS

The major emphasis area in this activity is training of health workers, with two minor emphasis areas being infrastructure improvement and community mobilization/participation by use of PLWHA in care activities.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	15	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	12,000	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	20,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	18,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	900	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- HIV/AIDS-affected families
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Laboratory workers (Parent: Public health care workers)
- Doctors (Parent: Private health care workers)
- Laboratory workers (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Pharmacists (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Rift Valley

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Tenwek Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4243
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

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 the Tenwek Hospital adult medical ward are HIV-positive, most with advanced disease. To date (August 2005), Tenwek Hospital has started antiretroviral therapy in over 200 qualifying Kenyans. Building upon the antiretroviral program initiated this year, Tenwek Mission Hospital plans to expand activities to reach 150 new patients which will bring the total on treatment to 450, including 45 children. The total ever treated will be 495. In effort to expand antiretroviral therapy activities in FY06 and in recognition of the increasing difficulty for the mission sector to retain health care workers, Tenwek Hospital will offer training to 10 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. In addition, Tenwek Hospital will expand screening and ARV services to 2 rural health centers in its catchment area for a total of 3 service outlets. Through the network model, Tenwek Hospital will refer downwards patients demonstrating stability to these local facilities.

Other areas of specific attention in FY06 include coordination and expansion of PMTCT-plus activities to assure antiretroviral therapy is available to all persons regardless of gender and infants born to mothers with HIV. 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 HIV equipment, reagents, and supplies for patient evaluation, diagnosis, treatment, and monitoring. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff. Finally, a small proportion of funds will be used to maintain and improve clinic infrastructure.

The Tenwek Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services in this geographical area will improve equity in access to HIV care and treatment services through assuring improved ART services to currently underserved, rural communities, particularly among women and children. Kericho District Hospital will provide quality assurance for ART care and treatment of cases (including laboratory diagnostics) managed at the Tenwek Hospital.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART program (#4109). Tenwek will refer advanced or complicated treatment cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to Tenwek Hospital

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BHCS (#4244). Tenwek Hospital ART and Tenwek Hospital BHCS will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Tenwek Hospital, as a faith-based organization, will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children with approximately 10% of those receiving treatment being children. Tenwek Hospital doctors, nurses, and pharmacists will be trained in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Tenwek Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving treatment. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement, community mobilization, human resources, strategic information, and training. Tenwek Hospital will conduct maintenance care for the HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	150	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	495	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	450	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	10	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4250
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Under FY06 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 for a total of 5), and treat 1500 soldiers, military dependents, and KDOD civilian employees (500 new), including 150 children, with antiretroviral drugs. The total ever treated will be 1650. Support will be extended to needy underserved neighboring civilian populations. This will contribute to the result of increased numbers of people on treatment nationally. With the support of US Army Medical Research Unit (Kenya) and the Centers for Disease Control and Prevention, the KDOD has in the last 3 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.

To date in FY04 and FY05, this clinic registered close to 1000 HIV-positive patients. Out of this number, over 650 are already on antiretroviral therapy and over 300 patients continue to receive treatment for Tuberculosis. To maintain and improve on these achievements, the KDOD will need to train additional staff to run the current clinic and 4 peripheral clinics. In total, KDOD has trained 75 members of staff on ARV administration and treatment of tuberculosis. Due to competing medical and other military duties, only a few remain available to run the clinic on a day to day basis. In FY06, staff of various cadres will be trained and 20 health care workers will be trained to deliver ART services. Also in FY06, the KDOD will use funds to improve the central clinic and the 4 peripheral clinics in terms of infrastructure, staffing, and HIV diagnostic and safety monitoring equipment and supplies. Funds will also be used to continue and/or initiate technical assistance from 2 locally employed staff.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By putting 1500 people on treatment through the KDOD program, this will contribute to the result of increased numbers of people on ARVs nationally. Improvement of the infrastructure and of the laboratory services will also lead to better quality of services rendered to the HIV positive patients.

Even though treatment sites are decentralized to the 4 main military regions (namely Coast, the Mount Kenya region, and 2 regions 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. The manpower requirements will be reviewed as necessary. Data on the epidemic will be collected systematically and shared openly to facilitate in monitoring of the epidemic and to assess the services provided.

3. LINKS TO OTHER ACTIVITIES

These activities will link closely with KDOD's counseling and testing (#4249), basic health care and support (#4252), and TB/HIV services (#4253). Through the KDOD PMTCT program (#4251) family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to KDOD BHCS. Thus KDOD's ART and BHCS will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

This activity targets most at risk populations consisting of military personnel and their dependants as well as the civilian population residing close to the barracks where treatment is otherwise unavailable. New treatment sites will increase coverage and access to all these targeted populations. Health care providers will also be targeted

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by increased ARV training, thus increasing the amount of clients able to be served more efficiently.

5. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement, human resources and training. *KDOD* will renovate the comprehensive care clinics to create more space in the new sites, purchase diagnostic and medical supplies, hire additional health staff to help manage the increasing workload as more patients are recruited into the comprehensive care clinics.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	5	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	500	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,650	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	20	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Uniformed Services Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4259
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kenya Prison Service (KPS) will build upon established services including diagnostic counseling and testing for HIV and provision of non-ARV treatment mainly in the form of nutritional supplements, treatment of opportunistic infections, and psychological and spiritual support. The KPS plans to establish programs to provide antiretroviral treatment to 500 prisoners (350 new) in three regional prison medical centers (Kamiti, Koidala and Shimo La Tewa), representing Central, and Nyanza and Coastal regions. This will bring the total ever treated to 600. These will also act as referral centers for all other 90 prisons in the country. Funds will also be used to support salaries for care providers including adherence counselors; provide training for 18 health care workers; and support the procurement of necessary equipment and supplies such as test kits, laboratory reagents, and drugs for prevention and treatment of opportunistic infections. The Uniformed Services have had a longstanding collaboration with US government agencies in Kenya. This collaboration has resulted in effective VCT and PMTCT services and establishment of non-ARV treatment services with a special emphasis on provision of integrated HIV/TB services.

2. CONTRIBUTIONS TO OVERALL PROGRAM 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. So far the program has identified 800 patients who are HIV positive, 60 of whom are on ARVs. Effort will be made to ensure that all patients in the Kenyan prisons who are clinically eligible for ARVs access them.

3. LINKS TO OTHER ACTIVITIES

This activity relates to all other prevention (#5064) and care services (#5110) supported through the Uniformed Services.

4. POPULATIONS BEING TARGETED

The target population for this activity is the prisoner population, their families, and those in the neighborhoods where prisons are located. Together HIV and TB are the leading killers of prisoners and prison staff. Turnover from prisons is very high; HIV transmission following return to civilian life can be moderated by engaging patients in treatment and through programs to reduce the risk of HIV transmission from infected persons. The Prisons Department has a population of approximately 91,000 people made up of 48,000 staff and families and 43,000 inmates. The prison health facilities offer services to all these people as well as the general population living in the prisons' neighborhoods who will also be targeted by the program.

5. EMPHASIS AREAS

This activity includes minor emphases on human resources and training and quality assurance and supportive supervision.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	350	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	600	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	18	<input type="checkbox"/>

Target Populations:

Adults
People living with HIV/AIDS
Prisoners (Parent: Most at risk populations)
Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: MHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: MTXS
Program Area Code: 11
Activity ID: 4271
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

AIDSRelief (a consortium of Catholic Relief Services, Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland) will expand services currently supported by both Track 1 funds and in country funds to provide treatment for HIV to an additional 6000 patients (including 4000 new and 800 children) at 16 service delivery sites throughout Kenya bringing the total ever treated to 7200. AIDSRelief provides on-site preceptorship that builds clinical, adherence counseling, and laboratory skills. Institutional capacity is also strengthened through support for strategic information systems, commodities management, and finance and administrative management capacities. AIDSRelief partners with various in-country organizations (government, FBO, NGO) for additional training resources. By working with faith-based CBO's firmly embedded in communities, AIDSRelief ensures that the community supports the health facility by reducing HIV/AIDS Stigma, contributing to continuity of care. 48 health care workers will be trained in this activity.

AIDSRelief supports salaries for comprehensive teams providing HIV treatment, ensuring that each point of service has at least the minimum amount of staffing required by the National AIDS and STD control Program (NAS COP) for an ART program. In line with the national dialogue regarding an increased role of nurses in AIDS treatment, AIDSRelief is focusing on mentoring and training nurses. The hub for nursing preceptorship will be St. Monica's Hospital in Nyanza province. AIDSRelief also funds the costs of laboratory examinations for all patients on ART including CD4 counts as necessary for monitoring patients on treatment. ARVs are supplied to the sites through distribution system of the Mission for Essential Drugs and Supplies (MEDS).

The AIDSRelief consortium has established agreements with a number of Mission facilities in Kenya, and has supported rapid scale up of treatment at these facilities. By September, 2005, more than 3,500 patients were accessing ART as a result of Track 1 funding awarded to this partner and more than 500 patients had accessed ART as result of supplemental funding awarded late in 2005.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AIDSRelief activities will contribute to expansion of ARV treatment for clinically qualified HIV-positive patients at faith-based facilities. AIDSRelief will strengthen human resource capacity to deliver adult and pediatric ARV treatment, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

3. LINKS TO OTHER ACTIVITIES

This activity links closely to CMMB supported PMTCT activities (#4152), non-ART services supported by AIDSRelief, ART services supported by this partner through Track 1 funding (#5483), and ART services coordinated by and supported through the National AIDS and STD Control Program (#4223). Specific facilities have also developed linkages, for example St. Camillus has established treatment referral linkages with Lalimba (a subpartner of CHF #4164) and St. Mary's Hospital has strong treatment linkages with AID Village Infectious Diseases (also a subpartner of CHF). There are also growing linkages to many OVC programs.

4. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Treatment services for children with HIV are being established or expanded at all sites. Treatment services for diagnosis and treatment of very young children are being established through a

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relationship with Kenya Medical Research Institute (KEMRI); filter paper samples are transported to the KEMRI lab for infant testing (currently with PCR).

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

6. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, quality assurance and supportive supervision, strategic information and training.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	16	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	4,000	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	7,200	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	6,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	48	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Eastern

Nairobi

Nyanza

Western

Coast

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4272
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

Columbia University (CU) will extend its Track 1 experience working collaboratively with Indiana University in Northern Rift Valley Province to support training and implementation of treatment programs in Central Province. To date, sites in Central Province have been under-supported relative to some other areas in Kenya. Programs in this area have done well with this limited support, but will benefit from intensified technical assistance and expanded material support. CU will extend a collaborative relationship with Jomo Kenyatta University of Agriculture and Technology (JKUAT). The collaborative activities will support treatment of 1,100 people with HIV, including 200 children and 820 new patients (bringing the total ever treated to 1340) in 7 sites, and will establish/enhance treatment networks centered at the Provincial Hospital and larger District Hospitals in Central Province. CU's collaboration with JKUAT will allow for creation of a regional university-based training and technical support program. The collaboration offers an opportunity to develop quality assurance capacity on all levels (laboratory, pharmacy, clinical expertise), provides a forum for strategic planning for effective care and treatment programs, and informs targeted evaluation and strategic information needs. CU will work closely with the Provincial ART Officer for Central Province, for example supporting regular meetings of care providers in the area. Funds will be used to support staff salaries in accordance with Emergency Plan guidance, renovations and equipment needed to provide treatment, disposable supplies, drugs for prevention and treatment of opportunistic infections, and laboratory reagents, and the costs of supportive supervision and advanced training for 60 health care workers in HIV care.

CU has extensive experience implementing HIV treatment programs internationally, including the MTCT-plus program and Track 1 (same question as above) Emergency Plan programs in Kenya and 5 other countries in sub-Saharan Africa. CU has developed an extensive selection of training and information materials, some of which have been specifically adapted for use in Kenya. In Eldoret, support through CU has been instrumental in building one of the largest ARV programs in Kenya. Among their key contributions was building of laboratory capacity at the reference hospital.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to 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.

3. LINKS TO OTHER ACTIVITIES

This activity relates to prevention of mother-to-child transmission programs supported by Elizabeth Glazer Pediatric Foundation (#4953) and coordination of ARV scale up supported through the National AIDS and STI Control Program (#4223).

4. POPULATIONS BEING TARGETED

The target population for these activities is people with advanced HIV. Treatment services for children are being expanded at the site. In addition to providing support to scale up in an important geographic area, the program will support treatment of HIV-infected students at JKUAT. These youth are among an important focus population identified in Kenya's 5-year strategic plan for Emergency Plan Implementation.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, local organizational capacity building and quality assurance and supportive supervision, and training.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	7	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	820	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,340	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,100	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	60	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Central

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4297
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Access to treatment with antiretroviral drugs in Kenya has expanded dramatically during the past few years. Established HIV treatment services have improved the quality of life and prolonged the lives of many HIV-infected individuals. During this phase of rapid scale up, there is substantial need for supportive supervision of both partners and local Kenyan health care workers. Although the latter is the mandate of the ministry of health, the responsibility for this important function has been shared with partners and donors, including very substantially the technical staff of the US government agencies. CDC staff have contributed to this by assisting with the development of policies and guidelines, assisting partners to improve the technical quality of the programs they are implementing, and by providing direct technical assistance to sites and geographic areas not yet fully supported by other partners.

During FY 06 CDC will continue to work with government of Kenya agencies and non-governmental partners to promote establishment of antiretroviral treatment programs. These services will include a broad range of activities including capacity building for health care workers, laboratory and pharmacy management, support for adherence, and for management of advanced HIV including initiation and continuation of treatment with antiretroviral drugs. These services are very closely linked to palliative care services provided at the same sites. Technical activities of the CDC team include assisting with the development of appropriate monitoring tools, analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved.

The CDC Kenya palliative care technical team includes one Direct Hire (USDH), four locally employed technical staff and one program assistant. The team is supported by locally employed drivers whose work is devoted to supporting care and treatment activities. In addition to enabling the technical staff to conduct regular field visits and technical supervision, the drivers participate in activities such as demonstration of point of use chlorination systems used to improve access to safe water, and assist with delivery of equipment and supplies required by the supported programs. The total proposed HTXS management budget for FY 06 is US and will be distributed across expenditure categories.

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4316
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity aims to support the emergency recruitment of health staff to fill critical gaps in HIV/AIDS services. The project will assist in the recruitment and training of staff to provide HIV/AIDS services in health centers and dispensaries and will help develop a long-term human resource strategy to attain Emergency Plan goals and the three health-related Millennium Development Goals (MDGs).

It has become increasingly clear that the biggest bottleneck to scale-up of HIV/AIDS treatment services is the shortage of trained personnel in health facilities. A service and staffing gap analysis done by NASCOP in 2005 indicated the need for an additional 2,241 Full Time Equivalent (FTEs) of doctors, clinical officers, nurses, counselors, laboratory and pharmacy technicians to adequately staff all the Comprehensive Care Centers (CCCs) and do patient follow-up through the network of health centers and dispensaries. NASCOP indicated that they are overwhelmed by the sheer number of health workers who need skills update on different aspects of HIV/AIDS treatment, care and support and understand that scale up will be impossible without more responsive and effective training approaches.

In February 2005 USAID/Kenya applied for and received additional funding to expand HIV/AIDS services in Kenya's public health sector via an emergency human resource recruitment plan as a short-term intervention. The objectives of this plan are: 1) to develop and implement a fast-track hiring and deployment model that will mobilize 800 additional health workers and deploy them in the public sector to urgently tackle the HIV/AIDS crisis; 2) to develop and implement an accelerated "crash training program" that will rapidly address the gaps in skills and competencies for the new hires; 3) to design and implement a monitoring, quality assurance and support system that will enable health care workers by site to increase their efficiency and effectiveness; and 4) to provide the Ministry of Health with ideas and strategies that will lead to the establishment of an independent Health Service Commission that will provide an overall framework for comprehensive workforce planning, deployment and support.

In 2005, the Emergency Hiring Plan will hire up to 500 workers. In 2006, this plan will continue to hire an additional 300 health workers to achieve a total of 800 health workers. All personnel hired under this plan will be on three-year contracts with gratuity after serving the period. Their salaries will be equivalent to Ministry of Health salaries according to position and qualifications.

The next step after the Emergency Hiring Plan is to develop a long-term human resource strategic plan for the health sector to help achieve PEPFAR and Millennium Development Goals (MDGs). This strategy will build on a Human Resource assessment by PHR+ (to be done in September/October of 2005) that will identify the gaps in human resources between staffing within the current system versus what staff would be required to meet targets for PEPFAR (2008) and MDGs (2015), as well as other existing data. The strategy will be designed by a stakeholder group which includes key GOK officials. Working with this group, the strategy intends to build on successes within the Emergency Hiring Plan model for transparency and efficiency in hiring, deployment, quality assurance, and supervision. The plan will also include in-service training to update the skills of all health workers at selected lower-level service delivery sites to be able to meet the care and treatment needs of HIV patients.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Capacity will hire and train 800 health care providers – an additional 300 in 2006.

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3. LINKS TO OTHER ACTIVITIES

Health care providers will be deployed to sites around Kenya with the greatest need in order to meet PEPFAR targets in those areas. Many of the facilities will be served by other implementing partners for service delivery.

4. POPULATIONS BEING TARGETED

This project targets health care providers primarily in the public sector and aiming at laboratory workers, nurses and clinical officers.

5. EMPHASIS AREAS

The major emphasis areas for this project is human resources as it seeks to recruit and deploy additional health workers to scale up HIV/AIDS services, with minor emphasis on training as the project will train 800 health care providers prior to deployment and develop in-service training strategies with the MOH.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or International standards (includes PMTCT+)	800	<input type="checkbox"/>

Target Populations:

- Nurses (Parent: Public health care workers)
- People living with HIV/AIDS
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Longisa District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4324
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Longisa District Hospital is the only Ministry of Health public hospital in the Bomet District in the south Rift Valley Province, serving approximately 400,000 individuals in both Bomet and Narok Districts. With limited FY05 start-up funds available, Longisa District Hospital has been successful in creating the capacity to provide HIV/AIDS palliative clinical care, counseling and testing, and PMTCT services. To date (August 2005), approximately 90 patients have been enrolled in the HIV clinic and 25 qualifying Kenyans have been started on therapy.

In FY06, a multidisciplinary team consisting of 10 health workers will be trained in comprehensive HIV/AIDS care including antiretroviral therapy. The FY05 target for new patients on ART is 100, which will increase by the end of FY06 to 300, including 15 children and 200 new patients. The total ever treated will be 330. Funds under this proposal will be used to procure HIV equipment, reagents, and supplies for patient evaluation, diagnosis, treatment, and monitoring. The comprehensive HIV care clinic will require funds for continued clinic maintenance as well as routine equipment to accommodate the capacity for the increasing number of patients. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff.

Working through the network model, Longisa District Hospital will open two new rural health centers (Ndanal and Sigor Health Centers) for a total of 3 sites. The rural health centers will serve as facilities to link counseling and testing, provide non-antiretroviral therapy/clinic-base palliative care, continue limited ART in patients referred down from District Hospital, and ultimately refer "up through the network" to the District Hospital those patients requiring more advanced ARV evaluation and care. Kapkatet District Hospital will participate in continuing medical education and supportive supervision and management as part of the south Rift Valley network of health workers and facilities providing HIV care and treatment. Pregnant women and members of their families who are identified in the PMTCT clinics throughout the district will access comprehensive HIV care through the PMTCT-plus program. Kericho District Hospital will provide quality assurance for ART care and treatment (including laboratory oversight) of patients managed at the Longisa District Hospital. Funds will also support community mobilization and sensitization to increase treatment literacy, access to antiretroviral therapy, and adherence treatment.

The Longisa District Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to treatment. The hospital program's HIV treatment services will result in increased access to ART particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This partner is linked to Kericho District Hospital ART (#4109). Longisa District Hospital will refer advanced or complicated treatment cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Linkages to KEMRI-South Rift Valley PMTCT program

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(#4804) will be maintained; family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to Longisa BHCS (#4325). The Longisa ART and Longisa BHCS programs will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Longisa District Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children with approximately 10% of those receiving treatment being children. Eligible patients within these populations will be able to afford ARVs at little or no cost based upon Ministry of Health recommendations. Also, Ministry of Health doctors, nurses, and pharmacists will be trained in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Longisa District Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving treatment. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement, community mobilization, human resources, strategic information, and training. Longisa District Hospital will invest in expanding capacity in the HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help cope with the increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (Includes PMTCT+ sites)	3	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	200	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (Includes PMTCT+ sites)	330	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (Includes PMTCT+ sites)	300	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	10	<input type="checkbox"/>

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Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kapkatet District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4328
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Kapkatet District Hospital is located in Bureti District of Rift Valley province in Kenya. The population of Bureti District is about 374,000, but its catchment area extends beyond its administrative boundaries to the surrounding districts. With limited start-up funds to date (August 2005), the hospital initiated comprehensive HIV care services including ART in FY05. Kapkatet District Hospital has enrolled 236 patients into its HIV/AIDS clinic, and now has 55 patients on ART. Kapkatet District hospital will enroll 200 new patients, including 35 children, on antiretroviral therapy in FY06 for a total of 350 in 3 sites. The total ever treated will be 385.

In FY06, funding from the Emergency Plan will be used to train 10 health care workers in comprehensive HIV care and treatment and support infrastructure development. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff. Minor renovations to existing infrastructure in the HIV clinic, pharmacy, and laboratory will be made in order to create adequate working environments needed to provide HIV treatment. The FY06 funding will also be used to provide basic laboratory equipment and supplies for HIV monitoring.

Working through the network model, Kapkatet District Hospital will open two new rural health centers (Roret and Cheptalal Health Centers). The rural health centers will serve as facilities to link counseling and testing, provide non-antiretroviral therapy/clinic-base palliative care, continue limited ART in patients referred down from District Hospital, and ultimately refer "up through the network" to the District Hospital those patients requiring more advanced ARV evaluation and care. Kapkatet District Hospital will participate in continuing medical education and supportive supervision and management as part of the south Rift Valley network of health workers and facilities providing HIV care and treatment. Pregnant women and members of their families who are identified in the PMTCT clinics throughout the district will access comprehensive HIV care through the PMTCT-plus program. Kericho District Hospital will provide quality assurance for ART care and treatment of cases managed at the Kapkatet District Hospital. Funds will also support community mobilization and sensitization to increase treatment literacy, access to antiretroviral therapy, and adherence treatment.

The Kapkatet District Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to treatment. The hospital program's HIV treatment services will result in increased access to ART particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART program (#4109). Kapkatet hospital will use the Kericho District Hospital as its tertiary referral center for complicated medical cases. The KDH laboratories will also provide overall quality control, assurance and technical assistance for advanced HIV diagnostics and monitoring. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for

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care and treatment. ART activities will be linked to Kapkatet Hospital BHCS (#4329). Thus Kapkatet Hospital ART and Kapkatet Hospital BHCS will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Kapkatet District Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children with approximately 10% of those receiving treatment being children. Eligible patients within these populations will be able to afford ARVs at little or no cost based upon Ministry of Health recommendations. Also, Ministry of Health doctors, nurses, and pharmacists will be trained in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Kapkatet District Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving treatment. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement, community mobilization, human resources, strategic information, and training. Kapkatet District Hospital will invest in expanding capacity in the HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help cope with the increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	200	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	385	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	350	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	10	<input type="checkbox"/>

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Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kaplong Mission Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4330
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Kaplong Hospital is a 150-bed, faith-based hospital in Bureti District in the south Rift Valley Province. The hospital serves an estimated population of 315,000 people. Its catchment area extends beyond Bureti to Kisil as well as Nyamira Districts in Nyanza Province. With limited FY05 start-up funds to date (August 2005), Kaplong Mission Hospital has created the capacity to begin offering HIV treatment to Kenyans in need and only most recently has enrolled its first patients in to their clinic. The FY05 target is 75 qualifying Kenyans will start antiretroviral therapy.

Under FY06 PEPFAR funding an additional 90 new patients will be started on antiretroviral therapy, including PMTCT-plus patients identified through PMTCT services for a total of 165 patients in one site. The total ever treated will be 182. Five additional health care providers will receive training in comprehensive HIV/AIDS care and antiretroviral therapy. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff. Additionally, funds under this submission will be used to procure HIV equipment, reagents, and supplies necessary for patient evaluation, treatment, monitoring, and modest infrastructure improvements. This Emergency Plan support will allow the Kaplong Mission Hospital to make antiretroviral services more affordable to their patient population. Finally, Kaplong, through its outreach program, will undertake community mobilization and sensitization to encourage positive living, and increase treatment literacy, and access to antiretroviral therapy, and assist in patient adherence to treatment.

Working through the network model, Kaplong Hospital will serve as an HIV referral treatment facility linking to local health care facilities and dispensaries providing counseling and testing and other non-antiretroviral therapy/clinic-base palliative care. Kaplong District Hospital will refer "up through the network" to the Kericho District Hospital those patients requiring more advanced ARV evaluation and care. Kaplong Mission Hospital will participate in continuing medical education and supportive supervision and management as part of the south Rift Valley network of health workers and facilities providing HIV care and treatment. Pregnant women and members of their families who are identified in the PMTCT clinics throughout the district will access comprehensive HIV care through the PMTCT-plus program. Kericho District Hospital will provide quality assurance for ART care and treatment of cases managed at the Kaplong Mission Hospital. Funds will also support community mobilization and sensitization to increase treatment literacy, access to antiretroviral therapy, and adherence treatment.

The Kaplong Mission Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to treatment. The hospital program's HIV treatment services will result in increased access to ART particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital (KDH) ART program (#4109). Kaplong hospital will use the Kericho District Hospital as its tertiary referral center for

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complicated medical cases. The KDH laboratories will also provide overall quality control, assurance and technical assistance for advanced HIV diagnostics and monitoring. Through the KEMRI-South Rift Valley PMTCT (#4804) program family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to Kaplong Hospital BHCS (#4331). Thus Kaplong Hospital ART and Kaplong Hospital BHCS will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Kaplong Mission Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children with approximately 10% of those receiving treatment being children. Public Health doctors, nurses, and pharmacists will be trained in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Kaplong Mission Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving treatment. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement, community mobilization, human resources, strategic information, and training. Kaplong Mission Hospital will conduct maintenance care for the HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	1	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	90	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	182	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	165	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	5	<input type="checkbox"/>

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Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Nandi Hills District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4332
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Nandi Hills District Hospital, located in Nandi South District of Rift Valley Province, has a population of approximately 360,000, but the catchment area of the hospital extends to surrounding districts. The district has several small tea companies that attract a large number of migrant, manual labor workers throughout the Rift Valley, Western, and Nyanza Provinces of Kenya. The hospital is the only health facility in the district currently providing antiretroviral therapy. With limited FY-05 start-up funds, Nandi Hills District Hospital has enrolled over 320 patients into the HIV/AIDS clinic, and now has almost 100 patients on ART. The FY06 target for new patients on ART is 400 which will bring the total on treatment to 600, including 60 children in 3 sites. The total ever treated will be 660.

In FY06, 25 health workers will be trained in comprehensive HIV/AIDS care to include antiretroviral therapy. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff. In addition, funds under this proposal will be used to procure equipment, reagents, and supplies for HIV patient evaluation, diagnosis, treatment, and monitoring. The comprehensive HIV care clinic will require funds to accommodate the capacity for the increasing number of patients. Working through the network model, Nandi Hills will open two new rural health centers in effort to best needs of the smaller tea company workers. The rural health centers will serve as facilities to link counseling and testing, provide non-antiretroviral therapy/clinic-base palliative care, continue limited ART in patients referred down from District Hospital, and ultimately refer "up through the network" to the District Hospital those patients requiring more advanced ARV evaluation and care. Nandi Hills District Hospital will participate in continuing medical education and supportive supervision and management as part of the south Rift Valley network of health workers and facilities providing HIV care and treatment. Pregnant women and members of their families who are identified in the PMTCT clinics throughout the district will access comprehensive HIV care through the PMTCT+ program. Kericho District Hospital will provide quality assurance for ART care and treatment of cases managed at the Nandi Hills District Hospital. Funds will also support community mobilization and sensitization to increase treatment literacy, access to antiretroviral therapy, and adherence treatment.

The Nandi Hills Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to treatment. The hospital program's HIV treatment services will result in increased access to ART particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to Kericho District Hospital ART program (#4109). Nandi Hills will refer advanced or complicated treatment cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to Nandi Hills Hospital BHCS (#4333).

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Thus, Nandi Hills Hospital ART and Nandi Hills Hospital BHCS will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Nandi Hills District Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children with approximately 10% of those receiving treatment being children. Eligible patients within these populations will be able to afford ARVs at little or no cost based upon Ministry of Health recommendations. Also, Ministry of Health doctors, nurses, and pharmacists will be trained in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Nandi Hills District Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving treatment. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement, community mobilization, human resources, strategic information, and training. Nandi Hills District Hospital will invest in renovation of the poorly existing HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	400	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	660	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	600	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	25	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kilgoris District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHA) account
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4334
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kilgoris District Hospital, located in the town of Kilgoris in the Transmara District of the south Rift Valley Province, is now the only Ministry of Health public hospital serving this district, which has recently seen a mission hospital providing limited HIV care close. Its catchment population is approximately 525,000 individuals living in Transmara (including the nomadic Masai) as well as the Gucha and Kuria Districts in Nyanza Province. With only limited FY-05 start-up funds to date (August 2005) and no pre-existing HIV services, Kilgoris District Hospital has enrolled over 80 patients into the HIV/AIDS clinic and started antiretroviral therapy in almost 30 individuals. The FY06 target for new patients on ART is 105, including 20 children, which brings the total to 300 in 2 sites. The total ever treated will be 462.

In FY06, 10 health workers will be trained in comprehensive HIV/AIDS care to include antiretroviral therapy. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff. Also funds under this proposal will be used to procure equipment, reagents, and supplies for HIV evaluation, treatment, and monitoring. In addition, funds for infrastructure development will be dedicated to improve the hospital's limited capacity to offer HIV care and treatment services. This will be critical if the Kilgoris District Hospital is to adequately offer HIV treatment to the current and rapidly increasing number of patients. Working through the network model, Kilgoris District Hospital will open one new rural health center in FY06 (Lolgorian Sub-District Hospital). This rural health center will serve to link counseling and testing, provide non-antiretroviral therapy/clinic-base palliative care, continue limited ART in patients referred down from District Hospital, and ultimately refer "up through the network" to the District Hospital those patients requiring more advanced ARV evaluation and care. Kilgoris District Hospital will participate in continuing medical education and supportive supervision and management as part of the south Rift Valley network of health workers and facilities providing HIV care and treatment. Pregnant women and members of their families who are identified in the PMTCT clinics throughout the district will access comprehensive HIV care through the PMTCT-plus program. Kericho District Hospital will provide quality assurance for ART care and treatment of cases managed at the Kilgoris District Hospital. Funds will also support community mobilization and sensitization to increase treatment literacy, access to antiretroviral therapy, and adherence treatment.

The Kilgoris District Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to treatment. The hospital program's HIV treatment services will result in increased access to ART particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with Kericho District Hospital ART program (#4109). Kilgoris will refer advanced or complicated treatment cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804) family members of mothers testing positive will be identified and offered opportunity for

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care and treatment. ART activities will be linked to Kilgoris Hospital BHCS (#4335). Thus Kilgoris Hospital ART and Kilgoris Hospital BHCS will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Kilgoris District Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children with approximately 10% of those receiving treatment being children. Eligible patients within these populations will be able to afford ARVs at little or no cost based upon Ministry of Health recommendations. Also, Ministry of Health doctors, nurses, and pharmacists will be trained in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Kilgoris District Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving treatment. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement, community mobilization, human resources, strategic information, and training. The relatively higher cost per patient budget reflects the major emphasis on infrastructure renovations and development necessary to offer HIV treatment services. Kilgoris Hospital will invest in renovation of their limited-capacity HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	105	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	462	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	300	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	10	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kapsabet District Hospital
USG Agency: Department of Defense
Funding Source: GAC (GHA) account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4336
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Kapsabet District Hospital, located in Nandi North District of Rift Valley Province in Kenya, has a population of approximately 340,000; however its catchment area extends beyond the administrative boundaries. With limited FY05 start-up funds, Kapsabet District Hospital has enrolled over 330 patients into the HIV/AIDS clinic and now has nearly 90 patients on ART. The FY06 target for new patients on ART is 400, including 60 children, which brings the total on treatment to 600 in 3 sites. The total ever treated will be 660.

In FY06, 20 health workers will be trained in comprehensive HIV/AIDS care to include antiretroviral therapy. Funds will also be used to continue and/or initiate technical assistance from 5 locally employed staff. In addition, funds under this proposal will be used to procure equipment, reagents, and supplies for HIV patient evaluation, treatment, and monitoring. In addition, funds for infrastructure development will be necessary given the existing limited capacity to offer necessary care and treatment. The comprehensive HIV care clinic will require funds to accommodate the capacity for the increasing number of patients.

Working through the network model, Kapsabet Hospital will open two new rural health centers offering HIV services. The rural health centers will serve as facilities to link counseling and testing, provide non-antiretroviral therapy/clinic-base palliative care, continue limited ART in patients referred down from District Hospital, and ultimately refer up through the network to the District Hospital those patients requiring more advanced ARV evaluation and care. Kapsabet District Hospital will participate in continuing medical education and supportive supervision and management as part of the south Rift Valley network of health workers and facilities providing HIV care and treatment. Pregnant women and members of their families who are identified in the PMTCT clinics throughout the district will access comprehensive HIV care through the PMTCT-plus program. Kericho District Hospital will provide quality assurance for ART care and treatment of cases managed at the Kapsabet District Hospital. Funds will also support community mobilization and sensitization to increase treatment literacy, access to antiretroviral therapy, and adherence treatment.

The Kapsabet Hospital HIV program will help ensure continued expansion of the numbers of patients seeking services and reduce stigma and discrimination associated with HIV. Availability of ART services in this geographical area will improve equity in access to HIV care and treatment services given the currently underserved rural communities will have markedly improved access to treatment. The hospital program's HIV treatment services will result in increased access to ART particularly among the underserved rural women and children.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes substantively to Kenya's 5-Year Strategy emphases of encouraging Kenyans to learn their status by utilizing counseling and testing and the available ART services in the region.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked with the Kericho District Hospital ART program (#4109). Kapsabet will refer advanced or complicated treatment cases "up through" the network to the Kericho District Hospital acting as a tertiary referral center for the south Rift Valley Province. Through the KEMRI-South Rift Valley PMTCT program (#4804), family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to Kapsabet Hospital

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BHCS (#4337). Thus, Kapsabet Hospital ART and Kapsabet Hospital BHCS will constitute a continuum of care for HIV positive individuals.

4. POPULATIONS BEING TARGETED

Kapsabet District Hospital will target the general population as well as HIV/AIDS-affected families, people living with HIV/AIDS, and women and children with approximately 10% of those receiving treatment being children. Eligible patients within these populations will be able to afford ARVs at little or no cost based upon Ministry of Health recommendations. Also, Ministry of Health doctors, nurses, and pharmacists will be trained in antiretroviral care, thereby increasing the availability of health care providers able to address the increasing number of Kenyans needing HIV treatment.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Kapsabet District Hospital will increase gender equity in HIV programming by ensuring that equitable numbers of women (including children) are receiving treatment. Hospital activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

6. EMPHASIS AREAS

This activity includes major emphasis on infrastructure and minor emphasis on commodity procurement, community mobilization, human resources, strategic information, and training. Kapsabet District Hospital will invest in renovation of the poorly existing HIV care center, procure laboratory supplies for HIV evaluation/safety monitoring and medical equipment, and hire the necessary health staff to help them cope with increasing workload as more patients are recruited into the comprehensive care clinic.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	3	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	400	<input type="checkbox"/>
Number of Individuals who ever received antiretroviral therapy by the end of the reporting period (Includes PMTCT+ sites)	660	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	600	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	20	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4809
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

International Rescue Committee (IRC) will maintain and scale-up existing HIV prevention and treatment services to establish antiretroviral treatment programs serving both refugee and local populations in Turkana District, in Rift Valley Province. ART will be offered at a minimum of two sites (in Kakuma and Lodwar) to 450 individuals with advanced HIV including 395 new patients bringing the total ever served to 540. 15 health care workers will be trained.

Turkana District, located in Rift Valley Province, is the largest district of Kenya, and is home to a pastoralist community which is livestock dependent, highly mobile, and has extremely limited access to health services, especially services related to HIV/AIDS. The district lies on the main truck route between Mombasa and the relief operations in northwestern Kenya and southern Sudan via Lodwar, Kakuma, and Lokichogio. Lokichogio is the main transit center for refugees from Sudan and a base for provision of refugee services. The area is remote, with a population characterized by high rates of absolute poverty (74%) and food poverty (81%). General health services are limited and poorly distributed throughout the district. IRC will build on established programs that are currently providing care (for example prevention and treatment of opportunistic infections) for people with HIV at health centers within the refugee camps to provide treatment for refugees, and will build on existing collaborative relationships with health facilities supported by Africa Inland Church to provide treatment for the local population. IRC will establish ART programs by providing technical support, supporting staff salaries, staff training, laboratory evaluation, and adherence counseling and monitoring. ARVs will be supplied to the sites through distribution system of the Mission for Essential Drugs and Supplies (MEDS).

IRC has been implementing an HIV/AIDS prevention program and outreach to hard-to-reach populations and rural communities in this area since September 2001. They are uniquely suited to provision of care in refugee situations/remote areas and will build on very substantial existing medical capacity in the camps. They have a strong relationship with the local mission hospital, relying on the hospital for operating theatres, OB/GYN services, and other services, and have previously worked with the mission hospital to build capacity related to provision of basic health services for people with HIV. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to 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.

3. LINKS TO OTHER ACTIVITIES

This activity relates to HIV prevention and non-ART treatment services supported by IRC (#4148) and to training in ART services conducted by Mildmay International (#4132). These activities constitute a mini-network; because of remoteness of the area, it is not feasible to develop normal up- and down- referral linkages to District or Provincial Hospitals. The existing pattern of direct referral to Moi Teaching and Referral Hospital will be maintained/supported, and activities will be conducted in close collaboration with the Provincial ART Officer responsible for the northern part of Rift Valley Province.

4. POPULATIONS BEING TARGETED

The target populations for this activity are the refugees and the local populations in

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the areas noted above. HIV rates are high among the local Turkana. Although the prevalence of HIV is lower in the refugee populations, HIV infection is now the leading cause of adult death in this group.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations.

6. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, local organization capacity building, and logistics.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	395	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	540	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	450	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	15	<input type="checkbox"/>

Target Populations:

Refugees/Internally displaced persons (Parent: Mobile populations)
People living with HIV/AIDS

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Lea Toto
Prime Partner: Children of God Relief Institute
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5092

Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity will expand established programs in targeted slums in Nairobi to include 5 sites. As a result of these activities, 1500 individuals will receive antiretroviral therapy (800 will initiate treatment, with the total of people ever treated will be 1600), and 100 health care workers will be trained in the provision of antiretroviral therapy. These activities will include strengthening of facilities that are already serving as network referral centers. Activities will include procurement of laboratory services and strengthening rational pharmaceutical management. COGRI will track numbers of children served and will report nationally and through the Emergency Plan.

The Children of God Relief Institute (COGRI)/Lea Toto Project was started in September 1999, and the first phase was implemented for 2 years in Kangemi. Following an evaluation that was conducted in May 2001, an extension was granted for other two-years. In this extension phase, the program seeks provides treatment services for 2,000 HIV+ children in Kangemi and five additional areas located in the Dagoretti Constituency of Nairobi.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and increase the number of children on antiretroviral therapy, responds to OGAC objectives of increasing the number of children on ART.

3. LINKS WITH OTHER ACTIVITIES

This activity is linked to COGRI's activities in Palliative Care (#5105) and CT (#4848), and it is also linked to other USG ART activities in the ARV Services program area.

4. POPULATIONS BEING TARGETED

HIV positive infants and children, care givers, community health workers

5. EMPHASIS AREAS

The major emphasis area is training, with a minor emphasis on community mobilization and participation

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	5	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	800	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,600	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	100	<input type="checkbox"/>

Target Populations:

- HIV/AIDS-affected families
- Orphans and vulnerable children
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Doctors (Parent: Private health care workers)
- Laboratory workers (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Pharmacists (Parent: Private health care workers)

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5096
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The objective of this activity is to evaluate program response to the use of ARVs and sexual behaviors and fertility desires with the aim of developing strategies to holistically address the reproductive health needs of PLWHAs on ARV through prevention of pregnancies in HIV-infected women eligible for ART.

Since women on ARTs are usually required to prevent pregnancy because of the potential teratogenic effects of certain therapies, pregnancy prevention strategies have implications for ART adherence and uptake, in addition to preventing vertical transmission of the virus when pregnancy occurs. Although more evidence is needed, anecdotal reports suggest that the pregnancy rate is quite low among women on ART. This may be due to pregnant women either leaving ART (so that those remaining in the program appear to have low rates) or women may be terminating the pregnancies, or they might just be more motivated to avoid pregnancy and are very sophisticated contraceptors. While low pregnancy rates are positive for ART adherence, the low rates are in striking contrast with those pregnancy rates found among other groups of women including women in the general population and women participating in microbicide trials. A number of factors may be acting on the fertility level of women in ART programs (e.g., frequency of sex, fecundity, contraceptive use, abortion), but we have no understanding of what these factors are.

FHI will investigate perceptions of fertility, fertility desires, contraceptive practices, and pregnancy levels among women eligible for ART and apply this information to strategies which will increase their use of effective contraception and conduct an assessment to answer these questions (60% of effort). The assessment will include in-depth formative, qualitative methods as well as depend upon clinical data. Subsequently, this information will be used to implement contraceptive services for women eligible for ART programs by modifying existing curricula in Kenya and extending training and services to 100 appropriate providers (40% of the effort). The results of these activity will be used to train at least 100 health workers to deliver ART services, according to national and/or international standards (includes PMTCT+). This activity will include 2 sites.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will provide additional information on the reproductive health needs of women on antiretroviral therapy, as well as important insights into sexual behavior in the era on ART. This information is necessary to inform future ART program implementation and HIV prevention in the era of treatment.

3. LINKS TO OTHER ACTIVITIES

This activity is linked with the activities in ARV Services to be carried out by APHIA II-FHI/IMPACT (#5367) and the MSH/RPM+ activity (#4209) in the ARV Treatment/ARV Drugs program area.

4. POPULATIONS BEING TARGETTED

The main population targeted is HIV positive women and health workers.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Legislative issues addressed include gender, stigma and discrimination.

6. EMPHASIS AREAS

The major emphasis area is Needs Assessment, with a minor emphasis on training of health workers.

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Emphasis Areas

Needs Assessment

% Of Effort

51 - 100

Training

10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing antiretroviral therapy
(includes PMTCT+ sites)

2

Number of individuals newly initiating antiretroviral therapy during
the reporting period (includes PMTCT+ sites)

Number of individuals who ever received antiretroviral therapy by
the end of the reporting period (includes PMTCT+ sites)

Number of individuals receiving antiretroviral therapy at the end
of the reporting period (includes PMTCT+ sites)

Total number of health workers trained to deliver ART services,
according to national and/or international standards (includes
PMTCT+)

100

Target Populations:

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Coast

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Horizons
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5098
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity builds on ongoing research by Population Council/Horizons in Mombasa. As the success of HAART reduces morbidity and mortality among HIV+ individuals in Kenya, more and more HIV+ persons are living healthier, longer and sexually active lives, thereby increasing the possibility of HIV transmission if they engage in unsafe sex. Prevention with Positives, focusing on the specialized prevention concerns of HIV+ individuals, has only started being addressed in Africa. The ongoing cross-sectional study by Horizons in Mombasa comparing the sexual behavior of patients on HAART to those on preventive therapy (INH and cotrimoxazole) shows that patients on HAART were less likely to report sexual activity with casual partners compared to those on preventive therapy (1.3% vs. 23%; $p=0.000$). Patients on HAART were also more likely to report condom use at last sex (93% vs 77%, $p=0.005$), and consistent condom use (53% vs 22%, $p=0.000$) compared to the preventing therapy group. But in both groups, about 40% of patients did not know their partners' HIV status, and 20% did not disclose their own HIV+ status. Thus a significant proportion of HIV+ patients, especially those not in HAART, remain at risk for HIV because of a) sexual activity with casual partners; b) lack of consistent condom use, and c) lack of awareness of their partner's HIV status. These factors set the stage for HIV transmission, particularly so because 45% of the sample were currently cohabiting and self-reports show 23% discordance among the non HAART group.

Horizons will implement a Prevention with Positives initiative in Mombasa, with an emphasis on a) partner testing, b) status disclosure to sex partners, and c) consistent condom use. This will be done at 2 service outlets through:

- i. Patient education: Patients, both on HAART and preventive therapy, will be educated on the risk of HIV transmission and re-infection. Education materials will be availed to patients, their partners and their families.
- ii. Provider education: Providers will be educated on Prevention with Positives strategies including empathetic counselling, condom negotiation and HIV partner testing.
- iii. Partner notification and testing: while it may be difficult to trace sex partners in this setting, patients will be encouraged to bring their partners for testing. Strategies to reduce barriers for partner testing, such as availing free testing, will be explored.
- iv. Condom use: Emphasis will be placed on correct and consistent male and female condom use among the patients.
- v. Special focus on women: 60% of the Mombasa study cohort is women, of which 40% are cohabiting. Special issues related to gender will be explored and addressed. A small ethnographic study to examine the unique needs of HIV+ female patients on treatment will be conducted.
- vi. Referral: The intervention will develop a referral mechanism for HIV+ patients who need it. Such referral may include referral for substance abuse, domestic violence etc.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

HIV/STI prevention programs among individuals on HIV treatment is an emerging need in Kenya, and Africa in general. As treatment targets are met, there will be a larger proportion of sexually active PLWHA who could increase HIV transmission if they are not adequately educated and informed about safer sexual practices, both to protect others from infection and themselves from re-infection. This activity will contribute to a better understanding of how interventions can reach this important population

3. LINKS TO OTHER ACTIVITIES

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This activity is linked with activities ARV Services activity to be carried out by APHIA II FHI/IMPACT (#5367) and ARV Drugs activities to be carried out by MSH/RPM+ (#4209). This activity also benefits from the link to existing research by Population Council/Horizons in Mombasa.

4. POPULATIONS BEING TARGETED

The main populations targeted are people living with HIV/AIDS, and health workers.

5. EMPHASIS AREAS

The major emphasis area is Information, education and communication, with minor emphasis on needs assessment and community mobilization/participation.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Discordant couples (Parent: Most at risk populations)
People living with HIV/AIDS
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Coast

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Country: Kenya

Fiscal Year: 2006

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Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Pittsburgh
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5274
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

University of Pittsburgh (UPITT) will expand a collaborative relationship with Machakos District Hospital to enhance and expand the antiretroviral treatment program in the southern region of the Eastern Province of Kenya, providing treatment for 1800 people with HIV (980 new), including 300 children, bringing the total ever treated to 2160 in 7 sites. 90 health care providers will be trained. This region is characterized by moderately high rates of HIV (approximately 4%); high rates of other infectious diseases including malaria, hepatitis, and schistosomiasis; and high rates of food insecurity. Machakos District Hospital is a high-volume district hospital that serves as the referral center for this area. Sites in this area are currently receiving modest support through KEMRI and have done well with establishment of care programs. However, these sites would benefit from enhanced material and technical support. UPITT will support staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. ARVs will be supplied to the sites through the distribution system of the Mission for Essential Drugs and Supplies (MEDS) and the Kenya Medical Supplies Agency (KEMSA). UPITT will work closely with and support the activities of the Provincial ART Officer for the region. These activities will include support for regular meetings of providers from sites in the area. UPITT will also support establishment/strengthening of other regional activities, including developing a system for quality control Machakos District Hospital. In addition, UPITT will support the development of a regional system for transfer of blood samples/results to optimize the utilization of the CD4 cell count machine at Machakos District Hospital (which is the only site in the region with a CD4 machine). UPITT will also assist with development of a quality improvement program for the region.

UPITT is the largest provider of HIV care in western Pennsylvania, and currently provides comprehensive primary and HIV specialty care for approximately 1100 adult patients. The program includes HIV primary care and an active clinical research component and is funded in part by HRSA (Ryan White Titles III and IV), the NIH, and industry. The program addresses the full spectrum of HIV services through its partnership with the Children's Hospital of Pittsburgh for the care of HIV-infected children and exposed infants and with Magee Women's Hospital for the identification and treatment initiation of HIV infected pregnant women. UPITT staff have specific expertise with evaluation and improvement of program quality (for example, a specific program to regularly evaluate all aspects of care). In the international arena the program has provided mentorship in the development and implementation of an HIV treatment program in the Sofala region of Mozambique.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

These activities will contribute to 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

3. LINKS TO OTHER ACTIVITIES

This activity relates to non-ART services supported by the same partner in all sites, to PMTCT activities being implemented by AMREF (#4145), and training activities being implemented by JHPIEGO (#4154) and Mikhmay International (#4132).

4. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS as detailed above. Services for children are available at all sites. Services for very young children are being established/expanded.

5. EMPHASIS AREAS

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This activity includes minor emphases in commodity procurement, development of networks, human resources, local organization capacity building, logistics, and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	7	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	980	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,160	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,800	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	90	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Eastern

Table 3.3.11: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5367
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This APHIA II TBD will continue the activities previously implemented by the FHI/IMPACT Project. FHI/IMPACT has been working in four provinces of Kenya to implement HIV care and treatment services for persons living with HIV/AIDS. In this activity 15,000 individuals will receive treatment (8000 new) for a total of 16,500 ever receiving treatment. In 2006, proposed activities will include the strengthening of 4 facilities that are already serving as network referral centers (Nakuru PGH, Coast PGH, Kenyatta National Hospital-KNH, and Kakamega PGH). At the next level of care will be the treatment initiation and follow-up sites, primarily district hospitals, sub-district hospitals and some health centres. The lowest levels of downward referrals, the health centers and select dispensaries, will be developed in such a way that for each treatment initiation and follow-up centre, there will be an average of 5 follow-up sites for a total of 60 sites. Activities will include procurement of commodities such as laboratory equipments, reagents and pharmaceuticals for select sites, 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. A total of 600 health workers will be trained in ART. 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, STI clinic services etc. 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 and mentorship provided through New York University, KNH and the Kenya Medical Training College. The APHIA II TBD activity will also increase access to treatment and strengthen the private sector approach by supporting a network of health providers to work with private companies in the major urban areas in Kenya to provide staff and their respective families with ARVs, supporting pharmacies to work closely with the identified private companies and clinical providers to offer ARVs at access prices, and working with HMOs to include ART as part of their services at a affordable premiums to the employers. In the communities, the activity will support treatment awareness, literacy and advocacy through appropriate behaviour change promotion facilitated actively by motivators. 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.

2. CONTRIBUTIONS TO PROGRAM AREA

This APHIA II TBD activity will expand established ART 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, 49,000 people with HIV will receive antiretroviral therapy (17,000 will initiate treatment, 32,000 are expected to be in continuous treatment carried over) at 50 facilities in 5 Provinces and 750 health care workers will be trained in the provision of antiretroviral therapy

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY FHI/IMPACT

All services will be tightly linked across the spectrum of care with other services supported by APHIA II in home-based care and systems strengthening. Specifically,

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these activities are linked to PMTCT (#4191), OP (#4960), BHCS (#5285), and TB/HIV (#4196) activities implemented in APHIA II. 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. The family will be the focus of the prevention with positives activities ensuring that all family members have been tested for HIV and received appropriate services.

4. POPULATIONS BEING TARGETED

Populations being targeted by this activity are mainly people living with HIV/AIDS and health workers.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The main legislative issues addressed by this activity are gender and stigma and discrimination. The activity will also focus on activities to support vulnerable groups such as women. Activities will include support to the reduction in violence and coercion as well as stigma and discrimination.

6. EMPHASIS AREAS

The major emphasis area is training of health workers, with minor emphasis areas being Development of Networks/ Linkages/ Referral systems, Information, Education and Communication, and workplace programs.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	60	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	8,000	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	16,500	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	15,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	600	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Laboratory workers (Parent: Public health care workers)
- Doctors (Parent: Private health care workers)
- Laboratory workers (Parent: Private health care workers)
- Pharmacists (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

Key Legislative Issues

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

Coverage Areas

- Coast
- Eastern
- Nairobi
- Rift Valley
- Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5374
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The overall goal of the AIDS Treatment and Support for OVCs (KATSO) project was to reduce the spread and impact of HIV/AIDS in 10 districts in Kenya. APHIA II now proposes to scale up this response to the prevailing need for holistic—emotional, material, and physical—care for those affected by the HIV/AIDS crisis. Using the existing large network of churches/faith-based organizations and community-based organizations, the APHIA II program 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 APHIA II TBD project will integrate prevention interventions, psychosocial support, food/nutrition supplementation, livelihood training, micro-enterprise training and advocacy into all programming initiatives. Furthermore, APHIA II partners will provide clinical care and treatment while providing training and follow-up to community health workers and MOH staff.

The APHIA II project will oversee expansion of services currently being offered through USAID's comprehensive programs for orphans and vulnerable children to include the establishment of treatment with antiretroviral drugs for 1500 people (1000 new) of which 150 will be children with advanced HIV in three districts: Teso in Western province, Migori and Suba in Nyanza Province and Maragua in Central Province in a total of 6 service outlets. The total ever treated will be 1700. Forty-eight health care workers and 120 community health workers will be trained in ART. Activities will build the capacity of multiple local faith-based and community organizations in collaboration with the Ministry of Health. This APHIA II partner will maintain data concerning the numbers of persons served and will report both nationally and through the Emergency Plan.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These APHIA II TBD 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. The increase in the number of sites will contribute to the overall PEPFAR goal for support to Kenya and significantly contribute to the national targets.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY WORLD VISION KENYA'S KATSO Project.

The APHIA II ART activities in these geographic areas are directly linked to basic health care and support, TB/HIV services, orphans and vulnerable children services, counseling and testing and laboratory infrastructure. It will establish appropriate referrals and linkages in order to offer comprehensive services to the communities being served in Migori, Suba, Teso and districts. This activity is linked to the BHCS APHIA II World Vision (#5094) and OVC APHIA II World Vision (#5095) activities.

4. POPULATIONS BEING TARGETED

This APHIA II TBD activity targets people affected by HIV/AIDS, orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and care givers of OVC and PLWHAs. It also targets the community in order to improve community support and health care providers in public, private and faith based health facilities.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

APHIA II will scale up responses to the prevailing need for holistic—emotional, material, and physical—care for those affected by the HIV/AIDS crisis. It will also address wrap around activities such as food insecurity, microfinance, micro credit and education. It will endeavor to increase gender equity ensuring better coverage of women and children who are more disproportionately affected by HIV/AIDS.

6. EMPHASIS AREAS

This activity places major emphasis on development of networks, linkages and referral systems and minor emphasis on community mobilization, training and logistics.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	6	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,000	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,700	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	168	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- HIV/AIDS-affected families
- Orphans and vulnerable children
- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

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Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Central

Nyanza

Western

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Table 3.3.11: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5376
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This APHIA II TBD project 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. When identified through PMTCT, some HIV-infected women are candidates for treatment with ARVs. 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.

In addition to the support for improved care at individual facilities, APHIA II TBD will support a broader mentoring approach to pediatric HIV care in Kenya. This approach would draw together a team of national and international experts to build capacity among health care workers at the provincial and district levels to care for HIV+ infants and children. A total of 200 health workers will be trained on ART services provision.

In FY06 APHIA II TBD will work closely with NASCOP and key stakeholders to design a clinical mentoring strategy. The clinical mentoring team would begin with teams of experienced clinicians comprising a pediatrician, clinical officer, nurse, pharmacist and a NASCOP representative who will assess site's needs in pediatric care and develop recommendations (2-3 days); spend 1-2 weeks on site providing side by side support (10 days) and return for a follow-up visit to monitor progress and document challenges and successes (5 days)

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through these programs 2300 HIV-infected women identified through PMTCT programs and their family members will initiate antiretroviral therapy at 10 facilities. It is envisaged that 600 of the persons initiating ART through APHIA II will be children. This will contribute to 3% of total national targets for this program area.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY Call to Action- EGPAF.

This activity will be linked to the PMTCT-APHIA II- activity (#4953) and palliative care, basic health care and support, palliative care, TB/HIV and counseling and testing services which are provided by other partners in same regions. This will ensure optimum utilization of complimentary services created through the Emergency Plan and other partners.

4. POPULATIONS BEING TARGETED

This APHIA II TBD activity mainly targets adults of reproductive health age, HIV positive pregnant women, HIV positive infants and children and other persons living with HIV- AIDS. Health care workers such as doctors, nurses, pharmacists, laboratory workers and clinical officers in public, private and faith based facilities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues addressed include gender, ensuring equity in access to

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care, treatment and prevention services for women and girls. It will also address male norms and behaviors in order to increase male support. It will include activities aimed at reducing stigma and discrimination at community and facility level in order to ensure that people who would not have otherwise gone for treatment are able to do so.

6. EMPHASIS AREAS

This activity puts major emphasis on training of health care workers with minor emphasis on logistics, needs assessment, quality assurance and supportive supervision and development of networks / linkages / referral systems.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	10	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,500	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,500	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,300	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	200	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- HIV/AIDS-affected families
- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)
- Doctors (Parent: Private health care workers)
- Laboratory workers (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Pharmacists (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

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Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Central

Eastern

Nairobi

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Table 3.3.11: Activities by Funding Mechanism

Mechanism: APHIA II
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5468
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The relationship between nutritional status and HIV/AIDS has been well documented. With proper nutrition patients experience fewer opportunistic infections and progress less rapidly to AIDS and its associated morbidity and mortality. With antiretroviral treatment, monitoring food and drug interactions along with nutritional status of the patient are critical for effectiveness, tolerability of some drugs and adherence to recommended drug regimens. Depending on the progression of the disease, therapeutic feeding may be required for patients before ART; in other cases nutritional supplementation will be needed to prevent wasting, boosting immunity and improvement of general health together with ART.

Community capacity development is a key strategy for APHIA II programs, and through direct community dialogue, working with local partners and district officials, the APHIA II TBD will ensure that program beneficiaries are part of the decision making for implementation. Capacity development for nutritional care with NGOs/CBOs working effectively with PLWHA will be the priority for partnership development and joint activities. In each of the strategies, monitoring will focus on access issues and strategies to enhance provision of care and prevent stigmatization

In 2006, this APHIA II TBD activity will continue to procure nutritional supplements and provide them to patients on ART through existing networks. Secondly, more civil society organizations and nutritionists will be trained on nutritional assessment, monitoring and counseling. Through these efforts, 300 new patients will be started on ART, to increase the number on ART in this region to a total of 500, out of which 50 will be children. The total ever treated will be 550. These activities will be linked to the activities being offered in 6 PMTCT sites in this area, by providing training to 30 staff at these sites, and nutritional supplement packages for clients in four PMTCT sites. The nutritional status of clients provided with nutritional support packages will be regularly monitored to assess the impact of this intervention. The information, education and communication campaign on the importance of a balanced nutrition for adults and children on ART that was initiated with FY05 funds will be expanded in this activity.

This plan is in accordance with the national guidelines on home-based care and service provision and expands on the nutritional care component. The key activities have been discussed with NASCOP and Ministry of Health, Nutrition Unit, who will be partners in the implementation of these activities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II TBD activity contributes to the achievement of our Five-Year Strategy and complements our FY05 COP by expanding on the existing partnership between the African Union and UNICEF in reaching hard-to-serve populations. It is linked to health networks that will be strengthened to provide the prevention, care and treatment essential to achieving our targets in almost all areas of our FY05 COP. This activity is a continuation/expansion of a program started in 2003 and funded by USAID.

3. LINKS WITH OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY UNICEF.

This activity is also related to the APHIA II- UNICEF activities described in the PMTCT program area (#4943).

4. POPULATIONS TARGETED

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Target populations are people living with HIV/AIDS, HIV infected infants and children and local community-based organizations

5. KEY LEGISLATIVE ISSUES ADDRESSED

These activities address stigma and discrimination against people living with HIV/AIDS

6. EMPHASIS AREAS

The major emphasis area is training, with minor emphasis area being community mobilization/Participation, Information, Education & Communication and Development of Network/Linkages/Referral systems.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	6	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	300	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	550	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	30	<input type="checkbox"/>

Target Populations:

- Faith-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North Eastern

Populated Printable COP

Country: Kenya

Fiscal Year: 2006

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Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: Columbia University Mailman School of Public Health
 USG Agency: HHS/Centers for Disease Control & Prevention
 Funding Source: GAC (GHAI account)
 Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: HTXS
 Program Area Code: 11
 Activity ID: 5481
 Planned Funds:
 Activity Narrative:

1. ACTIVITY DESCRIPTION

Activities supported by Columbia University and implemented by a sub-partner, Indiana University, will continue to provide treatment, including antiretroviral therapy, to approximately 2000 patients (200 new) with advanced HIV disease at 7 service delivery sites in Rift Valley, Nyanza, and Western Provinces, with the total ever treated at 2300. We have established FY06 targets based on the numbers of patients receiving treatment in February 2005 based on current plans for level funding of track 1 partners. 10 health care providers will be trained.

Columbia University has extensive experience implementing HIV treatment programs internationally, including the MTCT-plus program and track 1 programs in other Emergency Plan focus countries. Columbia has developed an extensive selection of training and information materials. To date, in Kenya, their work has been primarily through Indiana University (IU). IU has been working in Kenya since 1990, in partnership with MoTeaching and referral Hospital in Eldoret, Kenya. The activities implemented by Indiana University will be expanded through direct, in country funding mechanisms.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to 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

3. LINKS TO OTHER ACTIVITIES

This activity links closely to treatment activities implemented by Indiana University (#4234). The Kenya specific experience of Columbia University in implementing activities in the Eldoret program will be extended in Central Province, and all activities contribute to and are coordinated through national scale up of HIV treatment supported through the National AIDS and STI Control Program (NASCOOP).

4. POPULATIONS BEING TARGETED

The target population for these activities is people with advanced HIV. Treatment services for children are being expanded at the sites.

5. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, local organizational capacity building and quality assurance and supportive supervision, and training.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	7	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	200	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,300	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	10	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Nyanza
Rift Valley
Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GMAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5483
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

AIDS Relief (a consortium of Catholic Relief Services, Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland) will continue services currently supported with Track 1 funds, providing treatment for HIV to approximately 3,500 patients (200 new) at 16 service delivery sites throughout Kenya, bringing the total ever treated to 4000. (These patients are in addition to the 6,000 that will be supported by in-country funding for this partner). AIDSRelief provides on-site preceptorship that builds clinical, adherence counselling, and laboratory skills. Institutional capacity is also strengthened through support for strategic information systems, commodities management, and finance and administrative management capacities. AIDSRelief partners with various in-country organizations (government, FBO, NGO) for additional training resources. By working with faith-based CBO's firmly embedded in communities, AIDSRelief ensures that the community supports the health facility by reducing HIV/AIDS Stigma, contributing to continuity of care. 10 health care workers will be trained.

AIDSRelief supports salaries for comprehensive teams providing HIV treatment, ensuring that each point of service has at least the minimum amount of staffing required by the National AIDS and STD control Program (NASCDP) for an ART program. In line with the national dialogue regarding an increased role of nurses in AIDS treatment, AIDSRelief is focusing on mentoring and training nurses. The hub for nursing preceptorship will be St. Monica's Hospital in Nyanza province. AIDSRelief also funds the costs of laboratory examinations for all patients on ART including CD4 counts as necessary for monitoring patients on treatment. ARVs are supplied to the sites through the distribution system of the Mission for Essential Drugs and Supplies (MEDS).

The AIDSRelief consortium has established agreements with a number of Mission facilities in Kenya, and has supported rapid scale up of treatment at these facilities. By September, 2005, more than 3,500 patients were accessing ART as a result of Track 1 funding awarded to this partner and more than 500 patients had accessed ART as result of supplemental funding awarded late in 2005.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AIDSRelief activities will contribute to expansion of ARV treatment for clinically qualified HIV-positive patients at faith-based facilities. AIDSRelief will strengthen human resource capacity to deliver adult and pediatric ARV treatment, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

3. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to CMMB supported PMTCT activities (#4935), non-ART services currently supported by AIDSRelief, ART services supported by this partner through in-country funding, and ART services coordinated by and supported through the National AIDS and STD Control Program (#4223). Specific facilities have also developed linkages, for example St. Camillus has established treatment referral linkages with Lalmba (a subpartner of CHF) and St. Mary's Hospital has strong treatment linkages with AID Village Infectious Diseases (also a subpartner of CHF). There are also growing linkages to OVC programs, for example, CRS-supported OVC activities in Mombasa.

4. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Treatment services for children

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with HIV are being established or expanded at all sites. Treatment services for diagnosis and treatment of very young children are being established through a relationship with Kenya Medical Research Institute (KEMRI); filter paper samples are transported to the KEMRI lab for infant testing (currently with PCR).

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

6. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, quality assurance and supportive supervision, strategic information and training.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	16	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	200	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	4,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	10	<input type="checkbox"/>

Target Populations:

- HIV/AIDS-affected families
- People living with HIV/AIDS
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Doctors (Parent: Private health care workers)
- Laboratory workers (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

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Coverage Areas

Central

Coast

Eastern

Nairobi

Nyanza

Western

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Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
 Budget Code: HLAB
 Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: Improved quality assurance for 500 sites testing for HIV and 44 laboratories measuring CD4 counts to screen and monitor patients for ART

Key Result 2: Implementation of a national laboratory strategy and plan, with national and regional laboratories effectively serving as reference laboratories for the country

Key Result 3: Improved logistics management and distribution resulting in no test kit or reagent stock-outs for HIV testing and care

CURRENT PROGRAM CONTEXT

A national reference laboratory within the National Public Health Laboratory Services (NPHLS) is now established and its staff has been trained to provide quality assurance services for HIV testing and ART monitoring. Assessment of laboratory services has been completed by teams from the Association of Public Health Laboratories (APHL), HHS/CDC, and JSI/Deliver. A national strategic plan for improving quality of lab services is being developed by an interagency committee.

Through the National AIDS and STI Programme (NASCO) cooperative agreement, the Ministry of Health/NPHLS is being directly supported. Both Government of Kenya and mission laboratory facilities are being supervised through these activities. Part of the strategy is to decentralize this supervision from national and provincial levels to the districts. JSI/Deliver will coordinate procurement and logistics for laboratory reagents, supplies and will support the NPHLS and facilities with equipment and training for lab data management. MSH/RPM+ will continue the development and support NPHLS/NASCO in implementing standard operating procedures for laboratory services. APHL assists with training and assessing new technologies, including newer assays for viral load monitoring. KEMRI continues to support training and reference laboratory activities.

In Kenya, over 40 facilities now provide CD4 measurement for ART patients and over 1500 sites provide simple rapid HIV testing and counseling. Continued rapid scale up of HIV testing in clinical settings to an estimated 1.5 million tests in 2006 requires the expanded application of quality assurance systems with proficiency testing and dried blood spots for validation.

NEW INITIATIVES

Incidence testing using BED assays will be included in routine surveillance and surveys. Pediatric diagnostic testing will be implemented nationally. Drug resistance testing for transmitted virus (in collaboration with WHO) and for treatment failure (with KEMRI) will guide both prevention and treatment programs. Development of better information systems for lab monitoring, and training of lab personnel in their use are important components that support quality assurance for the COP '06 plan. A new partner, the American Society for Clinical Pathology, will support the Kenya Laboratory Technicians and Technologists Board in their regulatory activities for laboratories and lab personnel.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Test kit shortages have become the major barrier in rapid scale-up of testing. This plan will strengthen logistic systems for test kits and lab reagents and include funds for procurement of kits to meet the unexpected demand caused by rapid scale-up.

WORK OF HOST GOVERNMENT & OTHER DONORS

A Laboratory Interagency Coordinating Committee (ICC) has been formed to better link MoH with technical partners and donors, to finalize laboratory policy guidelines, and to guide laboratory infrastructure programs within the national strategy. The National Technical Committee on Laboratory and Blood Safety continues to monitor the performance of HIV test kits, and recommend appropriate test algorithms and technologies for monitoring ART. Global Fund procurement has been slow and inconsistent, estimates of requirements have become quickly outdated, but other donors (DFID, JICA) and the USG have responded with emergency procurement to maintain program activities for HIV testing.

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Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	556
Number of individuals trained in the provision of lab-related activities	1,763
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	2,850,000

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Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4086
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The funding will be used by KEMRI in collaboration with CDC to improve the quality of the NPHLS by developing a national Quality Assurance [QA] program for 72 partner districts and 8 Provincial hospital laboratories. The national QA program within the NPHLS will entail development of: a proficiency testing program, validation of HIV tests in TB patients and TB tests in patients with HIV, and training manuals for HIV and TB diagnosis. KEMRI serves as a national reference laboratory and has served as an assessment site for many new laboratory technologies in Kenya. Through the support and technical guidance of the CDC/KEMRI staff, it is expected that some of these functions will be transferred to the NPHLS, including: evaluation of rapid test kits in VCT and MTCT settings, the introduction of dried blood spots [DBS] for HIV testing (previously and successfully used in the Kenya Demographic Health Surveys [KDHS], and now in sentinel surveillance), and the new technologies for bio-monitoring of patients on ART. Other activities covered by this funding, will include the validation of stored serum samples for estimating rates of recent infections (BED assay for HIV incidence) and measuring the dynamics of viral resistance. Quality laboratory services will encourage and assist clinicians to provide appropriate and effective treatment and care and therefore improve the impact of these programs leading to the achievement of PEPFAR targets.

CDC/KEMRI will utilize this funding to develop a technical curriculum for training partner laboratory staff at both district and provincial levels on laboratory bio-monitoring including CD4 cell counts, viral load, chemistries, and hematology. The NPHLS staff will also be trained on sample collection, processing, calibration and validation of instruments used in this new area. To further improve the quality of lab diagnostic lab services at point-of-care sites (ART sites), CDC/ KEMRI will support the development of Lab Information for Action (LIFA) at points of service (ART sites) for NPHLS.

KEMRI is a premier GOK biomedical research institute and home of CDC offices and laboratories. KEMRI has been a center of excellence for over 25 years, assessing laboratory technologies and conducting research in collaboration with HHS/CDC, Japanese International Cooperation Agency [JICA] and other partners. KEMRI has highly trained laboratory staff who will validate the accuracy and cost-effectiveness of newer (ultra-sensitive p24 Antigen assays) technologies for infant diagnosis of HIV-1 against DNA-based methods at provincial hospitals and coordinate the collection of blood samples by 8 provincial hospitals for determination of CD4 national reference values. The KEMRI cooperative agreement will support these technical staff to maintain their national leadership in laboratory services and training, and will support the operation of the CDC/KEMRI lab, including travel and training costs and procurement of reagents, tests kits and equipment.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This funding mechanism will greatly enhance the overall performance and quality of services of the NPHLS in the field of HIV/AIDS and TB diagnostics, care and management. The funding will support the training of 140 individuals in the provision of lab related activities and improving capacity of 44 laboratories to perform HIV and CD4 and or lymphocyte tests.

3. LINKS TO OTHER ACTIVITIES

This activity relates to the technical assistance support of the Kenya Medical Research Institute to the National Laboratory Infrastructure.

4. POPULATIONS BEING TARGETED

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This activity targets the laboratory technologists of the National Public Health Laboratory Services (NPHLS) throughout the country at the Provincial and District hospitals where ART services are being rolled out. Other Technologists within Mission hospital laboratories will also be trained alongside the NPHLS technologists.

5. EMPHASIS AREAS

This activity will place major emphasis on technical training on new and appropriate technologies. Minor emphasis areas include procurement of specialized laboratory commodities and institution and operation of quality assurance schemes for HIV care monitoring.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	44	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	140	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Laboratory workers (Parent: Public health care workers)
Laboratory workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: RPM/PLUS
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4210
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The activity will result in improving access and use of quality diagnostic laboratory services through improved laboratory policies and management, including use of standard operating procedures (SOPs) and implementation of QA/QC systems. MSH/RPM Plus will provide technical assistance to strengthen laboratory services in support of ART by working with the National Public Health Laboratories Services (NPHLS), National Laboratory Inter Agency Coordinating Committee (ICC), and other stakeholders. All MSH/RPM Plus laboratory activities will be conducted under the auspices of the NPHLS—the department of the Kenya Ministry of Health charged with providing technical and tactical oversight for all laboratory services in Kenya.

Activities include:

- Support of national level laboratory activities such as implementation of the national laboratory policy;
- Supporting national level efforts to implement a national laboratory policy strategic plan;
- Supporting national level activities aimed at improving institutional capacity by adopting and disseminating laboratory SOPs;
- Supporting national efforts to improve existing laboratory management information systems;
- supporting NPHLS in capacity building to strengthen the management and coordination of the laboratory network;
- Contributing to the development and implementation of in-service laboratory training curriculae;
- Strengthening the national efforts to implement external quality assurance procedures.

MSH/RPM Plus will also support NPHLS activities aimed at strengthening and scaling up laboratory activities at priority ART sites. This will be accomplished by:

- training laboratory staff to acquire the necessary knowledge and skills for ART implementation
- training laboratory staff on implementation of SOPs for quality and efficiency of laboratory services;
- assisting in the improvement of laboratory record keeping and management information systems;
- training laboratory staff on good laboratory practices, including improvement in handling, transportation of specimens and return of results;
- providing strategic ART policy, professional and operational information /materials as needed;
- Developing SOPs on equipment maintenance;
- Strengthening sites to implement internal and external quality assurance procedures;
- Provide support to laboratory supervisors and strengthen their managerial skills and coordination of the laboratory services (supervisory check lists, job aids, monitoring tools, operational planning guides).
- Implementing good laboratory practices in support of ART at the site level - adapt and disseminate laboratory guidelines and standards operating procedures;
- institutionalizing laboratory quality assurance procedures including performance of internal QCs and calibration of equipment;
- Strengthening inventory management systems to reduce outages of reagents and procedures to maintain equipment to reduce breakdown episodes;
- Provide on going training for performance improvement including Good Laboratory Practices and Universal Precautions;
- Provide on going training on the use of laboratory MIS, M&E tools and the use of routine laboratory data.

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2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to two key areas in the overall program area 1) policy systems and quality assurance – by working to introduce SOPs and quality assurance mechanisms and 2) patient monitoring – by training 71 laboratory staff on ART, SOPs, laboratory record keeping, and management information systems.

3. LINKS TO OTHER ACTIVITIES

MSH/RPM Plus will closely collaborate with the National AIDS and STD Control Program, NPHLS, KEMRI, CDC, JSI/DELIVER, AMREF, FHI KMTCC, AKMLSQ, KMLTTB, CDC, JSI, Clinton Foundation, USG HIV care and support grantees, private sector organizations and other stakeholders comprising the National Laboratory ICC.

4. POPULATIONS BEING TARGETED

The population being targeted in this activity is health workers caring for HIV/AIDS clients in the whole country.

5. EMPHASIS AREAS

The major areas of emphasis for this activity are policy and guidelines. The minor areas of emphasis are quality assurance and supportive supervision, local organization capacity building, and training.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	71	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations

Laboratory workers (Parent: Public health care workers)

Laboratory workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4222
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity relates to the provision of funds to the National Public Health Laboratories Service (NPHLS) through the National HIV/AIDS and STD (NASCOP) collaborative agreement. The NPHLS will work through its countrywide network of laboratories to improve access to quality laboratory services in support of the accelerated national response to HIV/AIDS prevention and care programs. A laboratory network of 1500 HIV testing laboratories/sites, 40 CD4 enumeration facilities and 207 facilities providing ART services have been established throughout the country. NASCOP plans to put over 150,000 AIDS patients on ART by the end of 2006. This rapid expansion of ART services will necessitate the HIV testing of 2 million people, and the performance of 450,000 CD4 and 5000 viral load tests. The NPHLS through its National HIV Reference Laboratory will establish a National Quality Assurance Program for HIV and ART monitoring. Four Provincial Quality Assurance Laboratories have been established and another four will be established during the current Financial Year to ensure nationwide coverage. The National Reference Laboratory will send two HIV proficiency serum panels to each of the 46 identified testing laboratories including the six Regional Blood Transfusion Centers and one CD4 proficiency panel to each of the CD4 enumeration facilities. The four provincial quality assurance laboratories will provide HIV Dried Blood Spots [DBS] validation testing for each respective district, the rest of the districts will be supported from the reference laboratory until the respective provincial quality assurance laboratories have been established. A programmed roll out of training of district based laboratory supervisors has started and already staff in over 20 districts has been trained. This roll out will be completed by the end of the year. During this plan period a total of six motorcycles will be procured for use in support supervision in six pilot districts. Lessons learned for this pilot scheme will be used in the expansion of the program in the following year. The staff from the reference laboratory will provide quarterly support supervision to the provinces and the provinces will in turn support the districts. A total of six vehicles will be procured to facilitate supervision activities.

As more and more children are started on ART the country faces the challenge of providing facilities for early diagnosis of HIV positive infants. Facilities for early diagnosis and monitoring of infants will be established at the national reference laboratory. Six laboratory personnel will be trained locally and two will be trained at APHL laboratories outside the country. Three laboratory technologists have been trained on BED incidence assays and this technique will be used for sentinel surveillance and supplement pediatric diagnosis.

The NPHLS will strengthen data management at the reference laboratory, the four provincial and six pilot district laboratories. Each of the laboratories will be equipped with computers and staff trained on their use and in data entry and analysis.

The NPHLS will work very closely with NASCOP, APHL, ASCP, CLSI, MSH, JSI/DELIVER, KEMRI, CDC, AMREF, KMTC, AKMLSO, KMLTTB, Clinton Foundation and the Laboratory Inter-Agency Coordinating Committee to implement the proposed activities. Among the activities that are currently in progress and will spill over to the next year are the completion of the National laboratory policy and five year strategic plan.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to four key areas in the overall program 1) Quality Assurance 2) Laboratory Infrastructure 3) Training and 4) Patient monitoring. In addition to improving capacity of 507 laboratories to perform HIV, CD4 and/or

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lymphocyte tests, the activity will support the training of 1330 individuals in lab-related activities.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to blood safety activities under the National Blood Transfusion Service (#4273). It will also support ART services activities to be carried out by NASCOP (#4223) and SI activities including NASCOP (#4221), MACRO-DHS+ (#4070), Nursing Council of Kenya workforce project (#4068), and all CT activities.

4. POPULATION BEING TARGETTED

Laboratory workers.

5. EMPHASIS AREAS

The major emphasis area for this activity is in infrastructure, with minor areas in quality assurance and support supervision, commodity procurement, training, policy and guidelines (specifically to develop and implement Standard Operating Procedures).

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	507	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	1,330	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Laboratory workers (Parent: Public health care workers)
Laboratory workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: DELIVER
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4241
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

JSI will work to improve access to and use of quality diagnostic services through the supply and monitoring of diagnostic reagents, test kits, and medical equipment to laboratories in government and mission hospitals providing HIV/AIDS treatment and care.

This program will roll out a generic laboratory logistics system to all District laboratories in Kenya, particularly to provide laboratory testing for ART and monitoring of patients already on ART. It will continue to re-train laboratory technicians in techniques, logistics, and record keeping specifically for HIV testing including CD4 counts and viral load procedures. It will continue to re-furbish and maintain 30 laboratories in a step-wise manner in order to improve quality and reliability of laboratory services. Through National Public Health Laboratory Services (NPHLS), it will establish an efficient central warehousing and distribution system for laboratory reagents, consumables, and equipment to include effective maintenance and bioengineering procedures to ensure continuous laboratory services. The program will continue to strengthen, improve and maintain the national logistics and distribution system to support blood safety commodities, particularly HIV rapid tests for PMTCT, VCT and DCT, as well as tests for clinical diagnosis and sentinel surveillance. For example, current estimates are that 1.3 million women become pregnant each year with up to 80% of them accepting counselling and testing for HIV. Assuming that serial testing for HIV tests will continue and that GFATM procurement of HIV Tests continues, no procurement of HIV tests should be necessary. Finally, this activity will include integrated training for logistics systems to support overall HIV prevention and treatment.

JSI has already performed a needs assessment with the NPHLS for HIV test kits and reagents and for laboratory equipment needed to upgrade laboratory services in government provincial and district hospitals. This equipment, reagents, and consumables are currently being procured in conjunction with other supplies coming through the Global Fund for Aids TB and Malaria (GFATM). During this planning period JSI/DELIVER will be responsible for: logistics systems design for the distribution of equipment, reagents, supplies and test kits; instituting reliable, responsive data management systems for stores and equipment inventories; development of training on tools for management and supervisory systems and logistics; and systems for sustained servicing and maintenance of equipment. Included in this initiative is the commodity security of blood safety commodities and ensuring a full supply of tests for all facilities (including NGO, mission sites) assuming adequate procurement by other agencies. JSI will collaborate with other specialized partners such as Kenya Medical Research Institute (KEMRI), CDC, African Medical Research Fund] AMREF, Family Health International [FHI], Crown Agents and others in delivery of these services.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to patient monitoring by ensuring the supply of diagnostic reagents, test kits and medical equipment for the use in laboratories of government and mission hospitals providing HIV/AIDS treatment and care; and training 120 individuals in the provision of lab-related activities.

3. LINKS TO OTHER ACTIVITIES

This activity relates to JSI programs in TB/HIV (#4230); MEDS programs in ART Services (#4117) and SI (#4116); and NASCOP activities in CT (#4787) ART Services (#4223), PMTCT (#4225), LJ (#4222), and SI (#4221).

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4. POPULATIONS BEING TARGETED

The target population for this activity is people living with HIV/AIDS.

5. EMPHASIS AREAS

The major area of emphasis for this activity is logistics. The minor area of emphasis for this activity are local organization capacity development, commodity procurement, local organization capacity development and training.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	120	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations
Laboratory workers (Parent: Public health care workers)
Laboratory workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Association of Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4261
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

APHL is a non-profit organization with a history of over 50 years of working with government health departments to assure quality and consistency of laboratory methodologies, techniques, safety, and data management. The organization provides cost-effective training seminars and workshops, training products, and continuing education. APHL will assist in recommending and selecting appropriate equipment, reagents, and supplies and providing information on technical procedures for newer technologies. This funding mechanism will enable APHL to build on the first two years of training activities of the NPHLS personnel in the Public Health Laboratory in Baltimore USA. The Baltimore laboratory, which is now twinned with the Kenya NPHL, has trained three key laboratory personnel in advanced molecular and newer serological technologies for ART monitoring and surveillance. It is proposed to continue training 21 more personnel in these technologies and also to include schemes and systems for operating a National Central Reference Laboratory for HIV and TB.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The Laboratory Assessment Report and recommendations made by the CDC and APHL in collaboration with the Kenya NPHL in 2005 together with the Laboratory Policy Guidelines which have now been developed, will form the basis for the crafting of the National Public Health Laboratory Strategic Plan for the next five years [2005-2010]. This will be in line with the Ministry of Health Strategic Plan and that of NASCOP (spell out) and the National AIDS Control Council. It is planned to use APHL and CDC consultants in these processes.

These activities address challenges in Laboratory Infrastructure in the critical areas of :

1. Inadequate numbers of specifically HIV trained personnel within the NPHL services,
2. Appropriate equipment for rapid roll out of ART services,
3. Inadequate provision of support supervision to ensure quality laboratory services, and
4. Development of essential laboratory data management systems.

3. LINKS TO OTHER ACTIVITIES

This activity relates to Kenya National Public Health Laboratory Services' Laboratory Infrastructure activity (#4222).

4. POPULATIONS BEING TARGETED

APHL activities target laboratory technologists and scientists of the NPHLS who render HIV testing, monitoring, surveillance, and supervisory services.

5. EMPHASIS AREAS

This activity includes major emphasis in the area of training and minor emphasis in the areas of laboratory infrastructure procurement of specialized equipment and reagents; development of laboratory policies, guidelines, and protocols for quality assurance schemes; and development and strengthening of networks/linkages and referral systems for external quality assurance schemes as detailed below.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	21	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

- Laboratory workers (Parent: Public health care workers)
- Laboratory workers (Parent: Private health care workers)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4303
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Provisions have been made for the procurement of minor equipment, and contractual services for the maintenance of CDC lab equipment in the Nairobi lab which is used by the lab team to offer lab services to CDC supported HIV/TB sites. An amount of US \$ 130,000 has been reserved for the purchase of long Elisas and other reagents and supplies for CD4 and viral loads for use in External Quality Assurance of the National Public Health Laboratory Services laboratories.

The National Reference Laboratory of the NPHL is working very closely with the CDC laboratory in Nairobi in developing and operating External Quality Assurance Systems [EQAS] for all the various laboratory tests that are essential in HIV/AIDS testing, care and surveillance. HIV technologies for HIV are rapidly changing and it is anticipated that the CDC lab. in Nairobi will be monitoring emergence of promising technologies for possible adaptation to the developing world.

A provision has also been made for the printing of national SOPs, manuals and other guidelines for quality assurance schemes.

HIV service providers in the country have suffered several set backs in the last 2 years due to shortages in the supply of HIV test kits both rapid and long Elisas and CD4 reagents and supplies. It is now our common experience that government supply logistics for HIV test kits and reagents will for one reason or other inevitably fail. A reserve fund for emergency procurement of these commodities for the activities listed above during such predictable eventuality is therefore prudent and justified.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This funding mechanism will facilitate the development of quality assurance packages at the central level for countrywide application in all HIV and TB testing and care sites.

3. LINKS TO OTHER ACTIVITIES

This activity links to most or all of the activities in CT, ART Services, TB/HIV, PMTCT that involve testing or patient monitoring.

4. POPULATIONS BEING TARGETED

This activity will target the general population and HIV/AIDS affected individuals.

5. EMPHASIS AREAS COVERED

The major emphasis area covered is commodity procurement. The commodities and equipment to be procured through this mechanism will support all laboratory activities in the country in that quality improvement is the services will be achieved.

Emphasis Areas

% Of Effort

Commodity Procurement

51 - 100

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Targets

Target

Target Value

Not Applicable

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of lab-related activities

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Target Populations:

Adults

Family planning clients

HIV/AIDS-affected families

Infants

Orphans and vulnerable children

Pregnant women

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Society of Clinical Pathology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4819
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) was created in 1999 with the fundamental objective of ensuring quality medical laboratory services countrywide. The Ministry of Health depends on this young body to give leadership in regulating training in medical laboratory sciences, regulation of laboratory equipment and reagents and establishing systems to ensure quality laboratory practice. It is a government requirement for all practicing laboratory technicians and technologists to be registered by this board.

The KMLTTB has made significant progress in the past four years. An assessment of all relevant training institutions has been completed with the result that those with unacceptable standards have been shut down. The curricula of these institutions have been reviewed and standards for professional registration set. The board now plans to embark on a program of support to laboratories within the country to ensure they are adequately equipped to support HIV/AIDS prevention, treatment and surveillance programs. The need to partner with experienced and better equipped external institutions to achieve success in all areas has been recognized.

The American Society for Clinical Pathology (ASCP), which is widely accepted as the most influential leader in the certification of medical technologists has been identified as a suitable twinning partner for the KMLTTB.

Specific activities areas include:

1. A system will be set up for registration and validation of laboratory reagents for HIV diagnosis and treatment support. This will ensure that no sub-standard test kits are in use thus ascertaining accurate patient diagnosis and appropriate therapy.
2. Standards and procedures to assure the competence of laboratory personnel will be prepared. This will involve working with local training institutions and examining bodies to ensure that academic and clinical prerequisites are met before registration. Special attention will be given to training in procedures for diagnosis and monitoring of HIV infection. Technology in this field has expanded immensely in the last decade. The board with assistance from ASCP will establish continuing education programs to update members. Advocacy with training institutions will lead to the review of curricula to ensure that HIV diagnostic techniques are sufficiently covered.
3. 20 Staff will be trained in good laboratory practice (GLP) and accreditation procedures. An inspectorate for HIV testing laboratories will be set up. This will ensure that all laboratories establish quality assurance schemes for all HIV testing procedures.

In the first year of this activity a review of all existing documentation for registration of HIV diagnosis and treatment related reagents would be completed. This will facilitate the consolidation and revision of existing documents. Protocols for test kit validation and registration will then be put into place.

Additionally, dialogue will be commenced with training institutions leading to the review and updating of training curricula for HIV diagnosis and treatment support both for basic and in-service training. This material will form the basis for the development of continuing-education material for KMLTTB members.

Training in good laboratory practice and accreditation requirements will be addressed in the second year of this agreement. By the third year all the proposed programs will be running and the focus will be on developing systems for monitoring, evaluation and sustainability.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

KMLTTB registered laboratory personnel are deployed at public and private health

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care facilities in all parts of the country. They deliver services related to HIV testing, monitoring of anti retroviral and opportunistic infection therapy, assuring safe blood supplies and measuring the burden of HIV infection in populations and monitoring trends of the epidemic (surveillance). These functions are essential for the implementation of all HIV/AIDS prevention strategies such as Counseling and Testing (CT), Prevention of Mother to Child Transmission (PMTCT) and ARV treatment programs.

3. LINKS TO OTHER ACTIVITIES:

This activity is linked to the agreement with the Kenya Medical Research Institute Laboratory Infrastructure (#4086), which supports the development of National Quality Assurance Programs within the National Public Health Laboratories (NPHLS) for Blood Safety and HIV testing in Surveillance, VCT, PMCT and monitoring of anti-retroviral treatment regimens.

4. POPULATIONS BEING TARGETED

To achieve its goals ASCP activities will involve the following health care providers and local institutions:

- All medical laboratories in the country which the ministry of health has mandated KMLTTB to regulate and
 - All institutions involved in training laboratory personnel
 - All laboratory technologists and technicians registered with the KMLTTB
 - All persons who render HIV testing, monitoring, surveillance and supervisory services.
- Consequently activities will impact public and private medical laboratories and training institutions whose activities will traverse the general population.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity represents a twinning between equivalent technical agencies.

6. EMPHASIS AREAS

This activity includes MAJOR EMPHASIS in the area of local organization capacity development and minor emphasis in the area of development of laboratory policies and guidelines. Pre-service education will be strengthened through curriculum development and faculty training.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Training	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	20	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

- Laboratory workers (Parent: Public health care workers)
- Laboratory workers (Parent: Private health care workers)

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Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4825
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This activity represents another important component which was not previously addressed in FY05 in terms of the need for development of the necessary laboratory infrastructure and strengthening of laboratory facilities to support HIV/AIDS-related activities which will include the purchase of necessary cytometry, hematology and chemistry monitoring equipment necessary to be able to conduct accurate medical evaluations and clinically-appropriate follow-up of HIV-infected patients seen at each of five KDoD medical treatment facilities, including the Armed Forces Military Hospital (AFMH) in Nairobi as well as four outlying hospitals in Nanyuki (Laikipia Air Base), Mombasa (Mtongwé Naval Hospital), Gilgil regional Military Hospital (GRMH) and at the Nakuru area (Lanet Army Barracks hospital).

The funding for this activity will go towards the development of the necessary laboratory infrastructure at the AFMH (\$25-30,000 for additional equipment upgrading), at each of the four other medical treatment facilities outlined above (\$175,000 total, \$40-50,000 at each site), as well as at the Thika Army barrack-(\$30-50,000) where a basic in-country Center of Excellence (CoE) will be established that would constitute a KDoD-specific medical and laboratory training facility that would facilitate provision of high-quality of medical and laboratory services. Each of the five medical treatment facilities will be outfitted with the necessary laboratory equipment to include cytometer (FACSCount), Hematology analyzer and Chemistry analyzer necessary to be able to efficiently provide medical personnel with on-site evaluation of approximately 30-40 patients per day on a consistent basis.

In addition, this activity will also provide links to TB/HIV services by providing the necessary basic equipment for evaluation of tuberculosis (TB) in all HIV-positive patients with provision of equipment such as microscopes, TB culture media and reagents, incubators, and BSC Class II (laminar) flow hoods. TB care-related equipment is missing at each of the main 5 ART facilities mentioned above. Thus, the development of this laboratory infrastructure will result in the provision of improved quality of medical care and reliable patient monitoring and evaluation which is now impossible to attain given lack of such resources.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients by providing the vital laboratory support for the follow up of 1500 HIV positive patients, thus contributing to overall national target of treating 75,000 patients. Further, these activities will strengthen human resource capacity to render this laboratory support by training additional 15 laboratory workers in lab related activities, supporting 5 laboratories to perform HIV, CD4 and/or lymphocyte tests, and a strengthened referral network for provision of laboratory services through the proposed Center of Excellence (CoE) in Thika barracks.

3. LINKS TO OTHER ACTIVITIES

This activity also relates to activities on HIV/AIDS Treatment/ARV and TB/HIV services and also to activities to be implemented by KDOD-KEMRI in the areas of general health services (#4250), TB/HIV (#4253), VCT (#4249) and PMTCT (#4251). It also links to the network referral center established at the Armed Forces Memorial Hospital and the proposed CoE at Thika barracks.

4. POPULATIONS BEING TARGETED

As ART is introduced as part of the basic HIV/AIDS care to military, dependents and surrounding community civilian personnel, the KDoD will need to provide local medical

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personnel with reliable equipment which will allow them to maintain an accurate and up-to-date patient treatment data and laboratory parameter treatment monitoring and lab evaluations such as Elisa, CD4 counts, hematology indices, viral load and chemistry (liver function tests and renal function). Availability of this minimum laboratory equipment is an utmost necessity in order to be able to provide quality medical care and appropriate medical support to HIV-infected patients in the military population consisting of soldiers, their dependants and civil population in neighborhood of the military barracks. The neighboring civil health facilities will also be supported.

5. EMPHASIS AREAS

This activity includes emphasis on improvement of the laboratory infrastructure and equipment acquisition for 5 regional and laboratories and development of phase 1 of the proposed CoE, as well as capacity building of laboratory personnel for all the 6 centers namely Armed Forces Memorial Hospital, Laikipia Air Base Medical Center, Gilgil & Lanet Army Hospital, the Mtongwe Naval Hospital and the CoE at Thika.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	5	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	15	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: To Be Determined
 USG Agency: HHS/Centers for Disease Control & Prevention
 Funding Source: GAC (GHAI account)
 Program Area: Laboratory Infrastructure
 Budget Code: HLAB
 Program Area Code: 12
 Activity ID: 4826
 Planned Funds:

Activity Narrative:

1. ACTIVITY DESCRIPTION

TBD Organization will work with the NPHL to establish a central microbiological laboratory at the NPHL to serve as the a reference microbiology laboratory. This will strengthen the organizational infrastructure of the NPHL to establish and offer clinical microbiology services to HIV/AIDS patients countrywide. The referral system envisaged for specimens and bacterial isolates for identification and speciation will operate through Provincial and District hospitals.

16 Personnel of the NPHL will receive appropriate training in suitable laboratories in USA and elsewhere in Africa and within the central laboratory in Kenya. Essential microbiological technologies will be selected for different levels of the National laboratories and appropriate equipment and reagents for such tests procured.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

It is planned to use this TBD Organization and CDC Consultants to establish microbiological services that will respond appropriately to the needs of HIV/AIDS Care and Support programs. These activities will address challenges in Laboratory Infrastructure in the critical areas of:

1. Inadequate numbers of specifically HIV OI trained personnel within the NPHL services.
2. Appropriate equipment for rapid roll out of ART services with clinical laboratory support.
3. Inadequate provision of support supervision to ensure quality laboratory services in microbiology.
4. Development of essential laboratory data management systems in microbiology.

3. LINKS TO OTHER ACTIVITIES

This activity relates to LJ activities to strengthen local capacity for clinical microbiology.

4. POPULATIONS BEING TARGETED

The Organization TBD will facilitate activities targeted at laboratory technologists and scientists of the NPHLS who render HIV testing and testing for Opportunistic Infections [OI] and laboratory supervisory services.

5. EMPHASIS AREAS

This activity includes major emphasis in the area of training of Microbiology Technologists and Scientists and minor emphasis in the areas of laboratory infrastructure development, procurement of specialized microbiology equipment and reagents, and development of protocols for quality assurance schemes and strengthening of networks/linkages and referral systems for external quality assurance schemes for microbiological tests as detailed in Section 3 above.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	16	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4827
Planned Funds:

Activity Narrative: 1: ACTIVITY DESCRIPTION

This activity will procure HIV test kits, reagents for CD4 and other patient monitoring to ensure that USG supported programs have a continuous supply during this project period. Kenya has experienced a dramatic scale-up of HIV treatment, which requires significant increases in reagents for patient screening for ART and monitoring while on treatment. In addition, testing and counseling has expanded, especially testing of pregnant women and patients in clinical settings. Kenya has issued guidelines and is rolling out plans for routine testing in clinical settings, which will lead to continued rapid increases in testing. In 2006 it is expected that over 2 million Kenyans will be tested for HIV with two-thirds through provider-initiated testing in health facilities. This rate of testing is critical to achieve the targets for the Kenya National AIDS Strategic Plan 2005-2010 and the targets for the Emergency Plan. This procurement (not including plus-up) will fund the purchase of tests for nearly 1 million people, or close to half of the target for HIV testing. It will also provide for approximately 80,000 CD4 tests, which is about one-fourth of the anticipated national requirement for 2006-07. In addition, test kits and reagents will be procured for the AIDS Indicator Survey (AIS) and Sentinel surveillance for 2006-2007 and for measurement of recent infection through the BED assay technique.

Despite USG and other donor contributions and GoK funding of HIV test kits, there have been shortages that have several times in the last two years resulted in temporary cessation of testing in some VCT centers and hospitals. The Global Fund for AIDS, Tuberculosis and Malaria in 2003 planned for the procurement of 2 million test kits. At the time, it was anticipated that this would be a 2-year supply. Instead, the increases in testing have been so dramatic that this supply will be used in 9 or 10 months. Only 30% of this amount has come to Kenya, with the rest being held in a court challenge to the tender. There has been excellent donor cooperation and coordination to these repetitious crises, with the DfID procuring a 4-month supply, additional procurement through the Emergency Plan, and other donor contributions. Because we cannot predict when Global Fund test kits will be available, it is necessary for the USG to be the major procurer of HIV test kits in order to reach Emergency Plan targets.

There is currently a shortage of CD4 reagents with a similar story of underestimation of demand and problems with procurement and logistics. Therefore, this activity supporting a central funding mechanism will be used to procure reagents for CD4 measurement. There are now 44 facilities in the country with the capacity to measure CD4 lymphocytes. Between 300,000 and 400,000 tests will be required to monitor the expected 100,000 ART patients and screen an additional 200,000 patients in care. Shortages will slow the scale up of treatment, and delay treatment for those who need it. There will still be a need for other donors and program areas to pay for CD4 reagents to meet the national supply.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Continuous supply of test kits for HIV and reagents for clinical care and treatment are critical to all of the prevention, care and treatment targets of the Emergency Plan.

3. LINKS TO OTHER ACTIVITIES

This activity links to PMTCT, CT, BHCS, TB/HIV, ART, SI activities to be implemented by NASCOP (#4221) and MACRO International/DHS+ (#4070), and LI activities to be carried out by NASCOP/NPHLS (#4222), and JSI Deliver's (#4241). JSI Deliver will continue to support the national logistics system to improve distribution of test kits.

4. POPULATIONS BEING TARGETED

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This activity will address the needs of the general adult population, people living with AIDS, including infants and children, and most at risk populations who are in need of HIV testing or patient monitoring.

5. EMPHASIS AREAS

This activity will focus on procurement of laboratory reagents, test kits and necessary supplies for laboratories.

Emphasis Areas

% Of Effort

Commodity Procurement

51 - 100

Targets

Target

Target Value

Not Applicable

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of lab-related activities

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Target Populations:

Adults

Family planning clients

HIV/AIDS-affected families

Infants

Orphans and vulnerable children

Pregnant women

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4923
Planned Funds:

Activity Narrative:

1. ACTIVITY DESCRIPTION

CDC provides laboratory technical support through this management and staffing activity to the National Public Health Laboratory Services (NPHLS) of the Ministry of Health. These services are delivered throughout the country through a network of one National Reference lab, 7 Provincial and 72 District hospital based laboratories. In addition, sub-district hospitals and health centers also deliver essential laboratory services which are supervised by the NPHLS.

Most public health sector laboratory support services for PMCT and HIV/TB Care Services are provided through these outlets. VCT services, however, have created a unique structure in the laboratory set up in that trained Counselors, some of whom are not laboratory technologists, have been trained to offer Rapid HIV tests at sites that may be stand alone and not necessarily within a health establishment.

CDC technical team for the laboratory support program consist of:
 One medical virologist as the director of the team; One deputy who is a PhD immunologist; 5 Technical Advisors [two are on board] to cover technical areas of training in HIV, TB, CD4 and Viral load testing. Two of the new Advisors will be deployed in Nyanza Province on a full time basis.

This team works actively in collaboration with NASCOP, NPHLS and the National Reference lab at the Headquarters to develop and implement the delivery of effective and quality laboratory services to support all the HIV and TB programs supported by PEPFAR. It is this team which is technically spearheading the development of National Laboratory Policy Guidelines, the National Strategic Plan for the laboratory, Standard Operating Procedures (SO's), National training curricula for testing and Quality Assurance Schemes. The team also trains laboratory supervisors to offer support supervisory visits to peripheral HIV/TB testing sites. Four provincial based quality assurance laboratories are under establishment.

The program assistant will be deployed in Nairobi to offer technical organizational support to the laboratory team and the drivers based in Nairobi will facilitate field travels of the team for training sessions, Quality Assurance activities and support supervisory visits to testing sites throughout the country.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities		<input checked="" type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

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Coverage Areas:

National

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Table 3.3.12: Activities by Funding Mechanism

Mechanism: Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5361
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity supports the emergency recruitment of 30 Laboratory Technologists to fill critical gaps in HIV/AIDS laboratory services to support ART screening and monitoring, HIV care and prevention services. The project will also assist in the training of these 30 Laboratory Technologists to provide HIV/AIDS Lab services in hospitals, health centers and dispensaries and will help develop a long-term laboratory human resource strategy as part of the Kenya National Plan and to attain Emergency Plan goals.

The biggest bottleneck to scale-up of HIV/AIDS services in Kenya is the shortage of trained personnel in health facilities. A service and staffing gap analysis done by the Ministry of Health (MoH) and National AIDS/STI Control Programme (NASCOP) in 2005 indicated the need for an additional 2,241 Full Time Equivalent (FTEs) of doctors, clinical officers, nurses, counselors, laboratory and pharmacy technicians to adequately staff all the Comprehensive Care Centers (CCCs) and do patient follow-up through the network of health centers and dispensaries. NASCOP indicated that they are overwhelmed by the sheer number of health workers who need skills update on different aspects of HIV/AIDS treatment, care and support and understand that scale up will be impossible without more responsive and effective training approaches.

In February 2005 USAID/Kenya applied for and received additional funding to expand HIV/AIDS services in Kenya's public health sector via an emergency human resource recruitment plan as a short-term intervention. The objectives of this plan are among others:

- 1) To develop and implement a fast-track hiring and deployment model that will mobilize 30 additional Laboratory Technologists and deploy them in the public health laboratory services.
 - 2) To develop and implement an accelerated "crash training program" that will rapidly address the gaps in skills and competencies for the new hires;
 - 3) To design and implement a monitoring, quality assurance and support system that will enable Laboratory Technologists to increase their efficiency and effectiveness;
- In 2006, the Emergency Hiring Plan under this funding mechanism, will hire up to 30 Laboratory Technologists. All personnel hired under this plan will be on three-year contracts with gratuity after serving the period. Their salaries will be equivalent to the Ministry of Health salaries according to position and qualifications.

The next step after the Emergency Hiring Plan is to develop a long-term human resource strategic plan for the health sector to help achieve PEPFAR and Millennium Development Goals (MDGs). This strategy will build on a Human Resource assessment by PHR+ (to be done in September/October of 2005) that will identify the gaps in human resources between staffing within the current system versus what staff would be required to meet targets for PEPFAR (2008) and MDGs (2015), as well as other existing data. The strategy will be designed by a stakeholder group which includes key GOK officials. Working with this group, the strategy intends to build on successes within the Emergency Hiring Plan model for transparency and efficiency in hiring, deployment, quality assurance, and supervision. The plan will also include in-service training to update the skills of all health workers at selected lower-level service delivery sites to be able to meet the care and treatment needs of HIV patients.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This Capacity Funding Mechanism will hire and train 30 Laboratory Technologists in 2006.

3. LINKS TO OTHER ACTIVITIES

Laboratory technologists will be deployed to sites around Kenya with the greatest

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need in order to meet PEPFAR targets in those areas. Many of the facilities will be served by other implementing partners for service delivery. This activity is linked to NASCOP LI (#4222), and CDC, USAID, and DOD ART and care activities.

4. POPULATIONS BEING TARGETED

This project targets Laboratory Technologists primarily in the public sector to provide Laboratory support services to other programs.

5. EMPHASIS AREAS

The major emphasis areas for this project is human resources and training as it seeks to recruit, train and deploy additional health workers to scale up HIV/AIDS services.

Emphasis Areas

Human Resources

% Of Effort

51 - 100

Training

10 - 50

Targets

Target

Target Value

Not Applicable

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of lab-related activities

30

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Target Populations:

Adults

Family planning clients

HIV/AIDS-affected families

Infants

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Laboratory workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
 Budget Code: HVS1
 Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: Improved reporting and utilization of program information through functional district level reporting systems, including health facility HMIS (NASCOP/MoH) and community activities (NACC and other Ministry AIDS Control Units)

Key Result 2: Improved understanding of outcomes of youth interventions, community TB/HIV prevalence, and household costs of HIV

Key Result 3: Measurement of trends of HIV infection and impact of programs through an HIV/AIDS indicator survey, sentinel and demographic surveillance

CURRENT PROGRAM CONTEXT

The Strategic Information activities in the 2006 COP will build on extensive baseline information collected from population surveys, antenatal sentinel surveillance, behavioral surveillance, facility surveys and program data. We will focus on strengthening systems, building capacity and monitoring the course of the epidemic through partnerships in the health and other sectors with the Government of Kenya in support of the "three ones" principles.

The USG has already 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. An AIDS indicator survey proposed for 2006 to provide mid-Plan measurement of HIV prevalence. Sentinel surveillance in pregnant women, conducted annually since 1990 through the National AIDS/STD Control Program (NASCOP) shows declining prevalence, from a peak of 13.5% in 2000 to 7.4% in 2004. This will include testing for recent HIV infection and transmitted drug resistance in 2005. National systems for monitoring program data for VCT, PMTCT, and HIV/AIDS care and treatment are functioning but will be integrated into a national HMIS with support of district and provincial data managers under NASCOP. The Kenya Services Provision Assessment 2004 will be utilized for improved planning of services. A targeted evaluation of health worker attitudes and practices relating to counseling and testing will be used to improve scale-up of CT in clinical settings and care of health workers. The Nursing Workforce Project and the HEARD Project have developed information systems that will measure the impact of AIDS in the health and education sectors.

BARRIERS ENCOUNTERED / STRATEGIES FOR RESOLUTION

The National M&E Framework and the Kenya National AIDS Strategic Plan 2005-10 provide a roadmap for monitoring health and community indicators, but implementation at the district and community level will be challenging.

NEW INITIATIVES

A national HIV/AIDS indicator survey is planned in 2006 with HIV testing. Estimation of the prevalence of TB and HIV, the incidence of orphanhood and HIV mortality in the Demographic Surveillance Site in Nyanza Province will better inform TB/HIV integrated activities and measure the impact of expanded treatment in the worst-affected region of the country.

WORK OF HOST GOVERNMENT AND OTHER DONORS

A national M&E framework under the National AIDS Control Council (NACC) has been launched with technical support from Measure Evaluation, USG agencies, and other partners. Monitoring of community activities will be improved through joint activities among these partners. There is close donor and Gok coordination in M&E with national strategies that are in line with Emergency Plan goals including World Bank (supporting NACC); Department of International Development (DFID) to NASCOP; UNAIDS for Country Responses Information System (CRIS); Swedish Development Agency (SIDA) for health sector M&E at the district level; and numerous USG partners and other donors supporting facility level information systems. There is universal commitment to the three "ones" principles.

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Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2,694
Number of local organizations provided with technical assistance for strategic information activities	295

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Measure Evaluation
Prime Partner: University of North Carolina
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4067
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Component 1 MEASURE will provide technical assistance in the mapping of all USG funded partners by program area, community, and other partners within same area with estimated overlaps between partners and thereby assist in the development of a PEPFAR Partner Reporting Database. This database will support PEPFAR reporting (annual, semiannual, and ad hoc) requirements, integrate outcome/impact indicators as necessary for CRIS and begin to assist in the establishment of a sustainable national database/warehouse at NACC and NASCOP that will be of use to various users. In order to fully implement this component, ensure effective coordination and consensus (among SI team, GoK, and USG partners) for all SI activities, MEASURE Evaluation will also continue to provide the technical assistance of a resident advisor .

Component 2 MEASURE will provide technical assistance to the National HIV/AIDS Control Council (NACC) to finalize and roll-out a collation sheet for community program data (i.e. non-facility data) collection for HBC, OVC, AB, OP etc and ensure that PEPFAR indicators are accommodated and potential overlap with NASCOP's Form 726 is addressed. MEASURE will work with a local organization (sub-contract PSRI at) in order to provide training and other technical assistance to about 15 partners and their monitoring point persons (estimated 70 persons) at provincial, district and program levels as required to roll-out the non-facility data collation tool and ensure information flow from the lowest point of the network to the highest (NACC's JAPR, PEPFAR etc). In this regard, the lowest point is the CACC and USG will provide resources to purchase hand held computers (PDAs) to be used by 100 CACCs to capture the required data which will be collated at DASCO and PSCO levels.

Component 3 In order to support SI capacity at NACC, USG will put in sub-contract to NACC through MEASURE. These resources will be used to hire two local experts (M&E and MIS officers) as per recommendations of the recent World Bank Review Team. These persons will be recruited by NACC/MEASURE/USG and supervised by, and stationed at, NACC. This budget will also be used to cover coordination activities of the M&E sub-committee within the "three ones" framework and contribute to the quantitative reporting under the annual JAPR (Joint AIDS Program Review) as stipulated in the NACC's strategic plan. In order to provide timely data for the JAPR, the budget will also cover the development of a program output indicators database that is linked to the CRIS. And to ensure exhaustive reporting, this budget will also cover the development of NACC's partners' inventory.

Component 4 MEASURE will provide technical leadership to convene several fora that brings together MEASURE BUCEN, CBS, CDC, and other relevant parties to begin to use existing and methodologies to estimate a national (and perhaps provincial estimates) AIDS related mortality. This could begin by exploring data from the three Demographic Surveillance Sites (Nyanza, Coast, and Nairobi) coupled with Census and other data such as case reporting etc. Current or potential use of Sample Vital Registration with Verbal Autopsy (SAVVY) will be examined. A total of 20 CBS, NASCOP and other GoK experts will be trained in these indicator estimation methodologies as well as provide the necessary PEPFAR outcome/impact indicator on mortality.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

One of the major weaknesses in the M&E of the national response is lack of human resources at the NACC. To build M&E capacity at the national level, this activity will involve recruitment of M&E and HMIS officers to NACC to beef up the necessary

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capacity as well as contributing to the Emergency Plan's training outputs.

3. LINKS TO OTHER ACTIVITIES

This activity is related to the following Strategic Information activities: (#4221) to be carried out by NASCOP, (#4102) to be carried out by FHI-CRTU to build the capacity of the national system to conduct targeted evaluations and (#4102) to be carried out by FHI-IFH to build the capacity of the national system to conduct targeted evaluations.

4. POPULATIONS BEING TARGETED

The population targeted is host country government workers

5. EMPHASIS AREAS

The emphasis areas include USG reporting, proposed staff for SI, and M&E.

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
USG database and reporting system	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	<input type="checkbox"/>
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections		<input checked="" type="checkbox"/>
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	15	<input type="checkbox"/>

Target Populations:

Country coordinating mechanisms

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Program managers

USG in-country staff

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Association of Schools of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4068
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

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 Association of Schools of Public Health, through Emory University, and Nursing Council of Kenya (NCK) in collaboration with the Kenya Ministry of Health (MoH) and CDC will expand and decentralize a surveillance system for the nursing workforce in Kenya. In this year the Nursing Workforce Project will utilize this system to improve management of nursing personnel in two model districts, linking them electronically with the MoH. The Project will also develop a similar management information system for laboratory technicians and technologists in conjunction with the Kenya Laboratory Technicians and Technologists Board (KLTTB).

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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will train 50 personnel in strategic information and building capacity for strategic information in 25 organizations.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to NASCOP activities in laboratory infrastructure (#4222), and Strategic Information (#4221), KEMRI activities in PMTCT (#4095) and ARV Services (#4091), and other related activities that utilize workforce information about health workers.

4. POPULATIONS BEING TARGETED

This activity targets health workers (nursing, laboratory and other areas) and policy-makers.

5. EMPHASIS AREAS

The major emphasis area of this activity is Health Management Information Systems, with an emphasis on health manpower. Minor areas include ICT infrastructure and other SI areas focused on health manpower and continuing education for health personnel.

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Emphasis Areas

	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	<input type="checkbox"/>
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections		<input checked="" type="checkbox"/>
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	25	<input type="checkbox"/>

Target Populations:

- Nurses (Parent: Public health care workers)
- Policy makers (Parent: Host country government workers)
- Laboratory workers (Parent: Public health care workers)
- Laboratory workers (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: MEASURE DHS+
Prime Partner: Macro International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4070
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity has several components. The first component will be the carrying out of an AIDS Indicator Survey (AIS) that will have a general population behavioral assessment module. The 2006 Kenya AIS will be the second population-based, comprehensive survey on HIV/AIDS prevalence following the 2003 KDHS that had a HIV/AIDS testing module. The partner will collaborate with CBS at a sub-contract (\$300,000) to provide sampling and logistical support and US\$300,000 for MACRO International's technical assistance. The HIV testing is being supported by the CDC/NASCOOP Cooperative Agreement and the National Public Health Laboratories. In the process, 60 national staff will be trained in sampling methodology, data collation, analysis and reporting.

The second component will focus on integrated analyses of data from the KSPA, WHO/Service Availability Mapping (SAM), DHS, sentinel and behavioral surveillance, and program coverage for use in strategic planning. This data will be linked to a GIS to develop a geographic database to track longitudinal trends. At present, and using non-PEPFAR funding, USAID has contracted with a local company to do basic mapping and provide basic equipment for a GIS laboratory to the Ministry of Health. MACRO will build on this promising beginning to: 1) conduct a comprehensive assessment of how GIS can be used to support M&E and dissemination of data; 2) present different Emergency Plan outcomes linked to HIV prevalence and other indicators as part of the standard Emergency Plan reporting; and 3) build a sustainable GIS practice in the MOH and possibly other government or non-governmental organizations in Kenya. The cost of this component is estimated at US\$170,000 while 30 MoH staff (and other GoK, and NGO professionals) will be trained in GIS and integrated data analyses skills.

The third component builds on the fact that both National Coordinating Agency for Population and Development (NCAPD) and the Central Bureau of Statistics (CBS) have developed significant skills in collecting survey data. The next step needed is building their staff's skills in both data processing and analysis. To achieve this objective, four sub-components are envisaged;

1. In-depth analysis of DHS and KSPA. Macro will carry out workshops to enhance skills in these two organizations to use the KSPA and KDHS data covering preliminary data analysis steps such as data modification and data management, bivariate analysis and appropriate data presentation. In addition, MACRO will carry out a workshop for local researchers focusing on multivariate analysis of KDHS HIV prevalence data. The training will be tailored to the needs of local participants and may include statistical techniques in multivariate analysis, a review of the major epidemiologic trends in HIV infection in Africa, and intensive assessment of the Kenya data. Each of the 10 participants will select a research topic, prepare appropriate data tables and conduct statistical tests of significance. The results of the research will be published in a monograph in Kenya and presented to major stakeholders in a national seminar in Nairobi.

2. Additional analysis of the KSPA's DHMT's data. Along with the KSPA questionnaire, NCAPD also collected information from the District Health Management Teams (DHMTs), at the request of the Ministry of Health. This additional survey data covers vital management and capacity building activities such as number and type of facilities within each district, the frequency of supervisory visits to these facilities, the number and type of staff training efforts, and regular planning activities. All of these data are critically important to the management and quality of programs funded through the President's Emergency Plan. In the process, 8 experts from NCAPD and CBS will be

trained in data analyses and analyses.

3. Data presentation templates. The Emergency Plan requires projects to collect and report on multiple indicators every six months and to analyze trends over time. To help with the dissemination and use of these data, Macro International will collaborate closely with MEASURE Evaluation, USAID, CDC, and NASCOP to develop a template for presenting these data to stakeholders from the national to the district level and provide training in the use of it. At least 1 in each of a minimum of 30 stakeholders will be trained in data presentation.

4. Fact sheets. To enhance the dissemination and utilization of strategic information, MACRO will work with CBS to build the capacity of program managers to use KDHS information through the development of provincial fact sheets on adult HIV prevalence and related behaviors. This activity will expand on the ongoing work with the KDHS youth fact sheet. The estimated cost of these analytical, dissemination and training activities is [redacted] In total, 40 (5 from each of the 8 provinces) GoK staff will be trained in data use.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY05 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to 30 local organizations in strategic information in addition to supporting the training of 178 SI and program managers in survey design/implementation, data analyses and presentation.

3. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by NASCOP (#4221) where NASCOP and National Public Health Laboratories will be providing counseling and testing services for the AIS. It also relates to LI activity (#4222) to be carried out by NASCOP, SI activity (#4092) to be carried out by KEMRI, and the CDC SI management and staffing activity (#4304).

4. POPULATIONS BEING TARGETED

The activity targets the general population for sampling, and SI and program managers for training in survey design/implementation, data analyses and presentation.

5. EMPHASIS AREAS

The major emphasis area is population survey and minor emphasis includes monitoring and evaluation systems.

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	178	<input type="checkbox"/>
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections		<input checked="" type="checkbox"/>
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	30	<input type="checkbox"/>

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Target Populations:

Adults

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Program managers

USG in-country staff

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4092
Planned Funds:
Activity Narrative:

I. ACTIVITY DESCRIPTION

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.

(1) 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 is being 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 through population-based surveys utilizing thrice-yearly census data. Mortality information will be collected using verbal autopsy followup using a SAVVY approach. This information will evaluate program impact and provide information for program improvement in the future.

(2) 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.

(3) 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. KEMRI data management staff in Nairobi enter approximately 20% of the national VCT, PMCT, and ART data.

(4) To enhance the HMIS of the National Leprosy and TB Program (NLTP) integrated TB/HIV case reporting system in a pilot electronic HMIS, Portable Digital Assistants (PDA's) will be introduced in Nyanza and Nairobi, the two provinces whose 20 districts contribute to 40% of registered TB cases and over 50% of the HIV in the country. The current system is based on facility level TB registers and manual data collation at district, provincial and national levels. The activity will be divided into three components with the first one being the programming of PDA's based on variables in the TB/HIV registers. Desktop computers at district level will act as repositories for data downloaded from PDA's. The programming will be done through technical assistance by Atlanta-based CDC staff. The second component will be the training of the District TB and Leprosy Coordinators (DTLC's) on the use of PDAs and the TB program in particular. Provincial (PTLC's) and national level data staff will be included in the training followed by a piloting exercise, where the DTLC will record data from the registers directly into PDA's as part of their routine visit to the facilities. Automated collation will be at district-level weekly and electronic datasets submitted to the provincial and/or national program monthly as per the NLTP guidelines, either as e-mail attachments or files on media (floppy or CD). The CDC-Atlanta staff working together with the CDC-Kenya data management team will conduct the training. The

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third and final part of this activity entails evaluating the effectiveness of the system, and will be done in the final quarter of FY06 so as to allow for a 3-6 months period of data recording and compile the lessons learnt. The collected data will be analyzed and a national rollout plan prepared under the leadership of the NLTP based on the recommendations.

(5) This activity will also work with selected health facilities providing STI treatment and other partners in Nyanza to develop etiologic surveillance for sexually transmitted infections. This will be linked to laboratory testing in order to confirm diagnoses of STI syndromes and evaluate the sensitivity and specificity of the syndromes, appropriateness of treatment and result in program improvement.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute in numerous ways to overall program area goals, including measuring impact of program activities, better understanding of orphanhood, TB, AIDS mortality, and youth interventions. It will include training of 120 individuals in SI and 30 organizations, including 20 MoH district programs.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to the following SI activities: NASCOP (#4221), CPC-Measure (#4067), and CDC Management and Staffing (#4304). This activity also relates to NLTP-All Provinces in the area of TB/HIV (#4126), NASCOP in the area of CT (#4787), and NASCOP in the areas of ARV Services (#4223), and KEMRI in the area of LI(#4086).

4. POPULATIONS BEING TARGETED

The Demographic Surveillance Site targets the general population, sentinel surveillance targets pregnant women and STI patients, the training and capacity building activities targets health workers, and the reports generated by this activity target policy makers.

5. EMPHASIS AREAS

The major emphasis area of this activity is in strengthening surveillance systems through the Demographic Surveillance Site that serves as a platform for measurement of impact of HIV on the population, including orphanhood, mortality, and impact of prevention care and treatment programs. Minor emphasis areas include population surveys, health management information systems, targeted evaluations, and IT infrastructure.

Emphasis Areas	% Of Effort
ALS, DHS, BSS or other population survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Targeted evaluation	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	<input type="checkbox"/>
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections		<input checked="" type="checkbox"/>
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	30	<input type="checkbox"/>

Target Populations:

Adults

Discordant couples (Parent: Most at risk populations)

Policy makers (Parent: Host country government workers)

Pregnant women

Children and youth (non-OVC)

Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4102
Planned Funds:

Activity Narrative:

1. ACTIVITY DESCRIPTION

The activity is to provide capacity building in terms of skills for conducting targeted evaluations whose results also addresses specific PEPFAR needs. In FY05 funds were provided to carrying out a similar component where Family Health International is working with Kenyatta University's School of Health Sciences and NASCOP to train four students (3 Master's and 1 PhD) in Strategic Information collation, analysis and interpretation through identification of key HIV/AIDS program areas with gaps in Strategic Information and addressing these through the students' thesis reports. For the FY05 activity, the project partners have held several preparatory meetings to deliberate on the configuration of the project. It has been agreed that the project be designed in such a way that it builds SI capacity at national level so that students address issues that are not only relevant to NASCOP but also to other institutions that are active in the area of HIV/AIDS control in Kenya. In order to make a significant impact on HIV programming nationwide, this activity will need to be pursued for a few additional years and for six more students (4 masters and 2 P.Hds) starting in FY06. In addition, in FY06, the activity will be rolled out to field-based HIV/AIDS program staff (12), who are not necessarily students, will also be explored.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Currently, there is limited local capacity to conduct targeted evaluations relevant to HIV/AIDS. An in cases where some capacity exist such as in national Universities, this capacity is disconnected to the mainstream HIV/AIDS activities being conducted by NASCOP and with support of the USG. This activity therefore builds on the FY05 activity that supported Kenyatta University and NASCOP to improve the national M&E systems as well as contributing to the Emergency Plan's training outputs.

3. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by CPC-MEASURE (#4067) that provides technical assistance and capacity building at the National HIV/AIDS Control Council (NACC).

4. POPULATIONS BEING TARGETED

The population targeted are University students and program mangers at NASCOP.

5. EMPHASIS AREAS

The major emphasis area addressed is targeted evaluation and M&E systems as a minor.

Emphasis Areas	% Of Effort
Other SI Activities	10 - 50
Targeted evaluation	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	16	<input type="checkbox"/>
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections		<input checked="" type="checkbox"/>
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	3	<input type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Program managers

University students (Parent: Children and youth (non-OVC))

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mission for Essential Drugs and Supplies
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4116
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity will strengthen the HMIS/M&E capacity at the Mission for Essential Drugs and Supplies (MEDS) and all other targeted 10 mission and public health facilities; resulting in improved monitoring and reporting systems for ARV procurement, storage, and distribution for the Emergency plan.

MEDS manages the bulk of procurement, storage and distribution systems of ARVs for mission hospitals, public health facilities and PEPFAR funds have been used to strengthen its capacity in the management of information relating to ARV procurement, storage, and supplies. In FY05, MEDS targeted mission facility administrators and matrons with trainings on the functions and roles of ARVs management and dispensing information systems. This approach has strategically placed facility administrators in a better position to offer supportive supervision to data managers, statisticians and clerks; hence a conducive environment for capturing accurate data and generating quality information for use in decision making. In overall, this activity will significantly contribute to the production of timely and quality ARVs procurement, distribution and dispensing reports for the Emergency plan.

With Emergency plan support in FY05, MEDS will continue to provide technical assistance to health facility administrators in the management information systems, conduct follow-up supportive supervision to mitigate the negative impact of high staff turnover in mission/public health facilities, and strengthen logistics, particularly pharmacy management. Secondly, MEDS will train 240 lower level mission health facility staff directly involved in records keeping, analysis and reporting of strategic information relating to the stores management, dispensing of ARVs and related commodities. This cadre of staff will include data managers, statisticians, pharmaceutical personnel, health workers and clerks, etc). This will attempt to address the current weak institutional management information systems (MIS) and thus poor capturing of data for monitoring, evaluation and reporting among mission health facilities.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will directly contribute to strengthening capacity for data management, utilization and reporting of information at 10 mission and public health facilities. It will result in overall improved Emergency Plan reporting by supported mission and public health facilities.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to ARV drug procurement activities being implemented under MEDS ARV DRUGS (#4118). Mission and/or public health facilities that receive ARV drugs and other commodities from MEDS will be targeted with this support as a way of strengthening overall Emergency plan reporting.

4. POPULATIONS BEING TARGETED.

The activity targets both mission and/or public health facility administrators that includes doctors, matrons and pharmacists; and the lower cadre of staff (data managers, statisticians, pharmaceutical personnel, and data clerks) that are directly involved in the day to day management of facility level data. The activity will mainly support faith based organizations implementing the Emergency plan programs.

5. EMPHASIS AREAS

Major emphasis area is Health Management Information Systems, while minor emphasis areas include Information Technology (IT) and Communications Infrastructure, Training and USG database and reporting system.

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Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Other SI Activities	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	240	<input type="checkbox"/>
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections		<input checked="" type="checkbox"/>
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	10	<input type="checkbox"/>

Target Populations:

- Faith-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)
- Doctors (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Pharmacists (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Kwazulu-Natal, HEARD Mobile Task Team
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVS1
Program Area Code: 13
Activity ID: 4157
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This activity will support the continued strengthening of integrated information systems for HIV/AIDS that embrace the ministries of Health (MoH), Education (MoEST), and Home Affairs (Children's Department); in the 17 education districts to collect, analyze and use HIV/AIDS related information in monitoring the impact of, and sectors' responses to the impact of HIV/AIDS.

In FY05, district managers and zonal inspectors in the targeted 17 education districts were trained in the functions of District-level Education Management and Monitoring Information Systems (DEMMIS), data collection, analysis, interpretation and reports utilization. DEMMIS is a monthly data collection system, designed by Mobile Task Team (MTT), which provides regular and time series HIV/AIDS proxy impact indicators. The system is based on data that is routinely available in schools and through regular reporting, the ministry is informed on issues such as pupil drop out, teacher attrition, pregnancy rates, and number of orphans, teacher and pupil absenteeism. It provides a reporting interface between education, health and social services ministries to strengthen multi-sectoral collaboration around the use of strategic information and monitoring and evaluation systems.

District managers and zonal inspectors are currently training head teachers in the data collection strategies, administration of monthly data collection tools and reporting. Some initial training and preparatory work has been concluded and schools are currently submitting data sheets. The information generated will improve the general education management and planning, thus making HIV/AIDS reporting and programmatic intervention part of the routine functions of the district level management.

With Emergency plan support in FY06, it is proposed that MTT will document the DEMMIS implementation issues across the various management levels in the 17 education districts, including key lessons learnt and challenges. A one day dissemination meeting for key stakeholders in the ministry of health, education, home affairs, USG team and its partners will be organized, to provide a basis for the roll out of the system to additional education districts in Nyanza, Western and Coast provinces in FY07. Secondly MTT will continue to offer technical assistance to the 1500 district managers, zonal inspectors and headteachers in data collection, data analysis, interpretation, reporting and dissemination strategies; in addition to the different functionality of the DEMMIS system.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will directly contribute to strengthening capacity for data management, utilization and reporting of information by district and zonal managers at the education district level. This will result in development and implementation of interventions at the district level that respond to the priority needs of the targeted population.

3. LINKS TO OTHER ACTIVITIES

This activity is related to the PAS activity to be carried out by HEARD-MTT (#4156), the AB activity to be carried out by CfBT (#4183), the OP activity to be carried out by AFT-EF (#4932), the OVC activities to be carried out by AED-Capable Partners (#4947) and AED/SFC (#4212). Utilization of program-level information among district and zonal managers will be strengthened so as to improve well-informed interventions' development at the district level that responds to the actual needs of the targeted population.

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4. POPULATIONS BEING TARGETED

This activity targets secondary and primary students in the general population, including orphans and vulnerable children. Host country government workers, specifically education district managers and zonal inspectors, and primary and secondary teachers.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will improve the general planning and management of the education sector, through identification and addressing of pertinent issues affecting both teachers and pupils in primary and secondary schools.

6. EMPHASIS AREAS.

The major emphasis area for this activity will be Information Technology (IT) and Communications Infrastructure, while minor emphasis areas include Health Management Information Systems (HMIS), Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities (Training).

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,500	<input type="checkbox"/>
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections		<input checked="" type="checkbox"/>
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	17	<input type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Key Legislative Issues

Education

Coverage Areas

Nyanza

Western

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4221
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Major activities planned in 2006-07 include: a national AIDS Indicator Survey that will provide national prevalence estimates; annual sentinel surveillance in pregnant women and STI patients; and national implementation with decentralized data entry of an integrated HIV/AIDS facility reporting system to assist with national and Emergency Plan reporting of care, treatment and prevention indicators, including PMTCT, CT, care, and ART. The National AIDS/STI Control Programme (NAS COP) is the department in the Ministry of Health responsible for coordinating all HIV/AIDS related activities. NAS COP has provided strong leadership in surveillance, program monitoring and HMIS, and in conducting national surveys and targeted evaluations.

An AIDS Indicator Survey in 2006-07 will measure progress in the Kenya National AIDS Strategic Plan and EP targets including providing estimates of HIV prevalence in all age groups, improvements in knowledge of and access to treatment and prevention services (CT, PMTCT, ART), and impact of behavior change interventions (abstinence in youth, faithfulness to uninfected partners in adults, and use of condoms for those at risk). This survey will require a partnership between NAS COP and the Central Bureau of Statistics for implementation, with CBS with the support of MACRO DHS+ leading in the sampling methodology and data management and NAS COP supervising interviewers who also collect blood samples and provide HIV testing and counseling in the home.

Sentinel surveillance has been conducted in Kenya annually since 1990 in both pregnant women and STI patients. It began in 13 primarily urban sites but now includes 46 representative rural and urban sites that measure trends in HIV infection over time. PMTCT test acceptance and results are recorded in order to evaluate uptake and quality of testing. NAS COP trains health workers in these facilities, works with the National Public Health Laboratory Services and CDC to test samples for HIV and recent infection by BED assay. Data will be double-entered at regional and central levels, analyzed for prevalence and incidence trends, and reported to policy-makers and program managers to improve programs.

Through this activity NAS COP will complete the implementation and use of an integrated Health Management Information System to capture facility-level HIV service indicators. This consolidates reporting of PMTCT, CT, ART and other HIV service indicators in a single paper-based form at facility level that will be computerized at the district level in order to support national and Emergency Plan reporting. This national system will be evaluated in 2006.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute by training 420 personnel in strategic information (sentinel surveillance, monitoring and evaluation, survey methodology) and by providing supportive supervision and improvement to the 46 sentinel surveillance sites, 74 District Health Management Teams and 10 Provincial/subprovincial MoH AIDS control offices.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to NAS COP activities in the areas of PMTCT (#4225), CT (#4787) and ARV Services (#4223), due to the role that NAS COP has in coordination of HIV/AIDS health services nationally. All PMTCT, CT, Care and ART activities will utilize the national reporting tool. Sentinel surveillance captures PMTCT uptake information and serves to evaluate these services.

4. POPULATIONS BEING TARGETED

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The HIV/AIDS indicator survey will target the general population, sentinel surveillance targets pregnant women and STI patients, the training and capacity building activities targets health workers, and the reports generated by this activity target policy makers.

5. EMPHASIS AREAS

This activity has four emphasis areas, none of which are over 50% of the activity, including an AIS population survey, HMIS, surveillance systems, and the USG database and reporting system (which relies heavily on facility data produced by NASCOP).

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	420	<input type="checkbox"/>
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections		<input checked="" type="checkbox"/>
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	130	<input type="checkbox"/>

Target Populations:

Adults

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

Program managers

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4278
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity is in two components.

Component 1: National Health Accounts.

This component will assist in funding the Department of Policy and Planning in the Ministry of Health to conduct the 2007 National Health Accounts Survey and in particular the HIV/AIDS sub-analysis. National Health Accounts (NHA) describes the expenditure flows—both public and private—within the health sector of a country. This tool describes the sources, uses, and flow of funds within the health system and is a basic requirement for optimal management of the allocation and mobilization of health sector resources. Dramatic levels of funding for HIV/AIDS programs are now available from a growing number of international sources such as the GFATM, the Emergency Plan, WHO's 3 by 5 Initiative, and the World Bank's Multi-Country HIV/AIDS Program (MAP) as well as private sector contribution. This influx of funding raises concern about the potential administrative burden placed upon countries and organizations that receive the financing: Will they be able to allocate the new resources toward the most effective HIV/AIDS interventions and to measure the impact of the new funding on reversing the momentum of HIV/AIDS? Will they be able to track the resources in a way that promotes transparency and accountability? Will these efforts displace or reduce resources meant for other diseases?

The NHA framework is an effective way to track HIV/AIDS resources and produce data on key financial indicators. In 2003 USG sponsored the 2001/2002 NHA that included a HIV/AIDS sub-analysis. This indicated that donors fund 50% of total HIV/AIDS spending at that time estimated at annually. The bulk of HIV/AIDS spending went to finance non-treatment costs such as prevention and public health programs which accounted for almost half (47%) of the total expenditures. Expenditure on curative care accounted for about 44%; with 20% being expended on curative outpatient services and 24% on curative inpatient services mainly in public hospitals. In the process of carrying out the component, 40 (MoH and CBS) staff will be trained in sampling techniques, data collection and analysis.

Component 2: Electronic Medical Record

This is a pilot phase where PHR+ will use the FY04 deferred funding and an additional in FY06 funding to initiate the establishment of an electronic medical records system. In order to fully roll-out the system, further funding (possible plus-up of) will be needed and linking up, and creating synergies, with the Form 726 Activity being rolled out by NASCOP will be necessary. The task will be to pilot the developed EMR system in a few facilities to assess its acceptability, ease of use and stability; Review the system, incorporating the feedback from pilot; Train staff at the relevant levels on the use of the EMR system as it is rolled out.

This component will therefore provide Kenyan clinicians, data and information managers from 30 local organizations and/or public health facilities with an AIDS Electronic Medical Records (EMR) system and provide the training (to 50 officers) necessary for them to implement and manage this system on their own particularly in Kenya's Comprehensive Care Centers. HIV/AIDS is a life-long chronic illness requiring numerous visits to health facilities for continued monitoring and these visits generate lots of data at the health facility for each patient and can easily overwhelm the current paper system. The EMR will not only make it easier to evaluate the program e.g. evaluating treatment regimens for the program and providing data on their effectiveness and thus allowing NASCOP to determine when certain treatment regimens are not working and need to be changed; but, will also improve the flow, quality and timeliness of information collected at the service delivery points and send upwards to NASCOP/PEPFAR databases. The work will require a two pronged approach beginning with:

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1) EMR form development. Collect patient management tools used by various USG partners and other implementers; Work with NASCOP and in close consultations with clinical workers, develop a patient monitoring tool that incorporates the minimum WHO data set. The data contained should be sufficient and relevant for facility level clinical management of patients as well as higher level reporting to NASCOP (MOH Form 726) and USG; Formulate a unique patient identification mechanism for repeated (monthly) visits to the clinic; pilot the new form(s) at selected facilities/districts under joint supervision under the leadership of NASCOP for a period of three months.

2) Software to store patient records. Based on the clinical forms developed from the steps described above, develop an Electronic Medical Records (EMR) system and determine the appropriate level of installation (i.e. facility or district). It should also be capable of generating summaries that feed into MOH form 726 and PEPFAR indicators.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The two components will contribute improved national HMIS, monitoring and evaluation systems by working out mechanisms for data flow from facility to the national level and back, emphasizing on strengthening NASCOP's data collection and management capabilities.

3. LINKS TO OTHER ACTIVITIES

This activity has a direct link with the strategic information activity to be carried out by NASCOP (#4221).

4. POPULATIONS BEING TARGETED

For the NHA component, the target is the general population while the EMR targets clinicians and medical records officers

5. EMPHASIS AREAS.

Major emphasis area is Population surveys, while minor area is HMIS.

Emphasis Areas

AIS, DHS, BSS or other population survey
Health Management Information Systems (HMIS)

% Of Effort

51 - 100
10 - 50

Targets

Target

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections
Conduct and report annual sentinel surveillance in pregnant women
Number of local organizations provided with technical assistance for strategic information activities

Target Value

90
30

Not Applicable

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Program managers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4304
Planned Funds: [Redacted]

Activity Narrative:

1. ACTIVITY DESCRIPTION

CDC professional staff dedicated to strategic information includes a team of medical epidemiologists, epidemiologists, behavioral scientists, senior data managers/statisticians, and additional support staff. The medical epidemiologist serves as the SI in-country liaison, works with the Ministry of Health, National AIDS/STI Control Programme (NAS COP), National AIDS Control Council (NACC), Kenya Medical Research Institute (KEMRI), NGO partners and other USG program areas to coordinate SI activities, design surveillance, survey and evaluation protocols, lead Emergency Plan reporting, and guide dissemination of strategic information. The behavioral scientist also assists these organization in the design, training of personnel, and conduct of surveys and targeted evaluations and serves as a training coordinator with expertise in adult learning and curriculum design. The senior data manager is responsible for the CDC and KEMRI data management team, assists in design of Health Management Information Systems, develops model systems for reporting for the Emergency Plan, and guides training in SI. The epidemiologist works with NAS COP to conduct surveillance, support HMIS for program data, and build the capacity of the Ministry of Health to analyze and utilize surveillance, survey and other strategic information. Three drivers and one administrative assistant support this team in fieldwork and links to other program areas. Included in this budget is \$70,000 for printing forms and reports for dissemination of strategic information.

2. EMPHASIS AREAS

These are funds used to hire USG staff dedicated to Strategic Information. This also includes funds for printing of documents for conduct of surveys and dissemination of strategic information.

Emphasis Areas	% Of Effort
Other SI Activities	10 - 50
Proposed staff for SI	51 - 100
USG database and reporting system	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections		<input checked="" type="checkbox"/>
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5115
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity represents an important component not previously addressed in FY05 in terms of the need for development of basic data systems necessary for documentation of individual patient data collection, analysis and dissemination of HIV/AIDS behavioral and biological surveillance and monitoring information as required by national authorities as well as by the Office of the Global AIDS Coordinator (OGAC). We intend to support the ARV treatment, VCT, PMTCT and TB/HIV services at each of 5 KDoD medical treatment facilities, including the Armed Forces Military Hospital (AFMH) in Nairobi as well as four outlying hospitals in Nanyuki (Laikipia Air Base), Mombasa (Mtwongwe Naval Hospital), Gilgil regional Military Hospital (GRMH) and at the Nakuru area (Lanet Army Barracks hospital). Each facility will be provided with the necessary data automation (computers) and other communications equipment necessary for entry of patient-specific encounter data required by the national HIV/AIDS control program as well as entry of the minimum set of OGAC defined EP program indicators (on at least a monthly basis). A total of 20 individuals will be trained in strategic information (includes M&E, surveillance and/or HMIS).

2. CONTRIBUTIONS TO OVERALL PROGRAM

The development of the SI system will largely contribute to the expansion of an effective and efficient ART program that will result in the provision of quality care to all HIV-positive patients under the KDOD program. The resulting expansion of care will play a critical role towards achieving the PEPFAR goals for the KDOD and for country at large in FY06.

3. LINKS TO OTHER ACTIVITIES

This activity links to KDOD-KEMRI activities in the areas of PMTCT (#4251), CT (#4249), TB/HIV (#4253), and ARV Services (#4250) by providing linkages between the patient data monitoring system and PEPFAR and national reporting systems through better data generated at each of these clinics within each of the 5 treatment sites. In addition, this activity will link to the SI (#4221) and LI (#4222) activities to be carried out by NASCOP and the SI activity to be carried out by Abt Associates-PHR+ (#4278) in utilizing national software for reporting.

4. POPULATIONS BEING TARGETED

As ART is introduced as part of the basic care available to military, dependents and surrounding community civilian personnel, the KDoD will need to provide local medical personnel with a reliable computerized system which will allow them to maintain an accurate and up-to-date patient treatment data and laboratory and pharmacy drug treatment monitoring, to include compliance markers, recording of any side effects, and monitoring of minimum laboratory evaluations such as CD4 counts, hematology indices and chemistry (liver function tests and renal function). Maintenance of this data system at each location will be invaluable in facilitating and adequately providing medical support to HIV-infected patients.

5. EMPHASIS AREAS

The funding for this activity will go towards obtaining necessary computer equipment and supplies (2 computers and a server at each site), training of data collection and automation workers (2 per site), and establishment of a Data Management Unit (DMU) at the central AFMH referral facility (4 computers, one server and development of necessary software for ARV, VCT, PMTCT and TB/HIV data linkages). Thus, the development of this SI initiative will result in the provision of improved quality of care and reliable maintenance and reporting of program specific EP program SI markers on a consistent basis.

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Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	<input type="checkbox"/>
Conduct demographic surveillance to establish impact of HIV treatment on mortality and morbidity including opportunistic infections		<input checked="" type="checkbox"/>
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	5	<input type="checkbox"/>

Target Populations:

- Pharmacists (Parent: Public health care workers)
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas

- Coast
- Nairobi
- Rift Valley

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
 Budget Code: OHPS
 Program Area Code: 14

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: Critical FBO, NGO, PLWHA, education and media networks equipped to improve the policy environment
 Key Result 2: Health systems management strengthened in public and private facilities
 Key Result 3: Rapid, effective, and transparent use of GFATM resources improved through increased human capacity

CURRENT PROGRAM CONTEXT

Kenya has well-developed capacity for preparation of policies and guidelines for effective management of the HIV/AIDS epidemic. In the last year alone guidelines, strategies and curricula have been released to advance diagnostic counseling and testing, the OVC response, a unified monitoring and evaluation framework, and more. We have also benefited from contributing to development of the new Kenya National HIV/AIDS Strategic Plan and the 7th edition of "AIDS in Kenya," a comprehensive statistical and analytic resource for policy makers.

NEW INITIATIVES

Our 2006 plans include joining efforts with the Global Fund Secretariat to evaluate performance to date and, more importantly, devise the optimum "architecture" for effective and transparent use of GFATM funds. Our base budget has funds for this analysis, and a top priority for plus-up funding will be funding improved administrative support to the HIV/AIDS Interagency Coordinating Committee (through the National AIDS Control Council, NACC) as well as the Country Coordinating Mechanism (through the principal recipient).

While plans, policies, and guidelines are necessary for ensuring consistent, high quality programs, they are not sufficient. Translation of plans and policies into sustained and effective action is an ongoing effort, so our 2006 COP investments in this area will have a unified focus on promoting better implementation of and adherence to policies. Like other countries, Kenya has had challenges in developing the systems to effectively utilize the large in-flows of additional resources for HIV/AIDS, particularly those of the Global Fund.

Our continuing investments in strengthening networks of PLWHA, religious leaders and others through sensitization of HIV/AIDS policies and strategies, are linked to this initiative as these networks gain the influence to hold their policy-makers accountable.

Systems strengthening initiatives are also funded under the OVC program category, where we will assist the Department of Children's Services (DCS) to effectively manage the OVC response through coordination of a health systems database linked with NACC.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

USG, other donors, the Global Fund Secretariat and key decision-makers within the host government are all concerned about the slow implementation of GFATM awards in Kenya. Many of the challenges seem based in weak administrative support to the essential architecture for fund implementation: the interagency coordinating committees, the CCM, and procurement. With receipt of plus-up funds, we will be able to invest in the "three ones" in a way that assures the mutual - and essential - success of GFATM and Emergency Plan efforts in Kenya. This will be accomplished by establishing clear expectations for the administrative structures supporting GFATM and adequately funding them, and by advocating for use of international procurement capacities such as those of UNICEF and IDA to assure timely and cost-effective availability of essential commodities.

WORK OF HOST GOVERNMENT & OTHER DONORS

NACC, National AIDS and STI Control Programme of the Ministry of Health, and the DCS all provide examples of GOK leadership in developing sound plans and guidelines for key aspects of the response to AIDS. Both the World Bank and DFID are key funders of efforts to improve health systems and the

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policy environment. UNAIDS, UNICEF and WHO contribute significant technical expertise and a commitment to a coordinated response to HIV/AIDS in Kenya.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	29
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	40
Number of individuals trained in HIV-related policy development	9,000
Number of individuals trained in HIV-related institutional capacity building	1,150
Number of individuals trained in HIV-related stigma and discrimination reduction	1,300
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	2,650

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Federation of Teachers - Educational Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4082
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

Building on the activities begun in 2005, in collaboration with the Kenya National Union of Teachers (KNUT), the American Federation of Teachers-Educational Foundation (AFT-EF) will increase the capacity of KNUT national and district offices to deliver and support HIV/AIDS policy information, prevention education, counseling and referral services to schools and teachers; support and expand school-based peer education, counseling and referral for teachers; strengthen linkages between schools and community VCT, care and treatment centers to improve access for teachers and learners; expand and intensify awareness education and advocacy for improved HIV/AIDS school-workplace policies; and intensify labor-management negotiations to improve terms and conditions of employment and provision of care and treatment services for teachers living with AIDS.

Increasing awareness of the severity and pervasiveness of stigma and discrimination against HIV + teachers has prompted AFT-EF to rapidly scale up awareness education for teachers and training of KNUT district leaders, head teachers and district education officers on the Ministry of Education Science and Technology's (MOEST) HIV/AIDS policy for the education sector. To further combat stigma and discrimination in schools, AFT-EF will begin a model "safe school" program that gives recognition to schools with strong HIV/AIDS policies and outstanding teacher and student HIV/AIDS education and anti-stigma programs.

In addition, in FY06 AFT-EF and KNUT will begin training 7000 KNUT school representatives on implementing the MOEST HIV/AIDS policy. The project team is also evaluating the feasibility of providing medical services and ART at a reduced cost to qualified teachers and their spouses.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to raising levels of awareness among the teaching population in Kenya, but moreso to human capacity development within the education sector and KNUT as a whole. It will help to create an enabling environment in which to implement the AIDS policy for the education sector.

3. LINKS TO OTHER ACTIVITIES

Through the program's National Advisory Committee, all activities will be carried out in cooperation with the MOEST, Ministry of Health, Centre for British Teachers, Kenya Network of Positive Teachers (KENEPOTE) and other NGOs supporting HIV/AIDS programs in the education sector. AFT-EF/KNUT works closely with the Centre for British Teachers: KNUT sensitizes head teachers and education officials about HIV and AIDS prior to CBT coming in with an in-service training program for teachers and students in the same areas (#4932). They are also implementing the AIDS policy developed with the technical assistance of the University of Natal Mobile Task Team in 2004. KNUT also strongly supports KENEPOTE in their advocacy activities. KENEPOTE is a sub-grantee of the Policy Project (#4162). Teachers are encouraged to seek counseling and testing services, and KNUT will assist them in accessing ART in the areas where they live. Exact sites for CT and ART have not yet been identified.

4. POPULATIONS BEING TARGETED

This activity targets host country government workers particularly teachers, KNUT and MOEST staff.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity is one of the twinning relationships within the Kenya 2006 COP: this

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one being between two teacher unions. They will address problems of stigma and discrimination among the teaching work force and address issues based on the AIDS policy for the education sector. As this is a workplace project entirely within the education sector, it also qualifies as an education wrap-around; the project is partially funded by Education International.

6. EMPHASIS AREAS

The major area of emphasis for these activities is local organization capacity development—specifically KNUT—with minor emphases on training, policy and guidelines, and linkages with other sectors and initiatives.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	2	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	7,000	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Education

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Kwazulu-Natal, HEARD Mobile Task Team
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4156
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity will mitigate the consequences of HIV/AIDS and strengthen systems by continuing the development of sector specific HIV/AIDS policies and prioritized implementation plans with two ministries of the Government of Kenya (GoK). The activity builds upon earlier work done by the University of Kwazulu Natal Mobile Task Team (MTT) on the impact of HIV/AIDS on education. It will replicate the process undertaken with the Ministry of Education Science and Technology (MOEST) with the Ministry of Health and the Ministry of Home Affairs or Social Services (selection of ministry to be determined) and develop sector specific HIV/AIDS policies and prioritized implementation plans within the context of the government of Kenya's HIV/AIDS priorities. These sectoral policies will then be re-aggregated to inform a review and update of the Kenya National HIV/AIDS Strategic Plan (KNASP). 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. In FY05 this process involved preliminary and planning meetings, two major policy development workshops (combining both education and health sectors) to produce governing principles, draft sectoral policies and planning guidelines for further consultation, endorsement and ratification for each ministry. In FY06 this component will subject the draft policies to further stakeholder consultation and comment, in order to produce a final draft for GoK ratification and publication, to facilitate the development of national and decentralized implementation plans and monitoring frameworks. Within this second round these draft policies shall be made available to the National AIDS Control Council (NACC), to be considered for inclusion in the KNASP. MTT will train 50 senior ministerial officials in policy development and implementation, institutional capacity building, and in addressing stigma and discrimination.

The program activities above will collectively and directly contribute to the following outcomes: systems and policies to address stigma and discrimination improved; HIV/AIDS workplace policies and programs expanded across all activities and partners; national quality assurance systems for HIV/AIDS programs (prevention, care and treatment) improved; capacities of national multi-sectoral bodies to lead and coordinate the response to HIV/AIDS strengthened; service delivery guidelines and protocols updated and disseminated; national capacity in planning and resource allocation for HIV/AIDS programs strengthened; national level financial planning and resource allocation for HIV/AIDS strengthened; and human resource management and supervision interventions that cut across multiple program areas improved.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through their work with key ministries affected by the AIDS epidemic, MTT will assist in creating an enabling environment for policy implementation in support of prevention, care and treatment of Kenyans in general and PLWHAs in particular.

3. LINKS TO OTHER ACTIVITIES

This activity links to Strategic Information activities (#4157) in support of the development of integrated information systems for HIV/AIDS that embrace the Ministries of Health, Education and Home Affairs or Social Services. The Ministry of Home Affairs is responsible for orphans and vulnerable children, and Social Services caters for out-of-school youth. These activities will also link with the regional USAID activities that MTT is implementing for the REDSO (regional USAID) office.

4. POPULATIONS BEING TARGETED

These activities target host country government workers including Ministry staff.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

Issues of gender, stigma and discrimination will all be addressed in sector-specific policies.

6. EMPHASIS AREAS

The activity has a major emphasis on policy and guidelines assisting the Ministry of Health and the Ministry of Home Affairs or Social Services to develop sector specific HIV/AIDS policies and implementation plans.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	2	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	50	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	50	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	50	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Council for Population and Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4160
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity will continue activities began in FY05 geared to developing comprehensive policies and strategies on HIV/AIDS and dissemination to the public sector. Policies and implementation plans addressing the integration of HIV/AIDS and Reproductive Health into other health and non-health interventions in 8 districts were developed. In FY06 the dissemination on HIV/AIDS policies and strategies will be extended to 16 other districts. Lessons learnt in 2005 will be used to improve the sensitization of leaders and youth. The capacity of service providers to deal with issues of stigma and discrimination of person with HIV/AIDS will also be strengthened. In addition there will be more emphasis on sensitizing leaders and youth on the integration of HIV/AIDS and youth policies.

The targets will be reached through organizing and conducting 10 workshops per district for various stakeholders depending on their needs, age and background; organizing and facilitating 16 district workshops to sensitize at least 150 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes directly to strengthening community leaders, faith-based organizations and youth with the information and tools to improve the HIV/AIDS policy environment.

3. LINKS TO OTHER ACTIVITIES

The NCPD's program is closely linked to all other Policy Analysis and System Strengthening activities in the FY06 COP.

4. POPULATIONS BEING TARGETED

The target populations are community leaders, policy makers, teachers, and youth (including primary and secondary school students).

5. KEY LEGISLATIVE ISSUES ADDRESSED

The legislative issue addressed is stigma and discrimination.

6. EMPHASIS AREAS

The major emphasis area for this activity is Policy and Guidelines with a minor emphasis on training.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	16	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	150	<input type="checkbox"/>

Target Populations:

- Community leaders
- Policy makers (Parent: Host country government workers)
- Teachers (Parent: Host country government workers)
- Primary school students (Parent: Children and youth (non-OVC))
- Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: POLICY Project
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4162
Planned Funds:

Activity Narrative:**I. ACTIVITY DESCRIPTION**

This activity will strengthen local institutions and networks for policy and program implementation. The activity targets: 8 local organizations (National AIDS Control Council, United Disabled Persons of Kenya, National Muslim Council of Kenya, Kenya Network of Religious Leaders with HIV/AIDS, Kenya Network of Positive Teachers, Network of People with HIV and AIDS in Kenya, Kenya Treatment Access Movement, Supreme Council of Kenya Muslims) with technical assistance related to policy development. Of these 8 organizations, 4 will be provided with TA for HIV-related institutional capacity building; 110 individuals on TSC and Ministry of Education, Science and Technology (MOEST) HIV policies implementation – monitoring & grievance, 50 members trained in HIV-related policy development, advocacy and implementation; 104 individuals trained in HIV-related institutional capacity building; 250 individuals trained as trainers in HIV-related stigma and discrimination reduction; and 2,500 individuals trained in HIV-related community mobilization.

HIV/AIDS care and support is envisaged to expand but the capacity of government and nongovernmental institutions as well as PLHA/FBO networks to develop and implement HIV/AIDS policies and programs and undertake advocacy on stigma reduction remains weak. More specifically: a) the multi-sectoral HIV/AIDS responses are fragmented, weak and poorly coordinated. NACC and its partners have just finalized the next five years National HIV/AIDS strategic plan. There is need for continued Joint AIDS Program Review (JAPR) in the implementation of the (2005-2010) National HIV/AIDS Strategic Plan, b) there are strong fears of dealing with PLHA and thus high level stigma and discrimination, c) there is limited policy implementation in such key areas as ART, OVC and stigma and discrimination, gender mainstreaming among others, d) there exists ineffective leadership for community action, e) the voices of PLHA are almost absent or limited in the policy process, and f) issues relating to gender and human rights have received insufficient attention. While HIV/AIDS funding has increased in the recent past, the country is yet to effectively implement policies and guidelines to respond to the scaling up of interventions and increased equity and access to care.

The targets will be reached by strengthening the capacity of multisectoral initiatives in planning and policy development; building leadership, networking and advocacy capacity among PLH /NGOs/ FBOs, teachers and policy makers in public and NACC for an effective response to HIV prevention, care and support; strengthening the implementation of the National HIV/AIDS Strategic Plan through the multisectoral national teams to provide effective M&E, implementation and allocation and use of resources; providing information to use in decision-making, policy development and monitoring the implementation; developing gender responsive HIV/AIDS policies, training the local organizations and NACC/public sector organizations on the gender toolkit and mainstreaming gender into the policies and programs; strengthening community-level structures and systems for advocacy and for developing and implementing HIV/AIDS programs to scale up access and services; addressing human rights at individual and group levels in all strategies, policies and plans concerning HIV/AIDS and, in particular, the issues of discrimination and stigma and the denial of women the access to land and family property; undertaking activities relating to advocacy and increased stakeholder dialogue and consultations to broaden and strengthen political and popular support; generating accurate and up-to-date information for effective policy decision-making; assisting the government in identifying gaps in policy implementation and developing appropriate strategies to address the gaps and challenges including the KNASP, the proposed HIV/AIDS Bill, Ministry of Education, Science and Technology HIV/AIDS Policy, TSC HIV policies and

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Ministry of Home Affairs OVC policy.

Targets will also be reached by training PLH/FBO/NGO on public speaking and working with the media on advocacy issues; providing training on developing financial and personnel manuals; training PLHA/FBOs/NGOs on stigma and discrimination reduction; community mobilization training; board training for board development, accountability and leadership of 4 networks; establishing Network of People with HIV and AIDS in Kenya (NEPHAK) national and provincial level resource centers, and holding an annual conference for NEPHAK and other networks to share strategies, lessons learned and to build capacity and monitor service delivery and identify gaps on a national and provincial level.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The POLICY Project will contribute significantly to 2006 overall Emergency Plan targets in the Policy and System Strengthening program area, training over 2900 individuals from NGOs and faith-based networks in technical assistance for HIV policy development and institutional capacity building. This activity's focus on grassroots institutions and networking will improve the capacity of these important lobby groups to make their voices heard and to demand equitable treatment under the law.

3. LINKS TO OTHER ACTIVITIES

This activity links to a program held in collaboration with the Kenya National Union of Teachers (KNUT) and the American Federation of Teachers-Educational Foundation (#4082), whereby KNUT will support members of the Kenya Network of Positive Teachers, a sub-partner of POLICY, to seek counseling and testing as well as antiretroviral treatment.

4. POPULATIONS BEING TARGETED

PLHA/ NGO networks, public sector/NACC, and Groups/organizations - CBOs, FBOs, NGOs, Host Country Government workers - policy makers, teachers, National AIDS Control Program, Community and religious leaders

5. KEY LEGISLATIVE ISSUES ADDRESSED

Stigma and discrimination.

6. EMPHASIS AREAS

The activity has a major emphasis on local organization Capacity Development with minor emphasis on Community Mobilization/participation, IEC, policy and guidelines, training.

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	8	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	110	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	104	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	250	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	2,500	<input type="checkbox"/>

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Target Populations:

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Key Legislative Issues

Gender

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Coverage Areas

Coast

Nairobi

Rift Valley

Western

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: Community Housing Foundation
 USG Agency: HHS/Centers for Disease Control & Prevention
 Funding Source: GAC (GHAI account)
 Program Area: Other/policy analysis and system strengthening
 Budget Code: OHPS
 Program Area Code: 14
 Activity ID: 4168
 Planned Funds:
 Activity Narrative:

1. ACTIVITY DESCRIPTION

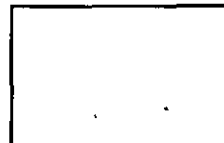
This activity aims to reach a total of 3,500 individuals trained in implementing programs related to policy, capacity building, and/or stigma and discrimination reduction programs through 4 service outlets/programs.

In FY06, CHF will work with 4 partner organizations to build both organizational and technical capacity to enhance service delivery for Other Policy, culminating in the disbursement of sub-award grants to carry out targeted Other Policy activities. The partner organizations include the Kenya Episcopal Conference (KEC- Catholic Secretariat), which is responsible for coordinating and facilitating programs of the Catholic Church at a national level through its various commissions. Under this funding KEC-CS will develop a clear policy on how to effectively respond to the epidemic, maximize services, lobby government and advocate for the rights of the infected, especially the poor. KEC-CS will also develop policy on how to deal with its own workforce when infected or affected by HIV/AIDS. A second organization is the Movement of Men against AIDS (MMAAK), which will support HIV positive men in 5 extensions of MMAAK's programs to be trained in advocacy, policy and stigma reduction. MMAAK will also sensitize men in religious institutions on the importance of involving men in HIV/AIDS mitigation interventions. The Kenya Pediatric Association will influence Government of Kenya Policy on pediatric access to care and treatment and the Eastland Pentecostal Pastor's Fellowship will develop a clear policy on how to effectively respond to the epidemic, maximize services, lobby government and advocate for the rights of the infected, especially the poor, mainstreaming HIV issues in all churches under their umbrella.

CHF will foster networking and information sharing among such partners and other organizations to share lessons learnt in the implementation of policy related activities. A key outcome will be the development of comprehensive policies that can be shared and disseminated within the religious networks. Moreover, CHF will work collaboratively with CDC to identify additional emerging partners to engage with during FY06.

This activity also includes support to the following sub-recipients for activities integral to the program:

- Eastland Pentecostal Pastor's Fellowship (EPPF)
- Kenya Episcopal Conference (Catholic)
- Kenya Pediatric Association
- Mvt. of Men Against AIDS in Kenya (MMAAK)
- TOTALS



2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through CHF's involvement with the sub-partners listed above, this activity contributes directly to increased linkages across and among religious groups working in HIV/AIDS as well as pediatric care, an area identified as critical in the scope of the Emergency Plan.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to CHF's extensive work in other areas of the FY06 COP including Abstinence and Be Faithful (#4171), Other Prevention (#4167), and Orphans and Vulnerable Children (#4169).

4. POPULATIONS BEING TARGETED

This activity targets faith-based organizations, religious leaders and people living with HIV/AIDS.

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5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is stigma and discrimination.

6. EMPHASIS AREAS

The major emphasis area for this activity is local organization capacity development.

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	4	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	2,000	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	1,000	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	500	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Faith-based organizations
People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination
Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Local Voices
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4175
Planned Funds:

Activity Narrative:**1. ACTIVITY DESCRIPTION**

This activity will result in the expansion of television and print media with a specialty in HIV/AIDS journalism. The media can be a powerful force for raising awareness, building knowledge, and influencing public opinion. It has a critical role to play in helping to create an enabling environment for social change. The proposed activity will build on the Internews' current efforts to train and equip the broadcast media to play this essential role.

Up until FY05 Internews organized and presented trainings on HIV/AIDS feature reporting for radio professionals and some TV journalists; in FY06 Emergency Plan funds will go directly to supporting the expansion of television and the print media in the country. Currently Internews maintains a Media Resource Center, a radio studio and a TV studio – all available free of charge to journalists wishing to produce quality HIV/AIDS stories. On-site assistance is provided for such journalists – a sound technician and video editor assist with editing and compiling programs, a senior journalist helps with script writing, a camera man with filming, and a media researcher with finding appropriate interviewees and information.

In the past Internews workshops have kept the local media engaged in effective HIV/AIDS reporting. As a strategy for strengthening this engagement, Internews proposes to provide a forum for journalists to regularly interact with HIV/AIDS NGOs and vice versa. Emergency Plan funds will directly support the following key activities: i) organizing two round tables during which HIV/AIDS stories journalists have produced are played and discussed by both groups; ii) incorporating some of the already trained journalists in workshops as co-trainers in order to build their capacity to carry on this work for years to come and as build up to exit strategy; iii) creating an appropriate HIV/AIDS journalism organization, with the journalists Internews has trained involved in some way, as a means to equip them with necessary skills to manage such an organization. This local organization will eventually take over some of the Internews activities, with one of the trained journalist appointed to head and promote such an organization, and; iv) upgrading and expanding Media Resource Center facilities: acquisition of larger book shelves to accommodate the increasing amount of information to which journalists are provided access; an extra sound mixer in order to enable our TV technician to mix natural sound into stories; and three additional computers to accommodate the increasing number of journalists making use of our Media Resource Center.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Internews Network's program addresses the important function of increased media awareness and accurate reporting of HIV/AIDS nationwide and contributes to Kenya's 5 Year focus on greater transparency and understanding of HIV/AIDS among policy makers and the general population.

3. LINKS TO OTHER ACTIVITIES

This activity links to all other activities within the Policy Analysis and System Strengthening program area.

4. POPULATIONS BEING TARGETED

The activity targets broadcast journalists, who in turn effectively reach policy makers and the general population.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is stigma and discrimination.

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6. EMPHASIS AREAS

This activity has a major emphasis on local organization capacity building and a minor training emphasis.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	10	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	10	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	4	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	4	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Adults
Family planning clients
Infants
Pregnant women
Children and youth (non-OVC)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4216
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The activities of USAID's Capable Partners project implemented by the Academy for Educational Development will continue to strengthen activities begun in the 2005 COP, namely to improve the capacity to implement and monitor HIV/AIDS programs by local nongovernmental organizations, faith-based organizations, and community-based organizations, including working with OVC and other policy work.

One organization receiving continued support in the 2006 COP through Capable Partners is the Commission for Human Rights and Justice (CHRJ). CHRJ activities will result in 1) reduced stigma and discrimination around HIV/AIDS and 2) legislation to protect the rights of HIV/AIDS- infected and -affected persons/families. Through CHRJ, networks of NGOs and stakeholders in all 8 provinces in the country will be mobilized to advocate for development of policies and laws to protect people living with HIV/AIDS from discrimination in both government and the private sector. The intervention will focus on an integrated media response that provides greater interaction with the target population and includes personal interaction with up to 9,000 individuals reinforced by distribution of informational pamphlets that instruct them on how to advocate for change.

CHRJ will attain its objectives by using established networks of NGOs and stakeholders at the provincial level to draft policies and laws for presentation to the relevant government departments (including the National Assembly) for consideration and adoption. Towards this end, a comprehensive draft National Policy/guideline aimed at preventing discrimination against people living with HIV/AIDS will be developed. CHRJ will ensure that proposed policies and 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. CHRJ will work 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 police; and various civil society groups such as the National Council of Churches of Kenya, Supreme Council of Kenya Muslims (SUPKEM), 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. The register will be made available in all governmental departments as well as in private sector organizations. To facilitate advocacy, 9,000 advocacy and lobby pamphlets and more than 3,000 copies of the developed comprehensive national policy/guidelines and laws will be produced.

ACE Communications, another sub-partner of Capable Partners, will implement a Discordant Couples Communication Project in two districts of Kenya. The Discordant Couples Communication Project design stems from an appreciation of the various windows of opportunity that emerge from this phenomenon.

The discordant couples phenomenon has been and remains an important subject of scientific inquiry. For many years, its observation only received anecdotal reference; further research, however, has yielded significant information with far-reaching ramifications. In 1997 in research done in Kisumu, nearly 40% of couples were in a sexual relationship in which one partner was HIV positive while the other remained negative. Subsequent research in the country revealed a trend of discordant couples among 10-20% of couples.

The following are illustrative of the significant aspects of this phenomenon that the project is designed to highlight: a) Survival of one spouse translates into better

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prospects for the family unit, especially where children are involved, since one spouse survives to take care of the children; b) The possibility of discordance spells hope for many couples and is an incentive to seek VCT services; c) Even where one partner (or both partners) is HIV positive, earlier diagnosis results in lower morbidity and reduced mortality due to HIV/AIDS; d) When couples are encouraged to seek VCT services and both receive counseling singly or jointly, it results in better coping and tolerance and helps to address stigma; and e) The existence of the discordant couples phenomenon has captured the attention of target communities in positive ways, especially because the phenomenon offers a message of hope. It is an empowering message as audiences seek to exploit a window of opportunity: testing positive for HIV is not a death sentence, and early diagnosis results in better management of the condition, including accessing ART.

The important elements of the project are incorporated into a campaign using a mix of media including radio, docu-drama video, calendars, billboards, pamphlets, community social events, and educational seminars for community leaders.

FY05 funds enabled ACE to continue to implement dissemination, mobilization and support for VCT services in one of the project's districts. Bondo was chosen for the intensified campaign with linkages to service points that will be subject to a comprehensive monitoring and evaluation protocol. Communication programs through the local Luo language, however, have a reach beyond Bondo district and will benefit 8 other districts of Nyanza and that of diaspora communities in Nairobi and Nakuru. For FY 06, the program will be expanded to two other districts—Siaya and Rachuonyo districts—while reducing the level of intensity in Bondo district, which by that time should be reaching the point of self-sustenance.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Capable Partners' activities contributes to the PAS focus on equipping critical groups with the tools to improve the policy environment. It also supports system strengthening through promoting self-knowledge of one's HIV status, offering affected and infected individuals an opportunity to utilize and improve upon existing systems for testing and counseling.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to Capable Partners' work in the areas of Abstinence and Be Faithful (#5091), Other Prevention (#4940), and Counseling and Testing (#4847).

4. POPULATIONS BEING TARGETED

The program targets policy makers, PLWHAs, non-governmental organizations, and community organizations.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues addressed are stigma and discrimination.

6. EMPHASIS AREAS

The major emphasis area for this activity is community mobilization/participation with a minor emphasis on policy and guidelines.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	3	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	500	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Adults
People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Training College
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5531
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

This activity seeks to enhance the capacity of the health sector and of HIV/AIDS management in particular, via health systems management strengthening, with an emphasis on hospitals. This work will build upon USAID's hospital planning and budgeting course at United States International University (USIU) and training and capacity development of district health plans done by World Bank's Decentralized AIDS and Reproductive Health Project, World Health Organization and Swedish International Development Agency. The activity will be undertaken through three institutions - Kenya Medical Training College, Galilee College and USIU who will design, deliver and evaluate a technical course for selected Ministry of Health staff in health systems management, financial and management planning, budgeting and priority setting. This first phase intends to train two groups of 20 students each resulting in 40 trained health managers in Kenya's hospitals.

In Kenya, operational and management inefficiency and poor quality of service provision for HIV/AIDS management in hospitals has been attributed to, among others, weak health systems and a lack of effective capacity in planning, budgeting, and management. This results in difficulties in linking needs with available resources; forecasting revenue and expenditures; planning within a defined resource allocation; poor investment portfolio in health; lack of confidence in public facilities; and, cost-ineffective interventions, among others. Substantial MOH funds are often reverted to the Treasury at the end of the fiscal year due to MOH capacity constraints. The shift in the focus of health sector management, which leads to the move from an input to an output orientation, a stress on quality client-based service and the increasing role of performance-based management systems, gives rise to a new concept of accountable professionalism with the health sector.

The course will be designed in close consultation with experts and authorities of the Ministry of Health and the civil society including the private sector. The course will be an intensive program that is designed to impart knowledge and skills in health sector management and in particular, HIV/AIDS management in hospital settings. The course will include examination of best practice cases, systematic presentations by faculty members and resource persons, and discussions with outstanding health sector managers. Skills will be developed through action learning, case analysis, guided practice and interactive learning experiences.

The proposed program will include a two-week intensive course on the management of the Health Sector to be held at USIU/Kenya Medical Training College. The second part of the program will include a two-week seminar about Health Sector Reform and Renewal to be held at the Galilee College Study Centre. The program will include study visits to public and private health care organizations with an emphasis on HIV/AIDS systems management, and meetings with officials and managers. The participants at the end of the program will develop a final project in Health Strategic Planning.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity is aligned with Kenya's 5 Year Strategy and directly contributes to improved health systems management training and leadership management within the country.

3. LINKS TO OTHER ACTIVITIES

This activity is generally linked to other activities within the Policy Analysis and System strengthening program area.

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4. POPULATIONS BEING TARGETED

This activities target host country government workers and health care providers. The targeted staff of Ministry of Health will include the following: The Hospital Management Team, that is, Chair of the Hospital Management Team, Nursing Officer in Charge, Health Administrative Officer, Pharmacist, Medical Records Officer, Supplies Officer, Laboratory Technologist, Medical Officer of Health, Medical Superintendent, Health Information/Record Officer and Health Board Members, District PHN, District Public Health Officers, Hospital Planners, Communications and Public Relation Specialists.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is twinning linking a local country organization like KMTC with Galilee University and thus enhancing and enriching the Health Manager training program in Kenya. This will contribute to building long term sustainable capacity particularly in the largest health resource consumer - the hospital.

6. EMPHASIS AREAS

The major emphasis areas for these activities are local organization capacity building and training as the activities are geared to improving the management of district hospitals involved in the provision of HIV/AIDS services.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	40	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Twinning

Coverage Areas

Nairobi

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Global Fund Administration Support Analysis
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5745
Planned Funds:
Activity Narrative:

1. ACTIVITY DESCRIPTION

The success of the Emergency Plan in Kenya is integrally linked to the extent to which grants from the Global Fund to Fight AIDS, TB and Malaria (GFATM) are available and effectively used. To date, Kenya has had nearly in HIV/AIDS grants awarded by GFATM, with less than expended. USG and other technical participants in the AIDS response have spent countless hours revising GFATM workplans to assure that funds are programmed in a manner responsive to the changed, and changing, HIV/AIDS context.

Despite the availability of these funds and the enormous investment of person hours in seeking to assure their effective use, there is not yet one Kenyan on anti-retroviral treatment directly supported by GFATM. There is a strong consensus across donors, now shared by the GFATM Secretariat, that the current Administrative Support Unit (ASU) housed in the Ministry of Health is at the root of most difficulties with effective program implementation and adequate oversight by the Country Coordination Mechanism (CCM).

The USG and other donors are deeply concerned that urgently needed GFATM resources may be lost unless new, more transparent, and more efficient administrative (and to a lesser extent, procurement) procedures are put in place. The \$50,000 proposed in this activity will allow the USG to join the GFATM Secretariat and other donors in commissioning an external assessment of the effectiveness of the current ASU, develop concrete recommendations and revised terms of reference for the ASU to improve performance of the entire GFATM portfolio in Kenya, and identify the most logical institutional base for the ASU.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

A strengthened ASU will help ensure that available GFATM resources are rapidly and effectively used, which will affect this and every program area of the Emergency Plan in Kenya. If requested plus-up funds are available to help implement the recommendations of this planned assessment, Kenya's prospects for receiving future grants from the Global Fund will also improve. These additional funds will be essential to meeting the 2-7-10 targets of the Emergency Plan, as well as the Government of Kenya's own targets.

3. LINKS TO OTHER ACTIVITIES

The current workplan for Kenya's Round II Phase II proposal, with significant USG input, has been revised to include over for anti-retroviral drugs. Although this revised workplan has been stalled in the ASU, we are seeing hopeful signs that the mere prospect of an external assessment is moving the workplan further along toward submission to Geneva for review and approval. These funds will be essential to meeting treatment targets in Kenya, linking this activity to virtually all treatment entries in our 2006 COP.

Kenya's Round IV proposal focused on support to orphans and vulnerable children. The plans developed by the National OVC Task Force and Department of Children's Services were unilaterally modified by the ASU (and other parties unknown), which led the USG to initially withhold its endorsement of the application. We have subsequently communicated to the GFATM Secretariat that Kenya has great need for additional funds for OVC work and that we would stand with the National OVC Task Force to assure that a final workplan for an approved Round IV grant would be brought in line with the drafters' intent. The success of our directly-funded Emergency Plan OVC efforts will be linked to receipt of this new award.

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4. POPULATIONS BEING TARGETED

A better implemented and expanded Global Fund portfolio in Kenya will primarily benefit people living with AIDS and OVCs, as well as policy makers, National AIDS Control Program staff, and other MOH staff.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will result in more effective wrap arounds, since GFATM resources can support many activities that fall outside the scope of the Emergency Plan.

6. EMPHASIS AREAS

Establishing an effective ASU for Kenya will assist in responding to several emphasis areas including commodity procurement, health care financing, logistics, and local organization capacity development.

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area:

Program Area Context:

Key Result 1: Maintaining a core team of highly-skilled and dedicated local hire and expatriate staff for effective management of the Emergency Plan in Kenya

Key Result 2: Providing effective strategic information technical capacity to insure that USG monitoring and evaluation efforts are well-integrated with and strengthen those of the host government.

CURRENT PROGRAM CONTEXT

USG agencies have budgeted for core management and staffing costs, representing just 5.4 percent of the Kenya base budget for FY 2006 and only 4.7 percent of the overall country budget when headquarters awarded partners are included.

The positions and functions included in the management and staffing line budget line are essential to effective planning, implementing, and monitoring of the Emergency Plan program in Kenya. USG personnel provide strong technical leadership in all program areas and ensure that an effective strategic information program supports both Emergency Plan and unified Government of Kenya monitoring and evaluation efforts.

US government employees help plan for, provide technical capacity to, and in some instances directly oversee facility based and national health management information systems, AIDS Indicator and other population surveys, and HIV surveillance systems. They perform key information technology functions and contribute to program and national level monitoring and evaluation.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	4120
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>In order to strengthen the USG's efforts to achieve the five-year strategy and reach the national targets, PC/K proposes a program where Volunteers work directly with people living in rural communities and who are vulnerable, specifically the deaf. PC/K has selected a priority structure, schools for the deaf, where PCVs will work with HCN counterparts to build systems that promote sustainability by training teachers on how to educate deaf children on prevention and transmission of HIV/AIDS, including care and support, using Kenyan Sign Language. The main activities will include opportunities to protect young people from infection through abstinence and behavior change interventions.</p> <p>Fifty percent of the 31.5 million Kenyans are under 18. The Mission has chosen to focus on youth because they are the best hope for transforming despair into hope in Kenya. PC/K will contribute to this effort by focusing on deaf youth who deserve our priority concern because the overwhelming majority is not infected, although they remain at great risk. PCVs will engage deaf children and youth in designing and delivering programs and messages in Kenyan Sign Language that:</p> <ul style="list-style-type: none"> -Raise awareness that there is a problem with behavior which has bad consequences viewed against the reality of today's health. -Develop understanding of the scientific explanation of the problems caused by what is thought of as normal behavior. -Seek agreement on different solutions e.g. encouraging them and their peers to choose abstinence or faithfulness as a life-saving option. -Encourage enactment to sustain newly acquired positive behavior e.g. through support groups. -Promote integration of new attitudes and commitments by discussing former values and seeing them in the context of their new life pattern so that they are at peace with themselves without feeling constantly rebellious. <p>In FY06, Peace Corps Kenya will recruit, train and support eleven PCVs to work for a two year period in rural schools for the Deaf in six out of eight provinces in Kenya. These PCVs will arrive in the fourth quarter of FY05, and participate in pre-service-training. These PCVs will report to Peace Corps as do other PCVs, and will receive on-going training and support from PC/K staff.</p>

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	4294
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>The management and staffing budget for CDC is used to ensure that there is adequate staffing and administrative support for CDC's PEPFAR-related activities detailed in the COP and not already accounted for in the individual program areas. In this activity area, the Ministry of Health receives technical support for development and distribution of policies, guidelines, and plans for implementation of HIV prevention and treatment programs. More than one hundred local and international non-governmental organizations, faith-based organizations, and community-based organizations implementing HIV prevention and treatment programs receive technical and administrative support.</p> <p>This support is carried out by a team of 30 personnel engaged full time at CDC-Kenya. Although the staff all works full time, none of the team members is engaged 100% on PEPFAR work. On average, personnel working on PEPFAR-related activities are engaged at 85% time. The 30 positions include 4 direct-hire United States government staff and 26 locally hired staff. Two of the direct hires are in technical leadership/management positions. The other two direct hire staff members are in technical advisor/program manager positions. Of the locally hired staff, five are financial/budget staff and 21 are administrative/support staff.</p> <p>Two of the five finance and budget staff are engaged in day-to-day monitoring and training of the cooperative agreement partners that are funded through PEPFAR. Among the two is the head of finance responsible for budgeting and resource planning including budgeting for CDC's COP entries.</p>

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	4307
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>The US Department of Defense (DoD) will provide technical and managerial support to two primary programs: the Kenya Department of Defense (KDoD) and the South Rift Valley HIV Program. Collectively between the two programs, more than 3 million Kenyans will have access to HIV prevention, care, and treatment services. Covering active military and their dependents and fostering direct US-Kenya military interactions, the Kenya Department of Defense Program is based in Nairobi and covers 5 military treatment sites and approximately 20 care facilities nationwide. Five Kenyan (LES) staff will provide direct management and technical support to this program including 1 KDoD Program Manager, 2 technical advisors providing mainly clinical support in treatment program areas, 1 accountant, and 1 technical advisor/program officer to be hired to accommodate increasing FY06 activities.</p> <p>The South Rift Valley HIV Program is centered in Kericho, the primary location for the United States Army Medical Research Unit-Kenya (USAMRU-K) HIV research activities. The US DoD brought comprehensive HIV care and treatment services to this area of the Rift Valley Province in April 2004 under the Emergency Plan, thereby fulfilling a moral obligation to Kenyans living in a previously underserved geographic region with no existing comprehensive HIV/AIDS programs. Having rapidly grown to providing care and treatment in 6 districts including 12 treatment facilities and over 50 care/prevention sites, the South Rift Valley HIV Program covers a catchments area of greater than 2 million Kenyans. Currently, 8 (6 Kenyan/LES, 2 USPSC/Contractors) staff provide technical assistance to treatment and prevention activities. Three Kenyan staff provide administrative support. Given 2 large Counseling and Testing and Prevention of Mother To Child Transmission programs will come under the South Rift Valley HIV Program in FY06, five new Kenyan technical assistance staff are requested (2 in HIV treatment, 2 in PMTCT, and 1 in VCT). All but two of the staff supporting the combined DoD efforts in Kenya in FY06 are in-country nationals who work closely with our implementing partners. This not only provides partners with added resources but also expands the technical skills and expertise among local staff through program implementation thereby complimenting human capacity development in addressing HIV/AIDS in Kenya.</p> <p>Administrative costs will support both the Kenya Department of Defense and South Rift Valley HIV Programs and include the provision of technical assistance (both national and headquarters based) required to implement and manage the Emergency Plan activities. DOD personnel, travel, management, and logistics support in-country will be included in these costs.</p>

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Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 4308
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 grants, PTOs, 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 1998 to [REDACTED] in FY 2006. 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 2006 USAID will hire two new FSN staff to manage the Emergency Plan portfolio. In order to meet the expanding contracting workload, especially the larger demands of new partners, and expanding management burden, the Mission will add one USDH and one local hire administrative assistant. The health office will expand from 17 to 20. USAID will continue to actively participate in the USG/Kenya Emergency Plan Interagency Team. [REDACTED] allocated to USAID will support costs associated with interagency coordination as a service to the overall U.S. Mission and the Emergency Plan in Kenya.

Mission management is concerned about the huge workload imposed upon the committed staff who oversee the Emergency Plan. The combined pressures of budgetary earmarks and the need to minimize American hires resulted in just [REDACTED] being budgeted for management and staffing costs in USAID. This represents just over 3.5% of the USAID budget of [REDACTED] in country-programmed base budget and [REDACTED] track one headquarters awards we are expected to manage.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2006?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
if yes, Will HIV testing be included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
When will preliminary data be available?	1/1/2007	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
if yes, Will HIV testing be included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2006?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2006?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
if yes, approximately how many service delivery sites will it cover?	46	
When will preliminary data be available?	12/1/2006	
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 2006?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Other significant data collection activities

Name:

Surveillance for Recent Infection

Brief description of the data collection activity:

BED assays will be performed on 1) specimens stored from sentinel surveillance 2003 and 2004 and from DHS 2003 (to be completed November 2005); 2) ANC and STI sentinel surveillance 2005 (completed February 2006); 3) sentinel surveillance 2006; and 4) AIS 2006 (to be completed December 2006). This will serve to identify levels and trends of incidence over this 3-year time period that will be compared with estimates of incidence from models, including the EPP-Spectrum estimates. (NAS COP SI #4221; NAS COP LI #4222; MEASURE DHS+ #4070)

Preliminary data available:

December 01, 2006

Name:

Estimation of Mortality

Brief description of the data collection activity:

Demographic Surveillance Sites in Nyanza, Kilifi (Wellcome Trust), Nairobi (CDC-Global Disease Detection), and Kericho (DOD) will estimate impact of ART on mortality and compare with the DHS estimation of mortality due to HIV/AIDS. SAVVY indicators will be utilized in this comparison. (Measure DHS+ #4070, KEMRI #4092, DOD # 5115)

Preliminary data available:

August 01, 2006

Name:

Prevalence and Incidence of Orphanhood

Brief description of the data collection activity:

In the Demographic Surveillance Site (DSS) in Bondo and Siaya Districts, covering a population of 135,000, three censuses per year will be

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used to collect births, deaths, migration, along with information about orphanhood in the population. (KEMRI # 4092)

Preliminary data available:

December 01, 2006

Name:

National Health Accounts

Brief description of the data collection activity:

Ministry of Health with USG support conducted a national health accounts evaluation in 2001-2 and will complete another evaluation in 2006, including an HIV sub-analysis. This will evaluate the impact of new resources for HIV care and treatment and other interventions on household expenditures for health care.

Preliminary data available:

October 01, 2007

Name:

Threshold Testing for Transmitted Drug Resistance

Brief description of the data collection activity:

Sentinel surveillance in Nairobi for 2005 and 2006 will be used to identify drug resistance among pregnant women with HIV infection who are under 25 and in their first pregnancy. These women are presumed to have recent infections and treatment naïve; drug resistance will suggest that they have acquired a resistant virus from a person on treatment. (KEMRI # 4092 and NASCOP SI #4221)

Preliminary data available:

June 01, 2006

Name:

Prevalence of TB and HIV

Brief description of the data collection activity:

The Demographic Surveillance Site (DSS) in Bondo and Siaya Districts, covering a population of 135,000, will be sampled to measure the prevalence of TB and dual TB-HIV disease in the community. This will be compared with the passive TB registration system to estimate the rate of TB case detection. Sputum will be collected and X-rays taken through a mobile unit for all suspects identified in the community and HIV testing on those with TB disease. (KEMRI # 4092)

Preliminary data available:

June 01, 2007

Name:

Service Availability Mapping

Brief description of the data collection activity:

The Service Availability Mapping (SAM) that has been initiated in the Ministry of Health with WHO support will be added to KSPA 2004 information to map HIV/AIDS related service availability.

Preliminary data available:

October 01, 2006

Name:

Integrated Household Survey

Brief description of the data collection activity:

This activity of the Central Bureau of Statistics with support from World Bank and USAID (development funds) is collecting information on household budget survey that will provide information on poverty and household expenditures, including health expenses.

Preliminary data available:

October 01, 2006