

Data Sheet

USAID Mission:	Kenya
Program Title:	HIV/AIDS, Population, and Health
Pillar:	Global Health
Strategic Objective:	615-003
Proposed FY 2004 Obligation:	\$34,100,000 CSH
Prior Year Unobligated:	\$1,000,000 ESF
Proposed FY 2005 Obligation:	\$31,962,000 CSH
Year of Initial Obligation:	FY 2001
Year of Final Obligation:	2005

Summary: USAID/Kenya's health program focuses on reducing fertility and the risk of HIV/AIDS through efforts to reform the health care sector, to prevent HIV transmission, to provide care and support for those already infected, and to deliver family planning and child survival services. Being a focus country within the President's Emergency Plan for AIDS Relief (PEPFAR), the country team is planning a major expansion of HIV/AIDS programs, with special attention to care and treatment.

Inputs, Outputs, Activities:

FY 2004 Program:

Implement comprehensive HIV/AIDS program (\$21,500,000 CSH; \$1,000,000 prior year ESF): USAID, along with other USG partners under PEPFAR, is working to reduce all types of HIV transmission, including use of behavior change communications to reduce sexual transmission. USAID will work with local groups, including faith-based organizations, to establish interpersonal and peer counseling programs, communication campaigns, and community theater. In FY 2004, a popular radio soap opera will be restarted. USAID will also work to prevent mother-to-child HIV transmission (PMTCT). Kenya is poised for a rapid expansion of its PMTCT program. USAID and the Centers for Disease Control in Kenya received Presidential Initiative funds to help the Ministry of Health (MOH) scale up PMTCT during the 2003-2004 period. By the end of 2004, the number of health facilities providing PMTCT services will double. USAID, with its USG partners, will continue to expand its care and treatment programs to mitigate the effects of HIV/AIDS. Community-based programs will improve the ability of local communities to carry out home-based care activities for people living with HIV/AIDS and their families. One project, now working through 29 local partners to bring home-based care, ecumenical support, and orphan care to over 7,000 vulnerable households, will expand its activities. Following an assessment in FY 2004, USAID will support several projects to identify and establish sustainable strategies to enable communities to cope with the needs of HIV-positive children and those orphaned by AIDS.

Crosscutting areas supported by USAID, within the context of PEPFAR, will include voluntary counseling and testing (VCT) and the distribution of products and health messages. Many of the 58 VCT sites USAID has established will be "graduated" in FY 2004. USAID will also use \$1,000,000 in prior year ESF funds to increase the number of VCT centers in strategic locations. USAID's program will encourage abstinence, a reduction in the number of sex partners and a reduction in stigma, as well as promote condom use among those who are already sexually active. Principal HIV/AIDS contractors, grantees, and agencies include: Children of God Relief Institute, Engender Health, Family Health International, Futures Group, John Snow, Inc., Macro International, Marquette University, Pathfinder International, and PSI. Subs include: Kenya AIDS NGO Consortium, Kenya Girl Guides, MAP International, PATH, and the Society for Women and AIDS in Kenya.

Improve reproductive health services (\$8,900,000 CSH): USAID will continue to support public and private sector reproductive health activities. One project will continue to work in 96 health facilities (80% MOH) in 10 districts, increasing the quality of care by training providers and upgrading facilities. The USAID program also increased demand for services and promoted healthier behavior through

community-level interpersonal communications and national-level mass marketing. Within the context of PEPFAR, activities to prevent MTCT will be integrated into this and other projects. An analysis of the 2003 DHS will identify why family planning acceptance has plateaued and develop programs to improve it. Principal contractors, grantees, and agencies include: Engender Health, Family Health International, Futures Group, John Snow, Inc., Macro International, PSI, and the University of North Carolina. Subs include: Aga Khan Health Services, PATH, and the University of Nairobi.

Reduce the impact of infectious diseases (\$2,700,000 CSH): In collaboration with DFID, USAID's distribution program for insecticide treated bednets will expand in FY 2004. USAID will also work with the national malaria control program to improve policy implementation. A new project to continue malaria activities in Bungoma district will begin late in FY 2004. USAID will continue to support the national TB program, especially in urban areas. It will further increase the number of diagnostic centers and integrate TB into VCT sites. Principal contractors, grantees, and agencies include: CDC, Engender Health, Futures Group, John Snow, Inc., JHPIEGO, and PSI.

Assist in national health sector reform (\$1,000,000 CSH): USAID is working with the MOH on national health sector reform and improving health sector financing and sustainability. USAID will assist the MOH to increase its cost-sharing revenue in major public sector facilities by improving its capacity to monitor and supervise the program and by establishing a financial information system. In FY 2004 USAID will help the MOH analyze its National Health Accounts survey to identify financial constraints and develop strategies to overcome these. Principal contractors, grantees, and agencies include: Abt Associates, John Snow, Inc. and the Futures Group.

FY 2005 Program:

Kenya is a focus country under the President's Emergency Plan for AIDS Relief. Additional funding from the Global HIV/AIDS Initiative account is anticipated for both FY 2004 and FY 2005.

Implement comprehensive HIV/AIDS program (\$21,500,000 CSH). In support of PEPFAR, the program will provide training to health workers and home-based caregivers who will be providing treatment, including antiretrovirals. It will also include prevention activities targeted at young people, further scaling up activities preventing mother-to-child HIV transmission, and improving the quality of VCT services, integrating TB services as appropriate. These activities will be intensified and scaled up in new geographic areas, in coordination with other USG agencies. Implementers are the same as FY 2004.

Improve reproductive health services (\$6,306,000 CSH). Additional reproductive health resources will allow USAID to improve the supply of reproductive health services in target areas and at the national level, and to further improve national systems for planning, budgeting, and distributing essential commodities. Implementers are the same as FY 2004.

Reduce the impact of infectious diseases (\$2,500,000 CSH). USAID funds will be used to further expand the bednet program, support the national malaria program, implement the new malaria prevention and treatment project in Bungoma district, and implement the new urban TB strategy. Implementers are the same as FY 2004.

Assist in national health sector reform (\$1,656,000 CSH). USAID will improve the skills of district health management teams, help develop national health insurance program, and promote the health sector reform process. USAID will continue to strengthen health systems, the Kenya Medical Stores Agency, and assist the GOK in planning a national social health insurance program. USAID will support the creation of a health Geographic Information System (GIS) database, in collaboration with the Ministries of Planning and Health. Implementers are the same as FY 2004.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

Performance and Results: Provisional data from the 2003 DHS indicate that sexual activity by unmarried women and men has decreased in the past five years. Sales of socially marketed condoms,

focusing on those who are among the most at risk groups, increased by 12%, consistent with FY 2003 objectives. Lives have been saved due to the new blood transfusion centers. Cost sharing revenue collected by major public sector facilities increased by 25% in FY 2003, greatly exceeding the annual target and providing a small but important addition to facility budgets.

US Financing in Thousands of Dollars

Kenya

615-003 HIV/AIDS, Population, and Health	CSH	DA	DFA	ESF
Through September 30, 2002				
Obligations	71,936	20,507	49,865	0
Expenditures	42,607	17,545	49,863	0
Unliquidated	29,329	2,962	2	0
Fiscal Year 2003				
Obligations	36,516	0	0	0
Expenditures	26,538	2,216	-55	0
Through September 30, 2003				
Obligations	108,452	20,507	49,865	0
Expenditures	69,145	19,761	49,808	0
Unliquidated	39,307	746	57	0
Prior Year Unobligated Funds				
Obligations	0	0	0	1,000
Planned Fiscal Year 2004 NOA				
Obligations	34,100	0	0	0
Total Planned Fiscal Year 2004				
Obligations	34,100	0	0	1,000
Proposed Fiscal Year 2005 NOA				
Obligations	31,962	0	0	0
Future Obligations	0	0	0	0
Est. Total Cost	174,514	20,507	49,865	1,000