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# President Bush's Emergency Plan for AIDS Relief (PEPFAR)

## Country Operational Plan (COP) for Kenya

Plan Period: FY2004

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Date approved by Chief of Mission: 31 March 2004

Date submitted to the Office of the Global AIDS Coordinator: 31 March 2004

Date approved by Global AIDS Coordinator.

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**The President's Emergency Plan for AIDS Relief in Kenya:  
Vision for a Transformed Future**

The last sentence in Ambassador Tobias' letter of February 23, 2004 transmitting the Five Year Strategy for President Bush's Emergency Plan for AIDS Relief to Congress speaks of *transforming despair into hope worldwide*. The Kenya Interagency Emergency Plan team had adopted *transformation* as a guiding principle before this letter was issued. Reviewers of our first Country Operational Plan (COP) may wonder why.

We chose transformation because neither the relief nor the development model has been sufficient in HIV/AIDS. *Relief* is something almost entirely external that is imposed on an emergency situation, but it can wither away when the emergency passes or donors' interest wanes. *Development* is a proven approach but one that is predicated on committing years or even decades to ingrain sustained change. As Ambassador Tobias has suggested, we must instead be about the business of transformation: effecting fundamental and rapid change in how we lead, conceive of, organize, implement, and report on our work in the face of a health and humanitarian catastrophe with the devastating scope of the AIDS pandemic.

In this brief preamble to the tables detailing our first COP, we define the transformation we are undertaking at every level of the response to HIV/AIDS in the country we serve. We are proud of our plans and optimistic about the possibilities. We are committed to the goals. We are realistic about the challenges. Most importantly, we are united in our conviction that the Emergency Plan provides us an historic opportunity to stop AIDS in its tracks in Kenya.

**1. Our Commitment to Transformed Leadership**

Kenya has the great advantage of a forum for information sharing among US agencies implementing HIV/AIDS programs that is nearly five years old. The American Embassy provided leadership for the HIV/AIDS Operations Team that first brought together representatives of key Embassy offices, the US Army Medical Research Unit, the Peace Corps, the Centers for Disease Control and Prevention, and the US Agency for International Development in 1999.

The President's Emergency Plan provided the impetus to transform this useful but informal group into the disciplined Interagency Team that participated in the first brainstorming exercises last fall, developed a Track 1.5 proposal, has begun implementation of approved activities, and brought a rich portfolio of strengths and capacities to development of this COP. None of the participants in the process has sacrificed to achieve this transformation, but each has both contributed *and* compromised for the greater good. This give-and-take has resulted in the melding of our geographic, technical, administrative, and other advantages. The net gain is a new coordinated and holistic response infinitely greater than the sum of its parts.

At the same time that we have improved our response as the US government, we have deepened our engagement with a new Kenyan government that seeks to transform nearly a quarter century of abuse of the country, its people, and resources. The National Rainbow Coalition (NARC) government elected in December 2002 has placed HIV/AIDS near the top of its political and social agenda. We will contribute resources and experience to confirming and strengthening capacities of the new leadership Kenya achieved through free and peaceful elections.

We will work with the National AIDS Control Council (NACC) of the Office of the President and with the Ministry of Health and its National AIDS and STD Control Program (NAS COP) to achieve a multi-sectoral and complementary response to the health and social challenges

posed by HIV and AIDS. Both NACC and NASCOP were consulted during the development of this COP. We are pledged to including them far more extensively in developing our five-year plan and the second year COP in a transparent process beginning shortly after this COP is submitted.

## ***2. Our Commitment to Transformed Methods of Achieving Results***

Achieving the results required in areas of prevention, palliative care, support or treatment calls for creative and consistent application of the network model. The Government of Kenya has placed this approach at the center of its plans for scaling up anti-retroviral treatment (ART), linking dispensaries to district hospitals to provincial general hospitals, and ultimately to the two national referral hospitals. Our COP endorses this framework and invests in the human, physical, and logistical capacities essential to its success. By the same token, we welcome the GOK's inclusion of mission hospitals and other faith-based facilities in its network model and will support these providers and others in the private sector in a more comprehensive application of a proven approach. The map on page five of this preamble demonstrates the role of the network model in Kenya in our ART plans.

The further challenge we have embraced in this COP is application of the network model beyond provision of clinical care. We have begun the process of assuring integration of responses to the needs of orphans and vulnerable children, early HIV diagnosis and preventive interventions to prolong health and ward off opportunistic infections, home-based and end-of-life care, primary and secondary prevention, and programs to promote family stability and household economic viability for maximum effectiveness and synergy.

We do not propose to achieve this broader networking of programs in our first year – in part because we are embracing many new partners and redefining old relationships – but are committed to achieving it by the end of our second year under the Emergency Plan. What we confidently promise in year one is rapid, well-documented, and significant progress toward the “2-7-10” targets assigned to Kenya.

In the area of **treatment**, we will place close to 15,000 Kenyans on ART through the most direct US support: provision of anti-retrovirals (ARVs) and payment of much of the infrastructure and running costs associated with dispensing and assuring continuous and well-monitored availability of those medications. We will also be critical contributors to the treatment success of a further 17,000 Kenyans on ART through the investments we are making in transforming the public sector infrastructure that includes the Kenya Medical Supplies Agency (KEMSA), dispensing pharmacies, and the capabilities of health professionals who will initiate and monitor ART. Perhaps our most important new partner in treatment will be the Mission for Essential Drugs and Supplies (MEDS), a jointly held corporation founded 18 years ago by the Christian Health Association of Kenya and the Roman Catholic Kenya Episcopal Conference. MEDS will be the vehicle through which we procure and distribute ARVs and other essential commodities for dozens of mission hospitals, private sector providers, and a limited number of public sector facilities. The combined total of these efforts represents a first year down payment of 13 percent of our current 2008 target of 250,000 Kenyans on ART.

The recent downward trend in Kenyan HIV prevalence speaks to the success of US-funded programs of **prevention**. While continuing core elements of the prevention portfolio that have helped reduce prevalence, including carefully targeted marketing of condoms for those engaged in high-risk behavior, we will redouble efforts to reach young people with messages and programs that promote abstinence and faithfulness. Our networks of faith-based and other partners in this work will reach over 250,000 young people in schools, and religious and

community settings, with direct programming. Other partners using mass media and community-wide interventions are committed to reaching five million young Kenyans with abstinence and faithfulness messages. The most directly measurable contributors to reduced prevalence – PMTCT, safe injections, and a safe blood supply – will prevent close to 20,000 infections in our first year. In an area of prevention largely absent from responses in Africa, we are incorporating activities to interrupt a growing cycle of HIV infection among intravenous drug users and through them to the larger population at the coast and in Nairobi. The program will provide VCT and will connect HIV-positive users to HIV care and ART linked to rehabilitation.

HIV testing and counseling is a prevention intervention that is being strategically redefined and re-positioned as a bridge to care and treatment. Kenya has seen demand for voluntary counseling and testing (VCT) skyrocket, in large part due to successful social marketing and greatly increased availability. In spite of these gains, it is estimated that only 13% of adult Kenyans know their HIV status. Under this COP, we propose strategic expansion in VCT availability and will reach over 310,000 Kenyans through more than 220 sites. VCT innovations include mobile services, VCT linked to home-based care and offered in church/mosque settings, and programs targeting vulnerable but often overlooked populations including the deaf, slum dwellers, uniformed services, island dwellers in Lake Victoria, refugees and relief workers.

The US Mission to Kenya will also provide global leadership in moving an entire nation toward diagnostic testing. This will enable rapid identification – and referral for therapeutic intervention, with human rights and confidentiality protections – of HIV-positive individuals among TB suspects/patients, hospital inpatients, and others known to include a high percentage of infected individuals. All testing – whether voluntary or diagnostic/routine – will emphasize linkages to care and treatment for those found to be HIV positive.

The increasing availability of treatment provides the opportunity and the obligation to transform our programs of care and support. In this first COP, we are strengthening our programs of home-based care and reinforcing two way referral linkages with clinical providers. Home-based care programs will also increasingly emphasize and support improved nutrition, a vital step if people are to succeed in taking ARVs. These programs will reach nearly 30,000 Kenyans with vitally needed support in their own homes. We are taking steps at both the national and facility levels to integrate TB and HIV care given the greater than 50 percent co-infection rate across these patient groups. Improved clinical care will be provided through over 40 partners to 60,000 Kenyans with HIV who do not yet need ART. This total includes over 2,200 children and young people with HIV, a population too often forgotten in our efforts to increase access to life-prolonging medical intervention.

In response to both the human tragedy and the Emergency Plan mandates for care of those who have lost one or both parents to HIV, we are expanding programs to serve orphans and vulnerable children (OVCs) to reach over 112,000 in this first year – many of them in partnership with faith-based organizations. These programs rely extensively on the most vital and resilient African response, the family, to provide the practical and emotional support needed by OVCs. For HIV-positive orphans and for those where no extended family can be identified, the COP includes limited investment in substitute family/foster care.

### **3. Our Commitment to Transforming Partnerships**

This first COP for Kenya reflects a strategic mix of established Kenyan and international implementing partners and a large complement of new agencies that will assist us in achieving the Emergency Plan goals. We will work through a total of over 120 partners who will either be direct or indirect (first sub-recipients) of US funding, technical direction, and oversight. Nearly 40

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percent of these new, and 25 percent are faith-based. One new FBO, the Mission for Essential Drug and Supplies, will be among our largest individual recipients of funding. Depending on the results sought and each US agency's contracting capacities and advantages, we will use performance-based contracts, sole source mechanisms, development assistance grant agreements (with GOK), field support "buy-in" to centrally awarded mechanisms, "umbrella" grants, and other mechanisms.

The transformations we seek through these partners are both internal and external. Externally, they will function as the arms and legs, muscles and sinew of much of the American response to HIV/AIDS in Kenya. As such, they will transform public and private health care systems and capacities to make our care and support and treatment goals achievable. The most significant internal transformation will be in how we *manage* partners. In a number of instances – the new USAID-issued contracts with MEDS and for an umbrella mechanism to support smaller CBOs and FBOs being prime examples – we have agreed to form interagency management teams. These teams will assure that each US agency that contributes to and will rely on these important new mechanisms has a say in how they are managed and monitored.

We are aware that some of our larger and/or longer-term partnerships may be perceived as monolithic or just "too big." In response, we have heightened the priority we assign to reaching new groups but would also share a point of clarification: several of our larger partners – Family Health International (an international NGO) and the Kenya Medical Research Institute (an arm of the Kenya Ministry of Health) among them – are proven and vital collaborators. The large sums they receive do not just support their own operations and programs, but reach over 30 public and private sector (including FBO) partners as subrecipients on our behalf. They relieve us of administrative burdens that would otherwise be unmanageable without significant increases in US staff complements.

#### **4. Our Commitment to Kenya**

The US Mission to Kenya has articulated a vision for transformed responses in this first year across the continuum of need associated with the HIV/AIDS epidemic. In doing so, we have responded to imperatives of President Bush's Emergency Plan for AIDS Relief, but we have also responded to the priorities of the host country in which we are privileged to live and work. Limitations of time, and rapidly evolving policy directives within those limited time lines, have also limited our ability to fulfill intentions for collaboration with government in this first year when we seek to set so many new processes and programs in place. We look forward to a more measured, open, and inclusive approach to developing our longer-term vision for the Emergency Plan in Kenya and linking it very directly to the new five-year Kenya National HIV/AIDS Strategic Plan that will be developed later in 2004.

#### **5. Our Commitment to Kenyans**

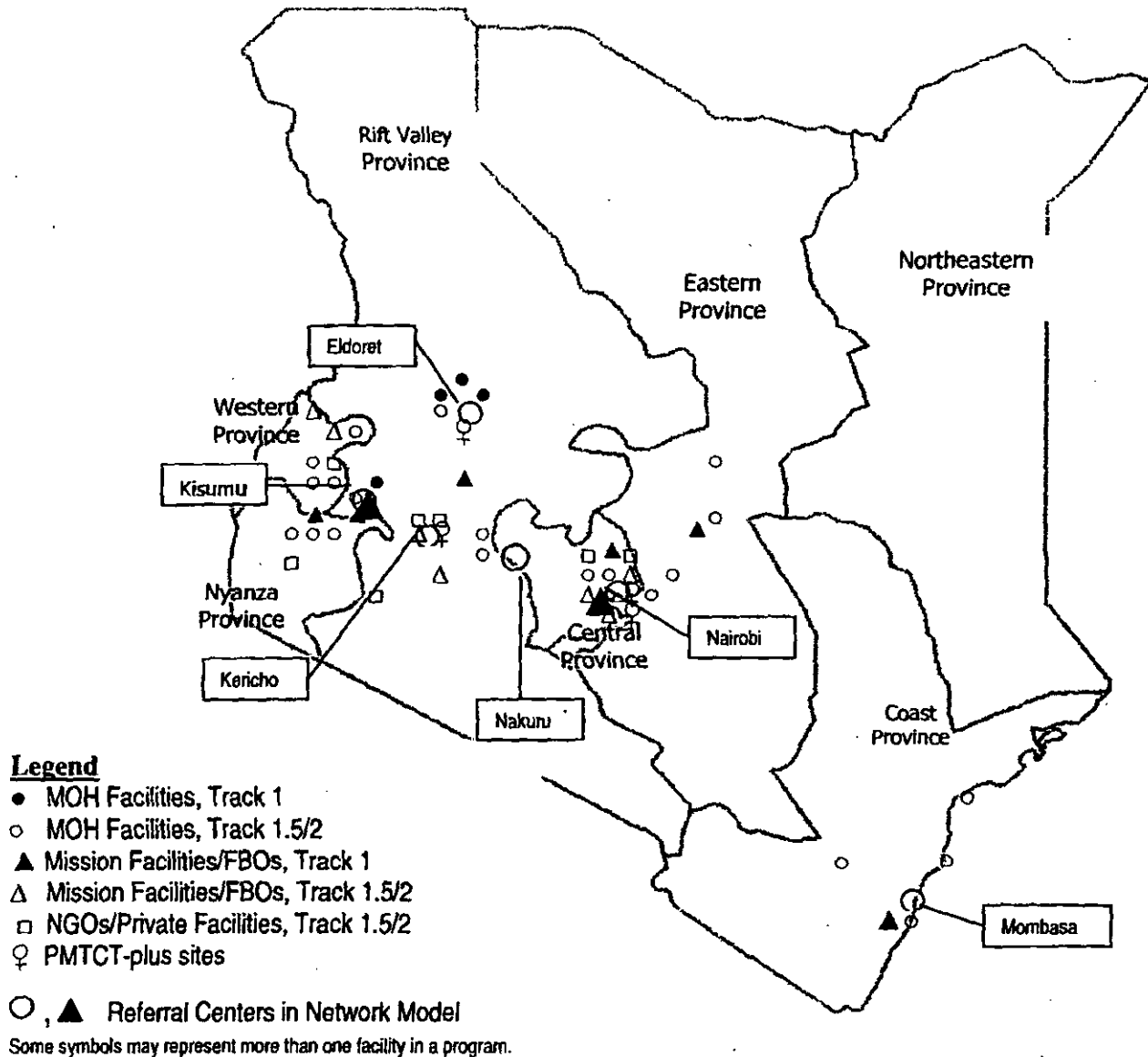
Less than twelve months ago before signing the legislation that made the Emergency Plan a reality, President Bush made the following observation about the AIDS pandemic and the responses it evokes:

*There are only two possible responses to suffering on this scale. We can turn our eyes away in resignation and despair, or we can take decisive, historic action to turn the tide against this disease and give the hope of life to millions. The United States of America chooses the path of action and the path of hope.*

The US Mission to Kenya is proud to continue walking with the people of Kenya – and especially her citizens who are infected with or otherwise suffering due to HIV – along a wider, safer, and more stable path to a transformed and hope-filled future free from AIDS.

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## The Network Model and Proposed PEPFAR-Supported Treatment Sites for Kenya



**NOTES:** This map shows the approximate locations of sites proposed for PEPFAR-supported scale up of antiretroviral treatment in Kenya. Antiretroviral treatment will be delivered to an estimated 15,000 people at more than 50 health sites. The sites include more than 30 MOH facilities (many through NGO support), more than 20 FBO facilities, 4 NGO facilities/programs, 4 private institutions, and 5 PMTCT-plus sites. Treatment sites are located primarily in the heavily populated areas surrounding and between the urban centers of Nairobi, Mombasa, and Kisumu, and are concentrated in western Kenya, where HIV rates are the highest in Kenya. ARV programs are linked to other services in all geographic areas. ARV treatment programs are proposed for all provinces except North-Eastern, and the northern sectors of Rift Valley, Eastern, and Coast Provinces, as these parts of Kenya are semi-desert areas with extremely low population density and very low HIV rates. A focus on prevention has been maintained in these parts of the country.

Table 1. Overview of HIV/AIDS in Kenya

<p><b>1.1 Country Profile</b></p>	<p>a. Population: 31.6 million (July 2003 est)  b. Area: 582,650 sq km (2x size of Nevada)  c. Per Capita GDP: \$1,100 (2002 est)  d. Adult Literacy Rate: 85% (Male 91%; Female 80%; 2003 est)  e. Per Capita Expenditure on Health: \$15 (est all sources); \$5.20 (2001-2002 GOK financial year public sector)  f. Life Expectancy (years): 45.2 (Male 45.0; Female 45.4; 2003 est)  g. Infant Mortality (per 1,000 births): 78 (KDHS 2003; level as of 2000)  h. Under 5 Mortality (per 1,000 births): 114 (KDHS 2003; level as of 2000)</p>
<p><b>General Observations on Country, Infrastructure, Population, and Overall Health:</b> The nation has a population of nearly 32 million, with 68% residing in rural areas and the remainder residing in 3 cities and 71 municipalities. The country straddles the equator and has 490 km of Indian Ocean coastline. Approximately 80% of the land is arid or semi-arid, and the country can be divided into lowland and highland regions with diverse climate and ecology. Kenya is the commercial hub of East Africa. The port of Mombasa connects by rail and road to the landlocked nations of east and central Africa. Telecommunications, transportation, and other essential infrastructure deteriorated significantly under the previous regime, but the National Rainbow Coalition (NARC) government elected in December, 2002 has placed great emphasis on their rehabilitation. The country has a highly educated, but seriously under-employed population. For example, an estimated 4,000 trained nurses are not in the workforce. This poses a challenge to the nation's economy, but may be a boon to efforts to rapidly scale up care and treatment for people living with HIV and AIDS. Trends in adult HIV prevalence indicate a mature epidemic that has probably peaked. The most recent (2003) Kenya Demographic and Health Survey (KDHS), however, indicates that virtually all other significant health indicators - including total fertility, infant mortality, adult mortality, and malnutrition - have increased since the last DHS in 1998. This deterioration in overall health of the population will complicate efforts to achieve maximum benefit from anti-retroviral therapy and other clinical interventions among the population that is HIV-infected.</p>	<p>Sources: Kenya Demographic and Health Survey Preliminary Results, 2003; World Fact Book, 2003</p>
<p><b>1.2 HIV/AIDS Statistics</b></p>	<p>a. HIV prevalence in pregnant women: 9.4 %, range in rural sites 1% to 41% (2003 Sentinel surveillance); 8.7% in adult women 15-49 and 4.5% adult men (Kenya Demographic and Health Survey 2003 [KHS]); [15.3% 2000 per UNAIDS 2002 report, based on estimates from 3 urban sentinel surveillance sites]  b. Estimated number of HIV-infected people: Adults: 1,360,000 (Sentinel Surveillance 2003); 1,010,000 (KDHS 2003, preliminary report). Children: est. 145,000 surviving with 39,000 HIV infected infants born in 2003.  c. Estimated number of individuals on anti-retroviral therapy: ≈ 11,000 (see Table 4.10 for further details)  d. Estimated number of AIDS orphans: 890,000 [UNAIDS 2002 Report]</p> <p><b>General Observations on HIV/AIDS Statistics:</b> The 2003 Kenya DHS included HIV testing for the first time, with 73.3 percent of eligible respondents (76.3% of women, 70.0% of men) tested. The prevalence rates documented through the DHS (6.7% overall) is significantly lower than those gathered through 2003 ANC sentinel surveillance (9% of pregnant women). The prevalence in adult women tested in the DHS (8.7%) is similar to the pregnant women tested in 42 ANC clinics for sentinel surveillance (9.0%). The prevalence in men in the KDHS (4.5%) is, however, lower than expected with a higher female to male ratio (1:9) than in other surveys in Africa. The risk of HIV in young women vs. men in the KDHS (3.5% vs. 0.5% in 15-19; 8.7% vs. 2.4% in 20-24 y/o) is consistent with other studies demonstrating the special vulnerability of young women for HIV infection. Prevalence in urban areas is significantly higher than in rural areas (10% vs. 6% in KDHS; 11% vs. 9% Sentinel surveillance 2003), and there are significant regional and provincial differences. This information is critical for targeting PEPFAR interventions for prevention and care.</p>
<p>Sources: Annual sentinel surveillance, MOH 2003; Kenya Demographic and Health Survey 2003, CBS; UNAIDS Report on the Global HIV/AIDS Epidemic, 2002</p>	



### 1.3 Characteristics of the HIV/AIDS Epidemic

- a. Populations at comparative high risk: Young women between the ages of 15 and 24, and young men 20 to 30 are at very high risk. Out-of-school youth, commercial sex workers, workers in the transport sector, and urban residents are at greater risk than the general population.
- b. Risk factors related to comparative high risk: Early sexual activity in girls < 15; married couples ignorant of own and partner's HIV status (estimated 500,000 discordant married couples); low condom use; intergenerational sex
- c. HIV/AIDS adult prevalence by gender (age 15-49): 8.7% Female, 4.5% Male (KDHS 2003)
- d. HIV/AIDS prevalence by age groups (0-14 yrs: 1.1% (0-14) (projection based on vertical transmission only, Sentinel surveillance 2003); 3.7% (15-24) and 9.1% (25-49) (KDHS 2003)
- e. HIV/AIDS prevalence by urban versus rural: 10.0% urban, 5.6% rural (KDHS 2003); in pregnant women 11.0% urban, 8.9% rural (Sentinel surveillance 2003)
- f. ANC surveillance trends (specify years compared): 13% (2001), 10.1% (2002), 9.4% (2003); Epidemic Projection Package (EPP) projection
- g. BSS survey trends (specify years compared): The first national BSS was completed in youth and 6 adult risk groups in 2002-3; a pilot BSS was completed in Mombasa only in 1998, so trend data is not available. Among unmarried, out of school youth 18-22 years, 69% of women and 51% men reported abstinence in the last year. Sexual debut was 16.2 for women and 15.3 for men. In the highest prevalence district, 52% of girls reported first sex before 15 years of age (national estimate 19%)
- h. DHS survey trends (specify years compared): Fertility declined from 8.1 in 1975-8 to 4.7 in 1998 and increased to 4.9 in 2003. Rates of polygynous marriage have declined (30% in 1977 (Kenya Fertility Survey) to 16% 1998), median age of sexual debut remains 16.
- i. HIV/AIDS epidemic projections: Using the EPP, Kenya's HIV epidemic has peaked, with a high of 10.5% in 1997-98 dropping to 9.5% in 2004 though some rural areas have rising prevalence, and urban areas (Mombasa, Nairobi) and Nyanza and Western Provinces have the highest rates (13% to 20%).
- j. STI statistics: STI clients had greater than twice the HIV prevalence rate of pregnant women (23% vs. 9.4%), with women with genital ulcer disease having higher rates than men (37% vs. 23%). Syphilis rates in pregnant women in 2002 were 2.9%, including 3.1% in the 15-19 year group, while urban women had slightly higher rates than rural women (3.1% vs. 2.8%).
- k. TB statistics: TB cases have risen 6-fold in the last decade, with over 96,000 registered cases in 2003. HIV rates in TB cases are estimated between 50 and 60%; treatment success rate is 80%.
- Sources data: KDHS 1998 and 2003; Kenya Behavioural Surveillance Survey 2002-3; Mombasa Behavioural Surveillance Survey 1998; Sentinel Surveillance 2003, MOH; National Leprosy and TB Program Report 2003; Kenya Fertility Survey 1977

**Table 2. National HIV/AIDS Response**

<p><b>2.1 National HIV/AIDS Coordinating Body</b></p>	<p><b>Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership</b></p>
<p><b>National AIDS Control Council (NACC)</b></p>	<p>Government multi-sectoral unit attached to Office of the President. Has professional staff of 80-plus at headquarters level. Governing secretariat representative of public and private sectors and donor community. Manages elements of World Bank MAP program in Kenya; liaises with AIDS Control Units (ACUs; see below) of all major Government of Kenya ministries (e.g., Health, Defense, Agriculture, Education, Tourism, Trade, etc.) for coordinated and strengthened responses to AIDS.</p>
<p><b>National AIDS and STI Control Programme (NASCOP)</b></p>	<p>AIDS Control Unit (ACU) of the Ministry of Health. Headquarters professional staff of 35 reporting to Chief, Preventive and Promotive Health. Coordinates work of Provincial and District AIDS Control Officers (PASCOs, DASCOs). Director Dr. Kenneth Chebet named by Minister of Health as liaison to PEPFAR Kenya Interagency Coordinator, Warren Buckingham.</p>
<p><b>Kenya AIDS NGO Consortium (KANCO)</b></p>	<p>NGO formed in 1990 to strengthen and coordinate private sector responses to HIV. Has professional staff, governing board. Membership includes 800 civil society groups responding to AIDS nationwide, but is not acknowledged by all AIDS NGOs as "their" coordinating agency.</p>
<p><b>Kenya Inter-religious AIDS Consortium (KIRAC)</b></p>	<p>Nascent group formed in 2003 with support from NACC and KANCO to coordinate and strengthen faith-based responses. Has not yet been registered, does not have professional staff or offices, and is not yet mature enough to be a fully functional coordinating body for religious response to HIV/AIDS.</p>
<p><b>2.2 Time Period Covered in National HIV Strategic Plan(s) or document(s)</b></p>	<p><b>Title of National HIV Strategic Plan(s) or document(s) that outline priorities and objectives</b></p>
<p>From: 2000 To: 2005</p>	<p><b>Kenya National HIV/AIDS Strategic Plan</b>                  NB: a new five-year plan will be undertaken during the same timeframe that the 5-year Kenya plan for the President's Emergency Plan for AIDS Relief is being developed. The US Mission to Kenya has committed to developing its plan in a transparent, parallel, and well-integrated process with the Government of Kenya and other major partners to assure maximum synergy and complementarity of efforts.</p>
<p><b>Critical Policy and Practice Guidelines</b></p>	<p>Both NACC and NASCOP have developed, with significant USG and other donor support, a number of policy and practice guidelines to help standardize and strengthen responses to AIDS in Kenya. Subjects covered include ART (2001), VCT (2001), Condoms (2001), PMTCT (2002), Home-based Care (2002), Blood Transfusion (2003), Blood Donor Mobilization (2003), OVCs (2003), Gender (2004), among others. Some USG partners will devote resources and efforts during the period of this COP to updating and/or improving dissemination and application of these guidelines.</p>

2.3 Major Donor/Partner Organizations	Primary activities supported that are related to PEPFAR goals	Estimated 2004 Budget
World Bank	<p>Multisectoral AIDS Program (MAP) \$50 million five-year resource envelope allocated to support running costs of NACC (\$12M); support to ACUs of line ministries (\$8M); grants to CBOs/NGOs/FBOs for impact mitigation (\$30M)</p> <p>DARE Project: \$50 million/5 year credit to MOH including test kits and district-level support for VCT, PMTCT, blood safety, STI drugs (est. \$32 million unexpended with less than 6 months remaining in life of credit)</p>	Est. \$10 million
Global Fund for AIDS, TB and Malaria	<p>Round 2: \$36.7M approved for first 2 of 5 years for AIDS, including ARV treatment, PMTCT+, and PEP; training; lab and facility capacity for ARV care; VCT scale-up. Next 3 of 5 years based on performance up to \$137M total. A Round 4 proposal is currently under development for submission on April 5. Donors may not endorse the application because a prior agreement by the CCM to focus exclusively on support for private sector groups - in part because of very slow GOK action to implement the approved Round 2 proposal - has been abrogated (and exacerbated by WHO pressure to include funds to achieve "3x5" targets for government)</p>	\$17 million for HIV for 2004
Department for International Development, UK	Broad support to health (malaria bed nets, PSI), STI research (Population Council), HIV prevention and care (HAPAC), KDHS, and management and logistics capacity (NASCOF)	
GTZ	Primary health care and reproductive health (PMTCT, condoms in gov't facilities)	
Japan International Cooperation Agency	Facilitates construction/improvement of comprehensive HIV/AIDS care centers, development of low-cost test kits for HIV, hepatitis B (KEMRI), blood safety equipment and training, VCT	
<p>UN Agencies</p> <ul style="list-style-type: none"> <li>• UNAIDS</li> <li>• UNDP</li> <li>• UNICEF</li> <li>• WHO</li> <li>• UNESCO</li> <li>• UNODC</li> </ul>	<p>Agency primary areas of focus:</p> <p>Surveillance, advocacy, educational curricula and HIV</p> <p>Through NACC strengthen community NGOs, workplace programs, legal issues</p> <p>Pilot PMTCT initiatives in 4 underserved districts; school-based initiatives</p> <p>3x5, Integrated disease surveillance, training, IMCI (including pediatric care)</p> <p>Education sector; media interventions</p> <p>Programs to deal with intersection of substance abuse and HIV</p>	

Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-2008

## 3.1 President's Emergency Plan In-Country Coordination

**Within USG:** An HIV/AIDS committee representing all Mission elements concerned with or affected by HIV/AIDS has met regularly under auspices of the Embassy for over four years to coordinate programming, information flow, and other activities. Additionally, USAID and HHS/CDC maintained a schedule of monthly inter-agency meetings to coordinate programming, jointly problem-solve, and assure maximum results with available resources. The latter forum made possible the high levels of coordination that took place in planning for and implementing the President's Mother to Child Prevention Initiative in Kenya. This history of successful collaboration has provided a firm foundation to build the highest levels of interagency coordination and cooperation in response to the President's Emergency Plan for AIDS Relief.

**Between USG and other international partners:**

- Global Fund: HHS/CDC and USAID were represented on committees that drafted round 1 and 2 applications; both agencies are active on the CCM.
- World Bank-MAP: HHS/CDC and USAID are represented on the National AIDS Control Council (NACC) Technical Working Group, which manages the World Bank MAP program for Kenya.
- Other:
  - A Health Donors Group has met for many years in Kenya. Formerly chaired by the Permanent Secretary, MOH, leadership is currently rotated among participating agencies. USAID Office of Population and Health Chiet Janet Paz-Castillo was the chair from September 03 to March 04.
  - US-UK Initiative: US Ambassador Bellamy and the British High Commissioner have met on two occasions to plan follow-through on the US-UK initiative announced during President Bush's visit to London last November. Their technical staffs have documented the already substantial cooperation and joint-programming underway in response to HIV and AIDS in Kenya and are planning expanded work.
  - US-Japan Common Agenda: USAID and HHS/CDC have both worked closely with JICA to scale-up treatment and VCT, including mobile VCT.

**Between USG and host government:**

USG implementing agencies are represented on the major Government of Kenya coordinating councils dealing with funding, programming, and technical aspects of HIV/AIDS responses in NACC and NASCOP. CDC and soon USAID will have staff housed in NASCOP. There is close coordination with and technical support provided to numerous technical working groups and task forces (PMTCT, VCT, ART, Blood Safety, Lab, HBC, M&E, Health Sector Reform). Two meetings have been held between Mission leadership and the Minister of Health and her senior staff to discuss coordination and other issues related to PEPFAR. The USG PEPFAR interagency coordinator meets weekly with his MOH counterpart and on an as-needed basis with the head of NACC.

**Between USG and other in-country organizations:**

Separate informational briefings on year one of PEPFAR have been held with (1) FBOs, (2) NGOs, (3) HIV research programs operating in Kenya, (4) all major identified ART program implementers, and (5) other bi- and multi-lateral donors. A joint planning timeline and protocol is under active discussion with NACC and NASCOP to assure that the U.S. 5-year Emergency Plan for Kenya is developed concurrent with and is fully complementary of the new 5-year plan Kenya National AIDS/HIV Strategic Plan.

**3.2 President's Emergency Plan Targets for 2004 - 2008**

Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted	30,000	75,000 cum. 105,000	120,000 cum. 225,000	175,000 cum. 400,000	175,000 cum. 575,000	175,000 cum. 750,000	180,000 cum. 930,000
# Infections averted: PMTCT (doses NVP x 0.20)	2,500	5,000 cum. 7,500	7,500 cum. 15,000	10,000 cum. 25,000	12,500 cum. 37,500	15,000 cum. 52,000	17,500 cum. 70,000
# Infections averted: Other (not PMTCT)	27,500	70,000	112,500	165,000	162,500	160,000	162,500
Total # receiving Care and Support	180,000	290,000	500,000	750,000	1,250,000	N/A	
# OVC receiving Care and Support	112,000	190,000	287,000	310,000	388,000		
# receiving Palliative Care	60,000	90,000	120,000	160,000	250,000		
# receiving ART	38,000 Direct 15k Other 23k	110,000 Direct 45k Other 65k	157,000 Direct 85k Other 72k	195,000 Direct 115k Other 80k	250,000 Direct 162k Other 88k		

"Direct" under # receiving ART = patients whose treatment will be directly supported by PEPFAR resources. USG investments in health infrastructure (commodity procurement, distribution and dispensing; facility-based and central reference laboratories, human capital, etc.) will make virtually all Kenyans receiving ART among those "supported" by the US.

Table 4.1						
4.1.3 Existing activities initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount	Budget Source	Track
<b>Table 4.1.1</b>						
<b>Prevention of Mother-to-Child Transmission</b>						
4.1.1 Current status of program in country	<p>PMTCT activities are in transition, moving from pilot projects to a scaled-up national program. Currently about 154 facilities are providing PMTCT services. The Ministry of Health (MOH) plans to expand PMTCT services from three to all eight Provincial General Hospitals and by the end of 2004 to 50% of all the 72 District Hospitals. Some districts, in partnership with USG or NGOs, are beginning to offer PMTCT services at health center level. A significant number of faith-based mission hospitals already provide services, and religious umbrella organizations, working with the MOH, plan to rapidly expand this number. The ultimate goal of the MOH is 80% coverage of all antenatal clinic attendees by the end of 2005.</p>					
4.1.2 How new activities will contribute to PEPFAR targets, linkages to other activities	<p>The new proposed activities - including upgrading of maternity and labor wards and other infrastructure improvements to increase in-hospital delivery rates - will significantly increase the number of women accessing PMTCT services in Kenya. This will directly reduce on the number of new pediatric HIV infections. In addition these activities will identify women who themselves need treatment, care and support and will enhance the number of individuals on treatment through referral directly into PMTCT+ programs (see Table 4.11). Cost per woman is generally [redacted] Variations from the range of costs generally occurs in hard-to-reach areas (e.g. Nairobi slums), new providers (e.g. private nurse-midwives), and new sites.</p>					
<b>Table 4.1.3 Existing activities initiated prior to FY04</b>						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount	Budget Source	Track
ACQUIRE Engender Health  New partner? No FBO? No	<p>Increase access to PMTCT services by enabling 100 private nurse midwives to offer services. Provide MTCT prophylaxis to 400 women.</p>	<ul style="list-style-type: none"> <li>Strengthen capacity of 100 private nurse-midwives to provide PMTCT in Coast, Rift Valley, and Nairobi provinces.</li> <li>Start community awareness and demand creation activities.</li> <li>Establish a quality assurance monitoring system.</li> </ul> <p>Links to care and support, palliative care.</p>	USAID		Base	1.5

<p><b>AMIKENI</b> Engender Health <i>New partner?</i> No <i>FBO?</i> No (2 FBO sites)</p>	<p>Increase access to PMTCT by strengthening services in 40 sites, and promoting in surrounding communities. Provide MTCT prophylaxis to 980 women.</p>	<ul style="list-style-type: none"> <li>• Train service providers, facilitate minor renovations in 40 hospitals and health centers in 10 districts of Coast and Western Provinces (2 FBO sites).</li> <li>• Train Public Health Officers and Public Health Technicians in PMTCT community awareness-raising.</li> <li>• Community groups conducting 1,000 information and education sessions about PMTCT.</li> </ul>	<p>USAID</p>	<p>PMTCT</p> <p>Trk 1.5</p> <p>Trk 2</p>
<p><b>Call to Action</b> Elizabeth Glaser Pediatric AIDS Foundation <i>New partner?</i> Yes <i>FBO?</i> No</p>	<p>Build capacity to provide services for the prevention of mother-to-child transmission of HIV. Provide MTCT prophylaxis to 1,460 women.</p>	<ul style="list-style-type: none"> <li>• Provide technical assistance and support training for health professionals, primarily in the NGO sector.</li> <li>• Increase the number of ANC attendees who receive quality PMTCT services.</li> <li>• Increase the numbers of infants of HIV + women who receive NVP prophylaxis.</li> </ul>	<p>USAID</p>	<p>Base</p> <p>1.5</p>
<p><b>Catholic Medical Mission Board</b> <i>New partner?</i> No <i>FBO?</i> Yes (60 FBO sites)</p>	<p>Building capacity in 60 faith based mission facilities to provide PMTCT services. Provide MTCT prophylaxis to 680 women.</p>	<ul style="list-style-type: none"> <li>• Establish coordination between Christian Health Association of Kenya and Kenya Episcopal Conference (Catholic).</li> <li>• Provide technical assistance and training for health providers.</li> <li>• Increase the number of HIV+ women, and their children, who receive NVP prophylaxis.</li> </ul>	<p>USAID</p>	<p>PMTCT</p> <p>2</p>
<p><b>DELIVER - Kenya</b> JSI <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Increase access to PMTCT services by ensuring provision of essential commodities to USG-supported PMTCT sites.</p>	<ul style="list-style-type: none"> <li>• Design and implementation of national logistics system for the provision of PMTCT commodities.</li> <li>• Distribution of HIV test kits (purchase if necessary); distribution of Nevirapine.</li> </ul>	<p>USAID</p>	<p>Base</p> <p>1.5</p>
<p><b>IMPACT</b> FHI <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Increase accessibility to, and use of, PMTCT services integrated into ANC in 25 sites. Provide MTCT prophylaxis to 1,500 women.</p>	<ul style="list-style-type: none"> <li>• Training of service providers and supervisors, including TOTs.</li> <li>• Renovate 15 new PMTCT sites as needed.</li> <li>• Facilitate service delivery and supervision in 25 MOH sites in Rift Valley and Western Provinces.</li> </ul>	<p>USAID</p>	<p>PMTCT</p> <p>2</p>

<p>Indiana University / Columbia University New partner? Yes FB07 No</p>	<p>Expand PMTCT coverage to 4 new sites. Provide MTCT prophylaxis to 680 women.</p>	<p>Expand PMTCT to 4 sites in Rift Valley Province. Provide training in PMTCT, facility improvement, necessary equipment. Links to 4.11.3 activities by same partner.</p>	<p>USAID</p>	<p>PMTCT</p>	<p>1.5</p>
<p>Population Services International AIDSMark New partner? No FB07 No</p>	<p>Create awareness and demand for PMTCT services through mass media campaign reaching 75% of pregnant women.</p>	<p>Develop national PMTCT communications strategy with NASCOP. Produce and air integrated mass media campaign. Increase utilization of PMTCT services.</p>	<p>USAID</p>	<p>PMTCT</p>	<p>2</p>
<p>UNICEF PMTCT Northern Kenya New partner? No FB07 No</p>	<p>Provide PMTCT services in remote Muslim districts of northern Kenya. Provide MTCT prophylaxis to 250 women.</p>	<p>Train District Health Management Teams and health providers in 4 district hospitals and 12 health centers on PMTCT. Improve and increase access to service delivery, increase utilization of ANC and PMTCT services.</p>	<p>USAID</p>	<p>PMTCT</p>	<p>2</p>
<p>CARE New partner? No FB07 No</p>	<p>Strengthen PMTCT service delivery in 8 facilities and implement PMTCT activities in an additional 22 health facilities. Provide MTCT prophylaxis to 680 women.</p>	<p>Hold community meetings with stakeholders to mobilize support of the PMTCT program in Siaya District. Implement routine HIV testing in ANC and Maternity units. Implement integrated PMTCT package including postnatal follow-up and care. Strengthen service delivery through supportive supervision.</p>	<p>HHS/CDC</p>	<p>PMTCT</p>	<p>1.5</p>
<p>International Rescue Committee New partner? No FB07 No</p>	<p>Provide PMTCT services to women delivering in refugee camp facilities. Provide MTCT prophylaxis to 100 women.</p>	<p>Continue providing HIV testing for all pregnant women in Kakuma refugee camp. Test and counsel 2,500 pregnant women and provide ARV to 100 HIV+ pregnant women delivering in Kakuma refugee camp.</p>	<p>HHS/CDC</p>	<p>PMTCT</p>	<p>2</p>



<p>Kenya Medical Research Institute (KEMRI) New partner? No FBO? No</p>	<p>Expand PMTCT in 5 districts (Nyamira, Gucha, Nyando, Suba, and Kisi Districts). Provide MTCT prophylaxis to 2,310 women.</p>	<ul style="list-style-type: none"> <li>• Train 30 health workers per district on PMTCT.</li> <li>• Mobilize community support for PMTCT program.</li> <li>• Implement routine HIV testing in ANC and Maternity units.</li> <li>• Implement integrated PMTCT package including postnatal follow-up and care of HIV+ women.</li> <li>• Strengthen service delivery through supportive supervision.</li> <li>• Assist MOH to establish functioning PMTCT SI/MIS.</li> </ul>	<p>HHS/CDC</p>	<p>PMTCT S/GAC</p>	<p>Trk 1.5 Trk 2</p>
<p>National AIDS and STIs Control Programme (NASCOP) New partner? No FBO? No</p>	<p>Establish an informatics section at NASCOP and 5 provinces to provide strategic PMTCT information from facility level to national level.</p>	<ul style="list-style-type: none"> <li>• Conduct resource needs assessments (human and material).</li> <li>• Modify/develop, pretest and disseminate appropriate ANC and maternity registers and reporting tools.</li> <li>• Train Health managers and service providers on the use of M&amp;E tools.</li> </ul>	<p>HHS/CDC</p>	<p>PMTCT S/GAC</p>	<p>Trk 1.5 Trk 2</p>
<p>Pathfinder New partner? No FBO? No</p>	<p>Implement PMTCT services in 50 facilities in 8 districts (Uasin Gishu, Meru South, Meru Central, Meru North, Tharaka, Nairobi, Trans Nzoia, Nandi). Provide MTCT prophylaxis to 530 women.</p>	<ul style="list-style-type: none"> <li>• Train 30 health workers per district on PMTCT.</li> <li>• Conduct district infrastructure needs assessments.</li> <li>• Hold community meetings with stakeholders to mobilize support for the PMTCT program.</li> <li>• Implement routine HIV testing in ANC and Maternity units.</li> <li>• Implement an integrated PMTCT package including postnatal follow-up and care.</li> <li>• Strengthen service delivery through supportive supervision.</li> </ul>	<p>HHS/CDC</p>	<p>PMTCT PMTCT</p>	<p>Trk 1.5 Trk 2</p>
<p>HHS/CDC Atlanta</p>	<p>Provide technical assistance for the national PMTCT programs through 5 TDYs</p>	<ul style="list-style-type: none"> <li>• Provide TA in evaluation studies</li> <li>• Provide TA in the development of job aids and materials for health workers for PMTCT+</li> </ul>	<p>HHS/CDC</p>	<p>PMTCT</p>	<p>2</p>

<p>Kenya Department of Defense (KDOD) New partner? No FBO? No</p>	<p>60% of mothers delivering in KDOD health facilities receive PMTCT services.</p>	<ul style="list-style-type: none"> <li>• Continue support to 14 KDOD facilities providing PMTCT services</li> <li>• Extend PMTCT services to 3 new sites</li> <li>• Improve infection control measures in the PMTCT services</li> </ul>	<p>DOD/DHAP P</p>	<p>S/GAC</p>	<p>1.5</p>
<p>Kericho and Bomet District PMTCT services</p> <ul style="list-style-type: none"> <li>• MOH/Kericho District Hospital (Kericho)</li> <li>• Brooke Bond Central Hospital (Kericho)</li> <li>• James Finlay Central Hospital (Kericho)</li> <li>• Tenwek Mission Hospital (Bomet)</li> </ul> <p>New partner? 1 Yes FBO? 1 Yes</p>	<p>Provide PMTCT to 12,500 pregnant women, MTCT prophylaxis to ~700 HIV+ women and improve outreach to rural communities and follow up of current patients in Kericho and Bomet Districts by March 2005.</p>	<ul style="list-style-type: none"> <li>• Train an additional 50 counselors in PMTCT expanding the number of clients and communities served and increasing the number of PMTCT sites from 22 to 40, including health centers and dispensaries.</li> <li>• Provide PMTCT services to pregnant women through testing, counseling and follow up of HIV+ women and their newborns.</li> <li>• Renovation of maternity and labor wards at Kericho District Hospital to improve delivery conditions, patient retention and in hospital deliver rates by HIV+ women.</li> <li>• Undertake expanded community outreach through trained counselors/nurses.</li> <li>• Refer HIV+ clients from health centers and dispensaries for basic care and assessment for ART at the four hospitals.</li> </ul> <p>Links to services provided under 4.7 and 4.11.</p>	<p>DOD/ USMHRP</p>	<p>S/GAC</p>	<p>2</p>

FY04 Proposed new activities in FY04	Partner	FY04 Objective	Activities for each Objective	Agency	Budget
African Medical Research Foundation (AMREF)	New partner? Yes FBO? No	Introduce PMTCT services in 2 rural districts with a target of 2 health facilities. Provide MTCT prophylaxis to 240 women.	<ul style="list-style-type: none"> <li>Train 30 health workers per district on PMTCT.</li> <li>Conduct an infrastructure needs assessment in each district.</li> <li>Hold community meetings with stakeholders to mobilize support for PMTCT program.</li> <li>Develop, implement protocols for routine HIV testing in ANC and Maternity units.</li> <li>Strengthen service delivery through supportive supervision.</li> </ul>	HHS/CDC	
International Medical Corps	New partner? Yes FBO? No	Increase access and utilization of PMTCT services using a community based program in the largest urban slum in Nairobi. Provide MTCT prophylaxis to 180 women.	<ul style="list-style-type: none"> <li>Train Traditional Birth Attendants (TBA) to mobilize pregnant women to utilize existing PMTCT services and develop referral mechanisms</li> <li>Offer care and support to HIV infected women going through the PMTCT program</li> <li>Utilize a mobile approach to offer PMTCT services as a strategy to increase physical access to PMTCT services in the Kabira slum area.</li> </ul>	HHS/CDC	
Kenya National Hospital	New partner? Yes FBO? No	Expand current PMTCT services in the national referral hospital. Provide MTCT prophylaxis to 240 women.	<ul style="list-style-type: none"> <li>Develop, implement protocols for routine HIV testing in ANC and Maternity units.</li> <li>Introduce PEP for infants of women identified during labor and pregnancy.</li> <li>Strengthen postnatal follow up and initiate HIV care for women identified through PMTCT programs.</li> <li>Strengthen service delivery through supportive supervision.</li> </ul>	HHS/CDC	
Network of AIDS Research in Eastern and Southern Africa	New partner? No FBO? No	Implement PMTCT services in 24 facilities, 8 districts: Bondo, Rachuonyo, Kiambu, Kilifi, Maragua, Muranga, Kitui, Mwingi. Provide MTCT prophylaxis to 330 women.	<ul style="list-style-type: none"> <li>Develop district level detailed implementation plans.</li> <li>Train 30 health workers in each district on PMTCT.</li> <li>Conduct an infrastructure needs assessment in each district.</li> <li>Hold community meetings with stakeholders to mobilize support for PMTCT program.</li> <li>Develop and implement protocols for routine HIV testing in ANC and Maternity units.</li> <li>Strengthen service delivery through supportive supervision.</li> </ul>	HHS/CDC	
	New partner? Yes FBO? No	Improve the infrastructure at target PMTCT facilities. Provide counseling and PMTCT in 12 clinics	<ul style="list-style-type: none"> <li>Renovate/construct clinic and counseling space in target PMTCT sites using modified shipping containers.</li> </ul>	HHS/CDC	

<p>Provincial Medical Office of Health Nairobi Ministry of Health</p> <p>New partner? Yes FBO? No</p>	<p>Introduce PMTCT services in 4 maternal and child health clinics in high density population areas of Nairobi Provide MTCT prophylaxis to 500 women.</p>	<ul style="list-style-type: none"> <li>• Develop detailed implementation plans.</li> <li>• Conduct an infrastructure needs assessment in each district.</li> <li>• Hold community meetings with stakeholders to mobilize support for PMTCT program.</li> <li>• Develop and implement protocols for routine HIV testing in ANC and Maternity units.</li> <li>• Strengthen service delivery through supportive supervision.</li> </ul>	<p>HHS/CDC</p>	<p>11,110,000</p>
<p>Pumwani Maternity Hospital</p> <p>New partner? Yes FBO? No</p>	<p>Expand current PMTCT services in this large urban hospital. Provide MTCT prophylaxis to 500 women.</p>	<ul style="list-style-type: none"> <li>• Develop and implement protocols for routine HIV testing in ANC and Maternity units.</li> <li>• Introduce PEP for infants of women identified during labor and pregnancy.</li> <li>• Strengthen postnatal follow up and initiate HIV care for women identified through PMTCT programs.</li> <li>• Strengthen service delivery through supportive supervision.</li> </ul>	<p>HHS/CDC</p>	<p></p>
<p>Total partners:</p>	<p>25</p>	<p>9</p>	<p>FBOs:</p>	<p>Total budget:</p>
<p></p>	<p></p>	<p></p>	<p></p>	<p></p>

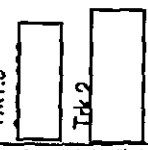
2 partners, 62 FBO sites

**Table 4.2: Abstinence and Faithfulness Programs**

<p><b>4.2.1</b> Current status of program in country</p>	<p>Prevention activities in Kenya have consistently promoted behavior change among young people for many years, and they have consistently emphasized the need to delay sexual debut, reduce numbers of partners, and otherwise reduce risk of infection as promoted through the "A" and "B" of the "A-B-C" continuum. US agencies have supported these efforts with a range of local and international partners, including a highly-regarded program working with Girl Guides. The new Kenyan government, led by President Kibaki, speaks with a unified voice in support of this approach to prevention – but not to the exclusion of the important role that condoms must play in a comprehensive and integrated effort to reduce infections.</p> <p>All US agencies have identified opportunities with current and a significant number of new partners – many of them faith-based -- to heighten the level of emphasis given to abstinence and faithfulness in our prevention work. A number of faith-based organizations, representing all denominations, have submitted proposals which the USG team in Kenya has reviewed and recommended for funding. Programs focusing on youth and improving communication between parents and young people are planned. Innovative new programs are proposed, including training of chaplains in the uniformed services (military, youth service and prisons), and workplace-based interventions including highway construction workers on the Mombasa highway and through employers in the industrial area of Nairobi. Programs for special populations are also planned, including for Muslim women, imams, pastoralists and for relief workers transiting through the Lokichoggio camp into southern Sudan.</p> <p>We are also proposing a new twinning relationship with the University of Illinois at Chicago to establish a Community Coordination Center for Youth in Kisumu, Nyanza Province, to provide HIV education for youth, to encourage the delay of sexual activity in youth, and to enhance the coordination between FBOs, NGOs, and CBOs working with youth in the Kisumu area.</p>				<p><b>Budget Amount</b></p>	<p><b>Budget Source</b></p>	<p><b>Track</b></p>
<p><b>4.2.2</b> How/new activities will contribute to PEPFAR targets linkages to other activities</p>	<p><b>Agency</b></p>	<p><b>Activities for each objective</b></p> <ul style="list-style-type: none"> <li>• Prepare detailed project design with NYS</li> <li>• Conduct baseline survey among young recruits to determine risky behaviors</li> <li>• Conduct orientation for 30 senior NYS mgmt on MAP approach to behavior change</li> <li>• Train 200 NYS master trainers to implement MAP approach</li> <li>• Train 3500 youth, staff and families on Men as Partners intervention</li> <li>• Support 400 NYS youth members to conduct HIV prevention in the community</li> </ul> <p>Links with NYS activities in 4.2, 4.5 and 4.6.; support implementation of MAP for Hope World Wide program in Nairobi slum (linked to 4.2.1).</p>	<p><b>USAID</b></p>	<p><b>SIGAC</b></p>	<p><b>1.5</b></p>		
<p><b>4.2.3</b> Existing activities, initiated prior to FY04</p>	<p><b>FY04 Objective</b></p> <p>Implement Men As Partners program for National Youth Service, reaching 4100 recruits, members, staff, and families</p>	<p><b>Partner</b></p> <p>ACQUIRE Engender Health</p> <p>New partner? No FBO? No</p>					

<p>Population Services International AIDSMARK New partner? No FBO? No</p>	<p>Increase risk elimination by changing social norms on abstinence and faithfulness through 3 media campaigns targeting 5 million youth</p>	<ul style="list-style-type: none"> <li>Develop campaigns on delayed sexual debut, alcohol-risk assessment, and couples self-risk assessment campaign</li> <li>Disseminate these campaigns through carefully targeted mass media approaches</li> <li>Linked to VCT, other prevention activities</li> <li>Evaluate impact of target campaigns</li> </ul>	<p>USAID</p>	<p>S/GAC</p>	<p>1.5</p>
<p>Population Services International AIDSMARK New partner? No FBO? No</p>	<p>Promote risk reduction through accurate self-risk assessment in 75 workites and one media campaign reaching 2.5 million 10-15 year olds (the core target) plus 2.5 million 16-20 year olds</p>	<ul style="list-style-type: none"> <li>PLWA advocacy outreach to high-risk workites</li> <li>Mass-media approaches targeting groups appropriate for partner reduction and fidelity messages</li> <li>Linked to "trusted partner" campaign</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>Kenya Girl Guides Association (funded through FHI/IMPACT) New partner? No FBO? No</p>	<p>Increase "AB" awareness/knowledge and promote positive behavior among 20,000 in-school youth</p>	<ul style="list-style-type: none"> <li>Integrate 'SARA' program in 400 KGGA schools targeting 20,000 youth</li> <li>Train 240 guide leaders and 2000 teachers to implement AIDS curriculum</li> <li>Print and distribute 65,000 SARA comic books</li> </ul>	<p>USAID</p>	<p>S/GAC</p>	<p>1.5</p>
<p>Kenya Girl Guides Association (funded through FHI/IMPACT) New partner? No FBO? No</p>	<p>Increase awareness/knowledge and promote positive behavior among 92,000 in-school youth in Western, Coast and Rift Valley Provinces</p>	<ul style="list-style-type: none"> <li>Train 250 guide leaders as TOTs for school-based peer education and 2500 peer educators</li> <li>Conduct community outreach sessions to reach 92,000 in-school youth and 150,000 other community members</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>Mumias Muslim Community (funded through FHI/IMPACT) New partner? No FBO? Yes</p>	<p>Increase awareness, knowledge and promote positive behavior among 10,000 madrasa youth in Mumias/Butere District in Western Province</p>	<ul style="list-style-type: none"> <li>Train 200 youth peer educators</li> <li>Train 70 teachers and imams</li> <li>Train 25 madrasa teachers</li> <li>Conduct HIV/AIDS education during religious gatherings to reach 200,000 people</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>World Relief New Partner? No FBO? Yes</p>	<p>Establish Mobilizing Youth for Life (MYFL) program in 5 districts with a youth population of 1,000,000</p>	<ul style="list-style-type: none"> <li>Train 250 volunteer peer educators to supervise weekly MYFL clubs</li> <li>Partner with up to 1,178 schools and 500 churches to reach ~600,00 in- and out-of-school youth with sustained abstinence and behavior change programming over the life of the project</li> </ul>	<p>USAID HQ APS</p>	<p></p>	<p>1</p>

<p><b>Handicap International</b> New partner? No FBO? No</p>	<p>Provide HIV prevention and behavior change education to 12,000 youth in TransNzoia District (North Rift Valley Province) by March '05.</p>	<ul style="list-style-type: none"> <li>• Provide abstinence education and HIV prevention messages for young people in Kitale town and in surrounding rural communities to approximately 800 youth per month, including innovative approaches to reach girls and young women</li> <li>• Operate youth center serving ~200 youth/month, providing abstinence and faithfulness education and counseling, behavior change club, and opportunities for young people to perform community service (links with youth friendly VCT at same site, Table 4.6)</li> <li>• Provide venue for computer center for youth supported by NIH funded research project</li> </ul>	<p>HHS/CDC</p>	<p>Base</p>	<p>Base</p>	<p>Trk 1.5 Trk 2</p>
<p><b>Hope World Wide</b> New partner? No FBO? No</p>	<p>Provide HIV prevention outreach to 20,000 young people in Nairobi slums by March '05.</p>	<ul style="list-style-type: none"> <li>• Provide abstinence/faithfulness education outreach to youth in Nairobi industrial area and adjoining slums</li> <li>• Implement a Men as Partners (MAP) program among 300 men and youth (links with USAID funded partner, EngenderHealth Acquire Project)</li> <li>• Incorporate HIV prevention education to 20 community groups, schools and religious groups</li> </ul>	<p>HHS/CDC</p>	<p>Base</p>	<p>Base</p>	<p>1.5</p>
<p><b>International Rescue Committee</b> New partner? No FBO? No</p>	<p>Provide HIV education and outreach services to 5,000 young refugees in Kakuma Refugee Camp from Oct 04 to March 05</p>	<ul style="list-style-type: none"> <li>• Provide abstinence and faithfulness interventions in the Kakuma refugee camp, focusing on young refugees, including unaccompanied minors and youth (current activities in camp funded with FY03 funds)</li> </ul>	<p>HHS/CDC</p>	<p>Base</p>	<p>Base</p>	<p>2</p>
<p><b>International Rescue Committee</b> New partner? No FBO? No</p>	<p>Provide abstinence and faithfulness messages to 5,000 young people in the nomadic populations around Lokichoggio, North Western Kenya</p>	<ul style="list-style-type: none"> <li>• Integrate abstinence and faithfulness messages in a comprehensive HIV prevention program in Lokichoggio, the transit point in northwestern Kenya for relief workers flying into southern Sudan</li> <li>• Provide abstinence and faithfulness messages to HIV prevention and education services to approximately 5,000 young people in the surrounding nomadic populations and refugees transiting through Lokichoggio to other refugee camps</li> <li>• Links to activities described in 4.5 and 4.6</li> </ul>	<p>HHS/CDC</p>	<p>S/GAC</p>	<p>S/GAC</p>	<p>1.5</p>

<p><b>Institute of Tropical Medicine</b>                  Youth Project in Asembo Bay                  New partner? No                  FBO? No</p>	<p>Implement and evaluate an abstinence promotion program for youth as part of a comprehensive youth intervention in Asembo. 7,500 reached by March 05</p>	<ul style="list-style-type: none"> <li>• Provide 5000 youth with services and messages promoting abstinence and faithfulness</li> <li>• Reach 2500 parents and other adults in the community through the "Parents Matter" curriculum</li> <li>• Evaluate the Parents Matter curriculum by interviewing 600 parents and 600 youth to assess impact on parent-child communication</li> <li>• Preliminary report on Parents Matter intervention submitted by March 05</li> </ul>	<p>HHS/CDC</p>	<p>Base</p>	<p>Base</p>	<p>Trk1.5                    Trk2</p>
<p><b>HHS/CDC Atlanta</b></p>	<p>Provide technical assistance for abstinence-based programs through five, 2-week TDY's to Kenya</p>	<ul style="list-style-type: none"> <li>• Provide TA in the evaluation study of the Parents Matter curriculum</li> <li>• Provide TA to the National Youth Service</li> <li>• Provide TA to various FBOs receiving funds from HHS/CDC Kenya</li> </ul>	<p>HHS/CDC</p>	<p>Base</p>	<p>2</p>	
<p><b>Kenya Department of Defense (KDOD)</b>                  New partner? No                  FBO? No, although military chaplains will be the key partners in this initiative.</p>	<p>Train military chaplains to strengthen HIV prevention education and behavior change programs in 15 KDOD Units. Provide BCC interventions to 5,000 soldiers and 5,000 dependents by March 05</p>	<ul style="list-style-type: none"> <li>• Train 15 KDOD Chaplains in HIV education and BCC, including counseling</li> <li>• Assist chaplain corps to provide abstinence and faithfulness programs to 5000 soldiers and 5000 wives and teenage dependents living on 15 military barracks</li> <li>• USDOD Chaplain service to provide technical assistance to KDOD Chaplain services</li> </ul>	<p>DOD/DHAPP</p>	<p>S/GAC</p>	<p>1.5</p>	
<p><b>Live with Hope Center</b>                  New partner? Yes                  FBO? Yes</p>	<p>Expand IEC and behavioral modification programs geared towards primary school youth providing presentations to 20 schools, reaching approx 3000 students in the Kericho District</p>	<ul style="list-style-type: none"> <li>• Acquire additional materials and printed leaflets and educational handouts for primary school education</li> <li>• Transport, equipment and cost of five oral and video presentations (20 per year)</li> <li>• Train 20 counselors and peer and community educators to continue providing services to schools</li> </ul>	<p>DOD/USMHRP</p>	<p>S/GAC</p>	<p>1.5</p>	



4.2.4 Proposed new activities in FY 04		Agency	Budget
Partner	FY 04 Objective	Activities for each objective	
<p>African Union Inter-African Bureau for Animal Research</p> <p>New partner? Yes FBO? No</p>	<p>AIDS education and awareness for 215 community leaders to reach 10,000 pastoralists in Northeastern province</p>	<ul style="list-style-type: none"> <li>Train 50 representative stakeholders in HIV/AIDS awareness</li> <li>Train 50 religious leaders and instructors in Koranic schools in HIV/AIDS awareness</li> <li>Train 50 community animal health workers, 50 livestock traders and 10 extension staff in HIV/AIDS awareness and BCC</li> <li>Train 5 representatives from the provincial level MOH in HIV/AIDS awareness and prevention</li> </ul>	USAID
<p>Africa Inland Church (AIC) Health Ministries</p> <p>New partner? Yes FBO? Yes</p>	<p>Strengthen abstinence and faithfulness programs among 15,000 AIC youth and 300 church congregations in Machakos, Nyanza, Malindi and Rift Valley regions by March 05</p>	<ul style="list-style-type: none"> <li>Implement a 'Why Wait?' life skills education program targeting 15,000 youth in AIC schools and churches</li> <li>Expand coverage by AIC church AIDS educators to provide abstinence and faithfulness education to AIC congregations countrywide.</li> <li>Promote VCT uptake among AIC congregations to utilize services set up in 15 rural AIC health facilities as described in 4.6</li> <li>Initiate referrals for HIV+ clients to AIC health services and other local health facilities for ARV care, primarily through AIC Kijabe.</li> </ul>	HHS/CDC
<p>Baptist AIDS Response Agency</p> <p>New partner? Yes FBO? Yes</p>	<p>Promote abstinence through 75 'True Love Waits' clubs among 10,000 youth of the Baptist community and promote faithfulness through 'True Love Waits' among 3,000 married couples by March 05</p>	<ul style="list-style-type: none"> <li>Implement 'True Love Waits' activities among youth in 75 Baptist schools and colleges</li> <li>Implement 'True Love Waits' activities among married couples in 20 Baptist churches community and with other evangelical churches</li> </ul>	HHS/CDC
<p>Foundation Agency for Rural Development</p> <p>New partner? Yes FBO? No</p>	<p>Promote HIV prevention activities for 2,000 youth, 600 migrant and road workers, and 2,000 adults by March 05</p>	<ul style="list-style-type: none"> <li>Operate a youth center targeting youth and migrant/plantation farm workers, transit workers and host populations on the Nairobi-Mombasa highway.</li> <li>Promote abstinence and faithfulness education to youth.</li> <li>Link with Peace Corps activities in same area</li> </ul>	HHS/CDC
<p>Hindu Council of Kenya</p> <p>New partner? Yes FBO? Yes</p>	<p>Provide HIV prevention and care services to 18,000 workers in industrial areas through the Hindu community in Kenya.</p>	<ul style="list-style-type: none"> <li>Implement a work-place initiative on behavior change in industrial area</li> <li>Support industrial worker referrals for ARV care to local hospitals</li> <li>Strengthen behavior change programs in 7 Sikh schools and among the Hindu community</li> </ul>	HHS/CDC

<p><b>Kenya Prisons Service</b> New partner? Yes FBO? No</p>	<p>Train prison chaplains to strengthen HIV prevention, education, and behavior change program in 10 prisons by March 05, target: 4,000 prisoners</p>	<p>Train 10 prison chaplains in HIV education and BCC, including counseling Train 50 prison officers to support the work of the chaplains in HIV prevention Reach 4000 prisoners with abstinence and faithfulness interventions, especially targeting prisoners prior to release to the community</p>	<p>HHS/CDC</p>
<p><b>National Muslim Council for AIDS, Women &amp; Gender Concerns</b> New partner? Yes FBO? Yes</p>	<p>Involve Muslim women in the promotion of abstinence and faithfulness in 20 mosques by March 05</p>	<p>Train 50 Muslim women leaders to educate families and communities on abstinence and faithfulness Involve 20 mosques in Nairobi and Coast areas to participate in the AB program Reach 5000 Muslim women in these mosques Monitor education and outreach activities to Muslim populations with a focus on women's programs</p>	<p>HHS/CDC</p>
<p><b>Supreme Council of Kenya Muslims</b> New partner? Yes FBO? Yes</p>	<p>Promote abstinence and faithfulness education through 100 mosques and madrassas, targeting 25,000 men, women and young people by March 05</p>	<p>Implement an education outreach on abstinence and faithfulness through 100 imams and 100 madrassa teachers. Provide education about and promote VCT, PMTCT &amp; AIDS Care services through imams and madrassa teachers Reach 25,000 men, women and young people Refer HIV+ persons to local health facilities for ARV care.</p>	<p>HHS/CDC</p>
<p><b>(winning relationship) New partner? Yes FBO? Yes</b></p>	<p>Provide abstinence and faithfulness messages to 1500 youth directly at the center and 10,000 youth through radio programs by March 05</p>	<p>Establish a youth activity center to serve youth and FBO collaborators in Kisumu Coordinate scaling up of skills-based HIV education for youth in collaboration with local churches and FBOs Establish a radio broadcast program to reinforce behavior change for abstinence/faithfulness targeting youth living in Kisumu</p>	<p>HHS/CDC</p>
<p><b>Total partners:</b></p>	<p>20</p>	<p>10</p>	<p>FBOs: 9 Total budget:</p>

Table 4.3	Blood Safety													
4.3.1 Current status of program in country	4.3.2 How new activities will contribute to PEPFAR targets, linkages to other activities	4.3.3 Existing activities initiated prior to FY04	FY04 Objective	Partner	Activities for each objective	Agency	Budget Amount	Budget Source	Track					
<p>The National Blood Transfusion Service (NBTS) was established three years ago in part due to USG support after the US Embassy bombing of 1998. It comprises six regional transfusion centers that mobilize and recruit low risk populations as voluntary non-remunerated blood donors. The blood is screened for HIV, HBV, HCV and syphilis then distributed to surrounding hospitals. The NBTS supplies 40% of the country's blood, the remainder coming from family replacement donors at hospital blood banks. There are chronic shortages and an inadequate distribution system. There is need for technical support in training, data management, laboratory quality control and financial support to enable the NBTS achieve its mission of providing an adequate supply of safe blood throughout the country.</p>	<p>WHO estimates that up to 10% of HIV may be acquired from contaminated transfusions. A MOH/HHS/CDC study in 1994 found that an estimated 2% of blood transfusions transmitted HIV due to inadequate screening of donated blood and use of higher risk "family replacement donors." Blood safety will be enhanced by use of low risk non-remunerated volunteer donors as well as by improved quality control in screening blood. Clinicians will be trained on safe blood transfusion practices. Blood donors will be supported through donor clubs to adopt behavior that minimizes their risk of acquiring HIV. Adequate blood supplies will support the transfusion needs of patients on ARVs.</p>	<p>4.3.3 Existing activities initiated prior to FY04</p>	<p>Increase blood supply by 10,000 units to prevent 200 cases of HIV and improve quality assurance through training</p> <p>Institute quality assurance systems to ensure safe blood transfusions, including training 18 lab staff and managers to prevent 1,200 cases of HIV.</p> <p>Improve utilization of blood nationally</p> <p>Establish 6 hospital transfusion committees to enhance rational use of blood and blood products to prevent 100 cases of HIV</p>	<p>National Blood Transfusion Service (funded through FH/IMPACT)</p> <p>New partner? No</p> <p>FBO? No</p>	<ul style="list-style-type: none"> <li>Expand donor recruitment in 5 Regional Blood Transfusion Centers</li> <li>Provided 30 Supervisory visits and strengthen Quality Assurance</li> <li>Staff training on blood donor mobilization and lab services</li> </ul>	<p>USAID</p>		<p>Base</p>	<p>2</p>					
				<p>National AIDS/STD Control Program/ National Blood Transfusion Service</p> <p>New partner? No</p> <p>FBO? No</p>	<ul style="list-style-type: none"> <li>Assess quality assurance systems nationally;</li> <li>Train 18 lab technical staff in quality systems;</li> <li>Monthly supervisory visits to 6 regional transfusion centers.</li> <li>Expand services in 3 Provinces</li> <li>Publish, train and disseminate BTS standard operating procedures</li> <li>Train clinicians in rational use of blood</li> <li>Publish and disseminate 10,000 copies of revised guidelines on use of blood;</li> <li>Utilize pediatric (quad) blood bags; promote blood product preparation</li> <li>Evaluation of supply and demand in 6 selected districts and review outcomes of blood transfusion in 6 facilities</li> </ul>	<p>HHS/CDC</p>		<p>Base</p>	<p>1.5</p>					

4.3.4 Proposed new activities in FY04				Agency	Budget	
Partner	FY04 Objective	Activities for each objective	Agency	Budget		
Moi Referral and Teaching Hospital New partner? No FBO? No	Expand activities of NBTS in Rift Valley Province to obtain 12,000 units of safe blood preventing 240 cases of HIV.	<ul style="list-style-type: none"> <li>Furnish and equip the regional Blood Transfusion Centre in Eldoret</li> </ul>	HHS/CDC S/GAC Track 1			
HHS/CDC Atlanta New partner? No FBO? No	Develop policy, counseling manual and training materials for blood donor counseling	<ul style="list-style-type: none"> <li>4 weeks of in-country technical assistance to develop:                             <ul style="list-style-type: none"> <li>Policy for HIV and other transfusion transmissible infection counseling</li> </ul> </li> </ul>	HHS/CDC S/GAC			
National Blood Transfusion Service New partner? No FBO? No	Implementation of the national blood transfusion policy of self-sufficiency in safe blood. Increase volunteer donor units to 80,000 preventing at least 1,600 cases of HIV	<ul style="list-style-type: none"> <li>Improve infrastructure at blood collection at 6 RBTCs and 3 satellites</li> <li>Recruit administration, data management and IT staff</li> <li>Purchase 8 vehicles to improve blood collection, management and distribution.</li> <li>Purchase lab supplies, data and telecommunication equipment and services</li> <li>Enhance donor recruitment, retention and start donor counseling</li> <li>Promote optimal blood utilization practices through use of multi-bags</li> <li>Train clinicians, lab staff, counselors, nurses and community health aides in appropriate transfusion practice and quality assurance.</li> <li>Monitor clinical outcomes of transfusion in 6 facilities.</li> </ul>	Track 1 RFA			
Kenya Red Cross New partner? No FBO? No	Increase number of screened volunteer blood donor units in Kenya to 80,000 in FY04 to prevent 800 cases of HIV	<ul style="list-style-type: none"> <li>Support the Kenya Red Cross Society to improve donor mobilization services in 6 regions;</li> <li>Support NBTS to hire a national coordinator for blood donor services;</li> <li>Kenya Red Cross to develop donor clubs to encourage regular repeat donors;</li> </ul>	HHS/CDC RFA Track1			
Hope Worldwide New partner? Yes FBO? No	Increase workplace blood donation (4,200 units)	<ul style="list-style-type: none"> <li>Expand existing blood collection activities within work places and in downtown Nairobi by 4,200 units through work with employer and other community groups.</li> </ul>	Track 1 RFA			
Christian Health Association of Kenya New partner? Yes FBO? Yes	Expand blood collection and distribution of safe blood within Mission hospitals	<ul style="list-style-type: none"> <li>Increase coverage of the national transfusion service.</li> </ul>	Track 1 RFA			
<b>Total partners:</b>	<b>6</b>	<b>New partners:</b>	<b>2</b>	<b>FBOs:</b>	<b>1</b>	<b>Total budget:</b>

Table 4.4 Safe Injections and Prevention of Other Medical Transmission of HIV		FY04 Objective		Activities for each objective		Agency	Budget Amount	Budget Source	Track
2.4.1 Current status of program in country	<p>Kenya has had a national policy of single use syringes and needles for the last decade, though there has not been a comprehensive assessment of actual practice. Universal precautions and safe injection practice have been taught at trainings with lab technicians and VCT staff. A major goal of the blood safety program has been to eliminate transmission of HIV and other blood borne infections through blood transfusion. In support of these activities incinerators have been installed at regional blood transfusion centers in Nairobi, Kisumu, Nakuru, Embu and Mombasa. These serve not only the blood centers but also all neighboring health facilities. Additionally, medical officers have been sponsored by US agencies for PEP training, recognized and approved by the MOH.</p>								
2.4.2 How new activities will contribute to PEPFAR targets; linkages to other activities	<p>PEPFAR support will assist government, mission and private hospitals participating in its care and treatment activities to implement their own PEP programs. As HIV patient care and treatment is expanded throughout the country, clinicians and laboratory technicians will require added protection in the event of accidental exposure. This activity will assist in the overall transmission of HIV by protecting those individuals with a high probability of accidental exposure. Other efforts will focus on decreasing unsafe injections and iatrogenic transmission of HIV. Activities will be linked with on going work in blood safety, VCT training, HIV surveillance and ARV care.</p>								
4.4.3 Existing activities initiated prior to FY04		FY04 Objective		Activities for each objective		Agency	Budget Amount	Budget Source	Track
Partner	National AIDS/STD Control Programme/ National Blood Transfusion Service	Proper disposal of medical waste	<ul style="list-style-type: none"> <li>Repair incinerator at NBTS - Nairobi for disposal of medical waste at Regional Blood Transfusion Service and Kenyatta National Hospital (2000 beds)</li> </ul>	HHS/CDC	Under blood safety	Base	1.5		
New partner? No FBO? No									
Partner	Kericho and Bomet Districts	Prevent transmission of HIV to clinical and laboratory staff due to accidental exposure covering a total of 800 staff.	<ul style="list-style-type: none"> <li>Train staff at four participating hospitals serving the Bomet and Kericho Districts in SOPs for PEP.</li> <li>Provide counseling/testing following exposure</li> <li>Provide tests, reagents, monitoring assays and medications for PEP for year one (March 1, 2004 - March 31, 2005).</li> </ul>	DOD/ USMHRP		S/GAC	1.5		
New partner? 1 Yes FBO? 1 Yes	<ul style="list-style-type: none"> <li>MOH/Kericho District Hospital (KDH) (Kericho)</li> <li>Brooke Bond Central Hospital (Kericho)</li> <li>James Finlay Central Hospital (Kericho)</li> <li>Tenwek Mission Hospital (Bomet)</li> </ul>								

FY04 Proposed new activities in FY04	FY04 Objective	Activities for each objective	Agency	Budget
Partner: Kenya Red Cross New partner? No FBO? No	Include public awareness of safe injections for 40,000 volunteer blood donors	<ul style="list-style-type: none"> <li>Inform school and community populations being recruited for blood donation about injection risks for HIV (est. 100,000 contacts)</li> </ul>	HHS/CDC	Under blood safety
John Snow, Inc. and partners New partner? No FBO? No	Develop a National Plan to decrease unsafe injections in Kenya. Train 5000 health workers in safer injection practices at 30 health facilities providing HIV care and treatment.	<ul style="list-style-type: none"> <li>Assessment of current injection practices.</li> <li>Draft national plan for safe and appropriate use of injections.</li> <li>Develop and implement training programs on safe injection practices in government, faith based and private health facilities.</li> </ul>	HHS/CDC	Track 1
HHS/CDC Atlanta	Assist in improving national policy and practice to reduce unsafe injections	<ul style="list-style-type: none"> <li>Four weeks of direct technical assistance for determining scopes of work, designing targeted messages and materials for dissemination of information, and design of training curricula</li> </ul>	HHS/CDC	
<b>Total partners:</b>	7	<b>New partners:</b>	<b>FBOs:</b>	<b>Total budget:</b>
		1	1	

Table 4.5 Other Prevention Initiatives (e.g., provision of condoms, control of STIs, high risk groups)	4.5.1 Current status of program in country	4.5.2 How new activities will contribute to PEPFAR targets, linkages to other activities	4.5.3 Existing activities initiated prior to FY04	Partner	As mentioned under 4.2.1 above, prevention efforts in Kenya are established, integrated, and work on the continuum of interventions which have been shown in this country and elsewhere to reduce transmission. Recent downward trends in prevalence may suggest that these comprehensive and integrated programs are working. US agencies and their implementing partners have been vital contributors to the success of condom social marketing, reduction in high risk behaviors among core transmitters, and other efforts.	Control of STIs in the military will contribute to the prevention of HIV transmission. The program will be expanded to include other uniformed service organizations namely, Kenya Prison Service (KPS), and National Youth Service (NYS). Behavior Change Communication will also be introduced in all the three services. A new program implemented by the International Rescue Committee will provide intensive HIV prevention education and services to retail workers passing through the Lokichoggio transit point into southern Sudan, and will also serve the surrounding nomadic population. The embassy regional psychiatrist has experience and great interest in alcohol and other substance control prevention interventions that has resulted in development of interagency planning for programs to the role of substance abuse in disinhibition that increase risk of infection.	We are also developing a twinning relationship between two teacher unions: Kenya National Union of Teachers and American Federation of Teachers. They will be expanding a peer education program among teachers previously funded by the Department of State as well as laying the ground work for care and treatment services in collaboration with Teacher's Service Commission and the Ministry of Education.	Agency	Budget Amount	Budget Source	Track
AMKEN Engender health  New partner? No FBO? No	Strengthen STI services in 10 districts in Coast and Western province and improve access to OI services	<ul style="list-style-type: none"> <li>Train 100 service providers and supervisors in syndromic management and management of OI</li> <li>Conduct community in formation and education sessions to reach 70,000 people</li> <li>Provide medical equipment as needed for STI and OI services in 36 health facilities in Coast and Western Province.</li> </ul>	USAID			2					
DELIVER - Kenya JSI New partner? No FBO? No	Increased access of prevention and treatment services nationally for public facilities	Support and strengthen existing logistics system for STI drugs and condoms	USAID			1.5					

<p><b>IMPACT / Family Health International</b></p>	<p>The 14 entries that follow represent sub-recipients of FHI/IMPACT. The objectives for each sub-recipient are essentially the same: promoting adoption of behaviors to reduce risk of infection among populations known to need the programs and services known to reinforce changed behavior. We have used the objective column for subrecipients to identify the special populations and/or geographic areas to be served, as well as the numeric targets for each.</p>				<p>Base</p>	<p>2</p>
<p>1. African Medical Research Foundation (New partner? No FBO? No)</p>	<p>Population: men and women in the workplace in Nakuru District Target: 25,000 people</p>	<ul style="list-style-type: none"> <li>• Train 120 peer educators</li> <li>• Conduct 100 community outreaches</li> <li>• Supervision</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>	
<p>2. Bungoma Organization for Empowerment of Women (New partner? No FBO? No)</p>	<p>Population: low income women and Boda Boda in Bungoma Target: 50,000 people</p>	<ul style="list-style-type: none"> <li>• Train 120 peer educators</li> <li>• Conduct 120 community outreaches</li> <li>• Distribute condoms</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>	
<p>3. Family Planning Association of Kenya (New partner? No FBO? No)</p>	<p>Population: low income women, boda boda, and workplace in Western Province. Target: 60,000 people</p>	<ul style="list-style-type: none"> <li>• Training of 200 peer educators</li> <li>• Conduct 100 community outreaches</li> <li>• Conduct peer education and supervision</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>	
<p>4. Int'l Center for Reproductive Health (New partner? No FBO? No)</p>	<p>Population: low income women and workplace in Mombasa District. Target: 140,000 people.</p>	<ul style="list-style-type: none"> <li>• Training of 200 peer educators</li> <li>• Conduct 200 community outreaches</li> <li>• Conduct peer education and supervision</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>	
<p>5. Int'l Center for Reproductive Health (New partner? No FBO? No)</p>	<p>Population: sex workers in Mombasa District. Target: 2,000 people</p>	<ul style="list-style-type: none"> <li>• Training of 200 sex workers, peer educators</li> <li>• Distribute 1.5 million condoms</li> <li>• Link to condom social marketing</li> <li>• Training on condom negotiation skills</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>	
<p>6. KIMA Integrated Community Program (New partner? No FBO? Oriented)</p>	<p>Population: youth, men and low income women in Vihiga District. Target: 20,000 people</p>	<ul style="list-style-type: none"> <li>• Train 200 peer educators</li> <li>• Conduct 44 community outreaches</li> <li>• Supervision</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>	
<p>7. Ministry of Home Affairs, National Museums of Kenya (New partner? No FBO? No)</p>	<p>Population: in-school youth Target: 75,000</p>	<ul style="list-style-type: none"> <li>• Develop 3 displays of HIV/AIDS information</li> <li>• Dissemination to 200 schools through the Museums of Kenya</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>	
<p>8. Mkomani Clinic Society (New partner? No FBO? No)</p>	<p>Population: low income women in Mombasa District Target: 50,000 people</p>	<ul style="list-style-type: none"> <li>• Training of 80 peer educators</li> <li>• Conduct 100 community outreaches</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>	



<p>9. National Organization for Peer Educators New partner? No FBO? No</p>	<p>Population: 40 worksites Target: 24,000 workers</p>	<ul style="list-style-type: none"> <li>• Training of 800 worksite peer educators</li> <li>• Establish HIV/AIDS programs in 40 worksites</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>10. Office of the President, Kenya Police New partner? No FBO? No</p>	<p>Population: police force Target: 6,000 police</p>	<ul style="list-style-type: none"> <li>• Development of HIV/AIDS policy</li> <li>• Training of 50 peer education TOTs</li> <li>• Training of 200 peer educators</li> <li>• Establish 10 rape help desks at police stations</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>
<p>11. Program for Appropriate Technology in Health (PATH) New partner? No FBO? No</p>	<p>Population: youth Target: 8 million per week listening to radio soap opera</p>	<ul style="list-style-type: none"> <li>• Redesign BCC strategy and review peer education curriculum</li> <li>• Monitor BCC interventions</li> <li>• Expand the reach of 'Kati Yetu' Soap Opera</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>12. Program for Appropriate Technology in Health (PATH) New partner? No FBO? No</p>	<p>Population: in- and out-of-school youth Target: 500,000 youth</p>	<ul style="list-style-type: none"> <li>• Reprint (1 million copies) and distribute magazines and comic books (Nuru comic, Insider, and Super striker) to 200 schools</li> <li>• Develop and Air 192 episodes of the 'Kati Yetu' radio Soap Opera</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>
<p>13. Solidarity with Women in Distress New partner? No FBO? No</p>	<p>Population: sex workers in Kilifi and Malindi Districts Target 1,500 people</p>	<ul style="list-style-type: none"> <li>• Training 300 sex workers</li> <li>• Conduct peer education sessions</li> <li>• Distribute 100,000 condoms</li> <li>• Link with condom social marketing</li> <li>• Training on condom negotiation skills</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>13. Strengthening Community Partnership and Empowerment New partner? No FBO? No</p>	<p>Population: youth, men and low income women in Kilifi District. Target: 30,000 people</p>	<ul style="list-style-type: none"> <li>• Train 80 peer educators</li> <li>• Conduct 60 community outreaches</li> <li>• Supervision</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>14. University of Nairobi - STD Project New partner? No FBO? No</p>	<p>Population: sex workers in Nakuru District and Western Province. Target: 5,000 people</p>	<ul style="list-style-type: none"> <li>• Training 500 sex workers</li> <li>• Conduct peer education sessions</li> <li>• Distribute 1 million condoms</li> <li>• Link with condom social marketing</li> <li>• Training on condom negotiation skills</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>

<p>Population Services International AIDSMark New partner? No FBO? No</p>	<p>Increase appropriate use of condoms among high risk groups reaching 1 million people</p>	<ul style="list-style-type: none"> <li>Targeted high-risk outlet promotions in 1000 kiosks and 1000 bars</li> <li>Place condom dispensers in high risk outlets</li> <li>Coordinate with NASCOP to ensure adherence to Kenyan guidelines and standards</li> </ul> <p>Links with risk elimination programs, VCT</p>	<p>USAID</p>	<p>1.5</p>
<p>Population Services International AIDSMark New partner? No FBO? No</p>	<p>Reduce risk of transmission using social marketing through 1,300 new outlets selling 21 million condoms to high-risk populations.</p>	<ul style="list-style-type: none"> <li>Targeted condom social marketing with special emphasis on outlets serving high-risk populations</li> <li>Coordinate with NASCOP to ensure adherence to Kenyan guidelines and standards</li> <li>Link with risk elimination programs, VCT</li> </ul>	<p>USAID</p>	<p>2</p>
<p>UNICEF HIV/AIDS North Eastern Province New partner? No FBO? No</p>	<p>Maintain low transmission in HIV/AIDS in focus locations in North Eastern Province.</p>	<ul style="list-style-type: none"> <li>Training in three districts at both facility and community levels (e.g. social mobilization, counseling and capacity development)</li> <li>Service deliver and provision of supplies to facilities in the three districts</li> </ul>	<p>USAID</p>	<p>2 Base</p>
<p>Institute of Tropical Medicine Youth Program. New partner? No FBO? No</p>	<p>Provide STI prevention and treatment services to 2,500 youth by March 05</p>	<ul style="list-style-type: none"> <li>Provide STI prevention information to 2,000 youth as part of a pilot youth HIV prevention program in Asembo, a rural community in Nyanza Province</li> <li>Provide STI treatment to 500 youth</li> <li>Provide condoms to sexually active youth</li> </ul> <p>Links to youth oriented activities in 4.2, 4.5, 4.6, 4.7</p>	<p>HHS/CDC</p>	<p>2 Base</p>
<p>International Rescue Committee New partner? No FBO? No</p>	<p>Provide HIV prevention services to a refugee camp population of 90,000 between Oct 04 and March 05</p>	<ul style="list-style-type: none"> <li>Provide HIV education to the refugee camp population</li> <li>Ensure that medical facilities within the camp treat STIs appropriately and conduct partner notification when possible</li> <li>Provide condoms to refugees engaged in high risk behaviors</li> </ul> <p>Links with refugee services described in 4.1, 4.2, 4.6, 4.7</p>	<p>HHS/CDC</p>	<p>2 S/GAC</p>

<p>International Rescue Committee New partner? No FBO? No</p>	<p>Introduce comprehensive HIV prevention program in Lokichoggio, NW Kenya by March 05</p>	<ul style="list-style-type: none"> <li>Identify high risk behaviors practiced by relief workers flying into southern Sudan, truck drivers, refugees who pass through Leki, and the surrounding nomadic population</li> <li>Establish program to address these behaviors</li> <li>Provide intensive HIV education and counseling services to 850 relief workers and 12,000 in the surrounding nomadic populations</li> <li>Links to activities described in 4.2 and 4.6</li> </ul>	<p>HHS/CDC</p>	<p>1.5</p>	<p>1.5</p>
<p>Kenyan Dept of Defense (KDOD) New partner? No FBO? No</p>	<p>Provide HIV prevention services to 15,000 military staff and dependents between July 04 and March 05</p>	<ul style="list-style-type: none"> <li>Conduct HIV education and awareness training sessions to 15,000 soldiers and dependents</li> <li>Train 40 KDOD personnel in syndromic management of STIs</li> <li>Ensure condom availability in all KDOD units</li> <li>Assist integration of HIV prevention into existing curricula in 15 Military training institutions</li> <li>Refer HIV+ soldiers and dependents for AIDS care and ARTs when needed (4.7 and 4.10)</li> </ul>	<p>DOD/DHAPP</p>	<p>1.5</p>	<p>1.5</p>

<p>Partner: American Federation of Teachers Educational Foundation (winning relationship) New partner? No FBO? No</p>	<p>Reduce teacher vulnerability to HIV/AIDS through school-based peer education, counseling and referral targeting 10,650 teachers (4250 of them women) in 710 schools in 20 districts Improve access to counseling, testing and community support services for 1250 teachers living and affected by AIDS Increase the capacity of 7500 teachers and school managers in 13 districts to develop school-specific policies and practices to reduce stigma and improve support for teachers and students living with HIV/AIDS</p>	<p>Activities for each objective:</p> <ul style="list-style-type: none"> <li>Plan and coordinate program implementation with MOEST, MOH, TSC, UNICEF, Horizons, Girl Guides and other relevant organizations</li> <li>Train and equip 15 new master trainers (totaling 45) and 500 peer educators (totaling 710) in 7 new districts</li> <li>Enroll 8500 teachers in 500 schools in 3-4 month peer education programs</li> <li>Orient and train 710 head teachers, 180 district coordinators, district education and district health officers</li> <li>Supplement and produce 550 peer education training kits</li> <li>Train 45 peer counselors in 45 pilot schools in 7 districts</li> <li>Develop peer counseling kits and local referral guides</li> <li>Create strategic linkages to national and local HIV/AIDS counseling, testing, care and treatment providers, 20 districts</li> <li>In collaboration with MOEST, introduce specific lessons on gender, power and AIDS in peer education program in 500 schools in 13 districts</li> <li>Train 500 peer educators and peer counselors to conduct brainstorming sessions to address school-specific issues related to HIV/AIDS and stigma</li> <li>Produce and disseminate a brochure modeled on the US DoE's <i>Someone in my School has AIDS</i></li> </ul>	<p>Agency: USAID</p>	<p>Budget:</p>
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<p>Ministry of Education Science and Technology</p> <p>New partner? No FBO? No</p>	<p>Improve teacher awareness of HIV/AIDS as well as addressing sexual coercion and exploitation of young people in schools and train 180 teachers in 3 districts in implementing the AIDS syllabus in primary and secondary schools.</p> <p>Introduce and familiarize 4000 staff with HIV/AIDS policy to reach 240,000 educators plus 50,000 staff. Facilitate access to unknown number of teachers requiring care and treatment through development of MIS.</p>	<ul style="list-style-type: none"> <li>Using a toolkit developed by UNDP, hold three, 5-day training sessions in 3 districts for 60 teachers each in HIV/AIDS awareness and prevention, guidance and counseling and issues of stigma in order to implement the HIV/AIDS syllabus for primary and secondary schools.</li> <li>Dissemination of copies of HIV/AIDS policy for the education sector to 500 Provincial Directors of Education, District Education Officers, Primary &amp; Secondary School Heads at provincial and district levels through one-day sessions in each of 8 provinces (totaling 4000).</li> <li>To measure the impact of HIV/AIDS on the education sector and identify teachers in need of care and treatment, pilot a District Education Management Information System in 3 districts with technical assistance from the University of Natal Mobile Task Team.</li> </ul>	<p>USAID</p>	
<p>UN Office of Drugs and Crime (UNODC)</p> <p>New partner? Yes FBO? 2 of 6 partners</p>	<p>Reduce HIV infection risk in vulnerable and hidden populations by testing and counseling 2,000 drug users. Provide care and referral for 750 HIV+ drug users and ART for 200</p>	<ul style="list-style-type: none"> <li>Establish HIV/IDU program to interrupt transmission of HIV by IDUs through outreach education in high risk settings to 4,000 drug users and CSW/IDUs</li> <li>Provide testing and counseling for 2,000 drug users and CSW/IDUs</li> <li>Provide HIV care to 750 and ARV treatment to 200 HIV+ IDUs linking HIV care programs with IDU rehab and outreach programs in Mombasa, Coast, and Nairobi</li> <li>Study tour to influence policy makers in MOH on IDU transmission of HIV</li> <li>Train 160 health workers in issues of HIV care among drug users</li> </ul>	<p>USAID</p>	
<p>Kenya Prisons Service</p> <p>New partner? Yes FBO? No</p>	<p>Implement comprehensive HIV prevention program in 10 prisons by March 05</p>	<ul style="list-style-type: none"> <li>Introduce comprehensive HIV prevention program in 10 of Kenya's larger prisons</li> <li>Link to Chaplain corps described in 4.2</li> <li>Train 10 KPS medical staff in syndromic management of STIs</li> <li>Provide medical equipment and commodities as needed for effective STI control</li> <li>Educate staff, dependents, and prisoners on STI prevention and control</li> <li>Distribute condoms as needed</li> <li>Some support for this program also provided by DFID through the Futures Group</li> <li>Care component to be added in year 2</li> </ul>	<p>HHS/CDC</p>	

<p><b>National Youth Service</b></p> <p>New partner? Yes FBO? No</p>	<p>Improve STI prevention and treatment services in 5 NYS medical facilities by March 05</p>	<ul style="list-style-type: none"> <li>• Conduct a baseline assessment of the HIV prevention needs of the young recruits in the National Youth Service</li> <li>• Introduce a comprehensive HIV prevention program in the National Youth Service, which provides vocational training and opportunities for community service to 10,000 youth</li> <li>• Train 5 NYS medical staff in syndromic management of STIs</li> <li>• Provide medical equipment and commodities as needed for effective STI control</li> <li>• Educate staff, dependents, and prisoners on STI prevention and control</li> <li>• Distribute condoms as needed</li> <li>• Link to VCT services in 4.6</li> <li>• Link to "Men as Partners" program in 4.2</li> <li>• Note: training for NYS chaplains to be provided by World Relief, through Track 1 AB program</li> </ul>	<p>HHS/CDC</p>	
<p>HHS/CDC Atlanta</p>	<p>Provide technical assistance and training for in-country staff, MOH, and partners on programs to reduce HIV in vulnerable and hidden populations, especially IDUs</p>	<p>5 person-weeks of in-country assistance to:</p> <ul style="list-style-type: none"> <li>• Develop the training program for health workers and outreach workers (see UNODC)</li> <li>• Guide review of policy on IDU and implications for HIV transmission</li> <li>• Design further study to quantify extent of IDU in Kenya (see SI)</li> <li>• Organize/guide study tour for Kenyan leaders</li> </ul>	<p>HHS/CDC</p>	
<p>Total partners: 25</p>	<p>New partners: 3</p>	<p>FBOs: 2 sites</p>	<p>Total budget:</p>	

**Voluntary Counseling and Testing**

Since 2000, there has been an intense effort to make VCT services available to the people of Kenya, and the number of persons accessing VCT services has increased from about 1,000 in 2000 to over 200,000 in 2003. A USG funded promotional campaign has been remarkably successful in increasing demand for VCT services throughout Kenya, and many NGOs, community based organizations, and health facilities have established VCT services with USG assistance; many more have requested USG help in opening up VCT services. As a result of this effort, there are now 267 registered VCT sites countrywide. VCT services are guided by nationally accepted and published guidelines that were prepared with USG technical assistance; the USG has also had a key role in data management and evaluation of VCT services. The USG has also supported the development of a national VCT training curriculum and a VCT orientation package for health workers. Because of the great demand for VCT in Kenya, other donors such as DFID and the Global Fund are now supporting VCT expansion in Kenya. USG staff work closely with these partners and with the National AIDS and STD Control Programme of the Ministry of Health to prevent duplication of VCT activities.

In spite of this recent increase in availability of VCT services, only 13% of adults in Kenya are aware of their HIV status, though most studies find 65% or more of those who do not know their status are interested in accessing HIV testing services. Existing VCT sites are unevenly distributed and many rural areas have no access to VCT. Most nomadic and remote communities remain un-served because mobile VCT is still not widely available. Some sites operate sub-optimally due to shortage of VCT counselors, frequent test kit stock outs and inadequate space dedicated to VCT. Quality assurance for HIV testing and counseling has not been fully institutionalized especially in government operated VCT sites. There is a major effort to scale up VCT services using various models including VCT services located within health facilities, stand-alone sites operated by NGOs and also by smaller community based organizations, and mobile VCT.

New activities will make VCT more widely accessible, especially in rural districts, among nomadic and remote populations, among slum dwellers, and through large employers such as tea plantations and the uniformed services. Increasing the number of Kenyans who know their HIV status will promote behavior change and will contribute to HIV prevention targets. VCT services will also enhance early access into care as VCT is a necessary first step towards accessing ARV therapy, Of prophylaxis and care services targeted for scale up under PEPFAR. Costs for VCT are an average of \$9 per client served in health facilities where there are no staff costs, and average \$23 per client in stand alone sites which pay counselors' salaries.

Linkages: VCT sites are linked to care and treatment programs; this referral network is described for each partner. Some of the proposed new VCT sites are with church and faith based organizations that are proposed for funding in 4.2; it is anticipated that the educational activities in 4.2 will encourage participants to request VCT services sponsored by the same organization. A number of VCT sites are located in areas where Peace Corps volunteers have helped establish or strengthen community organizations requesting assistance to provide VCT services to the community, these PCVs will continue to provide local support for the VCT activities. There are also several twinning relationships, including with the Makindu Children's Program, a PVO in Oregon raising funds and sending volunteers to Kenya to assist with OVC activities, and the Eastern Deaneary VCT program which is closely linked to the Marquette University training program for nurses funded by USAID.

**Table 4.6**

**4.6.1 Current status of program in country**

**4.6.2 How new activities will contribute to PEPFAR targets, linkages to other activities**

74.6.3 Existing activities initiated prior to FY04				Track	
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount	Budget Source
AMKENI Engender Health <i>New partner?</i> No <i>FBO?</i> No	Increase access to VCT services by establishing 18 new VCT sites and strengthening and support for 18 existing VCT sites to reach 30,000 clients	<ul style="list-style-type: none"> <li>• Training of 80 counselors and supervisors</li> <li>• Upgrading 18 health facility in 10 districts of Coast and Western Provinces to initiate VCT services</li> <li>• Enhance quality of services in 18 existing VCT sites (2 FBO sites)</li> <li>• Facilitate introduction of laboratory supervision of VCT</li> <li>• Community groups conducting 1,000 information and education sessions about VCT reaching 50,000 people</li> </ul>	USAID		SIGAC
					1.5

IMPACT / Family Health International				The nine entries that follow represent sub-recipients of FHW (IMPACT). The objectives for each sub-recipient are essentially the same: providing VCT services or the training/orientation necessary for its effective implementation. We have used the objective column for subrecipients to identify the special populations and/or geographic areas to be served, as well as the numeric targets for each	
1. JHPIEGO <i>New partner?</i> No <i>FBO?</i> No	Orient 10,000 health workers on VCT services, quality assurance guidelines between June 04 and March 05	<ul style="list-style-type: none"> <li>• Orientation of health workers in 40 districts</li> <li>• Roll out VCT orientation, QA strategy nation wide</li> </ul>	USAID		Base
2. Kenyatta National Hospital <i>New partner?</i> No <i>FBO?</i> No	Provide VCT services to 30,000 clients in Nairobi between June 04 and March 05	<ul style="list-style-type: none"> <li>• Train 150 counselors</li> <li>• Supervision and quality assurance at 21 existing VCT sites</li> <li>• Conduct community mobilization to inform the public about the importance of knowing HIV status</li> <li>• Provide VCT to reach 30,000 clients</li> </ul> <i>Referrals to support groups in Nairobi and the KNH comprehensive care center</i>	USAID		Base
					2
					2

<p>3. Ministry of Health, Coast Province New partner? No FBO? No</p>	<p>Provide VCT services to 15,000 clients in 10 new VCT sites in Coast Province between March 04 and March 05</p>	<ul style="list-style-type: none"> <li>• Renovate and start 10 new VCT sites</li> <li>• Train 90 service providers</li> <li>• Conduct 100 outreach mobile VCT services</li> <li>• Provide VCT to 15,000 clients</li> <li>• 12 Supervision visits and QA</li> </ul> <p>Referrals to care and support program and to the comprehensive care center at Coast Provincial General Hospital</p>	<p>USAID</p>	<p>SIGAC</p>	<p>1.5</p>
<p>4. Ministry of Health, Coast Province New partner? No FBO? No</p>	<p>Provide VCT services to 25,000 clients in Coast Province between June 04 and March 05</p>	<ul style="list-style-type: none"> <li>• Train 125 counselors</li> <li>• Supervision and quality assurance in 20 existing VCT sites</li> <li>• Conduct community mobilization to inform the public about the importance of knowing HIV status</li> <li>• Provide VCT to 25,000 clients</li> </ul> <p>Referrals to existing care and support program and comprehensive care center at Coast Provincial General Hospital</p>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>5. Ministry of Health, Rift Valley Province New partner? No FBO? No</p>	<p>Provide VCT to 24,000 clients in 15 new VCT sites in Rift Valley Province between March 04 and March 05</p>	<ul style="list-style-type: none"> <li>• Renovate and start 15 new VCT sites</li> <li>• Train 100 service providers</li> <li>• Conduct 100 outreach mobile VCT services</li> <li>• 24 Supervision visits and QA</li> </ul> <p>Referrals to care and support program and the comprehensive care center at Rift Valley Provincial Hospital</p>	<p>USAID</p>	<p>PMTCT</p>	<p>1.5</p>
<p>6. Ministry of Health, Rift Valley Province New partner? No FBO? No</p>	<p>Provide VCT services to 15,000 clients in Nakuru District between June 04 and March 05</p>	<ul style="list-style-type: none"> <li>• Train 50 counselors</li> <li>• Supervision and quality assurance in 7 existing sites</li> <li>• Conduct community mobilization to inform the public about the importance of knowing HIV status</li> <li>• Provide VCT services to 15,000 clients</li> </ul> <p>Referrals to care and support program and the comprehensive care center at Rift Valley Provincial Hospital</p>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>7. Ministry of Health, Western Province New partner? No FBO? No</p>	<p>Provide VCT to 20,000 clients in Western Province in 11 new VCT sites</p>	<ul style="list-style-type: none"> <li>• Renovate and start 11 new VCT sites</li> <li>• Train 74 service providers</li> <li>• Conduct 80 outreach mobile VCT services</li> <li>• Provide VCT to 20,000 clients</li> <li>• 12 Supervision visits and QA</li> </ul> <p>Referrals to care and support program</p>	<p>USAID</p>	<p>SIGAC</p>	<p>1.5</p>



<p>8. Ministry of Health, Western Province New partner? No FBO? No</p>	<p>Provide VCT to 35,000 clients in Western Province between June 04 and March 05</p>	<ul style="list-style-type: none"> <li>• Train 75 counselors</li> <li>• Provide supervision and quality assurance in 10 existing VCT sites</li> <li>• Conduct community mobilization to inform the public about the importance of knowing HIV status</li> <li>• Provide VCT services to 35,000 clients</li> </ul> <p>Referrals to care and support program operating in the same region</p>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>9. Population Services International New partner? No FBO? No</p>	<p>Increase demand for VCT services through mass media VCT promotional campaigns between June 04 and March 05 to reach 5.4 million sexually active adults</p>	<ul style="list-style-type: none"> <li>• 5 types of promotional materials developed</li> <li>• Set up 5 types of adverts on radio and TV</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>Internews Network Local Voices New partner? No FBO? No</p>	<p>Increase public information and understanding on VCT; decrease stigma associated with VCT Produce 10 feature programs on VCT June 04 and March 05</p>	<ul style="list-style-type: none"> <li>• Correct the inaccurate reporting on the efficacy of Rapid AIDS tests used in VCT evident in the media in 2003 through training specifically on this issue (3 trainings)</li> <li>• Increase number and quality of resources on VCT in the Media Resource Center</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>Lea Toto Project Children of God Relief Institute New partner? No FBO? Yes</p>	<p>Provide VCT services to 6,350 clients in 6 clinical centers between March 04 and March 05</p>	<ul style="list-style-type: none"> <li>• Pre and post test counseling</li> <li>• Record keeping and evaluation</li> <li>• 4 clients per site per month</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>AIDS Resource Center, Kisumu (funded through KEMRI cooperative agreement) New partner? No FBO? No</p>	<p>Provide VCT services to 25,000 clients between October 03 and March 05</p>	<ul style="list-style-type: none"> <li>• Operate a "free-standing" VCT center in the central business district of Kisumu</li> <li>• Assist four local partners, including a Catholic health center, to provide VCT services</li> <li>• Establish stand-alone sites in four towns</li> <li>• Provide mobile VCT services in under-served communities in Nyanza province and surrounding areas</li> </ul> <p>Refer about 2,250 HIV+ clients to Nyanza Provincial Hospital for evaluation, clinical care and ART (links to 4.7 and 4.10 partner)</p>	<p>HHS/CDC</p>	<p>Base</p>	<p>Trk 1.5 Trk 2</p>

<p>Eastern Deanery AIDS Relief Program New partner? No FBO? Yes</p>	<p>Provide VCT services to 8,000 low income residents of Eastleigh, Nairobi between Oct 03 and March 05</p>	<p>HHS/CDC</p> <p>Offer VCT to the public in 3 stand alone and 2 health facility sites Refer approx 750 HIV infected clients for care (~9% of clients are HIV+) Provide appropriate care and treatment (linked to ART services provided by same FBO)</p>	<p>Base</p>	<p>1.5</p>
<p>Foundation Agency for Rural Development New partner? Yes FBO? No</p>	<p>Provide VCT services to 1,500 youth and general public in Kibwezi town (on Nairobi-Mombasa highway) by March 05</p>	<p>HHS/CDC</p> <p>Establish a youth and VCT center in Kibwezi, along the Nairobi-Mombasa highway Operate a youth friendly VCT center serving 75 clients monthly (total 900 clients) Conduct mobile VCT serving 75 clients monthly (total 750 clients) Links with Peace Corps activities in same area Refer HIV + clients for care, ARV treatment at Makindu and Makeni hospitals</p>	<p>Base</p>	<p>1.5</p>
<p>Handicap International New partner? No FBO? No</p>	<p>Provide VCT services to 6,000 youth and general public in Kitale (North Rift Valley) by March 05</p>	<p>HHS/CDC</p> <p>Provide youth friendly VCT services in a youth center in Kitale Provide Mobile VCT Services in Uasin Gishu District Refer ~540 HIV+ clients to Kitale District Hospital and Kitale AIDS Programme, a local FBO AIDS support clinic</p>	<p>Base</p>	<p>Ttk 1.5 Ttk 2</p>
<p>Institute of Tropical Medicine New partner? No FBO? No</p>	<p>Provide VCT services to 500 young people (200 youth 15 - 19, 300 youth 20-24) in a rural area by March 05</p>	<p>HHS/CDC</p> <p>Operate a youth friendly VCT services within the context of a comprehensive youth HIV prevention program (note: costs per client served are high because of the need for focused and intensive counseling sessions with youth) Refer 50 HIV + clients to Ongiolo health center and Bondo district Hospital for care services (described in 4.7 and 4.10)</p>	<p>Base</p>	<p>2</p>
<p>International Rescue Committee New partner? No FBO? No</p>	<p>Provide VCT services to 1000 refugees and general public in the Kakuma refugee camp between October 04 and March 04</p>	<p>HHS/CDC</p> <p>Conduct HIV education throughout the refugee camp Continue operations of 2 VCT sites in the camp (note: services are available for surrounding community members as well as refugees) Links with care and treatment services provided by IRC within the refugee camp</p>	<p>Base</p>	<p>2</p>

<p><b>Kibera Community Self Help Project</b> <i>New partner?</i> No <i>FB07</i> No</p>	<p>Provide VCT services to 6,000 clients in Kibera slums, Nairobi and Machakos between October 03 and March 05</p>	<ul style="list-style-type: none"> <li>• Offer VCT services at six slum sites in Nairobi and Machakos</li> <li>• Identify and refer ~ 500 HIV infected clients for care and treatment</li> </ul> <p>Links to care and support services provided by KICOSHEP (4.7, 4.8) and to HHS/CDC funded AMREF ARV program in Kibera slum (4.10)</p>	<p>HHS/CDC</p>	<p>Base</p>	<p>2</p>
<p><b>Liverpool VCT and Care Project (LVCT)</b> <i>New partner?</i> No <i>FB07</i> No</p>	<p>Provide VCT services to 10,000 clients at 17 sites (February 04 to March 05). Train 200 counselors.</p>	<ul style="list-style-type: none"> <li>• Train approximately 200 VCT counselors for community based organizations identified by Peace Corps Volunteers, for the Africa Inland Church and Baptist churches, the National Youth Service, and the Kenya Prisons service</li> <li>• Ensure quality assurance of counseling through training 60 counselor supervisors</li> <li>• Offer VCT to the public at 17 registered sites (12 existing sites and 5 new sites)</li> <li>• Assist FBOs to establish VCT sites (already working with Muslim and Baptist VCT sites)</li> </ul> <p>Refer 1,000 HIV+ clients for care and support (links to 4.10 funded activities provided by LVCT)</p>	<p>HHS/CDC</p>	<p>Base</p>	<p>1.5</p>
<p><b>Liverpool VCT and Care Project</b> <i>New partner?</i> No <i>FB07</i> No</p>	<p>Initiate Mobile VCT in underserved rural communities and provide VCT to 3,500 clients by March 2005</p>	<ul style="list-style-type: none"> <li>• Conduct social mobilization to inform rural and remote communities about mobile VCT services</li> <li>• Provide VCT to 3,500 clients through mobile services</li> </ul> <p>Identify clients needing care and refer to local health facilities; if no local services, refer to LVCT services funded in Table 4.10</p>	<p>HHS/CDC</p>	<p>SIGAC</p>	<p>1.5</p>
<p><b>Makindu Youth VCT Center</b> <i>New partner?</i> No <i>FB07</i> No</p>	<p>Provide VCT to 1,000 youth and general public in Makindu, a community along the Mombasa-Nairobi highway by March 05</p>	<ul style="list-style-type: none"> <li>• Operate a youth center focusing on HIV prevention (AB activities conducted here but not in Table 4.2 due to small size of project)</li> <li>• Offer reproductive health and HIV/AIDS education to the youth (target 2000).</li> <li>• Provide VCT to youth and the general public (target 1000)</li> </ul> <p>Refer ~150 HIV infected clients for care to the district hospital (volunteer American staff of this project provide medical support to the district hospital)</p> <p><i>Twining partnership with the Makindu Children's Program, a US based NGO supporting OVC work</i></p>	<p>HHS/CDC</p>	<p>Base</p>	<p>2</p>

<p><b>Mobile VCT</b> (various local contractors) <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Modify 5 containers to serve as mobile VCT Vans; procure truck to tow containers by 30<sup>th</sup> June 04</p>	<p>Fabricate 5 containers into counseling rooms Install wheel base for towing each container Procure truck to tow containers to underserved areas for use by VCT partners</p>	<p>HHS/CDC</p>	<p>Base</p>	<p>1.5</p>
<p><b>National AIDS and STD Control Programme</b> Cooperative Agreement <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Enhance quality of VCT services nationwide</p>	<p>Support supervision of VCT sites Sensitize 10 District Health Management teams on VCT Manage national VCT Site as NASCOP Conduct Lessons learnt workshop for counselors Conduct VCT situation analysis Print IEC materials/forms</p>	<p>HHS/CDC</p>	<p>S/GAC</p>	<p>2</p>
<p><b>Nyarani VCT Program</b> <i>New partner?</i> Yes <i>FBO?</i> No</p>	<p>Initiate VCT services in Migori, a rural district with no services at present; serve 2,000 clients by March 2005</p>	<p>Establish a stand alone VCT in Migori Provide VCT to the public at a stand alone site and through mobile services (target 2000 clients) Refer ~200 HIV infected clients for care at Migori, Kisii, Homabay District hospital and Merlin ART outlets Links with Peace Corps activities in same area-work with PCV on HIV/AIDS education and appropriate referral in Migori</p>	<p>HHS/CDC</p>	<p>Base</p>	<p>Trk 1.5 Trk 2</p>
<p><b>Olamila VCT Project</b> <i>New partner?</i> Yes <i>FBO?</i> No</p>	<p>Provide VCT services to 2,400 clients (both youth and general public) by March 05 in Kapsabet and surrounding areas</p>	<p>Establish a youth friendly VCT center in Kapsabet Provide HIV education (ABC) to 3000 youth Operate youth friendly VCT center serving 165 clients monthly (total 1500 clients) Conduct mobile VCT serving 100 clients monthly (total 900 clients) Refer ~ 200 HIV + clients for clinical care and ARV treatment at Moi referral and teaching Hospital, Eldoret (ref 4.10) Links with Peace Corps activities in same area</p>	<p>HHS/CDC</p>	<p>Base</p>	<p>1.5</p>

<p>Pillar of Hope New partner? No FBO? No</p>	<p>Provide VCT services to 4,000 clients in Narok by March 05 Provide HIV education to Maasai living in remote locations.</p>	<ul style="list-style-type: none"> <li>Conduct outreach HIV education in Maasai Manyatta</li> <li>Provide VCT to Maasai communities</li> <li>Provide support and home based care to HIV+ clients</li> </ul> <p>Refer clients needing ART to Christian Missionary Fellowship Clinics (4, 10) Link to Peace Corps Volunteers to mobilize communities for MVCT uptake</p>	<p>HHS/CDC</p>	<p>Base</p>	<p>1.5 1.5 2</p>
<p>Wetvreden Car &amp; Truck New partner? Yes FBO? No</p>	<p>Procure 2 fully loaded VCT trucks for mobile outreach</p>	<ul style="list-style-type: none"> <li>Fabricate equip and supply 2 fully loaded 4x4 trucks with 2 counseling rooms each</li> <li>Deliver trucks to Kenya by Sept 1, 2004</li> </ul>	<p>HHS/CDC</p>	<p>Base 50% S/GAC 50%</p>	<p>1.5</p>
<p>HHS/CDC Atlanta</p>	<p>Provide technical assistance to the VCT program through 4 TDYs by March 05</p>	<ul style="list-style-type: none"> <li>Conduct pre-test of a couples VCT curriculum (2 TDYs)</li> <li>Assist with evaluation of community level impact of VCT services in the demographic surveillance area in Nyanza province (2 TDYs)</li> </ul>	<p>HHS/CDC</p>	<p>Base</p>	<p>2</p>
<p>Kenya Dept of Defense (KDOD) New partner? No FBO? No</p>	<p>Provide VCT services to 6,000 members of the military, their dependents, and local community between June 04 and March 05</p>	<ul style="list-style-type: none"> <li>Promote the importance of HIV testing among the uniformed services</li> <li>Train 12 VCT counselors for new sites and to replace counselors transferred out of existing sites</li> <li>Continue technical assistance for 15 VCT sites already established with USAID funds</li> <li>Establish 4 new VCT sites in barracks not currently served</li> <li>Support development of 12 post-test clubs</li> </ul> <p>Refer HIV + clients for care and ART services</p>	<p>DOD/ DHAPP</p>	<p>S/GAC</p>	<p>1.5</p>

<p><b>Kericho District</b></p> <ul style="list-style-type: none"> <li>• MOH/Kericho District Hospital (KDH)</li> <li>• Brooke Bond Central Hospital</li> <li>• James Finlay Central Hospital</li> <li>• Live With Hope Center</li> </ul> <p><b>New partner? 1 Yes</b> <b>FBO? 1 Yes</b></p>	<p>Provide VCT services to 800 clients in Kericho District and surrounding areas, between March and May 2004.</p>	<ul style="list-style-type: none"> <li>• Train 17 additional counselors in hospitals, associated health centers and dispensaries and the Live With Hope Center (a local FBO) in counseling and testing.</li> <li>• Provide counseling and testing services to 800 individuals in the Kericho District, portions of four adjacent districts and two local plantations.</li> <li>• Provide TA and QA/QC services to all participating hospitals and facilities.</li> </ul> <p><i>Refer ~80 HIV+ clients for basic care and assessment of eligibility for ART at the three hospitals.</i></p> <p><i>Links to services provided under 4.7 and 4.10</i></p>	<p>DOD/ USMHRP</p>	<p>SIGAC</p>	<p>1.5</p>
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4.6.4 Proposed new activities in FY04	Partner	FY04 Objective	Activities for each objective	Agency	Budget
Africa Inland Church Health Ministries	New partner? Yes FBO? Yes	Provide VCT services to 2,000 persons by March 2005	<ul style="list-style-type: none"> <li>• Establish VCT services in 12 church operated health facilities in rural and semi-rural areas of the country</li> <li>• Train 24 VCT counselors</li> <li>• Inform AIC congregations of the importance of knowing HIV status</li> </ul> <p><i>Refer HIV+ clients to AIC supported hospitals such as Kijabe Hospital (included in Track 1 ART services from CRS)</i></p>	HHS/CDC	
Baptist AIDS Response Agency	New partner? Yes FBO? Yes	Provide VCT services to 3,500 persons by March 2005	<ul style="list-style-type: none"> <li>• Establish 4 stand-alone VCT centers on the grounds of Baptist churches (Nairobi, Machakos, Meru District)</li> <li>• Operate mobile VCT services at other, smaller churches in rural locations</li> <li>• Inform Baptist congregations of the importance of knowing HIV status</li> </ul> <p><i>Refer HIV+ clients for care and support at local health facilities; in some areas, to ART programs supported in Table 4.10</i></p>	HHS/CDC	
International Medical Corps	New partner? Yes FBO? No	Provide VCT services to 3,000 clients in Suba district by March 2005	<ul style="list-style-type: none"> <li>• Conduct social mobilization for VCT uptake in Suba district, a remote district on Lake Victoria where there are no VCT services at present</li> <li>• Initiate VCT in islands within Suba and neighboring areas through stand alone, integrated mobile and community based approaches</li> </ul> <p><i>Refer ~ 400 HIV infected clients for care and support to Homabay district hospital, Mbita and other ARV treatment outlets nearby</i></p>	HHS/CDC	

<p>International Rescue Committee New partner? No FBO? No</p>	<p>Provide VCT services to 2,000 clients in Lokichoggio, NW Kenya (transit point for relief workers and supplies for southern Sudan)</p>	<p>HHS/CDC</p>	<ul style="list-style-type: none"> <li>Establish a VCT center in a location convenient for both relief workers and the local population</li> <li>Train 5 VCT counselors</li> <li>Provide VCT services to 2000 clients (25% relief workers, 75% local population)</li> </ul>
<p>Kabondo Community Development Group New partner? No FBO? No</p>	<p>Provide VCT services to 1,300 clients by March 2005</p>	<p>HHS/CDC</p>	<ul style="list-style-type: none"> <li>Establish a community based VCT center in Kabondo District, an under-served rural district in Nyanza province</li> <li>Conduct community mobilization to inform the public about AIDS and about VCT services</li> <li>Refer HIV+ clients to for care and ARV treatment at Kisii District Hospital, Merini ART Outlets, Pchuonyo district Hospital and Nyanza provincial hospital</li> </ul>
<p>Kenya Prisons Service New partner? Yes FBO? No</p>	<p>Provide VCT services to 1,000 prisoners, prison warders, and dependents in 10 prisons by March 05</p>	<p>HHS/CDC Base</p>	<ul style="list-style-type: none"> <li>Establish VCT services in 6 prisons</li> <li>Train 18 prison staff and prisoners as VCT counselors</li> <li>Provide VCT services to 1,000 prisoners and staff by March 05</li> <li>Note: care services for the prisons service will be developed in year two</li> </ul>
<p>National Youth Service (NYS) uniformed service New partner? Yes FBO? No</p>	<p>Establish 5 VCT centers; Provide VCT to 2,000 clients by March 2005</p>	<p>HHS/CDC</p>	<ul style="list-style-type: none"> <li>Identify appropriate barracks for introduction of VCT services</li> <li>Train 30 VCT counselors for selected sites</li> <li>Provide VCT to 2,000 young recruits, staff and dependents of the NYS</li> <li>Support formation of 5 post test clubs</li> <li>Refer HIV+ clients for appropriate services (specific referral network cannot yet be identified as VCT sites are not yet determined)</li> </ul>
<p>Our Lady of Perpetual Support for People Living with AIDS &amp; Orphans New partner? Yes FBO? Yes</p>	<p>Provide VCT to 2,500 clients by March 05 integrating VCT into existing HBC activities in Kiwira and Miwani communities, Nyanza province</p>	<p>HHS/CDC</p>	<ul style="list-style-type: none"> <li>Introduce community based VCT into HBC activities in Miwani and Kiwira</li> <li>Provide Mobile VCT in Miwani and Kiwira</li> <li>Continue to provide HBC to patients as needed</li> <li>Refer 300 HIV + clients for clinical care and ARV treatment at Nyanza provincial hospital</li> </ul>
<p>Soy Aids Resource &amp; Youth Center, Lugari New partner? Yes FBO? No</p>	<p>Provide VCT to 2,000 youth and general public in Lugari; provide HIV education to 4,000 youth</p>	<p>HHS/CDC</p>	<ul style="list-style-type: none"> <li>Establish and operate community AIDS resource and VCT Center</li> <li>Provide ABC education to 4,000 youth in surrounding catchment area</li> <li>Provide VCT in Lugari to 2,000 youth and adults</li> <li>Refer ~ 200 HIV infected clients for care and ARV treatment at Moi referral and teaching Hospital, Eldoret (ref 4 10)</li> </ul>
<p>Upendo Widows Group New partner? Yes FBO? No</p>	<p>Provide VCT services to 2,000 clients in Homa Bay, Nyanza Province by March, 2005</p>	<p>HHS/CDC</p>	<ul style="list-style-type: none"> <li>Establish a stand alone VCT Site in Homa Bay</li> <li>Provide VCT to 2000 clients</li> <li>Refer ~200 HIV+ clients to Homabay district hospital for clinical care and ARV treatment</li> </ul>

<p><b>Kenicho District</b></p> <ul style="list-style-type: none"> <li>• MOH/Kericho District Hospital (KDH)</li> <li>• James Finney Central Hospital</li> <li>• Live With Hope Center (FBO)</li> </ul> <p>New partner? 1 Yes FBO? 1 Yes</p>	<p>Provide VCT services to reach an additional 5,200 (6,000 total in year one) by March 2005.</p>	<ul style="list-style-type: none"> <li>• Train 8 additional counselors in hospitals, associated health centers and dispensaries and the Live With Hope Center (a local FBO) in counseling and testing, bringing the total number of new counselors in year one to 25</li> <li>• Provide counseling and testing to 5,200 individuals in the Kericho District, portions of four adjacent districts and two local plantations.</li> <li>• Renovation of KDH facility and one new site in Kericho Town to serve a slum community with high transmission rates</li> <li>• Conduct pilot study on alternate testing technologies for use in VCT settings</li> <li>• Provide education materials to promote VCT with the purpose of increasing use of services and introduce VCT into TB and Family Planning clinics in the Kericho District</li> <li>• Provide TA and QA/QC services to all participating hospitals and facilities</li> </ul> <p>Refer ~500 HIV+ clients for basic care and assessment of eligibility for ART at the three hospitals</p> <p>Links to services provided under 4.7 and 4.10</p>	<p>DOD/ USMHRP</p>	<p>Total partners: 39</p>	<p>New partners: 13</p>	<p>FBOs: 6</p>	<p>Total budget:</p>
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**HIV Clinical Care and Support, Prevention and Treatment (of TB and Other OIs) (non-ART)**

General medical care for HIV associated conditions is provided in most health care facilities in the country, although services specific to HIV are just being initiated. Comprehensive care clinics for patients with HIV have been established at numerous facilities, including: Kenyatta National Hospital, Moi teaching and referral hospital, 5 of 8 Provincial Hospitals, many mission facilities, several district hospitals, and a small number of rural health facilities. Most of these clinics currently serve patients who meet criteria for but cannot afford antiretroviral drugs, patients in whom antiretroviral therapy is deferred pending further adherence counseling and/or resolution of inter-current medical conditions, and patients who have not yet become eligible for treatment with antiretroviral drugs. Plans are underway to begin collecting data regarding the numbers of people receiving HIV clinical care services; currently, no aggregate data are available. There are ambitious plans to integrate TB screening and treatment with HIV services and vice versa.

New and expansion of existing activities will contribute directly to the PEPFAR target of providing care to 1,250,000 Kenyans by 2008 by providing care to 40 partners serving an estimated 55,000 people at more than 50 health facilities/programs. USG agencies and partners will assist hospitals/health centers to further expand and improve capacity for patient monitoring and establish programs to prevent, diagnose and treat opportunistic infections, especially tuberculosis. New activities will result in a marked increase in the number of tuberculosis patients being tested and counseled for HIV, and an increased proportion of HIV+ individuals receiving treatment for active or latent tuberculosis infection. In addition to support at specific sites, new activities provide critical components of treatment such as necessary commodities, training of health care providers, community mobilization, advocacy, and development of critical policy and guidelines.

The provision of basic HIV care lays the ground-work for the provision of antiretroviral therapy through improvements in infrastructure, laboratory and pharmacy capacity, ability to follow patients over time, and establishment of critical referral links to support services such as legal aid and home based care. Because most HIV-infected patients with tuberculosis and many HIV-infected patients with symptoms suggestive of tuberculosis (i.e. tuberculosis suspects) meet criteria for treatment with antiretroviral therapy, the identification of HIV-infected individuals with tuberculosis is critical to meeting ARV treatment targets.

Costs per patient served have been evaluated for each project, and are generally in the range of [redacted] year per person, inclusive of personnel, laboratory monitoring (including annual or biannual CD4 cell count monitoring), equipment, supplies, and technical assistance. Budgeted amounts vary depending whether costs for drugs and other commodities are included, how quickly patients can be enrolled (and therefore how many months they will receive care during the budget period), the size of the project, the need for support activities such as building renovation, and the presence and amount of additional funding.

**Table 47**

47.1 Current status of program in country

47.2 How new activities will contribute to PEPFAR targets/linkages to other activities

4.7.3 Existing activities initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount	Budget Source	Track
African Union Inter-African Bureau for Animal Research New partner? Yes FBO? No	Strengthen referral linkages between pastoralists and health facilities in 3 districts and provide diagnosis and treatment for HIV and TB for an estimated 800 people by end of YR1	<ul style="list-style-type: none"> <li>Strengthen referral systems to health facilities for people suffering from HIV and TB through health education and community awareness</li> <li>Promote care for people and children affected by AIDS through linkages with the UNICEF program in Northeast Province which is a predominantly Muslim community</li> </ul>	USAID		Base	2
AMKENI Engender Health New partner? No FBO? No	Train 48 health care providers (in 40 VCT sites in the 10 districts of Coast and Western provinces) in management of opportunistic infections	Train service providers and supervisors in management of opportunistic infections through NASCOP	USAID		Base	2
KEMSA New partner? Yes FBO? No	Strengthen pharmaceutical management to support expanded access to OIs including TB drugs	Strengthening of national logistics system	USAID		Base	Trk 1.5 Trk 2

IMPACT / Family Health International	The six entries that follow represent sub-recipients of FHI/IMPACT. The objectives for each sub-recipient are essentially the same: providing care and support services or the training/orientation necessary for their effective implementation. We have used the objective column for subrecipients to identify the special populations and/or geographic areas to be served, as well as the numeric targets for each. Patient or unit cost differentials at sites are largely a function of the pre-PEPFAR "pipeline" which FHI and these sub-recipients are able to commit to the activity, in effect "subsidizing" the 2004 costs that must be charged to PEPFAR					
1. Kenyatta National Hospital New partner? No FBO? No	Target: 1,000 people living with HIV and AIDS in greater Nairobi area	Expand comprehensive care at Kenyatta National Hospital	USAID		Combined care/ART program; costs in 4.10	1.5
2. Kenyatta National Hospital New partner? No FBO? No	Target: 1,500 clients living with HIV and AIDS	<ul style="list-style-type: none"> <li>Continue to provide necessary equipment and commodities to support provision of comprehensive care center at Kenyatta National Hospital</li> <li>Continue to provide ongoing training of care providers</li> <li>Continue to provide technical assistance to support delivery of care</li> </ul>	USAID		Combined care/ART program; costs in 4.10	2

<p>3. Ministry of Health, Western, Rift Valley and Coast Provinces New partner? No FBO? No</p>	<p>Targets: 9,000 people with HIV/AIDS; train 1,200 PLWHA (400 at each site).</p>	<ul style="list-style-type: none"> <li>• Train health workers on comprehensive care</li> <li>• Orient District Health Management teams regarding comprehensive care for PLWHA</li> <li>• Train PLWA on supportive counseling and drug Literacy</li> </ul> <p>Links to the COPHIA HBC program</p>	<p>USAID</p>	<p>Continued care/ART program; additional costs in 4.10</p>	<p>Base</p>	<p>2</p>
<p>5. Samburu Aid in Africa New partner? No FBO? No</p>	<p>Target: 250 TB patients by March 2005</p>	<ul style="list-style-type: none"> <li>• Train clinical and lab service providers in diagnosis of TB linked to HIV care.</li> <li>• Set-up of new diagnostic and treatment centers linked to the Samburu district TB program</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>Base</p>	<p>1.5</p>
<p>6. St Mary's Hospital New partner? No FBO? Yes</p>	<p>Target: 1,000 people living with HIV/AIDS by March 2005</p>	<ul style="list-style-type: none"> <li>• Carry out renovations</li> <li>• Purchase equipment and commodities</li> <li>• Train staff</li> <li>• Provide ongoing technical assistance and quality assessment</li> </ul>	<p>USAID</p>	<p>Combined care/ART/TP MTCT+ program; costs in 4.11</p>	<p>Base</p>	<p>2</p>
<p>Indiana University and Columbia University New partner? Yes FBO? No</p>	<p>Provide basic HIV care to an additional 680 additional patients at Moi Teaching and Referral Hospital in Eldoret, Rift Valley Province, by March 2005</p>	<ul style="list-style-type: none"> <li>• Provide pre-service training in HIV treatment for medical students who will provide HIV care in the latter years of PEPFAR</li> <li>• Provide ongoing post-services training to health care workers</li> <li>• Technically assist to support provision of basic care to 680 HIV infected individuals, including women and family members identified through PMTCT program</li> <li>• Support community-based adherence support, and defaulter tracing.</li> </ul> <p>(Moi Teaching and Referral Hospital is one of 2 national referral hospitals and serves in this capacity for the HIV care network. Links to care services provided at nearby rural health centers through track 1 program [Columbia University])</p>	<p>USAID</p>	<p>Combined care/ARV program; costs in 4.10</p>	<p>Base</p>	<p>1.5</p>

<p><b>Lea Toto Project</b> Children of God Relief Institute <b>New partner? No</b> <b>FBO? Yes</b></p>	<p>Provide clinical nursing and counseling services to 1800 HIV+ children and their families totaling 14,000 at 6 clinical centers and 10 communities in Nairobi slums</p>	<ul style="list-style-type: none"> <li>• Provide treatment of opportunistic infections for 1800 HIV+ children and 14,000 other infected members at the clinics and in the home</li> <li>• Provide psychosocial support for 15,800 clients</li> <li>• Make referrals where needed</li> <li>• Provide 1800 HIV+ children with nutritional guidance and food</li> <li>• Train 150 health care workers</li> </ul> <p>(Drugs and supplies are not part of this budget as these will be procured from MEDS)</p>	<p>USAID</p>	<p>[Redacted]</p>	<p>Base</p>	<p>2</p>
<p><b>Marquette University</b> <b>New partner? No</b> <b>FBO? Yes</b></p>	<p>Provide therapeutic nutrition interventions to 22,000 PLWHAs in FBO facilities in Nairobi, Voi and Mombasa</p>	<ul style="list-style-type: none"> <li>• Evaluate nutritional needs for patients with HIV, food accessibility and impact of nutritional issues on ARV efficacy</li> <li>• Deliver therapeutic nutrition interventions to enhance the efficacy of ARVs, reduce OIs, and prevent new infections due to enhanced immune system functioning.</li> <li>• Develop curriculum for nutritional therapeutics.</li> </ul> <p>Links to provision of medical services at MOH facilities in Mombasa, Eastern Deanery in Eastleigh</p>	<p>USAID</p>	<p>[Redacted]</p>	<p>Base</p>	<p>Trk 1.5 [ ] Trk 2 [ ]</p>
<p><b>MSHRPM Plus</b> Mission for Essential Drug and Supplies (MEDS) <b>New partner? No</b> <b>FBO? No</b></p>	<p>Provide drugs and supplies for PEPFAR-supported sites between April and September 2004</p>	<ul style="list-style-type: none"> <li>• Strengthen infrastructure at MEDS for procurement and distribution of drugs and supplies needed to provide HIV care</li> <li>• Provide non-ARV drugs and other medical supplies to care clinics throughout Kenya</li> </ul> <p>Further details and links in table 4.10)</p>	<p>USAID</p>	<p>Combined care and ARV program; costs in 4.10</p>	<p>Base</p>	<p>1.5</p>
<p><b>Policy Project</b> The Futures Group <b>New partner? No</b> <b>FBO? No</b></p>	<p>Support passage of HIV/AIDS bill that creates environment favorable to care and treatment. Advocate implementation of guidelines related to HIV prevention and treatment.</p>	<ul style="list-style-type: none"> <li>• Promote needed modifications and support passage of comprehensive HIV/AIDS bill</li> <li>• Develop strategy to assure dissemination and implementation of HBC guidelines</li> </ul>	<p>USAID</p>	<p>[Redacted]</p>	<p>Base</p>	<p>2</p>
<p><b>UNICEF Kenya</b> North Eastern Province <b>New partner? No</b> <b>FBO? No</b></p>	<p>Access to care and support for people living with HIV/AIDS increase to 800 persons</p>	<ul style="list-style-type: none"> <li>• Support to 25 NGOs/CBOs for care and support</li> <li>• Support to initiatives to improve dietary quality</li> <li>• Support nutritional monitoring and care</li> </ul> <p>Links to AUI/BAR referral activities and MOH and non-PEPFAR VCT partners</p>	<p>USAID</p>	<p>[Redacted]</p>	<p>Base</p>	<p>2</p>

World Vision Kenya New partner? Yes FBO? Yes	Increase access to clinical care and support for 650 adults and 350 OVCs	<ul style="list-style-type: none"> <li>Support ongoing clinical monitoring in collaboration with Sustainable Healthcare Enterprises Foundation/Midmay Int'WMOH at 5 clinics in Busia district</li> <li>Refer 1000 patients for TB/ART/OI treatment as appropriate across the continuum of care (i.e. VCT centers, ANCs, PMTCT clinics, hospitals)</li> </ul>	USAID		S/GAC	1.5
AMREF New Partner? No FBO? No	Expand provision of basic care to reach 300 people with HIV in the Kibera slums by March 2005	<ul style="list-style-type: none"> <li>Provide staffing, procure necessary drugs, equipment, supplies to provide basic care</li> <li>Provide ongoing training of clinic based and community-based health care workers</li> </ul> <i>Links, further details in 4.10</i>	HHS/CDC	Combined care/ ARV program; costs in 4.10	Base	2
Eastern Deanery AIDS Relief Program New partner? No FBO? Yes	Provide HIV care including prevention, diagnosis, and management of opportunistic conditions for 2,075 people with HIV at various facilities in Eastern Deanery by September 2004	Treat 2,075 patients (drug, supply, and equipment costs not included. These are supported through separate contract with this partner (in Table 4.10, and the MEDS partnerships in this table and 4.10)) <i>Links to HIV testing, integrated management of HIV and TB, ARV treatment, and community outreach activities supported through this partner, and track 1-supported CRS ARV services</i>	HHS/CDC		Base	1.5
Eastern Deanery AIDS Relief Program New partner? No FBO? Yes	Manage tuberculosis in 400 HIV-infected people and evaluate and manage tuberculosis and HIV in 2000 people with symptoms suggestive of tuberculosis by September 2004	<ul style="list-style-type: none"> <li>Support necessary improvements to buildings at service delivery points</li> <li>Provide training updates for 50 health staff on the diagnosis and management of TB/HIV</li> <li>Screen HIV+ clients from VCT for symptoms of tuberculosis</li> <li>Conduct diagnostic testing for tuberculosis among HIV+ patients with symptoms of tuberculosis</li> <li>Provide intermittent preventive therapy for 400 HIV+ VCT clients (with no symptoms of tuberculosis)</li> </ul> <i>Refer HIV+ clients with symptoms of tuberculosis for tuberculosis treatment (services provided by National TB and Leprosy Control Programme)</i> <i>Links to VCT, ARV, and community services provided by this partner; integrated TB/HIV services through NASCOP, and track 1 supported CRS ARV services</i>	HHS/CDC		Base	1.5
Eastern Deanery AIDS Relief Program New partner? No FBO? Yes	Provide care to a total of 4075 people with HIV in the Eastleigh area of Nairobi by March 2005	Continue treatment for 2075 people enrolled between March 2004 and September 2004 and provide care to an additional 2000 people between September 2004 and March 2005 (drug costs not included) <i>Links as above for this partner and in 4.10</i>	HHS/CDC	Combined care/ ARV program; costs in 4.10	Base	2

<p>Institute of Tropical Medicine Youth Program <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Provide care for 50 HIV+ youth identified through VCT services in a pilot youth HIV prevention program in Nyanza Province</p>	<ul style="list-style-type: none"> <li>• Provide on-going counseling and support for 50 HIV+ youth</li> <li>• Provide medical treatment of opportunistic infections for 30 HIV+ youth</li> <li>• Form two post-test clubs</li> </ul> <p>Links to PEPFAR-supported targeted evaluations of youth and impact of interventions aimed at youth; to VCT, PMTCT, and care and treatment services through LEMRI cooperative agreement; training provided by Midway; DFID supported home-based care training</p>	<p>HHS/CDC</p>	<p></p>	<p>Base</p>	<p>2</p>
<p>International Rescue Committee <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Provide HIV and TB care to 100 HIV+ refugees between October 04 and March 05</p>	<ul style="list-style-type: none"> <li>• Continue HIV care for HIV+ refugees identified through VCT services</li> <li>• Ensure TB screening of all HIV+ patients and HIV testing for all TB patients</li> <li>• Assess need for ART for refugees and prepare for services if appropriate</li> </ul> <p>Links to VCT services provided by this partner, commodities purchased through JSI and MEDS</p>	<p>HHS/CDC</p>	<p></p>	<p>Base</p>	<p>1.5</p>
<p>KEMRI <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Train 300 community health workers in referral and adherence support for patients with TB; support establishment of TB/HIV integrated services in 10 VCT sites; train 13 District TB and Leprosy Control Officers in TB management in HIV-infected individuals</p>	<p>Train community health workers in referral and adherence support for patients with TB, promote HIV testing among TB patients, promote TB testing and treatment in HIV+ persons identified at VCT sites</p> <p>Links to other PEPFAR supported services: links to support through NASCOP for strengthening of integration of TB/HIV activities at National level)</p>	<p>HHS/CDC</p>	<p></p>	<p>Base</p>	<p>1.5</p>

<p>KEMRI New partner? No FBO? No</p>	<p>Provide HIV care including prevention, diagnosis, and management of opportunistic conditions for 1,550 HIV-infected people at Bondo, Siaya and Kisumu District Hospitals by September 2004</p>	<ul style="list-style-type: none"> <li>Carry out necessary renovations, purchase equipment, supplies</li> <li>Provide basic care for additional 1550 patients at these sites by September 2004.</li> </ul> <p>PEPFAR Links to staffing supported through contract with Nyanza Provincial Ministry of Health, commodities provided through contract with MEDS, ARV-Tivoli supported VCT services in Nyanza Province; to KEMRI supported community support services, Kisumu Hospice services, Midway training of health care workers in Nyanza Province. Links to others: to DFID supported home-based care; GFATM/GOK-supported ARVs at Siaya District Hospital</p>	<p>HHS/CDC</p>	<p>Combined care/ ARV program; costs in 4.10</p>	<p>Base</p>	<p>1.5</p>
<p>KEMRI New partner? No FBO? No</p>	<p>Expand basic HIV care for a total of 3,550 infected persons at Bondo, Siaya, and Kisumu District Hospitals by March 2005</p>	<p>Provide continuing care for 1,550 people and initiate care for additional 2000 persons at Siaya, Bondo, and Kisumu District Hospitals, and linked health centers in Bondo and Siaya Districts. Links, details for same partner listed above and in 4.10</p>	<p>HHS/CDC</p>	<p>Combined care/ ARV program. Costs in 4.10</p>	<p>Base</p>	<p>2</p>
<p>KEMRI New partner? No FBO? No</p>	<p>Expand and integrate TB/HIV services to 2 additional Districts (Kisumu and Suba)</p>	<ul style="list-style-type: none"> <li>Train additional 600 community health care workers</li> <li>Train 40 health care workers</li> <li>Renovations and technical support for additional 10 diagnostic centers</li> </ul>	<p>HHS/CDC</p>		<p>S/GAC</p>	<p>2</p>
<p>Kicoshep (Kibera Community Self Help Program) New partner? No FBO? No</p>	<p>Provide ongoing treatment and support for 500 HIV+ VCT clients</p>	<ul style="list-style-type: none"> <li>Support clinic based prevention and management of opportunistic infections</li> <li>Support community based supportive counseling and prevention and management of opportunistic infections</li> </ul> <p>Links to VCT services of this partner; additional clinical services provided by AMREF</p>	<p>HHS/CDC</p>		<p>Base</p>	<p>2</p>
<p>Kodiaga Prison New partner? No FBO? No</p>	<p>Provide appropriate diagnostic testing for 600 HIV-infected tuberculosis suspects per year at Kodiaga Prison</p>	<ul style="list-style-type: none"> <li>Construct room to house X-ray equipment, thereby improving access to appropriate TB diagnosis and correct treatment</li> </ul> <p>Links to care services for patients tested through KEMRI-supported VCT activities at the prison</p>	<p>HHS/CDC</p>		<p>Base</p>	<p>1.5a</p>
<p>Liverpool VCT and Care Project New partner? No FBO? No</p>	<p>Provide basic treatment to 450 people with HIV</p>	<p>Provide basic HIV treatment to 450 people in Thika, Nairobi, Rachuonyo, and Embu Links to VCT services of this partner; commodities through MEDS; logistics and pharmacy supported by JSI, RPM-plus; buildings constructed by Pamoja. (Further details and links in 4.10)</p>	<p>HHS/CDC</p>	<p>Combined care/ ARV program; costs in 4.10</p>	<p>S/GAC</p>	<p>1.5, 2</p>

<p>Liverpool VCT and Care Project <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Expand basic treatment to a total of 850 people with HIV by March 2005</p>	<p>Provide continuing care for 450 people and expand basic care for HIV to additional 400 people in Thika, Nairobi, Rachuonyo, and Embu between September 2004 and March 2005 (Details and links in 4.10)</p>	<p>HHS/CDC</p>	<p>Combined care/ ARV program; costs in 4.10</p>	<p>S/GAC</p>	<p>2</p>
<p>Machakos District Hospital <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Provide HIV care including prevention, diagnosis and management of opportunistic conditions for 600 people with between Dec 2003 and Dec 2004</p>	<ul style="list-style-type: none"> <li>Conduct necessary renovations at hospital</li> <li>purchase needed equipment and supplies</li> <li>provide HIV care for 600 people by Dec 2004 (Drugs costs, staffing provided by MOH)</li> <li>Links to logistics and pharmacy strengthening services provided through JSI, RPM+</li> </ul>	<p>HHS/CDC</p>	<p>Combined care and ARV program; costs in 4.10</p>	<p>Base</p>	<p>1.5a</p>
<p>National AIDS/STD Control Programme and National Leprosy/Tuberculosis Control Programme <i>New partner?</i> No <i>FBO?</i> No (but 201 FBO supported health care units benefit from/participate)</p>	<p>Provide national coordination of integration of HIV/TB services and support initial implement integrated HIV/TB services in 10 districts through July 2004</p>	<ul style="list-style-type: none"> <li>Purchase HIV test kits for diagnostic counseling and testing among TB patients</li> <li>Produce/distribute HIV/TB IEC materials</li> <li>Hold a national prison TB/HIV policy workshop</li> <li>Print 500 registers, 20,000 brochures, and conduct 4 continuing medical education sessions for private practitioners who provide TB care</li> <li>Conduct national survey of HIV among TB patients</li> <li>Supervise staff responsible for implementation of integrated HIV/TB services nationally.</li> </ul>	<p>HHS/CDC</p>	<p></p>	<p>Base</p>	<p>1.5</p>
<p>National AIDS/STD Control Programme and National Leprosy/Tuberculosis Control Programme <i>New partner?</i> No <i>FBO?</i> No (but 201 FBO supported health care units benefit from / participate)</p>	<p>Strengthen delivery of integrated HIV and TB services in 10 districts by March 2005</p>	<ul style="list-style-type: none"> <li>Train health workers in diagnosis of HIV/TB and (prophylactic) treatment of TB and other OI in HIV+ patients.</li> <li>Increase integrated HIV/TB services in mission, public, and private health institutions.</li> <li>Increase number of TB patients tested for HIV</li> <li>Increase number of AIDS patients screened and treated for TB, inclusive of those in home-based care.</li> <li>Increase number of HIV+ TB patients receiving cotrimoxazole prophylaxis</li> </ul>	<p>HHS/CDC</p>	<p></p>	<p>S/GAC</p>	<p>2</p>




<p><b>National AIDS and STD Control Programme</b> New partner? No FBO? No</p>	<p>Expansion of access to HIV treatment and improve monitoring of treatment access</p>	<ul style="list-style-type: none"> <li>• Train trainers in HIV care in each province (this training is supported in part through this cooperative agreement and in part through FHI/IMPACT)</li> <li>• Support central management team at NASCOP</li> <li>• Support provincial HIV treatment coordinators</li> <li>• Develop communication strategy regarding HIV treatment</li> </ul> <p>Links to specific care and treatment activities at numerous MOH facilities, to activities supported by GFATM and bilateral donors such as DFID, to technical position at NASCOP supported by USAID</p>	<p>HHS/CDC</p>	<p>Combined care/ARV program; costs in 4.10</p>	<p>S/GAC</p>	<p>1.5</p>
<p><b>National AIDS/STD Control Programme</b> New partner? No FBO? No</p>	<p>Continue and strengthen development and supervision of HIV treatment services nationally (July 2005 to March 2005)</p>	<ul style="list-style-type: none"> <li>• Support central management team at NASCOP</li> <li>• Support provincial HIV treatment coordinators</li> </ul>	<p>HHS/CDC</p>	<p>Combined care/ARV program; costs in 4.10</p>	<p>S/GAC</p>	<p>2</p>
<p><b>Nyanza Provincial Ministry of Health</b> New partner? No FBO? No</p>	<p>Provide basic HIV care for 400 people at Ongiello dispensary. Provide 35 health care staff of various cadres (medical officers, clinical officers, nurses etc.) to provide HIV prevention and treatment services in Nyanza Province from March 2004-March 2005.</p>	<ul style="list-style-type: none"> <li>• Provide staffing and space to support care delivery at Ongiello</li> <li>• Develop position descriptions/terms of service for 1 year renewable contracts comparable to MOH terms of service</li> <li>• Determine and prioritize staffing needs in collaboration with USG partners</li> <li>• Recruit, select and manage health care workers as needed to provide the services</li> </ul> <p>Links and further details in 4.10</p>	<p>HHS/CDC</p>	<p>Combined care/ARV program; additional costs in 4.10</p>	<p>Base</p>	<p>1.5</p>
<p><b>Nyanza Provincial General Hospital</b> New partner? No FBO? No</p>	<p>Provide HIV care to 2500 people at New Nyanza Provincial General Hospital by March 2005</p>	<ul style="list-style-type: none"> <li>• Provide personnel, space, etc. for ongoing basic HIV care for 1,000 patients and initiate care for an additional 1,500 patients at New Nyanza Provincial General Hospital in Kisumu</li> </ul> <p>Links and further details in 4.10</p>	<p>HHS/CDC</p>	<p>Combined care/ARV program; costs in 4.10</p>	<p>Base</p>	<p>2</p>
<p><b>Population Services International</b> New partner? No FBO? No</p>	<p>Promote public awareness of HIV/TB services to 120,000 TB patients and 400,000 TB suspects and family members through a mass media campaign by March 2005</p>	<ul style="list-style-type: none"> <li>• Produce, distribute 20,000 posters</li> <li>• Produce and air 7 radio commercials</li> <li>• Produce and air 3 TV commercials</li> </ul> <p>Links to NASCOP support for integration of TB and HIV services as well as all site specific support for integration of TB/HIV services through IMPACT, NASCOP, GFATM</p>	<p>HHS/CDC</p>	<p>Combined care/ARV program; costs in 4.10</p>	<p>S/GAC</p>	<p>1.5</p>

<p>CDC Atlanta</p>	<p>6 technical assistance visits by March 2004</p>	<ul style="list-style-type: none"> <li>• Provide assistance with development of facility assessments, training curricula, monitoring and evaluation tools</li> </ul>	<p>HHS/CDC</p>	<p>[ ]</p>	<p>Base</p>	<p>2</p>
<p>Kenya Department of Defense (KDOD) New partner? No FBO? No</p>	<p>Provide care and support services in 14 KDOD health facilities to 1,000 soldiers and dependents</p>	<ul style="list-style-type: none"> <li>• Train 60 medical personnel in management of opportunistic infections and HIV care</li> <li>• Provide care in comprehensive clinics at four main KDOD hospitals</li> <li>• Train 20 nurses and 20 volunteers (mostly wives of soldiers) in "barrack based care" (military equivalent of home based care)</li> </ul>	<p>DOD/DHAPP</p>	<p>[ ]</p>	<p>S/GAC</p>	<p>1.5</p>
<p>Kericho District • MOH/Kericho District Hospital • Brooke Bond Central Hospital • James Finlay Central Hospital New partner? No FBO? No</p>	<p>Provide basic HIV care for 1,200 HIV - positive individuals in the Kericho District area who do not yet meet criteria for treatment with antiretroviral drugs from March 1-May 31, 2004</p>	<ul style="list-style-type: none"> <li>• Support improvements in infrastructure</li> <li>• Improve TB and OI diagnostic capabilities at all three hospitals</li> <li>• Improve safety monitoring capabilities at all three hospitals</li> <li>• Provide initial and ongoing training to health care workers at all three facilities</li> <li>• Provide technical assistance, equipment and supplies needed to support general HIV management and monitoring and prevention, diagnosis and treatment of opportunistic infections for 1,200 HIV+ individuals.</li> <li>• Provide quality assurance/quality control to all three hospitals</li> </ul> <p>Note: Kericho District Hospital will serve as a referral center within the network model based on hospital capacity and high local HIV prevalence rates Links to VCT services and ART provided by these same partners; community services provided by Live With Hope Center</p>	<p>DOD/USMHRP</p>	<p>[ ]</p>	<p>S/GAC</p>	<p>1.5</p>

<p><b>Kericho District</b></p> <ul style="list-style-type: none"> <li>• MOH/Kericho District Hospital</li> <li>• Brooke Bond Central Hospital</li> <li>• James Finlay Central Hospital</li> </ul> <p><b>New partner? No</b> <b>FBO? No</b></p>	<p>Provide basic HIV treatment to 6,000 HIV infected individuals in Kericho and surrounding districts who do not yet meet criteria for antiretroviral therapy by March 2005.</p>	<ul style="list-style-type: none"> <li>• Provide technical assistance, equipment, and supplies needed to support continuing treatment for 1,200 people and initiate treatment for an additional 4,800 HIV+ individuals not qualified for ART.</li> <li>• Conduct additional training of health care personnel as required.</li> <li>• Continue to provide technical assistance and quality assurance/quality control services to all participating hospitals.</li> </ul> <p><i>Links to VCT services APT provided by these same partners; community services provided by Live With Hope Center</i></p>	<p>DOD/ USMHRP</p>	<p>Continued care/ARV program; additional costs and activities in 4.10</p>	<p>S/GAC</p>	<p>2</p>
<p><b>Tenwek Mission Hospital (Bomet District)</b></p> <p><b>New partner? Yes</b> <b>FBO? Yes</b></p>	<p>Provide basic HIV care for 500 HIV-positive individuals who do not yet meet criteria for treatment with antiretroviral drugs from March 1-May 31, 2004</p>	<ul style="list-style-type: none"> <li>• Support improvements in infrastructure</li> <li>• Support improvement of TB and opportunistic infection diagnostic capabilities</li> <li>• Improve safety monitoring capabilities</li> <li>• Provide initial and ongoing training to health care workers</li> <li>• Provide technical assistance, equipment and supplies needed to support general HIV management and monitoring and prevention, diagnosis and treatment of opportunistic infections for 500 HIV+ individuals.</li> <li>• Provide quality assurance/quality control to all three hospitals.</li> </ul> <p><i>Links to ART provided by this same partner</i></p>	<p>DOD/ USMHRP</p>	<p>S/GAC</p>	<p>S/GAC</p>	<p>1.5</p>

<p><b>4.7: Proposed new activities in FY04</b></p>		<p><b>Activities for each objective</b></p> <ul style="list-style-type: none"> <li>• Working with 50 teacher members of the Network of Positive Teachers in Kenya (Eldoret) to identify 200 additional teachers for care and treatment. (Currently linked with Moi Teaching and Referral Hospital)</li> <li>• Build advocacy skills of 50 members of the network to support an anti-stigma campaign and encourage positive living among HIV+ teachers in collaboration with internets</li> </ul>	<p><b>Agency</b></p> <p>USAID</p>	<p><b>Budget</b></p>
<p><b>Partner</b></p> <p>Manages human resource function for 22,000 schools; 240,000 primary, secondary, and tertiary level teachers in Kenya</p> <p><b>New partner? Yes</b> <b>FBO? No</b></p>	<p><b>FY04 Objective</b></p> <p>Utilize existing HIV+ teachers NGO to identify 200 teachers in need of care and treatment and develop advocacy skills of existing 50 members.</p>			

Christian Missionary Fellowship New partner? Yes FBO? Yes	Deliver basic HIV care to for 300 people with HIV in rural Nyanza Province by March 2005	<ul style="list-style-type: none"> <li>Carry out clinic renovations, provide staffing, training, equipment, supplies as needed</li> <li>Provide staffing, equipment and drugs to provide basic treatment to 300 people with HIV</li> </ul>	HHS/CDC	Combined care/ARV program; costs in 4.10
Coptic Hospital New partner? Yes FBO? Yes	Deliver basic HIV care to 500 people in Nairobi by March 2005	<ul style="list-style-type: none"> <li>Carry out clinic renovations,</li> <li>Provide staffing, training, equipment, supplies as needed</li> <li>Provide basic HIV care including prevention, diagnosis, and management of opportunistic conditions, supportive and adherence counseling to 500 people</li> <li>Links and further details in 4.10</li> </ul>	HHS/CDC	Combined care/ARV program; costs in 4.10
Kilifi District Hospital New partner? Yes FBO? No	Provide basic care to 600 HIV infected people using ill children as point of access to family care by March 2005	<ul style="list-style-type: none"> <li>Carry out clinic renovations, provide staffing, training, equipment, supplies as needed</li> <li>Provide care to 600 people</li> <li>Links and further details in 4.10</li> </ul>	HHS/CDC	Combined care/ARV program; costs in Table 4.10
Lalimba New partner? Yes FBO? No	Deliver basic care to 200 HIV-infected patients in rural Kenya (Matoto, Nyanza Province)	<ul style="list-style-type: none"> <li>Carry out clinic renovations</li> <li>provide staffing, training, equipment, supplies as needed</li> <li>Provide care to 500 people with HIV</li> <li>Links and further details in 4.10</li> </ul>	HHS/CDC	Combined care/ARV program; costs in 4.10
Merlin New partner? Yes FBO? No	Deliver basic care to 300 HIV infected people in Kisii by March 2005	<ul style="list-style-type: none"> <li>Carry out clinic renovations,</li> <li>provide staffing, training, equipment, supplies as needed</li> <li>Provide care to 300 people by March 2005</li> <li>Links and further details in 4.10</li> </ul>	HHS/CDC	Combined care/ARV program; costs in 4.10
Mildmay New partner? No FBO? Yes	Provide training personnel and training for 240 care providers in Nyanza Province Provide basic HIV care to 300 people at various facilities in Nyanza Province	<ul style="list-style-type: none"> <li>Hire and train 2 teams of trainers</li> <li>Provide classroom based training in care of patients with HIV/AIDS for 240 care providers</li> <li>Links and further details in 4.10</li> </ul>	HHS/CDC	Combined care/ARV program; costs in 4.10
Village Infectious Disease Clinics New partner? Yes FBO? No	Deliver basic care to 300 people in rural Kenya by March 2005	<ul style="list-style-type: none"> <li>Carry out clinic renovations, provide staffing, training, equipment, supplies as needed</li> <li>Provide care to 300 people</li> <li>Links and further details in 4.10</li> </ul>	HHS/CDC	Combined care/ARV program; costs in 4.10
Tenwek Mission Hospital (Bomet District) New partner? Yes FBO? Yes	Expand clinical care services to a total of 2,000 HIV individuals in Bomet District who do not yet meet criteria for antiretroviral therapy by March 2005.	<ul style="list-style-type: none"> <li>Provide technical assistance, equipment, and supplies needed to support continuing treatment for 500 people and initiate treatment for an additional 1,500 HIV+ individuals not qualified for ART.</li> <li>Continue to support capacity through additional training as required and provision of medicines for treatment.</li> <li>Continue to offer TA and QA/QC services to all participating hospitals.</li> <li>Links to ART provided by this same partner</li> </ul>	DOD/USM HRP	Continued care/ARV program; additional costs, activities in 4.10
<b>Total partners:</b> 40	<b>New partners:</b> 10	<b>FBOs:</b> 10 including 201 additional FBO sites	<b>Total budget:</b>	

Table 418: Palliative Care		Agency	Budget Amount	Budget Source	Track	
418:1 Current status of program in Country	<p>Providing home based care and social support for PLWHAs through NGOs and CBOs is part of the National AIDS Strategic Plan 2000-05, with a desire to standardize practice to meet national guidelines. Home-based care guidelines have recently been finalized with significant technical and financial contributions by US agencies, who will be further involved in their dissemination and use in practice. There are 6 hospices in Kenya, currently providing palliative care primarily for cancer patients (many of whom have HIV); some are expanding services to patients with HIV.</p>					
418:2 How new activities will contribute to PEPFAR targets linkages to other activities	<p>US agencies will increase both the capacity and competencies of home-based and other palliative care providers as an essential complement to the increased availability of care for people living with HIV and AIDS and their families/caregivers. An assessment of major home-based care programs currently supported is underway to determine, among other critical areas of examination, the extent to which they can be re-positioned to actively recruit candidates for ART and assist selected candidates in managing their treatment regimens.</p>					
419: Existing activities, initiated prior to FY04						
Partner	FY04 Objective	Activities to reach objective	Agency	Budget Amount	Budget Source	Track
COPHIA Pathfinder New partner? No FBO? No	Assist 21 communities to identify needs, develop and carry-out activities focusing on HIV/AIDS care and support by training 700 CHWs, 200 supervisors and orientate 200 health workers on HBC	<ul style="list-style-type: none"> <li>• Refresher training current CHWs</li> <li>• Refresher training current TOT/supervisors.</li> <li>• Orient service providers on HBC and support</li> </ul>	USAID		SGAC	1.5
COPHIA Pathfinder Through 30 local implementing partners in Western Province New partner? No FBO? No	Provide HBC services to 11,000 clients in FY04	Provide basic care to HIV infected persons in their home environment	USAID		Base	Trk 1.5 
COPHIA Pathfinder Through 6 FBO facilities in Mombasa, Nairobi, Western province and three in Central province New partner? No FBO? No	Provide HBC services to 1400 clients in FY04	Provide basic care to HIV infected persons in their home environment	USAID		Base	2

<p><b>DELIVER</b> Kenya / JSI  New partner? No FBO? No</p>	<p>Strengthen home-based care by providing 4000 HBC kits and services to reach a total of 40,000 PLWHA by March 2005</p>	<p>Design and implementation of logistics systems to provide home based care kits Distribution of home-based care kits Links to COPHIA home-based care and sites in Western, Coast and Rift Valley Provinces</p>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>
<p><b>FANTA</b>  New partner? Yes FBO? No</p>	<p>Develop and disseminate nutritional guidelines by March 2005 to assist clinicians and patients in managing OIs and ART</p>	<p>Develop and disseminate national policy guidelines for nutrition and HIV Review food and nutrition implications for ART in Kenya.</p>	<p>USAID</p>	<p>S/GAC</p>	<p>1.5</p>
<p>Ministry of Health, Western Province (through FHI/IMPACT)  New partner? No FBO? No</p>	<p>Increase access to basic care and support for 2,500 PLWHA by establishing 20 post test clubs and caregiver training</p>	<p>Train community home based care workers Supervision and QA Establish post test clubs Train community resource persons as paralegal, counselors</p>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>St Mary's Hospital - Mumias (through FHI/IMPACT)  New partner? No FBO? Yes</p>	<p>Increase access to basic care and support for 1,000 PLWHA by establishing 10 post test clubs and caregiver training</p>	<p>Train community home based care workers Supervision and QA Establish post test clubs Train community resource persons as paralegal, counselors</p>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>Society for Women and AIDS in Kenya (through FHI/IMPACT)  New partner? No FBO? No</p>	<p>Increase access to basic care, support and treatment to 1500 PLWHA in Coast and Western Provinces through training on positive living, memory book and will writing</p>	<p>Train PLWHA on positive living and supportive counseling Train PLWHA on memory book and will writing</p>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p><b>K-REP FAHIDA Project</b>  New partner? No FBO? No</p>	<p>Undertake microfinance activities for 600 individuals in Coast, Western and Rift Valley provinces</p>	<p>Initiate user-owned and managed savings and credit model (Financial Service Association - FSA) Create special credit facilities for those infected and/or affected by HIV/AIDS among the FSA clients Initiate group-based savings and credit schemes to COPHIA and IMPACT clients Links to VCT and care services in coast and Western provinces; to community services and training by Society for Women and AIDS in Kenya in Western Province</p>	<p>USAID</p>	<p>Base</p>	<p>2</p>

<p><b>World Vision Kenya</b> New partner? Yes FBO? Yes</p>	<p>Strengthen 25 community networks for psychosocial support, nutritional counseling, and home-based care of 5,200 people affected by HIV/AIDS in 5 districts</p>	<p>Conduct home visits for 3,000 OVC in the support group program Refer 5200 group members to comprehensive care centers as appropriate in 5 districts (Teso, Busia, Taita Taveta, Suba &amp; Maragwa)</p>	<p>USAID</p>	<p>S/GAC</p>	<p>1.5</p>
<p><b>Live With Hope Center</b> New partner? Yes FBO? Yes</p>	<p>Provide palliative support services to 100 patients in Kericho District by March 2005.</p>	<p>Renovate clinic supporting palliative care to serve 100 individuals from high-risk areas of Kericho District. Train full time staff in basic care and management of OI. Provide medical and nutritional supplies, education materials for healthy living for PLWHA. Links to services by Kericho District Hospital under 4.7, 4.10</p>	<p>DOD/USM HRP</p>	<p>S/GAC</p>	<p>1.5</p>
<p><b>Ambassador's Self Help Fund</b> New Partner? No FBO? No</p>	<p>Support up to 20 strategic community responses to palliative care needs in high-priority areas</p>	<p>Solicit applications from community groups in isolated or other high-priority communities for innovative responses costing from \$5K to \$25K Review applicants with Inter-Agency Team</p>	<p>State</p>	<p>S/GAC</p>	<p>2</p>
<p><b>Umbrella Mechanism to Support Kenyan NGOs/FBOs</b> New Partner? Yes FBO? No, but up to 50% of awards will be to FBOs</p>	<p>Establish new mechanism to solicit proposals, award funds to ~150 carefully screened Kenyan NGOs and FBOs in priority geographic areas (replaces, expands earlier COPHIA program)</p>	<p>Issue APS or RFA upon receipt of S/GAC approval Select small grants manager on behalf of all USG partners in Kenya Issue at least 2 solicitations before 03/31/2005 Award grants to ~150 NGOs/FBOs for palliative care responses meeting strategic criterion Monitor awardees' progress Links to 4.9, OVC</p>	<p>Joint USG</p>	<p>S/GAC</p>	<p>2</p>

<p><b>4.8.4 Proposed new activities in FY04</b></p>	<p><b>Partner</b></p>	<p><b>4.8.4 Objective</b></p>	<p><b>Activities for each objective</b></p>	<p><b>Agency</b></p>	<p><b>Budget</b></p>
<p>Kisumu Hospice New partner? Yes FBO? No</p>	<p>Provide treatment for 300 people with HIV related cancers. Conduct 2 trainings in palliative care (~25 participants each) by March 2005</p>	<p>• Provide chemotherapy, pain management, and emotional support for 300 people with HIV related cancers • Conduct trainings in palliative care Note: activity is co-funded by other private donors Links to basic HIV care and ART at New Nyanza Provincial General Hospital, Bondo, Siaya, and Kisumu District Hospitals and St. Monica's hospital (CRS Track 1); to staffing contract with Nyanza Provincial Ministry of Health.</p>	<p>HH/S/CDC</p>	<p></p>	<p></p>

<p>Society of Women with AIDS/Kenya (SWAK) New Partner? No FBO? No</p>	<p>Identify and strengthen 50 community based groups by March 2005 in Nyanza Province</p>	<p>• Provide training on HIV, HIV testing, mobilize community members to go for VCT • Provide training in community counseling, counseling of children, safe water systems, memory book writing, legal issues related to HIV/AIDS, and home-based care Links to clinical care through KEMRI cooperative agreement and Nyanza Province Ministry of Health [particular points of services in Bondo and Siaya Districts]</p>	<p>HHS/CDC</p>
<p>Live With Hope Center New partner? Yes FBO? Yes</p>	<p>Expand and provide home base services in the Kericho District to 300 patients in year one and expand nutritional and support activities for all participating PLWHA by March 2005.</p>	<p>• Train an additional 30 HBC providers/volunteers in standardized HBC, emotional support and ART supportive care to cover 300 patients. • Support expansion of current operational and volunteer staff and capacity. • Provision of medical and nutritional supplies, education materials for healthy living for PLWHA and transport for HBC providers. Links to services provided by Kericho District Hospital under 4.7 and 4.10</p>	<p>DOD/US MHRP</p>
<p>Total partners: 10 over 20 Kenyan implementing partners under COPHA</p>	<p>New partners: 5</p>	<p>FBOs: 3 plus six FBOs under COPHA</p>	<p>Total budget:</p>



Table 4.9	Support for Orphans and Vulnerable Children	
<p>4.9.1 Current status of program in country</p>	<p>The needs of OVCs are well known, but inadequately quantified and less fully met by the current complement of services being offered. It would be inaccurate to assert that there is an OVC "program" in Kenya. US agencies support a number of initiatives and many ad hoc community-level and community-sponsored programs exist. Standards for OVC care have been developed but are not widely disseminated or applied. Kenyan government and US policies and programs continue to emphasize extended family and community-based responses to needs of OVCs. These priorities are sometimes compromised by well-meaning individuals (in Kenya and abroad) who place disproportionate fund raising and programmatic emphasis on orphanages. These are sometimes a useful option but are universally cited by child welfare experts as the least-desirable or sustainable option for meeting OVCs needs. Our current activities focus on strengthening communities to provide orphan support in a family environment.</p>	<p>4.9.2 How (new) activities will contribute to PEPFAR targets, linkages to other activities</p>
<p>4.9.3 Existing activities initiated prior to FY04</p>	<p>New USG supported activities will emphasize strengthening community-level capacity to develop, implement and sustain appropriate responses to the OVC crisis. Significant increases in capacity of currently supported programs is also planned, along with developing urgently needed capacity to manage the care and treatment needs of children who are HIV+ and on ART. Peace Corps volunteers will be equipped and provided with resources to identify and initiate sustainable responses in some of the most isolated areas of the country.</p>	<p>4.9.4 Objectives</p>
<p>Partner</p>	<p>USAID</p>	<p>4.9.5 Objectives</p>
<p>COPHIA Pathfinder International New partner? No FBO? No</p>	<p>USAID</p>	<p>Strengthen linkages and capacity of 38 CBOs (including 6 FBOs) and other local implementing for OVC and vulnerable family support for 700 people in Western, Coast and Rift Valley provinces.</p>
<p>Local Voices Project Internews New partner? No FBO? No</p>	<p>USAID</p>	<p>Encourage public understanding of OVC issues through 18 programs on 4 national radio stations broadcasting to at least 1.5 million listeners per program</p>
<p>Lea Toto Project Children of God Relief Institute New partner? No FBO? Yes</p>	<p>USAID</p>	<p>Provide support for 1,800 HIV+ orphans and vulnerable children and their extended families totaling 11,500 in 10 sub-locations outside Nairobi.</p>
<p>Agency</p>	<p>Budget Amount</p>	<p>Budget Source</p>
<p>Track</p>	<p>Track 1.5 Track 2</p>	<p>Base</p>
<p>Agency</p>	<p>Budget Amount</p>	<p>Budget Source</p>
<p>Track</p>	<p>Track 1.5 Track 2</p>	<p>Base</p>
<p>Agency</p>	<p>Budget Amount</p>	<p>Budget Source</p>
<p>Track</p>	<p>Track 1.5 Track 2</p>	<p>Base</p>

<p><b>POLICY Project</b> The Futures Group  New partner? No FBO? No</p>	<p>Advance policy initiatives that support care for OVCs with Ministry of Home Affairs Children's Department by facilitating development of programs of 300 organizations</p>	<ul style="list-style-type: none"> <li>Conduct joint Kenya OVC situation analysis with UNICEF</li> <li>Implement OVC program guidelines; distribute 1,000 copies to 240 NGOs, 60 FBOs to develop OVC programs</li> <li>Develop policy guidelines for OVCs dealing with pediatric care, property and children rights, inheritance, schooling, HIV positive children, stigma and discrimination</li> <li>Sensitize 300 organizations/policy makers on OVC policy</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p><b>Ready to Learn Speak for the Child</b> Academy for Educational Development New partner? No FBO? No</p>	<p>Support community and family based quality care for 1,000 young orphans in Western Province (S, E, W Kabras and Busia)</p>	<ul style="list-style-type: none"> <li>Provide nutrition education to 1,000 OVCs</li> <li>Train 25 caregivers</li> <li>3,000 community members reached through advocacy by 2 local leaders in each of 3 sub-locations</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p><b>Umbrella Mechanism to Support Kenyan NGOs/FBOs</b>  New Partner? Yes FBO? No, but up to 50% of awards will be to FBOs</p>	<p>Establish new mechanism to solicit proposals and award funds to ~150 carefully screened Kenyan NGOs and FBOs working in priority geographic areas (replaces and expands previous FHI program)</p>	<ul style="list-style-type: none"> <li>Issue APS or RFA upon receipt of SIGAC approval</li> <li>Select small grants manager on behalf of all USG partners in Kenya</li> <li>Issue at least two public solicitations before 03/31/2005</li> <li>Award grants to ~150 NGOs/FBOs for OVC responses meeting strategic criterion</li> <li>Monitor awardees' progress</li> </ul> <p>Links to 4.8, Palliative Care</p>	<p>USAID</p>	<p>SIGAC</p>	<p>2</p>
<p><b>UNICEF Orphans Kenya</b>  New partner? No FBO? No</p>	<p>Support 25 NGOs/CBOs and 5 FBOs in partnership with the Ministry of Home Affairs to facilitate community action and strengthen community capacities to care and protect 3000 children orphaned and made vulnerable by HIV/AIDS</p>	<ul style="list-style-type: none"> <li>Identification of 3000 vulnerable children and households and enhance community-based support and services</li> <li>Establish and strengthen 20 community-based day care centers.</li> <li>Facilitate process of succession planning, will writing and memory books for 150 families</li> <li>Facilitate access to education by ensuring essential school materials, school uniforms etc. for 2000 OVCs.</li> </ul>	<p>USAID</p>	<p>SIGAC</p>	<p>1.5</p>
<p><b>Ambassador's Self Help Fund</b></p>	<p>Support up to 20 strategic community responses to OVC needs in high-priority areas</p>	<ul style="list-style-type: none"> <li>Solicit applications from community groups in isolated or other high-priority communities for innovative responses costing from [redacted]</li> <li>Review applicants with Inter-Agency Team</li> </ul>	<p>State</p>	<p>SIGAC</p>	<p>2</p>
<p><b>CARE International Community Links Program</b> New Partner? No FBO? No</p>	<p>Establish linkages with 5 villages and 10 CBOs in Kibera slum to care for 20,000 OVCs over 5-year life of</p>	<ul style="list-style-type: none"> <li>Conduct participatory needs assessments in villages</li> <li>Assess capacity of local CBOs</li> <li>Capacitate and fund CBOs</li> <li>Identify and select youth groups for stigma reduction</li> <li>Train youth as care givers, provide home care kits</li> </ul>	<p>USAID HQ</p>	<p></p>	<p>1</p>

<p>Catholic Relief Services New Partner? No FBO? No</p>	<p>Provide comprehensive OVC program consistent with Track 1 application</p>	<p>• to be added later – proposal not immediately available at post in time for COP submission deadline</p>	<p>USAID HQ</p>	<p>1</p>
<p><b>4.9.4 Proposed new activities in FY 04</b></p>				
<p>Partner:  New partner? No FBO? Yes</p>	<p><b>FY 04 Objective</b> Assist 750 orphans and 250 elders with education, care and economic support through construction of a village in Kitui district.</p>	<p><b>Activities for each objective</b>  <ul style="list-style-type: none"> <li>• Provide remedial primary education to 2500 villagers affected and infected with HIV, both in and outside Nyumbani Village, through community outreach working through existing schools and organizations</li> <li>• Train 60 caregivers, some of whom are social workers or extended family members</li> </ul> </p>	<p>USAID</p>	<p>Budget</p>
<p>World Vision Kenya New partner? Yes FBO? Yes</p>	<p>Strengthened capacity of 100,000 OVCs and 20,000 family members to obtain secure livelihoods and protect themselves from HIV infection in 10 districts</p>	<p> <ul style="list-style-type: none"> <li>• Identify viable income-generating activities for 5000 households</li> <li>• Link 2,000 OVCs to KADET, the micro-finance arm of WVK, for loans to start IGAs</li> <li>• Train 3,500 households with OVCs in appropriate farming skills</li> <li>• Link 5,000 OVCs to existing vocational training centers within their ADPs and provide training kits</li> <li>• Provide 25,000 OVCs with clothing, shelter, food and medicines</li> </ul> </p>	<p>USAID</p>	
<p>Forum for African Women Educationists (FAWE) New partner? No FBO? No</p>	<p>Increase access to education for 525 youth orphaned as a result of HIV/AIDS</p>	<p> <ul style="list-style-type: none"> <li>• Scholarship program for 525 orphans</li> <li>• Expand the mentoring program where the youth are exposed to professional role models</li> <li>• Work with Peace Corps Volunteers (PCV) to identify worthy scholarship recipients</li> </ul> </p>	<p>USAID</p>	
<p>US Peace Corps Small Project Assistance New partner? No FBO? No</p>	<p>Enhance capacities and transfer skills to village health committees to provide OVC care and support to 10,000 community members infected and or affected by HIV/AIDS.</p>	<p> <ul style="list-style-type: none"> <li>• Review applications for orphan support from village health committees in underserved areas where our PCVs work ranging from \$1000 to \$5000</li> <li>• Request and disburse funds accordingly</li> <li>• Monitor and compile reports of activities</li> </ul> </p>	<p>USAID</p>	
<p>Total partners: 11</p>	<p>Total budget: 3</p>	<p>FFBOs: 2</p>		

**Anti-Retroviral Therapy (non-PMTC, if plus)**

By the end of 2002, approximately 7000 people were thought to be receiving treatment with antiretroviral drugs in Kenya, primarily through private practices, some employers, several small public sector programs, and mission facilities. By the end of 2003, this number had risen to an estimated 11,000, through expansion of activities in mission facilities, the private sector, and public sector programs. These expanded activities included delivery of a one-year supply ARVs for a few hundred patients to government hospitals, implementation of 2 MTCT-plus programs in Kisumu and Eldoret, 4 MSF programs, and pilot programs implemented by US government partners in Mombasa, Nairobi and Kericho. Plans for ARV scale up are coordinated through the National AIDS and STD Control Programme (NASCO), priority institutions have been identified, training materials have been developed, and a detailed strategic plan is being formulated.

Proposed new and existing/expanded activities will contribute directly to the PEPFAR targets by providing antiretroviral treatment to an estimated 15,000 people at more than 50 health sites by March 2005. These sites include more than 30 MOH facilities (many through NGO support), more than 20 FBO facilities, 4 NGO facilities/programs, and 4 private institutions. Proposed recipients of treatment include thousands of patients who are currently receiving care at supported sites and are clinically eligible for antiretroviral therapy but to date have been unable to access or afford antiretroviral drugs; included among these are approximately 1500 adult and pediatric participants in USG-funded research programs. USG agencies and partners will assist hospitals/health centers to further expand and improve clinical, pharmacy, and laboratory capacity, and establish or expand programs to provide antiretroviral treatment. All programs will provide intensive adherence counseling, drug treatment, and clinical and laboratory monitoring in accordance with national guidelines, as well as management of opportunistic infections, and nutritional and psychosocial needs.

Treatment programs will be up-scaled in accordance with the existing health care network in Kenya (Referral/Provincial/District (most Mission hospitals function at the level of a district hospital/health center), although the designated referral centers for HIV care have been chosen based on both their position in the existing network, current and potential HIV treatment capacity, and geographic variations in HIV prevalence. Seven referral level treatment centers have been identified and are shown on the map provided (Kenyatta National Hospital and St. Mary's Hospitals in Nairobi, Coast Provincial Hospital, Moi Teaching and Referral Hospital, a joint site including Nyanza Provincial General Hospital and St. Monica's Hospitals in Kisumu, Rift Valley Provincial Hospital in Nakuru, and Kericho District Hospital). The Provincial Hospitals in Central, Eastern, and Western Provinces are being groomed to serve as referral hospitals, but need increased capacity. Most of the sites supported by PEPFAR tie in directly with these referral centers, although in some regions, specific supported sites currently have greater capacity than the sites to which they are will eventually refer, and for the time being will need to refer to other regional centers. In addition to support at specific sites, new activities provide critical components of treatment such as necessary commodities, training of health care providers, community mobilization, advocacy, development of critical policy and guidelines, strengthening of key capacities such as drug forecasting, procurement, storage, quality assessment, delivery and tracking, and improvements in infrastructure and capacity through renovation and provision of equipment at key sites identified for initiation or expansion of ART.

Table 4-10  
 4-10-1 Current status of program in country

4-10-2 How new activities will contribute to PEPFAR targets linkages to other activities

(Continued)

Costs per patient served have been evaluated for each project, and are generally in the range of [redacted] year per person, inclusive of personnel, laboratory monitoring (including annual or biannual CD4 cell count monitoring), equipment, supplies, and technical assistance. For most partners, drug costs are not included in these figures, since drugs will be provided separately through a contract with MEDS. Budgeted amounts vary depending whether costs for drugs and other commodities are included, how quickly patients can be enrolled (and therefore how many months they will receive treatment during the budget period), the size of the project, the need for support activities such as building renovation, and the amount of funding from other sources.

Because treatment with anti-retrovirals is considered one critical link in a continuum of essential services for people with HIV, all sites for ARV treatment provide or link directly to other critical services, many of which are PEPFAR supported. For example, all sites provide or link directly to HIV testing services, and almost all sites provide or link to PMTCT services and community-based services such as home based care and orphan care. Many of these links are described under the activities for each partner.

4.10.3 Existing activities initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount	Budget Source	Track
DELIVER - Kenya JSI New partner? No FBO? No	Strengthen, equip, and maintain laboratories in a total of 40 priority dispensing locations	<ul style="list-style-type: none"> <li>Re-furbish, equip and implement 10 key laboratories to provide HIV testing</li> <li>Equip 30 laboratories to do 210,000 HIV related tests (CD4s, chemistries, hematology)</li> <li>Re-train Laboratory staff for HIV testing including CD4 count</li> <li>Provision of testing reagents for blood safety</li> </ul>	USAID	[redacted]	Base	1.5

IMPACT / Family Health International						
The 22 entries that follow represent sub-recipients of FHI/IMPACT. The objectives for each sub-recipient are essentially the same: providing antiretroviral therapy or the training/orientation necessary for its effective implementation. We have used the objective column for sub-recipients to identify the special populations and/or geographic areas to be served, as well as the numeric targets for each. Deviations from normal per patient / per unit costs ranges are typically a function of FHI and/or sub-recipient "pipelines" that contribute to overall costs in the current program year but will be exhausted by March 2005.						
1. AMREF	To increase access to comprehensive care, support and treatment of people living with HIV and AIDS by training 250 peer educators to reach 20,000 people	Train peer educators on ARVs, OI, TB and PEP	USAID	[redacted]	SGAC	1.5
New partner? No FBO? No						

2. Bungoma Organization for Empowerment of Women (BOEW) New partner? No FBO? No	Target: train 100 peer educators to reach 10,000 people	<ul style="list-style-type: none"> <li>Train peer educators on ARVs, OI, TB and PEP</li> <li>Conduct peer educators and community health workers forums</li> <li>Conduct community care and support field day</li> </ul>	USAID		Base	1.5
3. Family Planning Association of Kenya (FPAK) New partner? No FBO? No	Target: train 100 peer educators to reach 10,000 people	<ul style="list-style-type: none"> <li>Train peer educators on ARVs, OI, TB and PEP</li> <li>Conduct peer educators and community health workers forums</li> <li>Conduct community care and support field day</li> </ul>	USAID		Base	1.5
4. International Centre for Reproductive Health New partner? No FBO? No	Target: train 150 peer educators to reach 15,000 people	Train peer educators on ARVs, OI, TB and PEP	USAID		Base	1.5
5. Kenya Medical Association New partner? No FBO? No	Target: train 150 private practitioners	Train 150 private health practitioners on comprehensive care of people with HIV/AIDS	USAID		Base	1.5
6. Kenyatta National Hospital New partner? No FBO? No	Target: provide ART to 200 people living with HIV and AIDS	<ul style="list-style-type: none"> <li>Provide necessary equipment and commodities to support provision of comprehensive care center at Kenyatta National Hospital</li> <li>Provide ongoing training of care providers</li> <li>Provide technical assistance to support delivery of care</li> </ul> <p>Note: Drug costs not included, these activities were funded with base funding and expanded under track 1.5)</p> <p>Links: KNH is a national referral hospital in the HIV care network and provides primary care as well as referral services for most public hospitals in Nairobi and surrounding areas; links to on-site VCT, PMTCT and PMTCT-plus services</p>	USAID	Combined care/ART program; costs listed here, add'l targets in 4.7	Base	2
7. Kenyatta National Hospital New partner? No FBO? No	Target: Expand ART to additional 200 people living with HIV and AIDS	Expand comprehensive care at Kenyatta National Hospital (see details and links above)	USAID		Base	1.5
8. Mikomani Society Clinic New partner? No FBO? No	Target: train 80 peer educators to reach 8,000 people	Train peer educators on ARVs, OI, TB and PEP	USAID		Base	1.5

<p>9. Ministry of Health, Coast Province New partner? No FBO? No</p>	<p>Target: ART for 200 people living with HIV and AIDS</p>	<ul style="list-style-type: none"> <li>• Purchase equipment and commodities</li> <li>• Conduct ongoing training for staff</li> <li>• Expand comprehensive care and ART to new sites</li> </ul> <p>Links to VCT, home-based care, other services supported through IMPACT and COPHIA</p>	<p>USAID</p>	<p>Combined care/ART program, see also 4.7</p>	<p>Base</p>	<p>1.5</p>
<p>10. Ministry of Health, Nairobi New partner? No FBO? No</p>	<p>Target: ART for 200 people living with HIV and AIDS</p>	<ul style="list-style-type: none"> <li>• Purchase equipment and commodities</li> <li>• Conduct training of staff</li> <li>• Provide ongoing technical assistance</li> </ul> <p>Links to PMTCT services supported at Nairobi City Counsel clinics, care services at Kenyatta National Referral Hospital</p>	<p>USAID</p>	<p>Combined care/ART program, see also 4.7</p>	<p>Base</p>	<p>1.5</p>
<p>11. Ministry of Health, Rift Valley Province New partner? No FBO? No</p>	<p>Target: ART for 200 people living with HIV and AIDS</p>	<ul style="list-style-type: none"> <li>• Provide materials and technical assistance needed to expand comprehensive care to Rift Valley Provincial general hospital</li> <li>• Expand comprehensive care and ART to new sites</li> </ul> <p>Links to VCT, home-based care, other services supported by IMPACT and COPHIA</p>	<p>USAID</p>	<p>Combined care/ART program, see also 4.7</p>	<p>Base</p>	<p>1.5</p>
<p>12. Ministry of Health, Rift Valley Province New partner? No FBO? No</p>	<p>Target: ART for 300 people living with HIV and AIDS at Nakuru Provincial General Hospital and Naivasha Sub-district Hospital in Rift Valley Province by March 2005</p>	<ul style="list-style-type: none"> <li>• Carry out renovations</li> <li>• Purchase equipment and commodities</li> <li>• Conduct ongoing training for staff</li> <li>• Provide technical assistance with implementation of services</li> </ul> <p>Note: drug costs not included [drugs provided through MEDS, KEMSA or GOK]. Activities received base funding and were expanded under track 1.5. Links: will serve as the local referral hospital in the HIV care network, links to VCT and home-based care services provided through this partner</p>	<p>USAID</p>	<p>Combined care/ART program, see also 4.7</p>	<p>Base</p>	<p>2</p>
<p>13. Ministry of Health, Western Province New partner? No FBO? No</p>	<p>Target: ART for 200 people living with HIV and AIDS</p>	<ul style="list-style-type: none"> <li>• Carry out renovations</li> <li>• Purchase equipment and commodities</li> <li>• Conduct ongoing training for staff</li> <li>• Expand ART services to new sites</li> </ul> <p>Note: ARTV costs not included [procured through MEDS or KEMSA]. Links to VCT, home-based care, other services supported through IMPACT and COPHIA</p>	<p>USAID</p>	<p>Combined care/ART program, see also 4.7</p>	<p>Base</p>	<p>1.5</p>

<p>14. Ministry of Health and Kenya Medical Training College New partner? No FBO? No</p>	<p>Target: train 5000 health workers and 240 tutors at the Kenya Medical Training College (also funded partly by IMPACT core funds)</p>	<ul style="list-style-type: none"> <li>Develop a human resource development strategy</li> <li>Develop/revise training curricula for pre-service training for clinical officers, nurses, pharmaceutical and laboratory technologists</li> <li>Train tutors on ART, comprehensive care</li> <li>Train pre-service students on antiretroviral therapy and comprehensive care</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>
<p>15. NASCOP Ministry of Health New partner? No FBO? No</p>	<p>Target: provide ART education materials to 1,000,000 persons by end of year one</p>	<ul style="list-style-type: none"> <li>Training of 5 trainers in ART in each of 8 provinces</li> <li>Printing of 1,260,000 ARV materials</li> <li>Hold national level technical and dissemination meetings</li> </ul> <p>Note: trainings of trainers in ART will be jointly supported by this partner and through a cooperative agreement with NASCOP a total of 20 trainers in various cadres of health care workers will be trained per district</p>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>
<p>16. PATH New partner? No FBO? No</p>	<p>Target: train 2,000 peer educators and 50 trainers of trainers</p>	<ul style="list-style-type: none"> <li>Revise the peer education curriculum to include ART</li> <li>Training of trainers and peer educators</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>
<p>17. Pharm ACCESS New partner? No FBO? No</p>	<p>Target: increase ART access through 11 workplaces and 20 pharmacies</p>	<ul style="list-style-type: none"> <li>Expand employer based worker programs to include comprehensive care and ART and link to reduced-price ARVs</li> <li>Establish ACCESS<sup>®</sup> pharmaceutical outlets</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>
<p>18. Solidarity with Women in Distress New partner? No FBO? No</p>	<p>Target: train 80 peer educators to reach 5,000 people</p>	<p>Train sex worker peer educators on ARVs, OI, TB and PEP</p>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>
<p>19. St Mary's Hospital New partner? No FBO? Yes</p>	<p>Target: ART for 250 people living with HIV and AIDS by March 2005</p>	<ul style="list-style-type: none"> <li>Carry out renovations</li> <li>Purchase equipment and commodities</li> <li>Train staff</li> <li>Provide ongoing technical assistance and quality assessment</li> <li>Support ARV treatment for 250 people</li> </ul> <p>Note: ARV costs not included (procured through MEDS). Links to VCT, home-based care, other services supported through IMPACT and COPHIA</p>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p>20. Strengthening Community Partnership and Empowerment New partner? No FBO? No</p>	<p>Target: train 60 peer educators to reach 5,000 people</p>	<p>Train peer educators on ARVs, OI, TB and PEP</p>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>



<p>21. University of Nairobi - STD Project New partner? No FBO? No</p>	<p>Target: train 200 peer educators to reach 10,000 people</p>	<p>Train sex worker peer educators on ARVs, OI, TB and PEP</p>	<p>USAID</p>	<p>1.5</p>
<p>22. WHO Collaborative Group on STI &amp; HIV New partner? No FBO? No</p>	<p>Target: comprehensive care, support to 250 adults and 150 children on ART</p>	<p>Provide comprehensive care and ARVs to existing and new eligible research participants and their dependants (administered by STD Project (includes Universities of Nairobi, Manitoba, Washington, UCSF, and KEMRI) Links with care services provided by other researchers (PMTCT cohorts) through University of Nairobi)</p>	<p>USAID</p>	<p>Base</p>
<p>Local Voices Project New partner? Yes FBO? No</p>	<p>Increase public understanding of the uses and limitations of ART and the upcoming ART rollout. Produce 12 feature reports that will reach at least 1,000,000 listeners</p>	<p>With IAVI, provide training to senior journalists on coverage of the vaccine trials and their link to ART Increase number and quality of resources on ART in the media resource center</p>	<p>USAID</p>	<p>2</p>
<p>KEMSA New partner? Yes FBO? No</p>	<p>Strengthen pharmaceutical management to support expanded access to ART</p>	<p>Strengthen national logistics system</p>	<p>USAID</p>	<p>Trk 1.5 TKZ</p>
<p>Lea Toto Project Children of God Relief Institute New partner? No FBO? Yes</p>	<p>Provide and monitor ART for 350 HIV+ children with CD4 count below 200</p>	<p>Pay for CD4/CD8, viral load testing Pay for Haemogram testing Train 80 personnel in DOT Maintain accurate record-keeping Analyze findings and share results through publications Note: drugs, other medical supplies sourced through MEDS</p>	<p>USAID</p>	<p>2</p>
<p>NASCO Ministry of Health New partner? No FBO? No</p>	<p>Strengthen NASCO capacity to provide TA to public and private providers implementing ART</p>	<p>Recruit and hire one internationally qualified clinical care/public health specialist Develop and strengthen coordination across different HIV care and ART programs Develop framework ART program M&amp;E in line with national requirements, international norms and standards. Enhance clinical skills at provincial and district levels Coordinate with the private sector, FBO, NGO and other key implementers</p>	<p>USAID</p>	<p>2</p>

<p><b>POLICY Project</b> Futures Group</p> <p><i>New partner?</i> No <i>FBO?</i> No</p>	<p>Create enabling environment for provision of ART to reach 5,000 people with information (including PLWHA and HBC facilities)</p>	<ul style="list-style-type: none"> <li>• Conduct stakeholder discussions on key ARV issues (treatment, access, pricing, misuse, logistics, equity, literacy by doctors)</li> <li>• Compile briefs on operational barriers to ARVs</li> <li>• Design informational campaigns focusing on end-users and providers</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p><b>RPM Plus</b> Management Sciences for Health</p> <p><i>New partner?</i> No <i>FBO?</i> No</p>	<p>Strengthen pharmaceutical services in support of ART in 8 Provincial General Hospitals (PGHs)</p> <p>Provide technical support to clinical teams implementing ART services in Provincial Hospitals</p> <p>Support National coordination of antiretroviral drug treatment</p>	<ul style="list-style-type: none"> <li>• Provide ongoing assessment, upgrading of pharmaceutical management capacity for provision of HIV care/ ART</li> <li>• Provide essential infrastructure and equipment</li> <li>• Assist in implementing, maintaining ART mgmt structure</li> <li>• Adapt SOPs as needed for each institution</li> <li>• Implement or strengthen adverse drug reaction monitoring</li> <li>• Strengthen inventory management</li> <li>• Strengthen pharmacy monitoring and evaluation system, including ART Drug Utilization Reviews (DUR)</li> <li>• Design and implement a robust ART Drug MIS</li> <li>• Conduct on going training for performance improvement</li> <li>• Support clinical services by assisting in adaptation of clinical materials and training of clinical providers in commodity management for ART,</li> <li>• Monitoring, development of strategies on rational drug use</li> <li>• Assist GOK with coordination, forecasting, ordering, and delivery of drugs and other commodities</li> </ul>	<p>USAID</p>	<p>SIGAC</p>	<p>1.5</p>
<p><b>RPM Plus /</b> Management Sciences for Health</p> <p>Sub-agreement to MEDS (Mission for Essential Drugs and Supplies)</p> <p><i>New partner?</i> No <i>FBO?</i> No</p>	<p>Provide initial support to MEDS for infrastructure strengthening and procurement of ARVs and other essential commodities for ART</p>	<ul style="list-style-type: none"> <li>• Strengthen infrastructure at MEDS for procurement and distribution of drugs and other supplies needed to provide treatment with antiretroviral drugs.</li> <li>• Provide ARVs and other medical supplies to care clinics throughout Kenya</li> </ul> <p>Links to multiple partners by providing necessary commodities, specifically ARVs, to implement treatment programs</p>	<p>USAID</p>	<p>SIGAC</p>	<p>1.5</p>
<p><b>World Vision Kenya</b></p> <p><i>New partner?</i> Yes <i>FBO?</i> No</p>	<p>Provide treatment to 200 people (130 adults and 70 children) on ARVs in one district</p>	<ul style="list-style-type: none"> <li>• Refer clients from VCT centers, antenatal clinics, PMTCT clinics, hospitals, and blood transfusion centers</li> <li>• Access ARVs through MEDS for 200 patients in Busia</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>1.5</p>
<p><b>AMREF</b></p> <p><i>New partner?</i> No <i>FBO?</i> No</p>	<p>Provide treatment with ARVs for 300 people with HIV</p>	<ul style="list-style-type: none"> <li>• Continue treatment for 100 people already on ARVs, and expand ARV treatment to additional 200 people. Provide staffing, procure necessary drugs, equipment, supplies. Combined care/ARV program. See also Table 4.7</li> </ul>	<p>HHS/CDC</p>	<p>Base</p>	<p>2</p>

<p>Eastern Deanery New partner? No FBO? Yes</p>	<p>Treat 400 People with HIV at 4 facilities in Eastern Deanery by September 2004</p>	<ul style="list-style-type: none"> <li>Repair clinic space as necessary</li> <li>Conduct training</li> <li>Provide ARV treatment and community outreach to 400 people by September 2004</li> </ul> <p>Links to VCT, basic treatment, community services provided by this partner; to Track 1 CRS ART program</p> <p>Note: costs for ARV treatment only. Care only costs are in 4.7</p>	<p>HHS/CDC</p>	<p>S/GAC</p>	<p>1.5</p>
<p>Eastern Deanery New partner? No FBO? Yes</p>	<p>Expand ARV treatment to a total of 750 people with HIV</p>	<p>Continue to provide ARV treatment for 400 people, and initiate treatment for additional 715 people in Eastleigh, Nairobi</p> <p>Links to care, treatment of HIV associated tuberculosis, other services on-site; Track 1 CRS ART program</p> <p>Combined care/ARV program; see also 4.7</p>	<p>HHS/CDC</p>	<p>S/GAC</p>	<p>2</p>
<p>KEMRI New partner? No FBO? No</p>	<p>Provide ARVs to 350 people at Siaya, Bondo, Kisumu District Hospitals</p>	<ul style="list-style-type: none"> <li>Procure necessary supplies and equipment</li> <li>Provide training and technical assistance to initiate HIV care clinics at these sites and deliver ARVs to 350 HIV + people by September 2004</li> </ul> <p>PEPFAR Links to staffing supported through contract with Nyanza Provincial Ministry of Health, commodities provided through contract with MEDS, ARV-Tivoli supported VCT services in Nyanza Province; to KEMRI supported community support services, Kisumu Hospice services, Mildmay training of health care workers in Nyanza Province.</p> <p>Links to others: to DFID supported home-based care; GFATM/GOK-supported ARVs at Siaya District Hospital (Combined care/ARV program; see also 4.7)</p>	<p>HHS/CDC</p>	<p>S/GAC</p>	<p>1.5</p>
<p>KEMRI New partner? No FBO? No</p>	<p>Deliver ARV treatment to a total of 750 HIV infected people at New Nyanza Provincial General Hospital, Bondo, Siaya, and Kisumu District Hospitals.</p>	<ul style="list-style-type: none"> <li>Continue treatment for 350 people already on ARVs and expand ARV treatment to an additional 400 HIV infected people at these facilities. Provide drugs, equipment and supplies needed to continue/expand treatment services including ARV provision at facilities in Bondo, Siaya, Nyando and Kisumu District Hospitals</li> </ul> <p>Links to staffing provided through Nyanza Provincial Ministry of Health, training provided through Mildmay, and commodity procurement through MEDS. Additional links to DFID supported home based care programs in Nyanza Province (Combined care/ARV program; See also Table 4.7)</p>	<p>HHS/CDC</p>	<p>Base <input type="checkbox"/> S/GAC <input type="checkbox"/></p>	<p>2</p>

<p>Liverpool VCT and Care Project New partner? No FBO? No</p>	<p>Provide ARVs to 300 HIV-infected people at clinics in Thika, Nairobi, Rachuonyo, and Embu by March 2005</p>	<ul style="list-style-type: none"> <li>• Repair clinic space as necessary</li> <li>• Conduct training</li> <li>• Treat 300 patients with ARVs</li> </ul> <p>PEPFAR Links to staffing through contract with Nyanza Provincial Ministry of Health; commodities through contract with MEDS, ARC-Tivoli supported VCT services in Nyanza Province; KEMRI supported community support services; Midmay training of health care workers in Nyanza Province. Links to others: to DFID supported home-based care services; GFATM and GOK supported provision of ARVs at Siaya District Hospital (Combined care/ARV program; see also Table 4.7)</p>	<p>HHS/CDC</p>	<p>SIGAC</p>	<p>Trk 1.5 Trk 2</p>
<p>Machakos District Hospital New partner? Yes FBO? No</p>	<p>Provide ARV care to 100 people for whom drugs purchased by GOK</p>	<ul style="list-style-type: none"> <li>• Conduct necessary renovations, purchase equipment and supplies needed to support treatment with ARVs for 100 people (ARV costs not included—drugs costs covered by GOK)</li> </ul> <p>Links to GOK/GFATM purchase of ARVs; see also 4.7</p>	<p>HHS/CDC</p>	<p>Base Base</p>	<p>1.5 2</p>
<p>National AIDS and STD Control Programme New partner? No FBO? No</p>	<p>Expansion of access to HIV treatment and improve monitoring of treatment access</p>	<ul style="list-style-type: none"> <li>• Train trainers in HIV care, including ART in each province (this training is supported in part through this cooperative agreement and in part through FHI/IMPACT)</li> <li>• Support central management team at NASCOP</li> <li>• Support provincial HIV treatment coordinators</li> <li>• Develop communication strategy regarding HIV treatment</li> </ul> <p>Links to care and treatment at multiple MOH facilities; activities supported by GFATM and bilateral donors such as DFID; technical position supported by USAID; HHS/CDC and DOD)</p>	<p>HHS/CDC</p>	<p>Base</p>	<p>1.5</p>
<p>Nyanza Provincial Ministry of Health New partner? No FBO? No</p>	<p>Provide 35 staff of various cadres of health care workers (medical officers, clinical officers, nurses etc.) to provide HIV prevention and treatment services in Nyanza Province</p>	<ul style="list-style-type: none"> <li>• Develop position descriptions/terms of service for 1 year renewable contracts comparable to MOH terms of service</li> <li>• Determine and prioritize staffing needs in collaboration with USG partners</li> <li>• Recruit, select and manage health care workers as needed to provide the services</li> </ul> <p>PEPFAR Links: hospital based HIV treatment by Liverpool VCT and Care, Merlin, and KEMRI; PMTCT services by KEMRI, NARESA; care commodities through MEDS; ARC-Tivoli VCT services in Nyanza Province; KEMRI community support services; Midmay training of health care workers. Links to others: GFATM and GOK supported ART at Siaya District Hospital</p>	<p>HHS/CDC</p>	<p>SIGAC</p>	<p>1.5</p>

<p>Nyanza Provincial General Hospital New partner? No FBO? No</p>	<p>Expand ARV care at Nyanza Provincial General Hospital to provide ARVs to a total of 500 HIV infected people</p>	<p>Provide staffing and space needed to continue/expand ARV treatment services for 500 people at New Nyanza Provincial General Hospital (funding covers staffing and space, but not ARVs and covers the period from April 2004 to March 2005 and is supplemented by funding through KEMRI for activities as this facility) Note: drug, supply, and equipment costs not included. PEPFAR links: purchase of commodities, TA through KEMRI supported care activities; ARV-Tivoli VCT services in Nyanza Province; KEMRI community support services; Kisumu Hospice services; JSI support to improve hospital laboratories; RPMplus to strengthen pharmacy logistics services; NASCOP supported M&amp;E. Links to others: DFID supported home-based care; GFATM and GOK supported provision of ARVs at this facility</p>	<p>HHS/CDC</p>	<p>Combined care/ARV program, costs listed here—see also Table 4.7</p>	<p>Base</p>	<p>2</p>
<p>Columbia University / Mailman School of Public Health New partner? No FBO? No</p>	<p>Treat 730 people with HIV in health centers surrounding Moi Teaching and Referral Hospital in Eldoret</p>	<p>Provide comprehensive ART in accordance with Track 1 proposal</p>	<p>HHS/CDC Atlanta</p>		<p>S/GAC</p>	<p>1</p>
<p>CRS consortium New partner? No FBO? Yes</p>	<p>Treat 2700 people with HIV in Mission hospitals</p>	<p>Provide comprehensive ART in accordance with Track 1 proposal</p>	<p>HHS/CDC Atlanta</p>		<p>S/GAC</p>	<p>1</p>
<p>Kenya Department of Defense (KDOD) (Funds channeled through KEMRI/USAMRU New partner? No FBO? No</p>	<p>Provide ART to 250 soldiers and dependents between July 04 and March 05</p>	<ul style="list-style-type: none"> <li>• Train 30 medical personnel in ARV administration</li> <li>• Assist KDOD to establish comprehensive HIV clinics at Forces Memorial Hospital, Nairobi, Mombasa Naval clinic, Nanyuki Air Force base in, and Gilgil Army base</li> <li>• USDOD medical personnel to provide technical assistance to KDOD on provision of ART care in the medical context</li> </ul> <p>Note: drugs supplied by KDOD using GF procured ARVs; medical personnel costs and lab work costs provided by KDOD</p>	<p>DOD/ DHAPP</p>		<p>S/GAC</p>	<p>1.5</p>

<p>Kericho District                  • MOH/Kericho District Hospital (KDH)                  • Brooke Bond Central Hospital                  • James Finlay Central Hospital                  New partner? No                  FBO? No</p>	<p>Initiate ARV care for 125 qualified HIV positive individuals through three hospitals serving the Kericho District and surrounding areas between March and May 2004.</p>	<ul style="list-style-type: none"> <li>• Training of three ARV care and treatment teams, one from each of the hospitals, through the training program offered at Moi Teaching and Referral Hospital in Eldoret, Kenya.</li> <li>• Treatment of 125 individuals (minus cost of ARVs); CD4 analysis, safety monitoring and provision of prophylaxis and treatment for OI.</li> <li>• Development of advance monitoring capabilities in CD4 analysis at one local facility to support patient load at all three participating hospitals.</li> <li>• Support for follow up and outreach for patients on ARV.</li> <li>• Provide TA and QA/QC services to the three hospitals.</li> <li>• Links to same-site services under 4.6 and 4.7; community services provided by Live With Hope Center under 4.8</li> </ul>	<p>DOD/ USMHRP</p>	<p>S/GAC</p>	<p>1.5</p>
<p>Tenwek Mission Hospital (Bomet District)                  New partner? Yes                  FBO? Yes</p>	<p>Expand ARV care to 40 qualified HIV positive individuals in the Bomet District between March and May 2004.</p>	<ul style="list-style-type: none"> <li>• Training of one ARV care and treatment team through training program offered at Moi Teaching and Referral Hospital in Eldoret, Kenya.</li> <li>• Treatment of 40 individuals (minus cost of drugs); CD4 analysis, safety monitoring and provision of prophylaxis and treatment for OI.</li> <li>• Support for follow up and outreach for patients on ARV.</li> <li>• Provide TA and QA/QC services to Tenwek Hospital.</li> <li>• Links to same-site services under 4.7</li> </ul>	<p>DOD/ USMHRP</p>	<p>S/GAC</p>	<p>1.5</p>

Partner	FY04 Objective	Activities for each objective	Agency	Budget
<p>Mission for Essential Drugs and Supplies (MEDS)                  New partner? No                  FBO? Yes</p>	<p>Implement contract to provide ARVS, other essential commodities to more than 40 constituent health care facilities treating over 50% of USG patients receiving ARVs</p>	<ul style="list-style-type: none"> <li>• Execute fast track contract</li> <li>• Finalize list of eligible treating facilities and numbers of patients at each</li> <li>• Undertake needed central and constituent facility training and infrastructure improvements</li> <li>• Purchase and dispense ARVS, other essential commodities</li> </ul>	<p>USAID</p>	<p>[Empty Box]</p>
<p>Christian Missionary Fellowship                  New partner? Yes                  FBO? Yes</p>	<p>Deliver ARV treatment to 100 people with HIV in rural Nyanza Province</p>	<ul style="list-style-type: none"> <li>• Carry out clinic renovations, provide staffing, training, equipment, supplies as needed</li> <li>• Provide ARV treatment to 100 people</li> </ul> <p>Links to VCT provided through Pillar of Hope Combined care/ARV program. See also Table 4.7</p>	<p>HHS/CDC</p>	<p>[Empty Box]</p>

<p><b>Coptic Hospital</b> New partner? Yes FBO? Yes</p>	<p>Deliver ARV treatment for 300 people in Nairobi</p>	<ul style="list-style-type: none"> <li>Carry out clinic renovations, provide staffing, training, equipment, supplies as needed</li> <li>Provide ARV treatment for 300 people (Links to treatment for research subjects at University of Nairobi)</li> </ul> <p>Combined care/ARV program, See also Table 4.7</p>	<p>HHS/CDC</p>
<p><b>Kilifi District Hospital</b> (through Wellcome Trust) New partner? Yes FBO? No</p>	<p>Deliver ARVs to 200 people using ill children as point of access to family care</p>	<ul style="list-style-type: none"> <li>Carry out clinic renovations, provide staffing, training, equipment, supplies as needed</li> <li>Provide ARV treatment to 200</li> </ul> <p>Combined care/ARV program, costs listed here—See also Table 4.7</p>	<p>HHS/CDC</p> <p>ORSB</p> <p>SIGAC</p>
<p><b>Lalamba</b> New partner? Yes FBO? No</p>	<p>Deliver ARV treatment to 25 HIV-infected patients in rural Kenya (Nyanza Province)</p>	<ul style="list-style-type: none"> <li>Carry out clinic renovations, provide staffing, training, equipment, supplies as needed</li> <li>Provide ARV treatment to 25 people with HIV</li> </ul> <p>Combined care/ARV program, costs listed here—See also Table 4.7</p>	<p>HHS/CDC</p>
<p><b>Pamoja</b> New partner? Yes FBO? No</p>	<p>Construct 4 prefabricated HIV care clinics</p>	<p>Construct 4 prefabricated HIV care clinics</p>	<p>HHS/CDC</p>
<p><b>Nairobi Hospital</b> New partner? Yes FBO? No</p>	<p>Support provision of care to 500 HIV infected persons per year</p>	<ul style="list-style-type: none"> <li>Support purchase of laboratory equipment</li> <li>Initiate renovation of clinic space</li> <li>Support training of hospital staff in provision of HIV care</li> </ul> <p>Note: this is partial support; ARV targets are not included in totals for PEPFAR</p>	<p>HHS/CDC</p>
<p><b>Mertin</b> New partner? Yes FBO? No</p>	<p>Deliver ARV care to 25 HIV infected people in Kisii</p>	<ul style="list-style-type: none"> <li>Carry out clinic renovations, provide staffing, training, equipment, supplies as needed</li> <li>Provide ARV treatment to 25 people</li> </ul> <p>Combined care/ARV program, costs listed here—See also Table 4.7</p>	<p>HHS/CDC</p>
<p><b>Mildmay</b> New partner? No FBO? Yes</p>	<p>Provide personnel and training in Nyanza Province and contribute to the provision of ART for people as listed in various facilities in Nyanza Province.</p>	<p>Hire and train 2 teams of trainers to provide classroom based training in care of patients with HIV/AIDS for 240 care providers (teams split between training and care provision at facilities in Nyanza Province)</p> <p>Combined care/ARV program, costs listed here—See also Table 4.7</p>	<p>HHS/CDC</p>

<p>National AIDS/STD Control Programme New partner? No FBO? No</p>	<p>Continue and strengthen development and supervision of HIV treatment services including ARV provision</p>	<ul style="list-style-type: none"> <li>• Train trainers in HIV care, including ART in each province (this training is supported in part through this cooperative agreement and in part through FHI/IMPACT)</li> <li>• Support central management team at NASCOP</li> <li>• Support provincial HIV treatment coordinators</li> <li>• Develop communication strategy regarding HIV treatment (Funding covers period from July 2004 to March 2005)</li> </ul> <p>Links to care and treatment at numerous MOH facilities, activities supported by GFATM and bilateral donors such as DFID; technical position at NASCOP supported by USAID</p> <p>Combined care/ARV program; costs listed here. See also Table 4.7</p>	<p>HHS/CDC</p>
<p>New York University New partner? Yes FBO? No</p>	<p>Provide ARV care for 100 children at Coast Provincial Hospital in Mombasa and provide technical support to other sites in Coast Province</p>	<p>Provide staffing, equipment and supplies to provide ARV treatment for 100 children at Coast Provincial Hospital</p>	<p>HHS/CDC</p>
<p>University of Nairobi Research Consortium New partner? No FBO? No</p>	<p>Provide ARV care for 800 adults and children identified through research protocols</p>	<p>Provide staffing, equipment and supplies needed to provide ARV treatment to 800 adults and children identified through research protocols (mother child cohorts, etc. Sexually transmitted infection cohorts are supported through FHI/IMPACT) (Care for additional research participants provided through IMPACT)</p>	<p>HHS/CDC</p>
<p>Village Infectious Disease Clinics New partner? Yes FBO? Unknown</p>	<p>Deliver ARV treatment to 300 people in rural Kenya</p>	<ul style="list-style-type: none"> <li>• Carry out clinic renovations, provide staffing, training, equipment, supplies as needed</li> <li>• Provide care for 300 people</li> </ul> <p>Combined care/ARV program, costs listed here--See also Table 4.7</p>	<p>HHS/CDC</p>
<p>HHS/CDC Atlanta</p>	<p>5 technical assistance visits by March 2005</p>	<ul style="list-style-type: none"> <li>• Provide assistance with evaluation of ARV treatment program, feasibility of use of standardized regimens and reduced frequency monitoring, and monitoring and evaluation tools</li> </ul>	<p>HHS/CDC Base</p>



<p>Kericho District                  • MOH/Kericho District Hospital (KDH)                  [ ]                  • James Finlay Central Hospital                  New partner? No                  FBO? No</p>	<p>Provide ARV care for an additional 825 qualified HIV positive individuals through three hospital serving the Kericho District and parts of four surrounding districts by March 2005.</p>	<ul style="list-style-type: none"> <li>• Training of two more ARV care and treatment teams at KDH.</li> <li>• Development of ARV IEC material and training of PLWHA, CHW and church/community members in ARV educational messages and incorporation into program outreach through health facilities and affiliated community groups.</li> <li>• Treatment of an additional 825 individuals, bringing total treated in year one to 950 (minus cost of ARVs); CD4 analysis, safety monitoring and provision of prophylaxis and treatment for OI.</li> <li>• Increased human resources at KDH.</li> <li>• Continued support for follow up and outreach for patients on ART.</li> <li>• Establishment of electronic patient record system at KDH for M&amp;E of program and integration into general care and treatment.</li> <li>• Continue to offer TA and QA/QC services to all participating hospitals.</li> <li>• Links to services under 4.6 and 4.7 with community services provided by Live With Hope Center 4.8)</li> </ul> <p>(ARVs for program to be purchased and distributed through MEDS by USAID.)</p>	<p>DOD/ USMHRP</p>	<p>[ ]</p>
<p>Tenwek Mission Hospital (Bomet District)                  New partner? Yes                  FBO? Yes</p>	<p>Provide ARV care for an additional 200 qualified HIV positive individuals in the Bomet District by March 2005.</p>	<ul style="list-style-type: none"> <li>• Training of three ARV care and treatment teams through training program offered at Moi Teaching and Referral Hospital in Eldoret, Kenya.</li> <li>• Training of PLWHA, CHW and church/community members in ARV educational messages and incorporation into program outreach through health facilities.</li> <li>• Treatment of an additional 200 individuals, bringing the total in year one to 240.</li> <li>• Support for follow up and outreach for patients on ARV.</li> <li>• Establishment of electronic patient record system for M&amp;E of program and integration into general care and treatment.</li> <li>• Continue to offer TA and QA/QC services to Tenwek.</li> </ul> <p>(ARVs for program to be purchased and distributed through MEDS by USAID.)</p>	<p>DOD/ USMHRP</p>	<p>[ ]</p>
<p>Total Partners: 53</p>	<p>New partners: 17</p>	<p>FBOs: 10</p>	<p>Total Budget: [ ]</p>	<p>[ ]</p>

4.11.1 PMCT-Plus (access to care and treatment by women and families through PMCT)						
The PMCT-plus program is in the pilot phase in Kenya at two sites. These were initiated with funding from Columbia University and are located at the New Nyanza Provincial General Hospital in Kisumu and the Moi Teaching and Referral Hospital in Eldoret.						
4.11.2 How new activities will contribute to PEP/AR targets; linkages to other activities						
New activities will significantly increase the number of women and their partners and children who access care through the PMCT program (see section 4.1). At selected facilities, PMCT will be developed into the PMCT+ model and HIV+ expectant mothers will be recruited into care programs. Family members of these women will be encouraged to be tested and those who are positive will be referred to the facilities' HIV clinics for evaluation and initiation of treatment if qualified. These care programs will be closely linked with all VCT, IEC, and palliative support activities funded under this program. Cost per patient is generally [redacted] Outliers due to family members included in 4.10 and start-up costs at new sites.						
4.11.3 Existing activities, initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount	Budget Source	Track
NASCOP New partner? No FBO? No	Coordinate PMCT+ efforts nationally	<ul style="list-style-type: none"> <li>National supervision of PMCT+ programs</li> <li>Develop practical guidelines for long-term maternal follow-up care</li> </ul>	HHS/CDC		S/GAC	1.5
Kericho District Hospitals: <ul style="list-style-type: none"> <li>MOH/Kericho District Hospital</li> <li>Brooke Bond Central Hospital</li> <li>James Finlay Central Hospital</li> </ul> New partner? No FBO? No	<ul style="list-style-type: none"> <li>Initiate program providing ART for HIV+ pregnant women identified through PMCT.</li> <li>Provide ART to 25 HIV+ women between March and May, 2004.</li> </ul>	<ul style="list-style-type: none"> <li>Treatment and monitoring of 25 HIV+ women on ARV; basic care for 180 other HIV+ not yet qualified for ART</li> <li>HIV testing and counseling for approximately 400 family members of identified HIV+ pregnant women</li> <li>PEP for infants, counseling and testing of family members.</li> <li>Support follow-up and outreach for mothers and children.</li> <li>Support education and replacement feeding options.</li> <li>Provide TA and QA/QC services to all participating hospitals.</li> </ul> Links to PMCT, care for women and family members not qualifying for ART, RT for family members Note: Track 2 for this facility below.	DOD/USMHRP		S/GAC	1.5

<p>Tenwek Mission Hospital (Bomet District)</p> <p>New partner? Yes FBO? Yes</p>	<p>Initiate program providing ART for HIV+ pregnant women identified through PMTCT. Provide ART to 8 HIV+ women between March and May 2004.</p>	<ul style="list-style-type: none"> <li>• Treatment and monitoring of 8 individuals on ARV and basic care for 60 other HIV+ not yet qualified for ART.</li> <li>• Provide HIV testing and counseling for approximately 130 family members of identified HIV+ expectant mothers.</li> <li>• PEP for infants, counseling and testing of family members.</li> <li>• Support follow-up and outreach for mothers and children.</li> <li>• Support education and replacement feeding options.</li> <li>• Provide TA and QA/QC services to all participating hospitals.</li> </ul> <p>Link to 4.1 (PMTCT), 4.7 (care for women and family members not qualifying for ART), 4.10 (ART for family members). Track 2 for this facility below.</p>	<p>DOD/ USMHRP</p>	<p>SIGAC</p>	<p>1.5</p>
<p>Indiana University / Columbia University</p> <p>New partner? Yes FBO? No</p>	<p>Add ARV, care and support to PMTCT program in Rift Valley Province. Provide ART to 2,720 HIV+ women and family members.</p>	<ul style="list-style-type: none"> <li>• Provide pre-service training in PMTCT, HIV treatment.</li> <li>• Procure necessary equipment, commodities needed for ART.</li> <li>• Provide ongoing training and technical assistance.</li> <li>• Provide additional care (food, etc.).</li> </ul>	<p>USAID</p>	<p>SIGAC</p>	<p>1.5</p>

Partner	FY04 Objective	Activities (for each objective)	Agency	Budget
<p>Kenyatta National Hospital</p> <p>New partner? Yes FBO? No</p>	<p>Expand current PMTCT services to include ARV treatment of mothers. Provide ART to 50 HIV+ women and 25 family members.</p>	<ul style="list-style-type: none"> <li>• Strengthen postnatal follow up and initiate HIV care including ARVs for women identified through PMTCT program.</li> <li>• Strengthen service delivery through supportive supervision.</li> <li>• Add PEP to infants of HIV+ women identified during labor and delivery.</li> </ul> <p>Links to 4.1 (PMTCT) in this facility</p>	<p>HHS/CDC</p>	<p></p>
<p>Pumwani Maternity Hospital</p> <p>New partner? Yes FBO? No</p>	<p>Expand current PMTCT services to include ARV treatment of mothers. Provide ART to 60 HIV+ women and 30 family members.</p>	<ul style="list-style-type: none"> <li>• Strengthen postnatal follow up and initiate HIV care including ARVs for women identified through PMTCT program.</li> <li>• Strengthen service delivery through supportive supervision.</li> <li>• Add PEP to infants of HIV+ women identified during labor and delivery.</li> </ul> <p>Links to 4.1 (PMTCT) in this facility</p>	<p>HHS/CDC</p>	<p></p>

<p><b>Kericho District</b></p> <ul style="list-style-type: none"> <li>• MOH/Kericho District Hospital (KDH)</li> <li>• James Finlay Centre Hospital</li> </ul> <p><i>New partner?</i> No <i>FBO?</i> No</p>	<p>Expand PMTCT+ providing ART for additional HIV+ pregnant women identified through PMTCT. Provide ART to 70 additional HIV+ women by March 2005.</p>	<ul style="list-style-type: none"> <li>• Treatment and monitoring of 70 HIV+ women on ARV (95 total in year one) and basic care for 540 other HIV+ not yet qualified for ART.</li> <li>• Provide HIV testing and counseling for approximately 1,200 family members (1,600 total in year one) of identified HIV+ pregnant women.</li> <li>• PEP for infants, counseling and testing of family members.</li> <li>• Support follow-up and outreach for mothers and children under age 5.</li> <li>• Support education and provision of replacement feeding options.</li> <li>• Increase human resource capacity at KDH maternal child health center.</li> <li>• Provide TA and QA/QC services to all participating hospitals.</li> </ul> <p>Links to Track 1.5 activities in same facilities in 4.11.3 above. Links to 4.1 (PMTCT), 4.7 (care for women and family members not qualifying for ART) and 4.10 (ART for family members)</p>	<p>DOD/ USMHRP</p>	
<p><b>Tenwek Mission Hospital (Bomet District)</b></p> <p><i>New partner?</i> Yes <i>FBO?</i> Yes</p>	<p>Expand PMTCT+ providing ART for additional HIV+ pregnant women identified through PMTCT. Provide ART to 22 additional HIV+ women by March 2005.</p>	<ul style="list-style-type: none"> <li>• Treat and monitor an additional 22 HIV+ women on ARV (30 total in year one); basic care for 170 other HIV+ not yet qualified for ART.</li> <li>• Provide HIV testing and counseling for approximately 590 family members (720 total in year one) of identified HIV+ expectant women.</li> <li>• PEP for infants, counseling and testing of family members.</li> <li>• Support follow-up and outreach for mothers and children under age 5.</li> <li>• Support education and provision of replacement feeding options.</li> <li>• Provide TA and QA/QC services to all participating hospitals.</li> </ul> <p>Links to Track 1.5 activities in same facility in 4.11.3 above. Links to 4.1 (PMTCT), 4.7 (care for women and family members not qualifying for ART) and 4.10 (ART for family members)</p>	<p>DOD/ USMHRP</p>	
<p><b>Total partners:</b> 7</p>	<p><b>New partners:</b> 4</p>	<p><b>FBOs:</b> 1</p>	<p><b>Total Budget:</b></p>	

Table 4.12		Strategic Information: Surveillance, Monitoring, Program Evaluation						
4.12.1 Current status of program in country	4.12.2 How new activities will contribute to PEPFAR targets; linkages to other activities	4.12.3 Existing activities initiated prior to FY04	FY04 Objective	Activities for each objective	Agency	Budget Amount	Budget Source	Track
Kenya began sentinel surveillance in pregnant women in 1990 and AIDS case reporting in 1988. This system weakened with poor funding in the late 1990s and now is being revitalized. Currently the USG is the major supporter of HIV strategic information in Kenya, assisting NASCOP, NLT, NACC and the Central Bureau of Statistics to provide quality information. This includes: sentinel surveillance in pregnant women and STI patients; behavioral surveillance 2002-3; TB surveillance; the Kenya Demographic and Health Survey 2003 (KHS+), which included an HIV serosurvey; and the Country Response Information System (CRIS). National systems for monitoring program data for VCT, PMTCT, and care have been developed and supported and direct data management is performed by HHS/CDC for supported VCT and PMTCT sites. Targeted evaluations have been conducted by USG partners to support national programs. Vital registration, AIDS case reporting, lab and blood safety data management, and the MOH HIS remain weak.	Continuing support for surveillance and strengthening national monitoring systems at all levels of the health network are necessary for evaluation of outcomes and impact of PEPFAR supported and national program activities. This will require building capacity within the MOH and partners to achieve effective, efficient and timely exchange of information. Key areas for improvement will be in the NBTS (blood safety), NPHLS (lab) and NASCOP (program monitoring and surveillance). Direct technical assistance and PEPFAR financial support will be provided to MOH/NASCO/KEMRI and other partners to collect, analyze and disseminate strategic information; to train and build this capacity in all program elements; and to guide future directions of all prevention, care and treatment programs.	AMKENI Engender Health New partner? No FBO? No	Strengthen local monitoring systems	Training health facility staff in collection, reporting and use of HIV-related data Develop and implement monitoring system for HIV-related data	USAID		S/GAC	1.5
AMKENI Engender Health New partner? No FBO? No	Strengthen local monitoring systems	Develop and implement monitoring system for HIV-related data with baseline and target values	USAID		Base		2	
Contraceptive Technology Research FHI New partner? No FBO? No	Provide information needed to undertake evidence-based VCT programs by producing new knowledge and targeting research to support the programs and policies of the initiative	<ul style="list-style-type: none"> <li>Determine the effectiveness of an integrated VCT approach in increasing utilization of VCT services</li> <li>Risk reduction in high-risk populations (e.g., female condom trial among commercial sex workers)</li> <li>Reduction of bias and stigma among health workers</li> <li>Improving strategic information tools (e.g., home-based care indicators, behavioral surveillance)</li> <li>Describe risk elimination needs of orphans and vulnerable children</li> </ul>	USAID				Trk 1.5 0 Trk 2	

<p><b>HORIZONS</b> Population Council <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Provide information needed to undertake evidence-based PMTCT programs by producing new knowledge and targeting research to support the programs and policies of the initiative</p>	<ul style="list-style-type: none"> <li>Determine effectiveness of introducing PMTCT package into existing health services (e.g., comparison of 3 service delivery approaches for community PMTCT services).</li> <li>Evaluate contribution of PMTCT and community activities to reducing stigma and increasing use of PMTCT and other HIV prevention services.</li> <li>Targeted evaluation of peer education, community services, and parental involvement in promoting abstinence among adolescent girls and boys.</li> </ul>	<p>USAID</p>		<p>1.5 2</p>
<p><b>IMPACT</b> FHI <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Develop and operationalize monitoring and evaluation plans in 22 districts.</p>	<ul style="list-style-type: none"> <li>Set up HMIS in selected IMPACT assisted districts and provinces</li> <li>Train in district health records officers, AIDS Coordinators</li> <li>Provide computer hardware and software support</li> </ul>	<p>USAID</p>		<p>1.5</p>
<p><b>MEASURE</b> DHS+ <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Baseline facility and training survey, assessing needs and readiness</p>	<ul style="list-style-type: none"> <li>2004 Kenya Service Provision Assessment survey</li> </ul> <p>Target: survey data collected, analyzed and used by USG programs to understand facility readiness for HIV/AIDS services provision</p>	<p>USAID</p>		<p>1.5</p>
<p><b>MEASURE</b> <b>EVALUATION</b> <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Analyze data (DHSS, KSPAs, surveillance, other) to develop baselines and assess trends, program needs</p>	<ul style="list-style-type: none"> <li>Compile data, analyze</li> <li>Disseminate to policy makers, program managers, donors, etc.</li> <li>Target: data collated, analyzed and used to assess impact under PEPFAR</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p><b>National Health Accounts</b> Partnerships for Health Reform Plus (PHR+) <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Analyze Jan 2004 health sector household &amp; institutional financial expenditure data to assess impact on HIV/AIDS</p>	<ul style="list-style-type: none"> <li>Analyze household survey data for HIV/AIDS impact</li> <li>Analyze institutional survey data</li> <li>Complete National Health Accounts report</li> <li>Complete HIV/AIDS impact report for use by GOK and USG Interagency Team in future program planning</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>
<p><b>POLICY Project</b> The Futures Group <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Provide accurate, updated information to better inform policies and programs. Support capacity building for policymakers to advocate for development and implementation of HIV/AIDS policies. Strengthen national strategic information systems.</p>	<ul style="list-style-type: none"> <li>Supporting sentinel surveillance activities (training lab technicians, analysis of data, expert committee on prevalence data)</li> <li>Update, produce and disseminate AIDS in Kenya report</li> <li>Meetings with MPs, religious leaders, and civil society to provide HIV/AIDS updates and increase GOK commitment</li> <li>Update policymakers on WHO and PEPFAR initiatives to advocate for sustained treatment programs</li> <li>Produce HIV/AIDS Policy Index to provide information on changes in the policy environment</li> </ul>	<p>USAID</p>	<p>Base</p>	<p>2</p>

<p>NASCOP Ministry of Health <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Collect and disseminate strategic information including: sentinel surveillance in pregnant women &amp; STD patients, behavioral surveys, national program monitoring of VCT, PMTCT, TB, care and ART programs.</p>	<ul style="list-style-type: none"> <li>• Conduct sentinel surveillance in antenatal and STI patients and expand PMTCT/sentinel surveillance sites</li> <li>• Develop and implement improved PMTCT monitoring at Provincial level</li> <li>• Conduct a survey of IDUs in Mombasa</li> <li>• Conduct health worker KAPB on HIV testing with Horizon Project</li> <li>• Strengthen data management staff at NASCOP through development of an informatics section</li> <li>• Conduct training in EpiInfo</li> </ul>	<p>HHS/CDC</p>	<p>Base</p>	<p>Trk 1.5 Trk 2</p>
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Partner	FY04 Objective	Activities for each Objective	Agency	Budget
<p>Eastern Deatery AIDS Relief Program (EDARP) <i>New partner?</i> No <i>FBO?</i> Yes</p>	<p>Establish an informatics section at EDARP; will be a satellite of the HHS/CDC informatics section</p>	<p>Equip and train relevant data management staff to:</p> <ul style="list-style-type: none"> <li>• Manage data arising from VCT services</li> <li>• Manage on-site, data arising from TB treatment and preventive therapy</li> <li>• Manage data from HIV/AIDS treatment (ARV)</li> </ul>	<p>HHS/CDC Base</p>	<p>Trk 1.5</p>
<p>HORIZONS Population Council <i>New partner?</i> No <i>FBO?</i> No</p>	<p>Provide information to strengthen the health system response in providing HIV/AIDS diagnosis and care (v. targeted evaluation)</p>	<p>Conduct a study on health worker attitudes to HIV testing in order to identify barriers to implementation of HIV testing in clinical settings and for PMTCT</p>	<p>CDC Base</p>	<p>Trk 1.5 Trk 2 Trk 2</p>
<p><i>New partner?</i> No <i>FBO?</i> No</p>	<p>Develop model information systems for 7 activities and strengthen national capacity Collect, enter and analyze data for monitoring PEPFAR supported sites  Conduct demographic surveillance at site in Nyanza Province including evaluate incidence of orphanhood</p>	<p>Equip and train KEMRI data management staff to:</p> <ul style="list-style-type: none"> <li>• Develop information systems for 7 PEPFAR activities</li> <li>• Manage HIV/AIDS data from directly supported PEPFAR sites</li> <li>• Train data collection and management staff at national and lower levels</li> <li>• Provide technical assistance to Ministry of Health, NBTS, NPHL, NLTP, NYS, KDOOD and partners and analyze program data</li> <li>• Pilot electronic TB registers</li> <li>• Monitor orphans and vulnerable children prevalence, incidence, mortality and morbidity</li> <li>• Measure rates of recent infections in population of 110,000 in sections of Bondo and Siaya districts</li> </ul>	<p>HHS/CDC S/GAC  Base  S/GAC</p>	<p>Trk 1.5 Trk 2 Trk 2</p>

<p>new partners? FBO? No</p>	<p>Determine the actual rates and consequences of orphanhood in a cohort in Nyanza Province</p>	<ul style="list-style-type: none"> <li>Establish a cohort of children under age 10</li> <li>Identify risk factors for and outcomes of orphanhood</li> </ul> <p>Links to care activities in same area</p>	<p>HHS/CDC</p>	<p></p>
<p>HHS/CDC Atlanta</p>	<p>Consultation on informatics, Epi Info training, and ICT support, including use of hand-held devices for data capture</p>	<p>4 weeks of in-country TA to assist in development of information systems</p>	<p>HHS/CDC Base</p>	<p></p>
<p>Total partners: 11</p>	<p>New partners: 1</p>	<p>FBOs: 1</p>	<p>Total budget: [ ]</p>	<p>[ ]</p>



<p><b>Table 4.13</b>                      4.13.1 Current status of program in country</p>	<p><b>Cross-Cutting Activities</b></p>						
<p>4.13.2 How new activities will contribute to PEPFAR targets/linkages to other activities</p>	<p>4.13.3 Existing activities, initiated prior to FY04</p>	<p>Activities to reach objective</p>	<p>Agency</p>	<p>Budget Amount</p>	<p>Budget Source</p>	<p>Track</p>	
<p>IMPACT                      Family Health International                      New partner? No                      FBO? No</p>	<p>Strengthen the capacity for HIV/AIDS prevention, care and support among faith based organizations and community based organizations</p> <p>Strengthen the district's AIDS coordination institutional frameworks and operational capacity</p> <p>Strengthen the capacity of IMPACT implementing partners and other stakeholders</p>	<ul style="list-style-type: none"> <li>Conduct technical update meetings for FBOs and CBOs</li> <li>Train FBOs and CBOs in program development and management</li> <li>Support National Network of People living with HIV/AIDS (NEPHAK)</li> <li>Conduct a joint Expanded Comprehensive Response (ECR) to HIV and AIDS with NACC</li> <li>Training of stakeholders on ECR</li> <li>Establishment of the district ECR forums</li> <li>Hold technical meetings for implementing partners</li> <li>Support the Ministry of Health to hold national level stakeholders technical meetings</li> <li>Hold advocacy meetings with government ministries</li> </ul>	<p>USAID</p>	<p></p>	<p>Base</p>	<p>2</p>	

<p>Local Voices Internews Network  New partner? No FBO? No</p>	<p>Create an enabling environment to support the efforts of AIDS interventions</p>	<ul style="list-style-type: none"> <li>• Continue ongoing training efforts with journalists, talk show hosts, DJs and their managers</li> <li>• Continue to support NGOs in their advocacy and outreach through the media</li> <li>• Continue to provide resources and information for HIV/AIDS reporting</li> <li>• Continue to provide equipment and sub-grants to enable radio professionals to increase programming on HIV/AIDS issues</li> </ul>	<p>USAID</p>	<p></p>	<p>STGAC</p>	<p>1.5</p>
<p>PHRplus Abt Associates  New partner? No FBO? No</p>	<p>Implement pilot national social health insurance model in 4 districts. Assess adequacy of coverage for HIV/AIDS care and treatment needs.</p>	<ul style="list-style-type: none"> <li>• Provide TA to ensure tracking of HIV/AIDS enrollment, coverage in pilot districts</li> <li>• Provide analysis of data from pilot districts to inform GOK and USG Interagency Team future program planning</li> </ul>	<p>USAID</p>	<p></p>	<p>Base</p>	<p>2</p>

<p><b>POLICY Project</b> The Futures Group</p> <p><i>New partner?</i> No <i>FBO?</i> No</p>	<p>Build capacity of PLWHA and FBO networks</p> <p>Reduce stigma and discrimination</p> <p>Increase numbers and types of agencies involved in HIV/AIDS policymaking</p> <p>Strengthen coordinated multi-sectoral response to HIV/AIDS in selected ministries</p> <p>Strengthen private sector response to scale up HIV/AIDS care and treatment, support and prevention</p>	<ul style="list-style-type: none"> <li>• Carry out strategic planning workshops for NEPHAK and its members to better articulate a strategy for the network, and specific workplans for member groups</li> <li>• Support NEPHAK to carry out treatment advocacy campaigns; disseminate HBC guidelines at community levels.</li> <li>• Assist FBO groups (NCCK, SIKH Council, Hindu Council, CHAK, OAIC, SDA, KCS, etc) to develop a consolidated strategic plan</li> <li>• Expand anti-stigma campaigns through NEPHAK, media, radio, schools, and workplace programs.</li> <li>• Assist NACC in design of national strategic plan</li> <li>• Assure inclusion of HIV/AIDS issues in National Development Plan (through TA to NACC, NASCOP, and MOP)</li> <li>• Ensure participation of HIV/AIDS stakeholders in development of the NHSSP</li> <li>• Produce sectoral briefs on HIV/AIDS</li> <li>• Compile guidelines on care and support issues for GOK (police, civil servants and their dependants)</li> <li>• Compile best practices in private sector</li> <li>• Sensitize business networks to initiate workplace and community-based care and treatment programs (Lions, Rotary, FBOs, Shell, BP, Coca Cola, BAT)</li> </ul>	<p>USAID</p>	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>	<p>Base</p>	<p>0</p>
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4.13.4 Proposed new activities in FY04	Partner	FY04 Objective	Activities for each objective	Agency	Budget
[Redacted] and American Federation of Teachers Educational Foundation (twinning relationship) New partner? No FBO? No	HHS/CDC Atlanta	Increase the capacity of KNUT to improve HIV/AIDS protection and benefits to 240,000 teachers nationally	<ul style="list-style-type: none"> <li>Using existing and new research, identify key HIV/AIDS issues to be included in an advocacy campaign</li> <li>Through training 30 KNUT national executive committee members and strategic planning, develop a bargaining strategy and advocacy campaign</li> <li>Train 60 KNUT leaders in 20 districts to implement the advocacy strategy</li> <li>Develop and disseminate advocacy posters, brochures, and other information</li> <li>Produce a special HIV/AIDS edition of KNUT's quarterly magazine</li> </ul>	USAID	[Redacted]
[Redacted]	HHS/CDC Atlanta	Consultation on budgets, finance and management support, including training on performance based auditing.	<ul style="list-style-type: none"> <li>2 weeks of in-country TA to consult and assist in performance based auditing for our partners</li> <li>Check on existing internal control systems in both Nairobi and Kisumu</li> </ul>	HHS/CDC	[Redacted]
[Redacted]	HHS/CDC Kenya	Enhance and upgrade information technology systems for CDC Kenya in Nairobi and Kisumu, as well as improve connectivity between these sites and with our GOK partners	<ul style="list-style-type: none"> <li>Upgrade to a reliable and more effective internet and email system for HHS/CDC program operations in Kenya including those that also serve GOK partners</li> <li>upgrade aging work stations and networking hardware to improve information management in Nairobi and Kisumu, as well as connectivity between sites</li> <li>Purchase and install new equipment to accommodate the increase in staff in Nairobi and Kisumu and to improve their ability to perform technical oversight and monitoring in the field</li> </ul>	HHS/CDC	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Table 4.14 Laboratory/Support		Agency	Budget Amount	Budget Source	Track
<p>4.14.1 Current status of program in country</p> <p>There is no National Quality Assurance program in HIV or TB testing, though there is a National Laboratory Committee to set policy. Lab infrastructure is generally weak in government facilities and variable in other facilities. There is no proficiency testing for labs or for blood safety. HHS/CDC and the National Public Health Laboratory Service (NPHLS) together with KEMRI are collaborating to: 1) develop national infrastructure and capacity to support Quality Assurance programs in HIV and TB testing; 2) develop training manuals and train for HIV and TB laboratory diagnosis and clinical lab monitoring for care and treatment; and 3) develop systems and human capacity to validate surveillance, VCT and PMTCT lab information.</p>	<p>4.14.2 How new activities will contribute to PEPFAR targets, linkages to other activities</p> <p>Accurate laboratory diagnoses within the VCT, PMTCT, ART, care and surveillance activities are a pre-requisite for building confidence in these programs. Building national capacity will allow people to access ART and care services at lower levels of the health care network. Quality Assurance will encourage the utilization of services, assist clinicians to provide appropriate and effective care, and therefore improve the impact of these programs and achievement of the PEPFAR targets of 2-7-10.</p>	HHS/CDC		Base	1.5
<p>4.14.3 Existing activities, initiated prior to FY04</p> <p>Partner</p> <p>National Public Health Laboratory Service</p> <p>[ through NASCOP CoAg and direct procurement]</p> <p>New partner? No</p> <p>FBO? No</p>	<p>FY04 Objective</p> <p>Establish a National Reference Laboratory for Quality Assurance in HIV &amp; TB, retesting 25,000 VCT, 15,000 PMTCT, 15,000 surveillance, 5,000 care and 6,000 TB specimens</p> <p>Establish a Central Monitoring Lab for CD4/CD8 and viral loads at the NPHLS for quarterly proficiency testing</p>	<p>Activities for each objective</p> <ul style="list-style-type: none"> <li>• Refurbish and equip a central reference lab</li> <li>• Implement HIV, TB testing QA systems within the Central Reference Laboratory</li> <li>• Train 6 national lab staff in QA systems including supervisory support of provincial and district labs</li> <li>• Provide technical assistance, commodities and training in QA to 8 HIV and 8 TB staff in 4 provincial reference labs.</li> <li>• Establish a proficiency testing system for HIV and TB diagnosis</li> <li>• Equip the lab with two CD4/CD8 and two viral load equipment and train 6 national staff</li> <li>• Support USG supported ARV programs by CD4 and viral load determinations</li> <li>• Conduct proficiency testing for CD4/CD8 and viral load testing</li> </ul>			

4.14.4 Proposed new activities in FY04		FY04 Objective	Activities for each objective	Agency	Budget
Partner:		Initiate twinning relationship and build capacity in the NPPLS; Develop External QA scheme	<ul style="list-style-type: none"> <li>APHL to provide twinning support to National Public Health Lab Services and KEMRI for overseas and in-country training of national staff.</li> <li>Coordinate support for initiating/operating External Quality Assurance Schemes (EQAS) for HIV testing and ART lab monitoring (flow cytometry, viral load, biochemistry and hematology)</li> </ul>	HHS/CDC	
New partner? Yes FBO? No					
CoAg)		Evaluate 4 newer and possibly cheaper tests for CD4/CD8 and viral loads. Provide technical assistance, QA to national program.	<ul style="list-style-type: none"> <li>Purchase equipment/kits for 2 new CD4/CD8 and 2 new viral load technologies and evaluate their accuracy and cost efficiency</li> <li>Train 6 appropriate national staff and 8 at the provincial level in new technologies</li> <li>Provide a center for collection and determination of national CD4 reference values</li> <li>Provide technical support, training, SOP and training manual development, and train 50 facility lab staff</li> </ul>	HHS/CDC	
New partner? No FBO? No					
National Public Health Laboratory Service (NPPLS) [ through NASCOP CoAg]		Operationalize national lab QA in 5 provinces and their 53 Districts through monthly and quarterly supervision (300 visits)	<ul style="list-style-type: none"> <li>Purchase vehicles (2 Central 5 provincial) and conduct supervision</li> <li>Equip provincial labs for better data management</li> <li>Purchase other lab supplies for the national QA activities</li> <li>Assist the Laboratory Technologists Association and the Board of Laboratory Technicians and Technologists</li> <li>Develop/disseminate Standard Operating Procedures (SOP) for Lab. operations</li> </ul>	HHS/CDC	
New partner? No FBO? No					
HHS/CDC Atlanta		Provide direct TA & reference lab support to HHS/CDC/KEMRI	<ul style="list-style-type: none"> <li>Evaluate incidence assays on Kenya HIV strains and train Kenyan lab staff</li> <li>Guide evaluation of new assays for CD4/CD8/viral load measurement/QA</li> <li>Estimate HIV incidence in 425 HIV+ KDHS and 500 other stored samples</li> <li>Provide guidance and training on use of p24Ag for pediatric diagnosis of HIV</li> </ul>	HHS/CDC	
New partner? No FBO? No					
HHS/CDC Kenya		Purchase 100,000 HIV test kits and other commodities. Supervision, training and TA by 3 HHS/CDC laboratory staff to 200 national staff	<ul style="list-style-type: none"> <li>Purchase "Emergency" HIV test kits when the National supply is stressed or delayed; purchase other supplies, parts for lab operations.</li> <li>Purchase Filter papers for 60,000 Validations country wide</li> <li>Conduct field supervision and training with/for national, provincial, district staff (200 techs trained/supervised)</li> <li>Conduct lab training/supervision for other programs (VCT, PMTCT, TB, ART)</li> <li>Develop/disseminate PMTCT, TB, ART lab training manuals</li> </ul>	HHS/CDC	
New partner? No FBO? No					
Total partners:	3	New partners:	1	FFBO:	0
				Total budget:	

Table 5.1 U.S. Agency Management and Staffing - U.S. Agency for International Development (USAID)

5.1 U.S. Agency Management and Staffing										
5.1.1 U.S. Agency Management Items and Activities								Budget		
Personnel, including all benefits, training, travel (includes interagency coordinator USG)										
Office support costs (supplies, equipment, ICASS, USAID procurement/contracting services, etc.)										
Local support costs (local travel, residential expenses for local PSCs, etc.)										
Total										
5.1.2 U.S. Agency Management and Program Staff Existing and New, By Category										
	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC or PASAs	Number of New International PSC or PASAs for PEPFAR	Total Number of Staff			
Number of Program Staff	0	0	2	3 + 1 TCN (third country national)	2	0	8			
Number of Management Staff	0	0	0	1 (Financial analyst)	0	1 (Inter-agency Coordinator)	2			
Total Number of Staff	0	0	2	5	2	1	10			

Table 5.2 U.S. Agency Management and Staffing – Department of Health and Human Services (HHS/CDC)

5.2.1 U.S. Agency Management Items and Activities		Budget					
Personnel – Program & Technical Support: Support the national program and partners through the provision of technical assistance by medical officers, epidemiologists, behavioral scientists, and other technical staff							
Personnel – Management: Ensure financial accountability by providing fiscal oversight, both for HHS/CDC headquarters and with local partners, and provide supervision, logistic support, and program management for local partners							
HHS/CDC office recurrent costs: Provide for the running of HHS/CDC GAP offices in Nairobi and Kisumu, including utilities, telephone, internet access, etc							
Travel – Technical Assistance by HHS/CDC technical staff to local partners, attend meetings, and other international travel							
<ul style="list-style-type: none"> <li>- Financial oversight to ensure accountability by partners</li> <li>- Laboratory support and supervision to ensure quality assurance</li> <li>- Program evaluation &amp; monitoring</li> </ul>							
Other management and logistic support: Security guards (both offices and residential security for US direct hire staff), HHS/CDC motor pool, building maintenance and renovation							
International Cooperative Administrative Support Services (ICASS) charges from Embassy							
<b>Total</b>							
5.2.2 U.S. Agency Management and Program Staff Existing and New, By Category		Total					
Number of Program Staff	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
	2	1	33	15	4	3	58
Number of Management Staff	1.3	1	10	2	3	1	18.3
Total Number of Staff	3.3	2	43	17	7	4	76.3



Table 5.3 U.S. Agency Management and Staffing – U.S. Department of Defense (DOD)

5.3.1 U.S. Agency Management Items and Activities		Budget					
Management and program staff in country for PEPFAR located in Kericho, Kenya							
Admin costs for PEPFAR in country/Kenya (supplies, office rent, computers, utilities)							
Shipping and travel costs for PEPFAR (in and out of country)							
<b>Total</b>							
5.3.2 U.S. Agency Management and Program Staff Existing and New, By Category							
	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff		0		3			3
Number of Management Staff		1		2			3
Total Number of Staff		1		5			6

Table 6. Budget for the President's Emergency Plan for AIDS Relief

Program/Area	USAID		HHS		DOD		Other		TOTAL
	Base Budget FY04	PMTCT Budget FY04	Base Budget FY04	PMTCT Budget FY04	Base Budget FY04	PMTCT Budget FY04	Base Budget FY04	PMTCT Budget FY04	
PMTCT									
Abstinence/Faithfulness									
Blood Safety									
Safe Medical Injections									
Other Prevention									
VCT									
HIV clinical care (non-ART)									
Palliative Care									
OVC									
ART (non-PMTCT Plus)									
PMTCT Plus									
Strategic Information									
Cross Cutting Activities									
Laboratory Support									
Management & Staffing									
TOTAL									