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2009

Kenya

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Kenya COP 2009 Executive Summary.doc	application/msword	11/13/2008		VChao

Country Program Strategic Overview

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

Yes No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Kenya COP 2009 - Ambassador's Letter.pdf	application/pdf	11/14/2008		VChao

Country Contacts

Contact Type	First Name	Last Name	Title	Email
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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$350000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	929,678			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	1,200,530	0	1,200,530
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	80,339	0	80,339
Care (1)				
End of Plan Goal	1,250,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	632,800	30,000	662,800
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	60,000	0	60,000
8.1 - Number of OVC served by OVC programs	0	442,500	0	442,500
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	2,779,000	0	2,779,000
Treatment				
End of Plan Goal	250,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	240,000	10,000	250,000
Human Resources for Health				
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	3,000	0	3,000

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,300,000	0	1,300,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	87,316	0	87,316
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	739,400	30,000	769,400
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	64,400	0	64,400
8.1 - Number of OVC served by OVC programs	559,950	0	559,950
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,144,100	0	3,144,100
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	300,000	10,000	310,000
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	3,500	0	3,500

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ART Training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 285.09
System ID: 9081
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: ARV Resistance Surveillance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7532.09
System ID: 9025
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Gucha

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10293.09
System ID: 10293
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Health Policy Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 342.09
System ID: 9015
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Sub-Partner: National AIDS Control Council, Kenya

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Mechanism Name: Home Based Testing Nairobi

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9943.09
System ID: 9943
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Infant and Young Child Nutrition

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10290.09
System ID: 10290
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Injection Safety FOA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11948.09
System ID: 11948
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Laboratory Training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10243.09
System ID: 10243
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Logistics and Commodity Management

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10245.09
System ID: 10245
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Men as Partners

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10292.09
System ID: 10292
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Partnership for an HIV-Free Generation (CDC)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7831.09
System ID: 9014
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Phones for Health

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7286.09
System ID: 9022
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Provider Initiated Testing and Counseling

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9942.09
System ID: 9942
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: PS-09-965 - Lab FOA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12233.09
System ID: 12233
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: PS-09-990 - SI FOA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12232.09
System ID: 12232
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Quality Assurance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10244.09
System ID: 10244
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TB Training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7531.09
System ID: 9024
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Track 1 OVC Field Support

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10491.09
System ID: 10491
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Umbrella

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9711.09
System ID: 9711
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Water Sanitation and Hygiene Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9453.09
System ID: 9453
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Women's Property and Inheritance Rights

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12234.09
System ID: 12234
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Kenya Pharma Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3618.09
System ID: 9033
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Lab Renovations

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7455.09
System ID: 9027
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: National Medical Supplies Agency

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1242.09
System ID: 9005
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: OVC Scholarship Fund

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5003.09
System ID: 8961
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Palliative care training

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3676.09
System ID: 8996
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Partnership for an HIV-Free Generation (USAID)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7858.09
System ID: 9030
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1474.09
System ID: 9034
Planned Funding(\$): \$600,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: FANTA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7444.09
System ID: 9035
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Capable Partners

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 441.09
System ID: 9037
Planned Funding(\$): \$9,391,609
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Africa Focus
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Beacon of Hope
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Church World Service, Inc.
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Neighbors in Action - Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ripples International
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: St. Camillus Dala Kiye Children Welfare Home
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Tropical Institute of Community Health and Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Makindu Children's Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Handicap International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing
Sub-Partner: Nazareth Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: ACE Communications
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: Kenya HIV/AIDS Private Sector Business Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Kenya Network of Women with AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Community Research in Environment and Development Initiatives

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Rural AIDS Prevention and Development Organization

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Child Welfare Society of Kenya

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Franciscan Sisters of the Immaculate Conception

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Twana Twitu

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Wema Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Health Education Africa Resource Team

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Community Development Action

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Table 3.1: Funding Mechanisms and Source

Sub-Partner: HelpAge International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: St. Mary's Medical Center, Kapsoya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Wajir South Development Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Hope Worldwide
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Asumbi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Reachout
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Impact Research and Development Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: South Kabura CBR Self Help Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: Kanyipir Community Development Project
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Mayo Self Help Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Jiu Pachi HIV/AIDS Support Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Kazi Ngumu Women Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Kanyamwa Advocacy for HIV/AIDS II
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Orongo Widows & Orphans Support Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Nyamaji West Health Development Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Nutrition and HIV/AIDS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1125.09
System ID: 9032
Planned Funding(\$): \$3,750,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: TEPD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7445.09
System ID: 9036
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3706.09
System ID: 9038
Planned Funding(\$): \$913,332
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Adventist Development & Relief Agency
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 295.09
System ID: 9039
Planned Funding(\$): \$1,680,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: African Medical and Research Foundation
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1461.09
System ID: 9040
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: American Association of Blood Banks
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10131.09
System ID: 10131
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Association of Blood Banks
New Partner: No

Mechanism Name: Twinning Center

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3482.09
System ID: 9042
Planned Funding(\$): \$775,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3483.09
System ID: 9043
Planned Funding(\$): \$460,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1324.09
System ID: 9044
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: Emory University

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3696.09
System ID: 9045
Planned Funding(\$): \$735,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Schools of Public Health
New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3725.09
System ID: 9046
Planned Funding(\$): \$992,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Associazione Volontari per il Servizio Internazionale
New Partner: No

Mechanism Name: New Partners Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9248.09
System ID: 9248
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Baptist AIDS Response Agency, Kenya
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3726.09
System ID: 9047
Planned Funding(\$): \$444,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: CARE International
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 368.09
System ID: 9048
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: CARE International
New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3730.09
System ID: 9049
Planned Funding(\$): \$5,851,680
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4685.09
System ID: 9050
Planned Funding(\$): \$489,455
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9080.09
System ID: 9080
Planned Funding(\$): \$15,980,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: Umbrella

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7441.09
System ID: 9021
Planned Funding(\$): \$1,798,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 369.09
System ID: 9053
Planned Funding(\$): \$750,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Centre for British Teachers
New Partner: No

Mechanism Name: Lea Toto

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3543.09
System ID: 9054
Planned Funding(\$): \$2,250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Children of God Relief Institute
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Community-based Care of OVC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3811.09
System ID: 9055
Planned Funding(\$): \$167,342
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Christian Aid
New Partner: No

Mechanism Name: Weaving the Safety Net

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3733.09
System ID: 9056
Planned Funding(\$): \$363,323
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Christian Children's Fund, Inc
New Partner: No

Sub-Partner: Kenya Rural Enterprise Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: New Partners Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7792.09
System ID: 9057
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Christian Reformed World Relief Committee
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1432.09
System ID: 9058
Planned Funding(\$): \$4,554,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Mechanism Name: Central Province

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3672.09
System ID: 9059
Planned Funding(\$): \$2,600,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Mechanism Name: Eastern Province

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4925.09
System ID: 9060
Planned Funding(\$): \$2,400,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Mechanism Name: Nyanza Province

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8673.09
System ID: 9009
Planned Funding(\$): \$5,000,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10250.09
System ID: 10250
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Danya International, Inc
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 282.09
System ID: 9062
Planned Funding(\$): \$6,910,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Eastern Deanery AIDS Relief Program
New Partner: No

Mechanism Name: Umbrella

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12230.09
System ID: 12230
Planned Funding(\$): \$1,772,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: APHIA II - Nyanza

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4915.09
System ID: 9063
Planned Funding(\$): \$18,030,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Engender Health
New Partner: No

Sub-Partner: Academy for Educational Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Christian Health Association of Kenya

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Program for Appropriate Technology in Health

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Inter Diocesan Christian Community Services

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Ogra Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Omega Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: WIFIP Education and Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Contraceptive Research Technology and Utilization

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3575.09
System ID: 9064
Planned Funding(\$): \$744,340
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: I Choose Life
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Kenyatta University
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Mechanism Name: APHIA II - Coast

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4913.09
System ID: 9067
Planned Funding(\$): \$18,159,082
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Voi Youth Forum
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support

Sub-Partner: Kenya Girl Guides Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Kenya AIDS NGO Consortium
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Africa Medical Research Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Kenya Police
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Malindi Educational Development Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Solidarity with Women in Distress
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Strengthening Community Partnership and Empowerment
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: International Centre for Reproductive Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Ministry of Health - Coast, Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: PharmAccess
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: Pathfinder International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: National Empowerment Network of people living with HIV/AIDS

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Moving the Goal Posts

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: I Choose Life

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Kenya Wildlife Service

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Social Impact

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Catholic Relief Services

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Cooperative League of the USA

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: JHPIEGO
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: National Organization of Peer Educators
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Mechanism Name: APHIA II - Rift Valley

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4916.09
System ID: 9066
Planned Funding(\$): \$18,759,910
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Catholic Relief Services
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: JHPIEGO
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVCT - Prevention: Counseling and Testing

Sub-Partner: National Organization of Peer Educators
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: World Vision Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Social Impact
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: National Empowerment Network of people living with HIV/AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Samburu AIDS in Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: I Choose Life
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Cooperative League of the USA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Mechanism Name: Gold Star

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3545.09
System ID: 9065
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ROADS Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9716.09
System ID: 9716
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: New Partners Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7794.09
System ID: 9068
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Global Outreach for Addiction Leadership & Learning
New Partner: No

Mechanism Name: Kenya Department of Defense

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1244.09
System ID: 9086
Planned Funding(\$): \$2,091,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.
New Partner: No

Mechanism Name: South Rift Valley

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3476.09
System ID: 9130
Planned Funding(\$): \$18,593,780
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.
New Partner: No

Sub-Partner: Tenwek Hospital
Planned Funding: \$897,776
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Longisa District Hospital

Planned Funding: \$489,473

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Africa Inland Church Litein Hospital

Planned Funding: \$1,394,757

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Kapkatet District Hospital

Planned Funding: \$886,048

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Kericho District Hospital, Kenya

Planned Funding: \$2,084,489

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: James Finlay (K) Ltd.

Planned Funding: \$606,029

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Unilever Tea Kenya

Planned Funding: \$459,846

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Londiani Sub-District Hospital

Planned Funding: \$1,032,781

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing
Sub-Partner: Kapsabet District Hospital
Planned Funding: \$1,109,969
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing
Sub-Partner: Nandi Hills District Hospital
Planned Funding: \$838,214
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing
Sub-Partner: Live With Hope Centre
Planned Funding: \$620,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Kilgoris District Hospital
Planned Funding: \$684,345
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing
Sub-Partner: I Choose Life
Planned Funding: \$210,033
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing
Sub-Partner: Kericho Youth Centre
Planned Funding: \$340,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing
Sub-Partner: Samoei Community Development Programme
Planned Funding: \$250,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: ANCHOR

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3727.09
System ID: 9069
Planned Funding(\$): \$642,265
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 375.09
System ID: 9070
Planned Funding(\$): \$1,601,929
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 692.09
System ID: 9072
Planned Funding(\$): \$7,355,560
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Impact Research and Development Organization
New Partner: No

Mechanism Name: USAID-AMPATH Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 521.09
System ID: 9073
Planned Funding(\$): \$16,944,543
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Indiana University
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 443.09
System ID: 9074
Planned Funding(\$): \$1,047,959
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Institute of Tropical Medicine
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 662.09
System ID: 9075
Planned Funding(\$): \$2,005,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: International Medical Corps
New Partner: No

Mechanism Name: Prisons Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5093.09
System ID: 9097
Planned Funding(\$): \$1,705,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: International Medical Corps
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 305.09
System ID: 9076
Planned Funding(\$): \$1,627,532
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: International Rescue Committee
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Electronic Medical Records

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8138.09
System ID: 9008
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: International Training and Education Centre for HIV
New Partner: No

Mechanism Name: Voices in Health

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 353.09
System ID: 9077
Planned Funding(\$): \$1,565,079
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Internews
New Partner: No

Mechanism Name: Capacity Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2328.09
System ID: 9078
Planned Funding(\$): \$8,065,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Sub-Partner: Deloitte Touche Tohmatsu
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Interchurch Medical Assistance
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: JHPIEGO
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Sub-Partner: Africa Medical Research Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Kenya Medical Training College

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Liverpool Associates in Tropical Health

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Management Sciences for Health

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Program for Appropriate Technology in Health

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Training Resources Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Mechanism Name: ACCESS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3478.09

System ID: 9087

Planned Funding(\$): \$2,080,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: JHPIEGO

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: APHIA II - Eastern

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4914.09

System ID: 9088

Planned Funding(\$): \$14,446,310

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: JHPIEGO

New Partner: No

Sub-Partner: Pepo la Tumaini

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Ripples International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Cooperative League of the USA

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Hope World Wide - Kenya

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Tumaini Awareness Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Elizabeth Glaser Pediatric AIDS Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Liverpool VCT and Care

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Program for Appropriate Technology in Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: African Medical and Research Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Family Health International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: Making Medical Injections Safer

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1499.09
System ID: 9091
Planned Funding(\$): \$693,516
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Making Medical Injections Safer

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10253.09
System ID: 10253
Planned Funding(\$): \$380,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 323.09
System ID: 9092
Planned Funding(\$): \$1,230,325
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Kenya AIDS NGO Consortium
New Partner: No

Sub-Partner: Kibera Community Self Help Programme
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: National Organization for Peer Educators, Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7449.09
System ID: 9094
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Kenya Institute of Education
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 210.09
System ID: 9095
Planned Funding(\$): \$17,606,123
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Kenya Medical Research Institute
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: FAHIDA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3615.09
System ID: 9004
Planned Funding(\$): \$1,100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Kenya Rural Enterprise Program
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8680.09
System ID: 8999
Planned Funding(\$): \$1,900,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: KNCV TB Foundation
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 238.09
System ID: 9000
Planned Funding(\$): \$635,715
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Live With Hope Centre
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 360.09
System ID: 9001
Planned Funding(\$): \$3,970,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Liverpool VCT and Care
New Partner: No

Sub-Partner: World Provision Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Sub-Partner: Osiligi VCT Centre, Ngong

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: Pepo la Tumaini

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: ARC Tivoli

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Mechanism Name: APHIA II Evaluation

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 147.09

System ID: 8941

Planned Funding(\$): \$2,200,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Macro International

New Partner: No

Mechanism Name: Measure III DHS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7888.09

System ID: 8997

Planned Funding(\$): \$1,350,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Macro International

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Leadership, Management, and Sustainability

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7448.09
System ID: 8998
Planned Funding(\$): \$1,850,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Sub-Partner: Eastern & Southern Management Institute
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Adventist Development & Relief Agency
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: SPS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 390.09
System ID: 8995
Planned Funding(\$): \$3,370,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: New Partners Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9829.09
System ID: 9829
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Matibabu Foundation
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11532.09
System ID: 11532
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Mildmay International
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9706.09
System ID: 9706
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Mothers 2 Mothers
New Partner: No

Mechanism Name: New Partners Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9707.09
System ID: 9707
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Mothers 2 Mothers
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3465.09
System ID: 8994
Planned Funding(\$): \$7,498,177
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National AIDS & STD Control Program
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1457.09
System ID: 8991
Planned Funding(\$): \$3,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: National Blood Transfusion Service, Kenya
New Partner: No

Mechanism Name: Donor Notification

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7433.09
System ID: 9019
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Blood Transfusion Service, Kenya
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 296.09
System ID: 8992
Planned Funding(\$): \$1,450,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Network of AIDS Researchers in East and Southern Africa
New Partner: No

Mechanism Name: HIVQUAL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8678.09
System ID: 8989
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: New York AIDS Institute
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 286.09
System ID: 8990
Planned Funding(\$): \$2,490,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: New York University
New Partner: No

Sub-Partner: Bomu Medical Centre, Mombasa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7427.09
System ID: 8986
Planned Funding(\$): \$1,138,750
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4924.09
System ID: 8987
Planned Funding(\$): \$19,048,855
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Sub-Partner: The Fuel Logistics Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: John Snow Research and Training Institute
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Management Sciences for Health

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Voxiva

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: UPS Supply Chain Solutions

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Crown Agents Consultancy, Inc

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 292.09

System ID: 8988

Planned Funding(\$): \$1,500,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Pathfinder International

New Partner: No

Mechanism Name: APHIA II - Central

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4917.09

System ID: 8983

Planned Funding(\$): \$9,948,780

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Pathfinder International

New Partner: No

Sub-Partner: Mugutha Women Group

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Ruiru Baptist Church
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Catholic Medical Mission Board
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: The Integrated AIDS Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: Nairobi Women's Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Federation of Kenya Employers
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Christian Children's Fund, Inc
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Ministry of Health/PMO, Central
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Maragua Positive Voices
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Central Province Police AIDS Control Unit
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Central Province Prisons AIDS Control Unit
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Children & Youth Empowerment Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Riruta Health Project, Kivuli
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Kenya Association of Professional Counselors
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Network of AIDS Researchers in East and Southern Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Malteser International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Population Services International
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: African Wildlife Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Hope World Wide - Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: WEM Integrated Health Services
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Mechanism Name: APHIA II - Nairobi

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9247.09
System ID: 9247
Planned Funding(\$): \$8,321,280
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pathfinder International
New Partner: No

Sub-Partner: Kenya Association of Professional Counselors
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Network of AIDS Researchers in East and Southern Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Population Services International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Kenya Girl Guides Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: Network of Post AIDS Clubs
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Positive Youth Initiative
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Mathare Youth Sports Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: I Choose Life
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Society for Women and AIDS in Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Kenya Network of Positive Teachers
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Parental Care Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Federation of Kenya Employers

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Riruta Health Project, Kivuli
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Support for Addictions, Prevention, and Treatment Africa Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Ministry of Health/PMO, Nairobi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Community Implementing Initiative
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Kenyatta National Hospital, Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes:
Sub-Partner: University of Nairobi, Institute of Tropical & Infectious Diseases
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: Kenya Network of Women with AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: Gertrude's Garden Children's Hospital
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Kenyatta University
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Redeemed Gospel Church Development Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Catholic Medical Mission Board
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Nairobi Women's Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Christian Children's Fund, Inc
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Malteser International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Mechanism Name: APHIA II - North Eastern

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4919.09
System ID: 8984
Planned Funding(\$): \$4,567,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pathfinder International
New Partner: No

Sub-Partner: IntraHealth International, Inc
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Management Sciences for Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Family Programs Promotion Services
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Network of AIDS Researchers in East and Southern Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Mechanism Name: Breaking Barriers

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3724.09
System ID: 8985
Planned Funding(\$): \$1,155,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: PLAN International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 448.09
System ID: 8982
Planned Funding(\$): \$1,622,401
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Population Council
New Partner: No

Mechanism Name: APHIA II OR

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 384.09
System ID: 8981
Planned Funding(\$): \$700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Council
New Partner: No

Sub-Partner: Program for Appropriate Technology in Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Mechanism Name: Horizons

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 182.09
System ID: 8980
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Council
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: BRIDGE Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 341.09
System ID: 8964
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Reference Bureau
New Partner: No

Sub-Partner: National Coordinating Agency for Population and Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: APHIA II - Health Communication & Marketing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3588.09
System ID: 8965
Planned Funding(\$): \$12,882,560
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: Scouting Solutions

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3734.09
System ID: 8962
Planned Funding(\$): \$737,054
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Uniformed Services Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1246.09
System ID: 9096
Planned Funding(\$): \$2,139,685
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Mechanism Name: APHIA II - Western

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4918.09
System ID: 8958
Planned Funding(\$): \$16,665,850
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Sub-Partner: World Vision Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Elizabeth Glaser Pediatric AIDS Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Society for Women and AIDS in Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: JHPIEGO
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Kabras Jua Kali Association
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Rural Education & Economic Enhancement Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Kima Integrated Community Based Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Cooperative League of the USA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support

Sub-Partner: Broadreach
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment

Mechanism Name: Infant and Young Children Nutrition

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7880.09
System ID: 8959
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4061.09
System ID: 8960
Planned Funding(\$): \$8,388,852
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3826.09
System ID: 8956
Planned Funding(\$): \$133,300
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Salesian Mission
New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3707.09
System ID: 8957
Planned Funding(\$): \$960,983
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Samaritan's Purse
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 393.09
System ID: 8954
Planned Funding(\$): \$160,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Samoei Community Development Programme
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: National M&E Support Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7456.09
System ID: 9028
Planned Funding(\$): \$1,834,457
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: SCI Koimburi Tucker and Company
New Partner: No

Mechanism Name: Child and Family Wellness Shops

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4930.09
System ID: 8942
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Sustainable Health Enterprise Foundation
New Partner: No

Mechanism Name: New Partners Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9809.09
System ID: 9809
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Tearfund
New Partner: Yes

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4154.09
System ID: 8944
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9776.09
System ID: 9776
Planned Funding(\$): \$1,049,209
Procurement/Assistance Instrument: Grant
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)
Prime Partner: United Nations High Commissioner for Refugees
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 288.09
System ID: 8946
Planned Funding(\$): \$7,800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of California at San Francisco
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 287.09
System ID: 8947
Planned Funding(\$): \$2,945,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Manitoba
New Partner: No

Mechanism Name: Department of Obstetrics and Gynecology

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 303.09
System ID: 8940
Planned Funding(\$): \$1,410,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Nairobi
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Department of Pediatrics

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 217.09
System ID: 8939
Planned Funding(\$): \$2,810,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Nairobi
New Partner: No

Mechanism Name: HIV Fellowships

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7533.09
System ID: 9026
Planned Funding(\$): \$1,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Nairobi
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 483.09
System ID: 8935
Planned Funding(\$): \$4,614,213
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: Coptic Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Health Care Improvement Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10302.09
System ID: 10302
Planned Funding(\$): \$125,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1504.09
System ID: 8936
Planned Funding(\$): \$8,772,454
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: IRM Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7938.09
System ID: 8937
Planned Funding(\$): \$362,800
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4076.09
System ID: 9083
Planned Funding(\$): \$7,064,443
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Atlanta-assessed Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7933.09
System ID: 9084
Planned Funding(\$): \$2,138,280
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1501.09
System ID: 8926
Planned Funding(\$): \$7,559,280
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Atlanta-assessed Charges

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7934.09
System ID: 9085
Planned Funding(\$): \$561,720
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1503.09
System ID: 8927
Planned Funding(\$): \$1,441,172
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10682.09
System ID: 10682
Planned Funding(\$): \$225,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)
Prime Partner: US Department of Health and Human Services
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4112.09
System ID: 8928
Planned Funding(\$): \$50,905
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: CSCS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7932.09
System ID: 8933
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10680.09
System ID: 10680
Planned Funding(\$): \$128,920
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7935.09
System ID: 8929
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7937.09
System ID: 8930
Planned Funding(\$): \$1,224,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS Charges

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7931.09
System ID: 8932
Planned Funding(\$): \$950,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Community Grants Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4955.09
System ID: 8934
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 247.09
System ID: 8922
Planned Funding(\$): \$290,600
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3729.09
System ID: 8923
Planned Funding(\$): \$825,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: World Concern
New Partner: No

Sub-Partner: World Relief Corporation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Food for the Hungry
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Nazarene Compassionate Ministries
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Christian Reformed World Relief Committee
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3705.09
System ID: 8924
Planned Funding(\$): \$624,104
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: World Relief Corporation
New Partner: No

Sub-Partner: Scripture Union
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Faraja
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Anglican Church of Kenya
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4684.09
System ID: 8925
Planned Funding(\$): \$798,837
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: World Vision International
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	ACE Communications	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Africa Focus	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Asumbi	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Beacon of Hope	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Child Welfare Society of Kenya	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Church World Service, Inc.	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Community Development Action	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Community Research in Environment and Development Initiatives	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Franciscan Sisters of the Immaculate Conception	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Handicap International	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Health Education Africa Resource Team	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	HelpAge International	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Hope Worldwide	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Impact Research and Development Organization	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Jiu Pachi HIV/AIDS Support Group	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Kanyamwa Advocacy for HIV/AIDS II	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Kanyipir Community Development Project	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Kazi Ngumu Women Group	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Kenya HIV/AIDS Private Sector Business Council	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Kenya Network of Women with AIDS	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Makindu Children's Centre	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Mayo Self Help Group	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Nazareth Hospital	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Neighbors in Action - Kenya	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Nyamaji West Health Development Project	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Orongo Widows & Orphans Support Group	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Reachout	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Ripples International	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Rural AIDS Prevention and Development Organization	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	South Kabura CBR Self Help Group	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	St. Camillus Dala Kiye Children Welfare Home	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	St. Mary's Medical Center, Kapsoya	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Tropical Institute of Community Health and Development	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Twana Twitu	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Wajir South Development Association	N	\$0
441.09	9037	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Wema Centre	N	\$0
3733.09	9056	Christian Children's Fund, Inc	U.S. Agency for International Development	Central GHCS (State)	Kenya Rural Enterprise Program	N	\$0
4915.09	9063	Engender Health	U.S. Agency for International Development	GHCS (State)	Academy for Educational Development	N	\$0
4915.09	9063	Engender Health	U.S. Agency for International Development	GHCS (State)	Christian Health Association of Kenya	N	\$0
4915.09	9063	Engender Health	U.S. Agency for International Development	GHCS (State)	Inter Diocesan Christian Community Services	N	\$0
4915.09	9063	Engender Health	U.S. Agency for International Development	GHCS (State)	Ogra Foundation	N	\$0
4915.09	9063	Engender Health	U.S. Agency for International Development	GHCS (State)	Omega Foundation	N	\$0
4915.09	9063	Engender Health	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	N	\$0
4915.09	9063	Engender Health	U.S. Agency for International Development	GHCS (State)	WIFIP Education and Development	N	\$0
3575.09	9064	Family Health International	U.S. Agency for International Development	GHCS (State)	I Choose Life	N	\$0
3575.09	9064	Family Health International	U.S. Agency for International Development	GHCS (State)	Kenyatta University	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Africa Medical Research Foundation	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Cooperative League of the USA	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	I Choose Life	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	International Centre for Reproductive Health	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	JHPIEGO	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Kenya AIDS NGO Consortium	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Kenya Girl Guides Association	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Kenya Police	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Kenya Wildlife Service	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Malindi Educational Development Association	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Ministry of Health - Coast, Kenya	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Moving the Goal Posts	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	National Empowerment Network of people living with HIV/AIDS	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	National Organization of Peer Educators	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Pathfinder International	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	PharmAccess	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Social Impact	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Solidarity with Women in Distress	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Strengthening Community Partnership and Empowerment	N	\$0
4913.09	9067	Family Health International	U.S. Agency for International Development	GHCS (State)	Voi Youth Forum	N	\$0
4916.09	9066	Family Health International	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	\$0
4916.09	9066	Family Health International	U.S. Agency for International Development	GHCS (State)	Cooperative League of the USA	N	\$0
4916.09	9066	Family Health International	U.S. Agency for International Development	GHCS (State)	I Choose Life	N	\$0
4916.09	9066	Family Health International	U.S. Agency for International Development	GHCS (State)	JHPIEGO	N	\$0
4916.09	9066	Family Health International	U.S. Agency for International Development	GHCS (State)	National Empowerment Network of people living with HIV/AIDS	N	\$0
4916.09	9066	Family Health International	U.S. Agency for International Development	GHCS (State)	National Organization of Peer Educators	N	\$0
4916.09	9066	Family Health International	U.S. Agency for International Development	GHCS (State)	Samburu AIDS in Africa	N	\$0
4916.09	9066	Family Health International	U.S. Agency for International Development	GHCS (State)	Social Impact	N	\$0
4916.09	9066	Family Health International	U.S. Agency for International Development	GHCS (State)	World Vision Kenya	N	\$0
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Africa Inland Church Litein Hospital	N	\$1,394,757
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	I Choose Life	N	\$210,033
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	James Finlay (K) Ltd.	N	\$606,029
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Kapkatet District Hospital	N	\$886,048
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Kapsabet District Hospital	N	\$1,109,969
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Kericho District Hospital, Kenya	N	\$2,084,489
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Kericho Youth Centre	N	\$340,000
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Kilgoris District Hospital	N	\$684,345
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Live With Hope Centre	N	\$620,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Londiani Sub-District Hospital	N	\$1,032,781
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Longisa District Hospital	N	\$489,473
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Nandi Hills District Hospital	N	\$838,214
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Samoei Community Development Programme	N	\$250,000
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Tenwek Hospital	N	\$897,776
3476.09	9130	Henry M. Jackson Foundation Medical Research International, Inc.	Department of Defense	GHCS (State)	Unilever Tea Kenya	N	\$459,846
2328.09	9078	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Africa Medical Research Foundation	N	\$0
2328.09	9078	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Deloitte Touche Tohmatsu	N	\$0
2328.09	9078	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Interchurch Medical Assistance	N	\$0
2328.09	9078	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	JHPIEGO	N	\$0
2328.09	9078	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Kenya Medical Training College	N	\$0
2328.09	9078	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Liverpool Associates in Tropical Health	N	\$0
2328.09	9078	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	N	\$0
2328.09	9078	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	N	\$0
2328.09	9078	IntraHealth International, Inc	U.S. Agency for International Development	GHCS (State)	Training Resources Group	N	\$0
4914.09	9088	JHPIEGO	U.S. Agency for International Development	GHCS (State)	African Medical and Research Foundation	N	\$0
4914.09	9088	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Cooperative League of the USA	N	\$0
4914.09	9088	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Elizabeth Glaser Pediatric AIDS Foundation	N	\$0
4914.09	9088	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Family Health International	N	\$0
4914.09	9088	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Hope World Wide - Kenya	N	\$0
4914.09	9088	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Liverpool VCT and Care	N	\$0
4914.09	9088	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Pepo la Tumaini	N	\$0
4914.09	9088	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	N	\$0
4914.09	9088	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Ripples International	N	\$0
4914.09	9088	JHPIEGO	U.S. Agency for International Development	GHCS (State)	Tumaini Awareness Group	N	\$0
323.09	9092	Kenya AIDS NGO Consortium	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kibera Community Self Help Programme	N	\$0
323.09	9092	Kenya AIDS NGO Consortium	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Organization for Peer Educators, Kenya	N	\$0
360.09	9001	Liverpool VCT and Care	HHS/Centers for Disease Control & Prevention	GHCS (State)	ARC Tivoli	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
360.09	9001	Liverpool VCT and Care	HHS/Centers for Disease Control & Prevention	GHCS (State)	Osiligi VCT Centre, Ngong	N	\$0
360.09	9001	Liverpool VCT and Care	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pepo la Tumaini	N	\$0
360.09	9001	Liverpool VCT and Care	HHS/Centers for Disease Control & Prevention	GHCS (State)	World Provision Centre	N	\$0
7448.09	8998	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Adventist Development & Relief Agency	N	\$0
7448.09	8998	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Eastern & Southern Management Institute	N	\$0
286.09	8990	New York University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bomu Medical Centre, Mombasa	N	\$0
4924.09	8987	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Crown Agents Consultancy, Inc	N	\$0
4924.09	8987	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	John Snow Research and Training Institute	N	\$0
4924.09	8987	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	N	\$0
4924.09	8987	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	The Fuel Logistics Group	N	\$0
4924.09	8987	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	UPS Supply Chain Solutions	N	\$0
4924.09	8987	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	Voxiva	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	African Wildlife Foundation	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Catholic Medical Mission Board	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Central Province Police AIDS Control Unit	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Central Province Prisons AIDS Control Unit	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Children & Youth Empowerment Centre	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Christian Children's Fund, Inc	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Federation of Kenya Employers	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Hope World Wide - Kenya	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Kenya Association of Professional Counselors	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Malteser International	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Maragua Positive Voices	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Ministry of Health/PMO, Central	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Mugutha Women Group	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Nairobi Women's Hospital	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Network of AIDS Researchers in East and Southern Africa	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Population Services International	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Riruta Health Project, Kivuli	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Ruiru Baptist Church	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	The Integrated AIDS Program	N	\$0
4917.09	8983	Pathfinder International	U.S. Agency for International Development	GHCS (State)	WEM Integrated Health Services	N	\$0
4919.09	8984	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Family Programs Promotion Services	N	\$0
4919.09	8984	Pathfinder International	U.S. Agency for International Development	GHCS (State)	IntraHealth International, Inc	N	\$0
4919.09	8984	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	N	\$0
4919.09	8984	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Network of AIDS Researchers in East and Southern Africa	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Catholic Medical Mission Board	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Christian Children's Fund, Inc	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Community Implementing Initiative	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Federation of Kenya Employers	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Gertrude's Garden Children's Hospital	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	I Choose Life	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Kenya Association of Professional Counselors	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Kenya Girl Guides Association	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Kenya Network of Positive Teachers	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Kenya Network of Women with AIDS	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Kenyatta National Hospital, Kenya	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Kenyatta University	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Malteser International	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Mathare Youth Sports Association	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Ministry of Health/PMO, Nairobi	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Nairobi Women's Hospital	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Network of AIDS Researchers in East and Southern Africa	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Network of Post AIDS Clubs	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Parental Care Kenya	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Population Services International	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Positive Youth Initiative	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Redeemed Gospel Church Development Program	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Riruta Health Project, Kivuli	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Kenya	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	Support for Addictions, Prevention, and Treatment Africa Trust	N	\$0
9247.09	9247	Pathfinder International	U.S. Agency for International Development	GHCS (State)	University of Nairobi, Institute of Tropical & Infectious Diseases	N	\$0
384.09	8981	Population Council	U.S. Agency for International Development	GHCS (State)	Program for Appropriate Technology in Health	N	\$0
341.09	8964	Population Reference Bureau	U.S. Agency for International Development	GHCS (State)	National Coordinating Agency for Population and Development	N	\$0
3588.09	8965	Population Services International	U.S. Agency for International Development	GHCS (State)	JHPIEGO	N	\$0
4918.09	8958	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Broadreach	N	\$0
4918.09	8958	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Cooperative League of the USA	N	\$0
4918.09	8958	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Elizabeth Glaser Pediatric AIDS Foundation	N	\$0
4918.09	8958	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	JHPIEGO	N	\$0
4918.09	8958	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Kabras Jua Kali Association	N	\$0
4918.09	8958	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Kima Integrated Community Based Program	N	\$0
4918.09	8958	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Rural Education & Economic Enhancement Program	N	\$0
4918.09	8958	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Kenya	N	\$0
4918.09	8958	Program for Appropriate Technology in Health	U.S. Agency for International Development	GHCS (State)	World Vision Kenya	N	\$0
342.09	9015	To Be Determined	U.S. Agency for International Development	GHCS (State)	National AIDS Control Council, Kenya	N	■
483.09	8935	University of Washington	HHS/Centers for Disease Control & Prevention	GHCS (State)	Coptic Hospital	N	\$0
3729.09	8923	World Concern	U.S. Agency for International Development	Central GHCS (State)	Christian Reformed World Relief Committee	N	\$0
3729.09	8923	World Concern	U.S. Agency for International Development	Central GHCS (State)	Food for the Hungry	N	\$0
3729.09	8923	World Concern	U.S. Agency for International Development	Central GHCS (State)	Nazarene Compassionate Ministries	N	\$0
3729.09	8923	World Concern	U.S. Agency for International Development	Central GHCS (State)	World Relief Corporation	N	\$0
3705.09	8924	World Relief Corporation	U.S. Agency for International Development	Central GHCS (State)	Anglican Church of Kenya	N	\$0
3705.09	8924	World Relief Corporation	U.S. Agency for International Development	Central GHCS (State)	Faraja	N	\$0
3705.09	8924	World Relief Corporation	U.S. Agency for International Development	Central GHCS (State)	Scripture Union	N	\$0

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$31,795,000

Program Area Narrative:

Key Result 1: Access to Prevention of Mother-to-Child HIV Transmission (PMTCT) services in 4,000 sites improved by providing a comprehensive package of services, including HIV Counseling and Testing (CT) for 1,300,000 women.

Key Result 2: Quality of PMTCT services increased through supportive supervision, training of 4,700 Health Care Workers (HCW) on Ministry of Health (MoH) guidelines and increased use of more efficacious anti-retroviral (ARV) prophylactic regimens by over 87,315 HIV-positive pregnant women.

Key Result 3: PMTCT services integrated into facilities providing Maternal and Child Health (MCH) services to incorporate primary prevention focused Ante-natal Care (ANC); Family Planning (FP) services; maternal, infant and young child feeding counseling and support; comprehensive child health services; and Early Infant Diagnosis (EID) of HIV.

Key Result 4: Demand for and utilization of PMTCT services, stigma reduction and Psycho-social Support (PSS) increased through community-level and mass media communications, and greater involvement of mothers living with HIV and AIDS through Mentor Mothers (MM), Prevention with Positives (PwP), and male involvement through Men as Partners (MAP) model programs.

Key Result 5: Access to comprehensive HIV/TB care services including CD4 tests by HIV-positive pregnant women and family members improved through decentralization of care and treatment services to MCH clinics and improved referral to existing programs.

CURRENT PROGRAM CONTEXT

PMTCT services in Kenya have been scaled up to a fully-fledged national program PMTCT is a key result area in the 2007-2012 Kenya National HIV/AIDS Strategic Plan (KNASP). Specific targets are to increase access to PMTCT services to 80% of pregnant women attending ANC in Kenya by the end of 2008 with a 50 percent reduction in pediatric HIV infections.

Strategies to be adopted are to (1) strengthen all four PMTCT prongs including primary prevention and linkage to FP; (2) improve the physical and logistical infrastructure to allow the delivery of quality and timely services; (3) build the capacity of service providers through training, support supervision, mentoring, and standards based management and recognition (SBM-R); (4) create demand and increase utilization for PMTCT services using a coherent communication strategy that supports a family approach; (5) strengthen psycho-social support groups (PSG) to help reduce stigma, increase adherence to infant feeding choices and ARV prophylaxis/treatment, encourage post-natal follow up for mothers and infants through greater involvement of HIV-positive mothers (M2M) and PwP at facility and community levels and male involvement through MAP; (6) establish effective commodity management and logistics systems; (7) decentralize HIV care and treatment services through task shifting and functional lab networks; and (8) strengthen PMTCT monitoring and evaluation through use of data as a management, planning, and decision-making tool to assess performance and impact.

It is anticipated that these strategies will result in the implementation of quality universal PMTCT services that are linked to care for HIV-positive women and their families. The Emergency Plan (EP) is a major partner of the Ministries of Public Health and Sanitation and Medical Services (MPHS/MMS) and supports ~90% of PMTCT services delivered in the country.

STATISTICS

It is estimated that there will be 1.5 million pregnancies in Kenya in 2009, and that over 96,300 expectant mothers will be HIV-positive. These estimates are based on population census, fertility rates, and PMTCT program level ANC/maternity HIV prevalence data. In 2009, the EP will support CT for 1,300,000 (87% of those attending ANC) pregnant women and provide a complete course of ARV prophylaxis to 87,315 (91% of those attending ANC) HIV-positive pregnant women in 4,000 facilities (80% of all health facilities in the country). ARV prophylaxis will include more efficacious regimens and ART for eligible women.

Of the targeted 87,315 HIV-positive pregnant women, 30% will receive a minimum of Single-dose Nevirapine (SdNVP), while 50% will receive short course AZT from 28 weeks of pregnancy and SdNVP combination, and 20% will receive ART. All HIV-positive women who receive SdNVP will be given AZT and 3TC combination for one week post-natally to cover the Nevirapine "tail" and to reduce the development of NVP resistance. All exposed babies will receive SdNVP, 3TC for one week and AZT for six weeks. Additionally, 4,000 service providers will be trained to facilitate service provision. EID will be intensified to reach 43,657 (50% of need) HIV-exposed babies with PCR testing. This will increase the number of children accessing early treatment and help to assess the impact of PMTCT interventions. All HIV-positive children below 18 months will be initiated on ART within the MCH settings as soon as they are diagnosed, irrespective of CD4 cell counts and WHO clinical staging.

SERVICES

Routine opt-out rapid testing with same day results is offered in all facilities with PMTCT services, including ANC with referral to Comprehensive Care Clinics (CCC). The majority of women accept CT and receive results immediately. Overall, national coverage of PMTCT services for CT and ARV prophylaxis currently stands at 61% and 58% respectively. Nevirapine tablets are given to all HIV-positive women at first contact to minimize missed opportunities. All HIV-positive women will be staged clinically and immunologically using WHO criteria and CD4 cell count testing respectively. Women in WHO stage 3 & 4 and all those with CD4 cell count less than 350 will be initiated on ART. Those in WHO stage 1 & 2 will be initiated on AZT from 28 weeks gestation. All HIV-positive pregnant women are started on cotrimoxazole (CTX) for OI prophylaxis. All pregnant women are given Malaria Intermittent Presumptive Treatment (IPT) and Insecticide Treated Nets (ITN).

Priority areas in 2009 include provision of a package of services consisting of expanding CT to achieve universal coverage; complete ANC profile, birth planning, and improved obstetric care; HIV clinical and laboratory staging at both ANC and delivery units; ARV and OI prophylaxis; ART for eligible women; facilitating HIV EID; counseling and support on maternal, infant, and young child nutrition; scaling up more efficacious ARV prophylactic regimens; access to HIV care and treatment and TB services for HIV-positive pregnant women, their infants, and family members through decentralization; extending HIV CT services to include couples to reach 260,000 (20%) male partners, Provider Initiated Testing and Counseling (PITC) in FP and Child Welfare Clinics (CWC); and improving access to FP services. Emphasis will be placed on primary prevention for the majority of women identified as HIV-negative through PMTCT programs.

2009 PMTCT targets are based on identified country gaps and regional expected pregnancies based on population census. The PMTCT program HIV prevalence data was used to determine the number of HIV-positive pregnant women to be reached with services and the resources required in each district.

REFERRALS AND LINKAGES

Well integrated and comprehensive HIV care and treatment programs exist. These are health facility driven and have different entry delivery points including PMTCT programs and MCH clinics. All HIV-positive pregnant women will be enrolled into HIV care, and those eligible will initiate ART. The program will support and strengthen functional referral lab networks, decentralization, and task-shifting in initiation and provision of ART within MCH clinics for mothers and their HIV-positive infants in an effort to improve access to HIV care and treatment services including ART. PCR for EID was initiated in 2006 and lab networks have been established to assist in the follow up of HIV-exposed infants. We will enhance greater involvement of people living with HIV and AIDS (GIPA) through facility- and community-based PSG, Mentor Mothers, PwP, and MAP. This will link mothers and their families to palliative care, including TB services and home-based care; ART; PMI malaria prevention activities; FP services; and income generating activities (IGA).

POLICY

The PMTCT, Pediatric and Adult ART Technical Working Groups (TWGs) are active and meet quarterly to address national level activities including policy guidelines, curricula development, and linkages. These TWGs include members from the National AIDS and STI Control Program (NAS COP), Division of Reproductive Health (DRH), Division of Child and Adolescent Health (DCAH), Kenya Medical Supplies Agency (KEMSA), USG, WHO, Clinton Foundation, Global Fund, and other development and implementing partners. To improve quality of PMTCT services, regional partner meetings involving MoH will continue. The USG PMTCT interagency technical team works closely with MPHS/MMS to promote decentralization of HIV services and task-shifting as national priorities.

SUSTAINABILITY

Sustainability will be improved by supporting pre-service training of HCW in HIV prevention, care, and treatment, including PMTCT. Sustainability will also be supported by strengthening systems required for delivery of quality health care services through USG and partner participation in developing MoH Annual Operational Plans (AOP) at district level. In addition, PMTCT would benefit from improvements in overall MCH service uptake for all pregnant women, not only those living with HIV.

Capacity for logistics and commodity management will continue to be strengthened by involving MoH structures in all aspects of forecasting and distribution of commodities. Further integration of PMTCT into existing MCH and maternity services will be continued. MOH capacity for program management and ownership through supportive supervision will be improved through joint USG and MoH field visits as well as standards-based management and recognition. Reporting, data collection, monitoring and evaluation tools, including roll out of the combined mother-baby card will continue jointly with the MoH. Community/government involvement and ownership will be encouraged through active involvement of a broad base of stakeholders including MoH driven regional meetings.

MONITORING AND EVALUATION

In support of the "Three Ones" principle, the TWGs work closely with the USG and MoH SI teams to improve data collection, data analysis, reporting, monitoring, and conducting targeted evaluations that improve PMTCT interventions. In measuring progress and quality, the USG program, in conjunction with MoH, has harmonized and standardized data collection tools and will strengthen use of data for management, planning, and decision-making. Customized country-level indicators have been incorporated into the KePMS. Second generation indicators will be reviewed and adopted where appropriate to further improve M&E for management, planning, and decision-making. Joint participatory and facilitative M&E will continue in the field.

A combined mother-baby card has been developed and will be rolled out nationally to help identify vulnerable HIV-exposed infants so that they can receive essential follow up care. Quality assurance and control for HIV antibody testing will be supported nationally.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

The Government of Kenya (GoK) augments delivery of services at EP-supported sites through provision of qualified health workers, work space infrastructure, commodities, and a supportive policy environment that enhances service delivery.

Development Partners in Health in Kenya work closely with host government counterparts to mobilize and coordinate resources for optimal and efficient utilization. Through UNITAID, the Clinton Foundation supports pediatric HIV EID and ART, which has helped enable significant scale-up of pediatric HIV care and treatment services.

ACHIEVEMENTS AND OUTSTANDING CHALLENGES/GAPS

The PMTCT program has made tremendous progress in scaling up services in every district in the country, including hardest-to-reach populations. The current national ANC HIV prevalence rate from the PMTCT program data is estimated at 6.8%, with urban areas recording higher prevalence rates than rural areas. Since the EP's inception, 2,033,837 pregnant women have had HIV CT, and ARV prophylaxis has been provided to 123,764 HIV-positive women. Over the same time period, nearly 25,000 pediatric infections have been averted.

In just six months between October 1, 2007 and March 31, 2008, PMTCT services were offered in 3,200 facilities and 1,339 HCW were trained. Of the 750,000 pregnant women (and 48,170 HIV-positive women) expected during the period, 427,000 (61%) received HIV CT, and 58% of HIV-positive women (27,986) received ARV prophylaxis. These results were achieved through the complementary efforts of all the implementing partners, each filling a specific niche and enhancing the impact of the national PMTCT program, with the Emergency Plan (EP) contributing to ~90% of the results country-wide.

Although PMTCT service provision coverage has continued to expand, universal coverage remains a challenge. The program is currently reaching more than 80% of all pregnant women accessing MCH clinics with HIV CT services. However, this represents only 61% of all expected pregnancies in the country. An assessment is needed to better understand barriers limiting access to women not yet reached with services. Loss in the PMTCT cascade is still worrisome and demands innovation. Successful referrals and linkages for HIV-positive women and their children remain a challenge. Ensuring access to ART for women and young children identified through the PMTCT program is an outstanding obstacle. Task-shifting and decentralization through policy change will help address this. Logistics to support decentralization and scale-up of more efficacious regimens is a challenge. The PMTCT program will work together with the commodities management team to improve on this.

Despite PCR testing being scaled up, the turn-around time for results remains too long. Infants identified as HIV-negative through PCR at six weeks who are still breastfeeding pose a challenge for health care providers, as well as their mothers, vis-à-vis appropriate messages to support the chosen infant feeding method. The PMTCT program will address this through specific support to both providers and mothers on infant and young child feeding and nutrition, as well as piloting extended HAART to cover the breastfeeding period. The EP will also support scale up of PSG at facility and community level to support adherence. Male involvement remains low (only ~15% in the best performing sites), so this will need to be improved through the MAP program.

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9776.09	Mechanism: N/A
Prime Partner: United Nations High Commissioner for Refugees	USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 17030.19997.09	Planned Funds: \$100,000
Activity System ID: 19997	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Incorporation of the new strategies aimed at increasing male support and participation in PMTCT activities and Mentor Mothers initiative aimed at strengthening psychosocial support as well as other interventions to mothers accessing PMTCT services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. The program will also support capacity building for community Health workers and peer counselors.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is linked to UNHCR VCT Program; UNHCR ABY; UNHCR HBC; UNHCR OVC and UNHCR ARV Services.

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) has been supporting HIV prevention and treatment programs in Dadaab Refugee Camp since 2005 with PEPFAR funds. Dadaab Camp has an estimated population of 173,409 with a 49.5 % female to male ratio. The UNHCR is responsible for the protection of and the provision of assistance to refugees in close coordination and cooperation with other agencies, namely: Government of Kenya, World Food Program, UNICEF, GTZ, CARE Kenya and the National Council of Churches of Kenya (NCCK). There are three refugee camps in Dadaab (Ifo, Dagahaley and Hagadera). These camps cover a total area of 50 square kilometers and are within an 18 km radius of Dadaab Town. Each of these camps has a health facility providing preventive and curative outpatient services as well as inpatient services. The HIV programs include HIV Testing and Counseling services (VCT and PITC), Prevention of Mother to Child Transmission of HIV (PMTCT), Condoms and Other Prevention activities, Abstinence and Being Faithful program (ABY), Home Based Care (HBC), Orphans and Vulnerable Children (OVC) and HIV Care and Treatment services. In FY 2009, UNHCR will continue to support the expansion and consolidation of PMTCT program in the 3 health facilities within the camp as well as the Dadaab Health Centre, and will provide HIV counseling and testing services to 2,000 pregnant women and provide a complete course of ARV prophylaxis to 20 HIV-positive pregnant women. All HIV-positive pregnant women will have WHO clinical staging and CD4 cell count test done to determine the appropriate ARV prophylaxis regimen in line with the National PMTCT guidelines and recommendations. All HIV exposed infants will be given ARV prophylaxis and the program targets to reach all 20 HIV exposed infants. The program will establish mechanisms for follow up and care of the HIV infected-exposed mother infant pairs through the Comprehensive PMTCT framework, as well as strengthening postnatal care services at facility level to include improved access to Family Planning services. The current package of care for the mother includes regular follow up, linkage to family planning services, OI prophylaxis and counseling on correct infant feeding practices; infant additional care activities include OI prophylaxis using Co-trimoxazole starting at six weeks of age, and DBS for HIV-PCR (Early Infant HIV Diagnosis-EID). The program will target 20 HIV exposed infants for DBS, and will work with the HIV/AIDS treatment program to ensure linkage to pediatric HIV treatment and care services for all infants with an HIV +ve PCR test. In order to strengthen HIV prevention, care and treatment services among other family members, the program will establish linkage mechanisms with the other program areas to increase the number of partners accessing HIV testing and counseling services, access to OVC care for all HIV exposed and infected infants and TB screening and linkage to treatment for all HIV infected women and other family members. Other strategies that will be incorporated to strengthen the program are the Prevention with Positives (PwP) to strengthen prevention and Mentor Mothers to ensure support on adherence of interventions e.g correct infant feeding practices to all mothers accessing services in PMTCT program. In 2009 COP the will support the training of 50 service providers on PMTCT including lay counselors and Community Reproductive Health Volunteers. UNHCR will work with its three implementing partners, GTZ, National Council of Churches of Kenya (NCCK), and CARE Kenya's Emergency and Refugee Operations (ERO) in implementation of these activities. UNHCR will work in close collaboration with CDC and other USG agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to PEPFAR goals for primary prevention and care by contributing 0.15% of overall 2008 Emergency Plan targets for Kenya in meeting the health needs of women in this special group (refugee setting).

4. LINKS TO OTHER ACTIVITIES

This activity links to UNHCR activities in HIV ART and care services, Counseling and Testing services, UNHCR OVC. The program will establish clear linkages to ensure that all HIV-positive pregnant women and HIV infected infants' access HIV care and treatment services. The program will also encourage male partner testing and will work with CT services to achieve this objective. Other related activities include Abstinence and /Be Faithful UNHCR. Persons needing care and treatment for opportunistic infections or ART care will be referred to Palliative Care: Basic Health Care and Support and Treatment: ARV Services.

5. POPULATIONS BEING TARGETED

This activity will target children less than five years, adolescents of reproductive age, adults, people living with HIV/AIDS, pregnant women and Refugees/internally displaced persons. The refugee population especially both men and women of reproductive age are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. It will serve rural host communities of the North Eastern Kenya.

6. KEY LEGISLATIVE ISSUES ADDRESSED / EMPHASIS AREAS

The emphasis areas include increasing gender equity in HIV/AIDS programs through provision of HIV counseling and testing services to pregnant women and their partners, in-service training of service

Activity Narrative: providers on PMTCT using the nationally adopted WHO/CDC NASCOP PMTCT National Training Curriculum, as well as wrap around programs in Family Planning, Malaria and Safe Motherhood activities as part of the PMTCT package of care.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17030

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17030	17030.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7009	4921.08		\$100,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$9,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 288.09

Mechanism: N/A

Prime Partner: University of California at San Francisco

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 8653.20006.09

Planned Funds: \$550,000

Activity System ID: 20006

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Reaching Men As Partners by targeting 4,893 spouses of pregnant women
- + Providing Antiretroviral treatment for all infants and young children below 18 months who test HIV positive by DNA PCR and initiating pregnant women in WHO stage 3 & 4 and those with CD 4 count of less than 350 on HAART.
- + The program will support and strengthen functional lab networks, decentralization and task shifting in initiation and provision of ART within MCH for mothers and their HIV infected infants in an effort to improve access to HIV care and treatment services including ART and will pilot extended HAART to cover the breastfeeding period.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. Other personnel targeted for training are the mentor mothers and other peer counselors.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment/ARV services and, TB/HIV.

2. ACTIVITY DESCRIPTION

University of California at San Francisco (UCSF) has been supporting palliative care and treatment services in Nairobi and Nyanza provinces. The UCSF approach through its FACES program promotes family-centered care for HIV rather than individuals with HIV. This innovative approach has ensured equity and greater disclosure within families. Current PMTCT coverage is 33 out of 68 sites in Migori and 4 sites in Kisumu. UCSF will implement comprehensive integrated PMTCT services in all facilities in Migori district starting with high volume facilities offering Antenatal care, delivery and postnatal services, and will take up some private facilities in Kisumu. Community peer support groups involving People Living with HIV (PLHIV) will be formed and supported. In FY 2009, UCSF will implement integrated comprehensive PMTCT service in accordance with the National Comprehensive PMTCT guidelines. Comprehensive integrated PMTCT services include, but are not limited to counseling and testing of pregnant women and their partners in antenatal clinics, delivery units and postnatal clinics using the opt-out approach, clinical staging of all HIV positive women using WHO guidelines, CD4 testing of all HIV positive pregnant women, use of appropriate antiretroviral regimens including HAART for maternal health, extended HAART to make breast feeding safer, combined ARV prophylaxis in accordance to the National Antiretroviral therapy guidelines, postnatal follow-up for the mother and exposed infants, initiation of cotrimoxazole prophylaxis to all exposed infants at 6 weeks, Early Infant Diagnosis (EID) at six weeks via PCR on Dry Blood Spots (DBS) from all exposed infants and successful antiretroviral treatment of HIV-positive mothers, and infected infants. All infants who test HIV positive by DNA PCR below 18 months of age will be started on antiretroviral treatment. UCSF will provide counseling and testing to 24,463 (93%) of 26,189 pregnant women and provide antiretroviral prophylaxis to 4,341 (93%) of 4647 HIV-positive women identified. Of the 4,341 HIV infected women 868 will be put on HAART, 2,171 on AZT+sdNVP and 1,302 sdNVP. Early Infant Diagnosis (EID) using Dry Blood Spots (DBS) at six weeks and cotrimoxazole prophylaxis will target 2,605 HIV exposed infants. UCSF will counsel and test 5,436 Men as Partners targeting 4893 spouses of pregnant women and Prevention with Positives will be rolled out in health facilities to encourage knowledge of status, partner testing and identification of discordant couples, supporting disclosure, risk reduction counseling and encouraging condom use, adherence counseling, supporting STI diagnosis and treatment. Some PLWHAs who have successfully gone through PMTCT will be trained as "Mother to Mothers" to enhance PMTCT advocacy and community follow up of women and their infant to promote adherence, return for EID, FP and exclusive breastfeeding for 6 months. In FY 09, 90 health care providers will be trained on comprehensive PMTCT, and some health workers will be trained on PITC, family planning and counseling (numbers trained depending on availability of funds). In total, UCSF will train and update skills of 120 service providers in comprehensive HIV management for HIV-positive pregnant mothers, their infants and their families.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 1.9% of the overall 2009 Emergency Plan PMTCT targets for Kenya. Community participation, male involvement, prevention with positives and mentor mother initiatives will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of health facilities will contribute to improvement of the quality of services. UCSF will facilitate capacity building of DHMTs for improved management of health services and set up of referral networks and linkages for a continuum of care from facilities to Home-based care within the community and among various programs within the district. This activity will contribute to increased awareness, demand creation and stigma reduction leading to increased utilization of services towards the goal of universal access to prevention, care and treatment services.

3. LINKS TO OTHER ACTIVITIES

This activity relates to KEMRI activities in HIV/AIDS treatment/ARV services and, TB/HIV. Linkages to HIV care and treatment and to Family Planning services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, and family members and thus optimize utilization of complementary services created through Emergency Plan funding.

4. POPULATIONS BEING TARGETED

This activity targets children less than five years, adolescents of reproductive age 15-24, adults, pregnant women and people living with HIV. Health care providers including doctors, nurses, and other health care workers will be targeted for training on PMTCT using the national NASCOP CDC/WHO based curriculum.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programming through provision of HIV counseling and testing services of pregnant women, and improved access to other HIV care programs for the HIV infected

Activity Narrative: woman, her infant and other family members. It will also reduce violence and coercion through stigma at the community level.

6. EMPHASIS AREAS This activity includes emphasis on quality assurance and supportive supervision as well as emphasis on Development of Network/Linkages/Referral Systems; Community Mobilization/Participation, wrap around programs with Food/Nutrition, PMI through distribution of insecticide treated nets at the MCH, safe motherhood through focused antenatal care, other Family planning initiatives and TB screening and referral for treatment and care.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15020

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15020	8653.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	7011	288.08		\$550,000
8653	8653.07	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	4295	288.07		\$340,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 288.09

Mechanism: N/A

Prime Partner: University of California at San Francisco

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17821.20007.09

Planned Funds: \$100,000

Activity System ID: 20007

Activity Narrative: This PHE activity, "Integration of HIV Care and Treatment into MCH in Migori District, Kenya," was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0055. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17821

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17821	17821.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	7011	288.08		\$100,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$100,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1501.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 4301.19943.09

Planned Funds: \$429,709

Activity System ID: 19943

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+This year's CDC M&S is split between GAP And GHCS.

+This activity will also providing national guidance in the development of the Men as Partners initiative in PMTCT settings to articulate strategies for increasing male partner testing and participation in PMTCT settings.

+Expansion in technical areas to include the Mentor Mothers and Prevention with Positives (PwP) strategies.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through support of the national program in the development and review of training curricular, Information Education and Information (IEC) materials, guidelines, instructional manuals and other documents for the training of service providers on PMTCT and other HIV prevention, care and treatment services.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in PMTCT, Adult ART services, Adult and Pediatric Palliative Care Services, Pediatric HIV Care and Treatment Services, Laboratory and Strategic Information program.

2. ACTIVITY DESCRIPTION

The CDC PMTCT program has continued to support the up scaling of PMTCT services in the country by providing technical support and guidance to the national program. Key areas of program focus include the introduction of Comprehensive PMTCT that encompass a package of care to ensure that the HIV-positive pregnant mother, her infant and family receive the full range of HIV care and treatment services as well as linkage to Family Planning services. The approach also includes a strong emphasis on primary prevention-providing skills to the mother who is HIV- to protect herself and her family from HIV infection. In 2009 COP, the CDC PMTCT section will continue supporting these activities under the expanded or comprehensive PMTCT package that includes the following key components: expansion in geographic coverage in all CDC supported sites to ensure universal access to services; Integration of counseling and HIV testing of women in the antenatal clinics and maternity units; Clinical staging and CD4 cell count testing of all HIV-positive pregnant women to identify the appropriate PMTCT ARV intervention in line with National guidelines (this includes use of HAART where eligible, or use of combination AZT and sd Nevirapine for early presenters, or use of sd Nevirapine); Administration of the appropriate PMTCT ARV as well as OI prophylaxis for all HIV-positive pregnant women; Early Infant HIV diagnosis for all HIV exposed infants through DNA Polymerase Chain Reaction (PCR) testing; Linkage of eligible infants to pediatric HIV care and treatment services; strengthened post-natal care package; Linkage to family planning services and counseling and testing services for the woman's partner and other family members. This will lead to more women and their partners and infants knowing their HIV status and hence accessing ART, thereby increasing the number of people on ARVs. The program will also provide national technical leadership and guidance in the new strategies aimed at increasing male participation, Greater Involvement of People Living with HIV/AIDS and increased involvement of HIV-positive women who have gone through the PMTCT program. These strategies include Men as Partners Initiative, PwP and Mentor Mothers. All these activities will contribute to the Emergency Plan in Kenya goals of HIV prevention and treatment. During FY 2009 CDC will continue to work with Government of Kenya agencies, other USG agencies (USAID, WRP and Peace Corps) and non-governmental partners to support implementation of these services in the country. CDC Kenya's multi-disciplinary PMTCT team will continue to provide technical guidance that includes the development and review of guidelines, operational procedures and manuals, educational materials and teaching modules for implementing comprehensive PMTCT programs in Kenya. CDC Kenya staff work with local partners to ensure activities are based on the latest relevant science and that scientific knowledge is translated into program guidelines and practices both at national policy and service delivery levels. In collaboration with other partners, CDC staff conducts monitoring and evaluation activities including operational research for the PMTCT program, and ensure that information generated informs national PMTCT policy and practice. CDC Kenya staff also support PMTCT activities at multiple service delivery sites to conform to national guidelines and technical strategies concerning all aspects of PMTCT including models of HIV testing in the antenatal and maternity units, provision of ARVs for prophylaxis and treatment, care and support of the HIV-positive woman, her infant and partner and Early Infant Diagnosis for HIV exposed infants and linkage to treatment and care for all eligible infants. The CDC Kenya PMTCT technical team includes six professional staff, one program assistant and three support staff. The technical staff includes one senior technical advisor working 80% of the time; this staff member, an Associate Professor of Pediatrics has extensive national and international experience in clinical and programmatic HIV research including PMTCT, and works directly with the Government of Kenya and other partners to ensure the technical soundness of the program. Other technical staff include two medical doctors with experience and expertise in Pediatrics, and Obstetrics and Gynecology respectively, who work directly with programs to ensure technical and up-to-date interventions, in particular the care of the HIV-positive woman and pediatric HIV care; one program manager with nursing and public health experience who works directly with the sites in the respective districts to provide guidance on both technical and effective program management approaches at the service delivery sites, a behavioral scientist and a program assistant. The program assistant is engaged in a variety of tasks to provide logistics support to the team. The team is supported by three drivers, who enable the technical staff to conduct regular field visits and technical supervision. This budget includes costs for contractual services, printing of the curriculum and other post-held account funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15048

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15048	4301.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7025	1501.08		\$437,700
7107	4301.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$574,054
4301	4301.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$470,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$429,708

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9809.09	Mechanism: New Partners Initiative
Prime Partner: Tearfund	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 24972.09	Planned Funds: \$0
Activity System ID: 24972	

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

This project supports scale up of comprehensive PMTCT service delivery through both static health facilities and mobile outreach services. Local partner CCS-MKE is already an experienced PMTCT service provider in the Central districts, through the PMTCT and CCC services at Mt. Kenya Hospital in Kerugoya, and through the Dispensary at Wanguru Integrated Development Station in Mwea. In COP 09, the PMTCT services of CCS-MKE will be expanded by deploying 4 professional service providers at Mituguu, Mayori and Macumo Clinics. An assessment will be conducted to determine if a CD4 count machine needs to be purchased under the program. Twenty professional PMTCT counselors will be trained and deployed within NIDP, TRDP, CCS-MKE and EAK projects in this FY'09 period within 12 districts. The trainings will be provided by NASCOP and are seen as an integral element in national scale up of CT and PMTCT service delivery capacity.

The PMTCT service model in this project recognizes the key role of local church congregations in mobilizing community members to utilize PMTCT services, and supporting families with HIV positive mothers to adhere to PMTCT recommendations at birth and during the post-natal period. The project provides support for training a total of 74 leaders in local congregations as PMTCT mobilizers, and leaders in formation of social support groups around families with HIV positive mothers. Four facilities will be established and four (EAK clinics) renovated to offer PMTCT services. It is envisaged that the new outreach services will grow into permanent static services. Partners will work with congregational leaders and key members of the church and community (including cultural leaders, traditional birth attendants, and other traditional health practitioners), educating and mentoring them to play proactive supportive roles. Men and women in the church will be mobilized and facilitated to form small groups that discuss issues of vulnerability, prevention and care in their community. This initiative will seek to encourage the involvement of at least 20% of another family member in the PMTCT services.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute toward USG targets set for COP 09. By supporting 44 service outlets to provide the minimum package of PMTCT services according to national and international standards and by providing critical training for 21 community health workers in the delivery of PMTCT services, Tearfund and its partners will build local capacity in the area of referral and tracking of PMTCT recipients for long-term prevention programs.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to Tearfund's AB and CT activities.

4. POPULATIONS BEING TARGETED

In partnership with six faith-based organizations in Kenya, Tearfund will scale up CT and PMTCT services in a number of districts of Northern and Central Kenya, including Narok, Transmara, Thika, Machakos and Kirinyaga. Pregnant women aged 15-49 and their husbands or partners (males 15 and over) will be targeted by community-based health workers during antenatal check-ups and bi-weekly house-to-house visits. Couple counseling and testing will be supported and the need for hospital deliveries will be emphasized. Pregnant women who are HIV+ will be provided with a full course of ARV prophylaxis or referred to another health facility where treatment can be obtained. Babies born to HIV+ women will be provided with a complete course of ARV prophylaxis according to the National guidelines.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 282.09

Mechanism: N/A

Prime Partner: Eastern Deanery AIDS Relief Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 8654.20420.09

Planned Funds: \$80,000

Activity System ID: 20420

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Increased emphasis on provision of comprehensive PMTCT services in the lower level facilities and strategies to increase the uptake of HIV testing and counseling to male partners of women attending ANC services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include doctors, nurses, clinical officers, nutrition officers and health record clerks.

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1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment/ARV services and Palliative Care: TB/HIV.

2. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) is a faith-based organization under the Roman Catholic Archdiocese of Nairobi that was established in 1993 as a response to the HIV pandemic affecting the people living in a slum setting in the Eastlands area of Nairobi. A network of community health workers and clinical sites has been established, and now provides a variety of HIV prevention and treatment services to many thousands of people with HIV. EDARP has one site that has been offering comprehensive PMTCT since 2005, providing HIV counseling and testing to women accessing ANC services as well as ARV prophylaxis to HIV positive women and their exposed infants. In addition referral linkages have been established to centers providing antiretroviral therapy for continuum of care for the mother, male partner and, infant. In FY 2009, EDARP will consolidate its PMTCT services at the seven existing sites. EDARP will implement integrated comprehensive PMTCT service in accordance with the National Comprehensive PMTCT guidelines. Comprehensive integrated PMTCT services include, but are not limited to counseling and testing of pregnant women and their partners in antenatal clinics, delivery units and postnatal clinics using the opt-out approach, clinical staging of all HIV-positive women using WHO guidelines, use of appropriate antiretroviral regimens including HAART for maternal health in accordance to the National Antiretroviral therapy guidelines, use of zidovudine plus single dose nevirapine or use of single dose nevirapine for women presenting late in pregnancy, postnatal follow-up for the mother and exposed infants, initiation of cotrimoxazole prophylaxis to all exposed infants at 6 weeks, Early Infant Diagnosis (EID) at six weeks via PCR on Dry Blood Spots (DBS) from all exposed infants and successful referral of HIV-positive mothers, their male partners and infected infants to antiretroviral treatment centers. EDARP targets counseling and testing to 1000 pregnant women and 200 male partners and provide antiretroviral prophylaxis for 110 HIV-positive women. All HIV-positive pregnant women with CD4 count of 350 or less and those in WHO clinical stage 3 and 4 will be initiated on HAART, all the other women will be given the more efficacious PMTCT regimen of AZT and sd Nevirapine. Early Infant Diagnosis (EID) using Dry Blood Spots (DBS) at six weeks and co-trimoxazole prophylaxis will target all HIV exposed infants. The program will support the training of 30 service providers on comprehensive PMTCT using the national PMTCT training package.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Emergency Plan PMTCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. EDARP will continue to facilitate capacity building of facility management teams for improved management of health services and set up of referral networks and linkages for a continuum of care from facilities to Home-based care within the community and among various programs within the Eastleigh area. This activity contribute to increased awareness, demand creation and stigma reduction leading to increased utilization of services towards the goal of universal access to prevention, care and treatment services.

4. LINKS TO OTHER ACTIVITIES

This activity will relate to the ARV services of EDARP and University of Manitoba ARV services. Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, and family members as well and thus optimize utilization of complementary services created through Emergency Plan funding.

5. POPULATIONS BEING TARGETED

This activity targets children less than five years, adolescents of reproductive age 15-24 years, adults, pregnant women, and people living with HIV. Health care providers including doctors, nurses and other health care workers will be targeted for training on PMTCT using the national NASCOP PMTCT CDC/WHO based curriculum.

6. EMPHASIS AREAS /KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved PMTCT service delivery at antenatal clinics and maternity units. This activity includes emphasis on In service training for service providers, and wrap around programming to include Malaria (PMI) through distribution of ITNs to all pregnant women at the ANC as well as Intermittent Presumptive Malaria treatment, safe mother hood through the provision of focused ante-natal care as well as improved TB screening among pregnant women and linkage to TB treatment for all identified TB cases. Equity will be promoted through identification of vulnerable groups and factors that make specific groups particularly vulnerable. Gender-related vulnerabilities will be identified, analyzed, described and incorporated into all interventions. This includes MAP, MTA, gender-based violence and cultural barriers that are related to gender norms.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14771

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14771	8654.08	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	6943	282.08		\$110,000
8654	8654.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$61,165

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4915.09	Mechanism: APHIA II - Nyanza
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 8734.20428.09	Planned Funds: \$605,000
Activity System ID: 20428	

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$75,000. Partnership Framework: Scale up - improved and standardized integration of HIV services into MCH and improved and standardized models of follow up care and referrals. These activities will be implemented through various APHIA partners.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +More emphasis on decentralization of HIV care and treatment as well as TB services through capacity building and task shifting, male involvement through targeted couple counseling
- +Greater involvement of HIV+ mentor mothers and quality improvement through standards based management and recognition

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include doctors, nurses, clinical officers, nutrition officers and health record clerks. The activity will also support hiring of health workers and other key staffs to fill critical gaps in service delivery.

COP 2008

The only change to the program since approval in the 2007 COP are 1) geographic coverage has been expanded to include public and faith based health facilities in 11 districts; and 2) the provision of a comprehensive ANC package of care to improve the quality of PMTCT services has been added. The targets and funding levels have also been changed in order to provide for a complete ANC profile, birth planning, HIV testing and counseling in ANC and delivery units, ARV and OI prophylaxis, HAART for eligible women, and counseling on maternal and infant nutrition and improved obstetric care. APHIA II Nyanza will use a family-centered prevention and care approach, including the expansion of couple counseling and testing. Wrap around activities with the PMI, family planning and safe motherhood, TB and nutrition programs will be undertaken in this year.

1. LIST OF RELATED ACTIVITIES

This activity relates to counseling and testing, abstinence/be faithful, condoms and other prevention, palliative care, TB/HIV and ARV services.

2. ACTIVITY DESCRIPTION

USAID's APHIA Nyanza project implemented by EngenderHealth began its support to PMTCT services in Nyanza Province in FY 2006. In FY 2009 this activity will continue the expansion of PMTCT services in 20 public sector and 80 faith-based health facilities across nine districts in Nyanza Province. In these health facilities technical assistance will be provided to increase management and technical capacity of staff, and improve quality and utilization of services. This activity aims to reach 31,094 (91%) of 34,146 pregnant women with counseling and testing, to provide ARV prophylaxis to 4383 (93%) of the 4714 expected HIV+ mothers and early infant diagnosis of HIV to 50% of exposed infants. To improve the technical capacity of health staff, 200 will receive training in PMTCT based on the national guidelines. In the fifteen districts, counseling and testing will be provided to 31094 pregnant women, antiretroviral prophylaxis to 4383 HIV+ women, 2141 of whom will receive AZT/NVP, 877 will receive HAART and 1315 will receive single dose nevirapine only. Early infant diagnosis will be provided to 2,141 exposed babies. Service delivery will continue to incorporate best practices including op-out testing with same day results, maximally effective combination prophylaxis regimens, partner testing and appropriate referral linkages to support post natal follow up of HIV+ mothers and exposed infants. To maximize continuum of care, care and treatment services will be provided in MCH clinics through decentralization and task shifting. The project will examine ways to improve infant feeding and compliance to treatment. Priority will be given to provision of integrated services ensuring establishment of treatment services in MCH, effective linkages to treatment, care and support, as well as to family planning and reproductive health services. This will ensure that pregnant women receive comprehensive HIV care including OI prevention and treatment especially for TB. Support to infrastructure development, procurement of medical equipment and improved data collation will enhance service delivery. Behavior change communication (BCC) and mentor mothers strategies will focus on stigma reduction to increase utilization of services, psychosocial support, promotion of ante natal care services and facility based deliveries.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will work in collaboration with other partners in Nyanza province to improve geographical coverage for PMTCT services and strengthen service delivery. It will contribute 2.4% of the overall PMTCT targets in 2009. This will enhance MCH service quality and encouraging rural women in underserved communities to attend ante natal care services. Referrals and linkages to care and treatment for pregnant women and infants, and referrals for partner testing will increase opportunities to provide comprehensive family care and treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing, abstinence/be faithful, to reduce stigma and encourage women and families to know their status. It also relates to condoms and other prevention, palliative care, TB/HIV and ARV services encouraging healthier behaviors in HIV prevention in care and treatment settings.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

Activity Narrative: The behavior change communication activities for STI and HIV prevention will promote gender equity through partnering with women's organizations in the design and implementation of community activities. The activity will address male norms and behavior including multiple sexual partners through community interventions, as well as stigma and discrimination.

7. EMPHASIS AREAS

This APHIA II Nyanza activity has emphasis on gender by addressing male norms and behaviors and increasing women's access and equity in HIV programs, quality improvement through training and supportive supervision, task shifting to allow more cadres of staff to offer services, wrap around program with the PMI, family planning and safe motherhood, child survival and nutrition programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14777

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14777	8734.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$650,000
8734	8734.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$466,880

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$89,400

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 305.09

Mechanism: N/A

Prime Partner: International Rescue
Committee

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4150.20515.09

Activity System ID: 20515

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$300,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ Increased emphasis on provision of comprehensive PMTCT services in the lower level facilities and strategies to increase the uptake of HIV testing and counseling to male partners of women attending ANC services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include doctors, nurses, counselors, clinical officers, nutrition officers, social workers and health record clerks.

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1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing and HIV/AIDS Treatment: ARV Services.

2. ACTIVITY DESCRIPTION

IRC will continue to support implementation of PMTCT of HIV to the refugee population and surrounding local population in Kakuma, Lokichoggio and Kalokol areas of the Turkana district in Rift Valley Province. Though the HIV prevalence in this region is relatively lower than the rest of the country, estimated at 0-1% among women attending antenatal clinic services, the area is greatly underserved. Turkana district is an arid, vast and remote land with poor infrastructure, limited social services and high poverty rates. The total population of the target area is 625, 475 people (of which 212,662 or 34% are refugees). IRC is one of the very few agencies working towards enabling this community to access HIV care and support services. In FY 2009, the program will continue supporting implementation of PMTCT services in the current four facilities covering all of Turkana District, and will provide HIV counseling and testing to 13,969 (56%) of 25,019 pregnant women and provide a complete course of antiretroviral prophylaxis to 866 (69%) of 1,251 HIV-positive women. Of the 935 women half of them or 468 will receive AZT from 28 weeks followed by AZT, 3TC and NVP prophylaxis during labour, and AZT plus 3TC for one week thereafter, while 187 women will receive HAART. The rest, 280 will receive single dose nevirapine only. IRC will continue to strengthen follow up and care of the HIV infected-exposed mother infant- pairs through the Comprehensive PMTCT framework, and will continue to support improved service delivery data management in line with the standardized Ministry of Health (MOH) reporting tools. 3739 spouses of the pregnant women will be reached with CT services. IRC supports the implementation of PMTCT activities as part of the Comprehensive HIV/AIDS prevention and care program in Kakuma Refugee Camp and the surrounding region in Turkana District under the umbrella of the UNHCR, and works with the local African Inland Church in the expansion of services to the local community. Using this platform, the program will continue to support the follow up of HIV-positive women and their infants in the postnatal period through strengthening postnatal care services at facility level to include improved access to Family Planning services. The current package of care for the mother includes regular follow up, linkage to family planning services, OI prophylaxis and counseling on correct infant feeding practices; infant additional care activities include OI prophylaxis using Co-trimoxazole starting at six weeks of age, and DBS for HIV- PCR (Early Infant HIV Diagnosis-EID). The program will target 935 HIV exposed infants for DBS, and will work with the HIV/AIDS treatment program to ensure linkage to pediatric HIV care services for all eligible infants. The program will support the training of 50 service providers on PMTCT including lay counselors and Community Health workers.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to PEPFAR goals for primary prevention and care by contributing 1.4% of overall 2009 Emergency Plan targets for Kenya in meeting the health needs of women in this special group (refugee setting).

3. LINKS TO OTHER ACTIVITIES

This activity links to IRC activities in HIV ART and care services, Counseling and testing services and Palliative Care: TB/HIV care services. The program will establish clear linkages to ensure that all HIV-positive pregnant women and HIV infected infants' access HIV care and treatment services, as well as access TB screening services and treatment where eligible. The program will also encourage male partner testing and will work with CT services to achieve this objective.

4. POPULATIONS BEING TARGETED

This activity targets children under five years, Adolescents aged 15-24, adults, discordant couples, people living with HIV/AIDS, pregnant women, and refugees/internally displaced persons.

5. EMPHASIS AREAS /KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT of HIV services to pregnant women and their partners. This activity also includes emphasis on In-service training, Family planning and safe motherhood by addressing the reproductive health needs of women accessing PMTCT services. Programme managers and health care providers will identify, analyse and describe gender-related issues that affect HIV transmission and MTCT. Gender related issues such as involvement of men and gender-based violence will be targeted to increase programme equity and improve PMTCT.

6. COVERAGE AREA

The geographical focus for this activity is the Kakuma Refugee Camp and selected Faith based facilities in the surrounding region of Turkana District in Rift Valley Province.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14840

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14840	4150.08	HHS/Centers for Disease Control & Prevention	International Rescue Committee	6956	305.08		\$80,000
6911	4150.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$50,000
4150	4150.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$30,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4918.09	Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 8738.20069.09	Planned Funds: \$2,687,500
Activity System ID: 20069	

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$187,500. Partnership Framework: Scale up - improved and standardized integration of HIV services into MCH and improved and standardized models of follow up care and referrals. These activities will be implemented through various APHIA partners.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+More emphasis on decentralization of HIV care and treatment as well as TB services through capacity building and task shifting, male involvement through targeted couple counseling, greater involvement of HIV+ mentor mothers and quality improvement through standards based management and recognition.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include doctors, nurses, clinical officers, nutrition officers and health record clerks. The activity will also support hiring of health workers and other key staffs to fill critical gaps in service delivery.

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The only change in the narrative is in references to emphasis areas, and provision of mother (mama) packs to pregnant women to encourage hospital deliveries (because Western province has one of the lowest hospital delivery rates in the country).

1. LIST OF RELATED ACTIVITIES

This activity links to ARV services, palliative care TB/HIV, Counseling and testing services, Abstinence and Be Faithful and Condoms and other prevention activities.

2. ACTIVITY DESCRIPTION

This activity will continue the expansion of PMTCT services in public sector and faith-based health facilities in Western Provinces building on the support previously provided through USAID's AMKENI EngenderHealth, Family Health International IMPACT, the Catholic Medical Mission Board and Elizabeth Glaser Pediatric AIDS Foundation Call to Action Projects in the region. In 300 facilities across the all the districts, counseling and testing will be provided to 158,538 (93%) of 169,726 pregnant women and antiretroviral prophylaxis to 7616 (93%) of 8153 HIV-positive women in geographic area of coverage. Of the positive women, 3808 will receive AZT/NVP, 1523 HAART and 2285 single dose nevirapine only for prophylaxis. 3808 infants will be targeted with PCR for early infant diagnosis while 31,708 spouses of pregnant women will be reached with counseling and testing services. Service delivery will continue to incorporate best practices including the opt-out approach for testing, rapid testing and appropriate referrals for care, treatment and support. Priority will be given to the provision of integrated services, including family planning, reproductive health, maternal and child health and the management of opportunistic infections. "Mama packs" will be provided to pregnant women to encourage hospital deliveries. Effective referral linkages will be established to support postnatal follow up of HIV+ mothers and exposed infants including early infant diagnosis and ART. Significant changes from 2008 will include emphasis on universal counseling and testing of antenatal clients; the use of more efficacious regimens for ARV prophylaxis, decentralization of care and treatment services through capacity building and task shifting, quality improvement through scaling up standards based management and recognition and the establishment of referral linkages for the provision of HIV treatment, care and support for HIV infected mothers and immediate members of the child's family. As mentioned above emphasis will also be put on early infant diagnosis, ART for infected mothers, babies and their families, male involvement and greater involvement of people living with HIV/AIDS as care givers and lay counselors. These program refinements will improve the geographic coverage for services within the districts and strengthen the service delivery networks. Emergency Plan funds will be used to increase the supported sites to at least 300 and train 300 service providers in PMTCT and in HIV stigma reduction. This activity will use the Ministry of Health's WHO/CDC-based curriculum, comply with Ministry's clinical and reporting guidelines, and participate in the MOH's Technical Working Group and GOK led PMTCT regional meetings to ensure coordination of activities between the public and private sectors. Support to infrastructure development, procurement of medical equipment and improved data collation will enhance service provision. Facilitative supervision by the District Health Management Teams (DHMT), standards based management and recognition and innovative deployment of health workers will improve service quality. Behavior change communication (BCC) activities amongst rural community members will focus on stigma reduction, psychosocial support, promotion of antenatal care services, facility based deliveries and PMTCT services. Operations research to determine and test appropriate interventions for HIV stigma reduction among community members will be conducted.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 12.2% of 2009 overall Emergency Plan PMTCT targets for Kenya. Increase in number of sites contributes to the program's efforts to achieve district wide coverage for services. Support to high volume health centers and district hospitals will significantly strengthen networks for PMTCT and PMTCT plus services. Access to services and linkages to sites where medical treatment and care are provided will encourage rural women in underserved communities to attend ante natal care services. Subsequently health workers will be able to plan for post natal follow up of HIV positive women, infants and their family members. This APHIA II Western activity also contributes substantively to Kenya's 5-year strategy of encouraging pregnant women to know their status, availing services which can reduce mother-to-child infections and providing critical links to HIV/AIDS treatment as a step towards preserving the family unit. It also contributes to the strategy to integrate testing with other health services and improving the referral links among all of these services.

4. LINKS TO OTHER ACTIVITIES

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

Activity Narrative: 5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This APHIA II Western activity includes emphasis on human capacity development through training, quality assurance and supportive supervision within MOH and private facilities to manage and supervise programs. Support to strategic information will be provided as well as linkages created to family planning, safe motherhood, malaria and TB programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14992

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14992	8738.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$2,300,000
8738	8738.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$1,200,000

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$134,100

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 303.09

Prime Partner: University of Nairobi

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4147.19983.09

Activity System ID: 19983

Mechanism: Department of Obstetrics and Gynecology

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$1,160,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Focus on PwP strategies to strengthen prevention activities
- + Support in the establishment of functional laboratory networks
- + Support to national quality assurance for HIV testing in PMTCT settings

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. This program also supports the pre-service training of Doctors at the University of Nairobi Medical School.

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1. LIST OF RELATED ACTIVITIES

This activity relates to University of Nairobi Department of Pediatrics ART Program; APHIA II Nairobi ART Program; UCSF ART Program and TBD ART Program. All HIV-positive mothers, their infants and partners who are eligible for treatment will be linked to the HIV/AIDS treatment and care services directly or through referral.

2. ACTIVITY DESCRIPTION

UoN, Department of Obstetrics and Gynecology has been supporting implementation of comprehensive PMTCT services in Kenyatta National Hospital (KNH) and Pumwani Maternity Hospital (PMH), the two largest maternity units in the country and has successfully integrated these services as part of routine care for all women accessing services here. In FY 08, UoN expanded geographical area of coverage to include support of PMTCT activities in the districts of Nyando and Kisumu East in Nyanza province and supported implementation of PMTCT in a total of 40 additional health facilities. In 2009 the program will continue to support these activities in the same geographical area of focus, and will provide HIV counseling and testing to a total of 51,024 (93%) of 54,625 pregnant women (21,469 in Nairobi, 16,147 in Kisumu East and 13,408 in Nyando District). All HIV-positive pregnant women shall have immunological and HIV clinical staging done to identify the appropriate ARV prophylaxis regimen as per the national guidelines. The program will target to provide a complete course of ARV prophylaxis to 7,818 (93%) of 8,370 HIV-positive pregnant women. Of these HIV positive women 1,564 will be provided with Highly Active Antiretroviral Treatment (HAART) and 3909 will receive the more efficacious ARV regimen of Zidovudine and Single Dose Nevirapine (sd NVP) with the addition of 4 TC intrapartum and post natal period, while 2,345 will receive the minimum intervention of sd Nevirapine. All HIV exposed infant will be given ARV prophylaxis in line with the National PMTCT guidelines. The program will strengthen comprehensive PMTCT including couple counseling and will target to reach at least 9,805 male partners with HIV counseling and testing services. To improve the quality of life for HIV infected women, the program will wrap around other programs namely Safe motherhood and Family planning as well as TB screening and linkage to treatment. In strengthening the linkage between PMTCT and Pediatric HIV care services, the program shall support early infant HIV infection diagnosis by use of Polymerase Chain Reaction (PCR) for 3,854 infants and link all eligible infants to the pediatric ART program. The program shall strengthen the post natal HIV care clinic and shall support at least 10 facilities in the Nyanza region to initiate this strategy. The program shall also work and strengthen linkage with Child Survival activities to ensure that all infants and especially the HIV exposed and infected access immunization, growth monitoring, safe water and Infant and Young Child feeding services and support which will contribute to improved infant and child health outcomes. The mentor mothers' initiative is another national effort aimed at improving Infant and Young Child Feeding especially for the HIV exposed or infected child. The program will support the roll out of this strategy in at least 15 facilities in Nyanza. Improved access to laboratory services for HIV +ve women and their exposed infants is an important step in ensuring accurate assessment for HIV care and treatment. The program will work with the other PEPFAR funded partners, Ministry of Health and other implementing partners in establishing and maintaining a functional laboratory network in the geographical area of focus. Intra-partum and immediate post partum counseling and testing shall also be strengthened with a target of reaching 100% of all women attending delivery services at the maternity units within the program area. Currently over 50% pregnant women admitted in the labor and delivery units do not know their HIV status. The program will also promote couple counseling and testing to identify discordant and concordant couples to improve primary prevention and facilitate linkage to HIV care and treatment program for the eligible, in addition to strengthening Prevention with Positives strategy. The program will support the training of 300 service providers on PMTCT, Rationale use of ARVs, and Data collection and reporting in 42 facilities. In line with the capacity building mandate of the UoN, the program in collaboration with NASCOP and DRH will facilitate a structured platform for regular review of PMTCT research to inform and guide national PMTCT policy and practice. Finally the UoN program will support the establishment and administration of a national Quality Assurance system for HIV testing in PMTCT settings. Although the country has a national QA system for HIV testing in the traditional VCT sites, the PMTCT program which conducts over 800,000 HIV tests annually in MCH and maternity units does not have any QA system in place. In 2009 COP, the PMTCT program is targeting to reach at least 1,300,000 million pregnant women with HIV testing and counseling services in the country. It is therefore important to set up a system to improve validity of rapid testing in PMTCT sites as the test results are used for decision making in the care and follow up of the women and their infants. This activity will therefore be expanded to incorporate a QA for PMTCT testing program that will be implemented by the Department of Microbiology, University of Nairobi. The department will work with the USG agencies, laboratory partners and country representatives to implement the national strategic plans for laboratory quality systems and ensure that laboratory testing is available, accurate, reliable and timely. As a starting point the Department of Microbiology will train staff at PMTCT settings in good laboratory practice and QA in HIV testing and haemoglobin measurement. Regular support supervision, proficiency and validation testing will be established for PMTCT sites across the country. Workshops will be conducted to evaluate EQA performance, and improve performance. The department will further support the national QA plan by working in close collaboration with the CDC GAP laboratory National Public Health Laboratory Services. The department is expected to leverage its expertise to development and use of standard operating procedures for specimen tracking, testing procedures, results reporting, equipment maintenance and inventory. A total of \$260,000 has been set aside for this activity.

Activity Narrative: 3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT activities in these two high volume national referral facilities and Nyando and Kisumu East districts will contribute to approximately 3.9% of 2009 overall Emergency plan PMTCT targets for Kenya and 9% of ARV PMTCT prophylaxis. Strengthening HIV counseling and testing of women during labor and around delivery will increase the number of HIV-positive women accessing HIV care services. Couple counseling and testing will contribute to more men knowing their HIV status and those who are positive will be able to access other HIV care services. This activity also contributes to expansion of pediatric HIV care and treatment services.

4. LINKS TO OTHER ACTIVITIES

This activity relates to University of Nairobi Department of Pediatrics ART Program; APHIA II Nairobi ART Program; UCSF ART Program and TBD ART Program. All HIV-positive mothers, their infants and partners who are eligible for treatment will be linked to the HIV/AIDS treatment and care services directly or through referral.

5. POPULATIONS BEING TARGETED

This activity targets Children less than 5 years, adolescents aged 15-24 years, adults, discordant couples, people living with HIV/AIDS and pregnant women.

6. EMPHASIS AREAS/ KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT services to pregnant women and their partners. Other emphasis areas include capacity building through supporting in-service training for providers on comprehensive PMTCT programming that addresses all the four prongs, wrap around programs for family planning, malaria and safe motherhood through the provision of comprehensive PMTCT package that addresses all these elements. The comprehensive PMTCT package includes focused antenatal care that addresses safe mother hood issues, malaria prevention through the provision of insecticide treated bed nets for the pregnant woman and intermittent presumptive treatment for malaria, and increased access to family planning with a focus on dual method for the HIV-positive mothers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15033

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15033	4147.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7017	303.08	Department of Obstetrics and Gynecology	\$1,100,000
7097	4147.07	HHS/Centers for Disease Control & Prevention	University of Nairobi	4299	303.07	Department of Obstetrics and Gynecology	\$1,665,082
4147	4147.06	HHS/Centers for Disease Control & Prevention	University of Nairobi	3224	303.06	Department of Obstetrics and Gynecology	\$600,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$81,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 303.09

Mechanism: Department of Obstetrics and Gynecology

Prime Partner: University of Nairobi

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17823.19985.09

Planned Funds: \$0

Activity System ID: 19985

Activity Narrative: This PHE activity, "Evaluation of the Impact of the National PMTCT program in Kenya," was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0057. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17823

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17823	17823.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7017	303.08	Department of Obstetrics and Gynecology	\$228,700

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$300,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3588.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4994.20093.09

Activity System ID: 20093

Mechanism: APHIA II - Health
Communication & Marketing

USG Agency: U.S. Agency for International
Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$200,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities implemented by APHIA II HCM in Abstinence and Being Faithful, Condoms and Other Prevention, Blood Safety, and Counseling and Testing.

2. ACTIVITY DESCRIPTION

Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention care and treatment in support of other PEPFAR activities in Kenya. The purpose of HCM is to improve health outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. The objectives of this activity in HIV/AIDS are to: 1) Improve the preventive behaviors of Kenyans related to HIV/AIDS, in particular increasing the percent of men and women aged 15-24 abstaining from sex, promoting fidelity, partner reduction, the correct and consistent use of condoms in high-risk sexual encounters, and the percent of men and women going for VCT and receiving their test results (the "ABC" approach). 2) Improve service utilization rates for voluntary counseling and testing (VCT), and prevention of mother to child transmission (PMTCT) of HIV. This includes increasing the percentage of pregnant women who access PMTCT services including VCT and increasing the number of Kenyans who use VCT services and receive their test results. 3) Build the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, sales, and distribution network that improves availability and access by key populations to products related to HIV/AIDS; develop and manage a communications initiative to increase knowledge and change behavior of Kenyans with respect to HIV/AIDS including interpersonal communication; and develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. This program will not issue sub awards but will pay suppliers of goods and services directly.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2009, in PMCT, this partner will develop and disseminate communication messages/materials on prevention of mother to child activities promoting testing of pregnant women in order to protect the unborn child from HIV infection. This activity will also target People Living with HIV/AIDS (PLWHAs) and especially HIV positive couples planning to have a baby. It is anticipated to promote counseling and testing services and generate demand for PMCT services for both voluntary and provider initiated testing. They will reach over 6 million people through mass media.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (APHIA II HCM), Other Prevention (APHIA II HCM), Blood Safety (APHIA II HCM) and Counseling and Testing (APHIA II HCM) through promotion of networking, referrals and linkages. The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with MOH/NASCOP PMCT committee at the national level and projects working at the regional level. Both NASCOP and these provincial projects will "feed into" the development of population-specific messages which will strengthen interventions implemented on the ground.

5. POPULATIONS BEING TARGETED

PMTCT messages will primarily focus on adults both male and female, public and private health providers and NGOs and faith-based programs as well as policy makers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, increased male involvement in matters considering the preservation of the family unit, and reduction of stigma and discrimination.

7. EMPHASIS AREAS

HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication and make linkages with other sectors for message development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14979

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14979	4994.08	U.S. Agency for International Development	Population Services International	6994	3588.08	APHIA II - Health Communication & Marketing	\$200,000
7050	4994.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$200,000
4994	4994.06	U.S. Agency for International Development	Population Services International	3588	3588.06	APHIA II Health Communication and Marketing	\$200,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4917.09	Mechanism: APHIA II - Central
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 8729.20171.09	Planned Funds: \$812,500
Activity System ID: 20171	

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$112,500. Partnership Framework: Scale up - improved and standardized integration of HIV services into MCH and improved and standardized models of follow up care and referrals. These activities will be implemented through various APHIA partners.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Splitting of APHIA II Nairobi and Central to APHIA II Nairobi and APHIA II Central. Targets and Budgets have been split to reflect this change.
- + More emphasis on decentralization of HIV care and treatment as well as TB services through capacity building and task shifting
- + Male involvement through targeted couple counseling,
- + Greater involvement of HIV+ mentor mothers
- +Quality improvement through standards based management and recognition

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. The activity will also support hiring of health care workers and other key staffs to fill critical gaps in service delivery

1. LIST OF RELATED ACTIVITIES

This activity will relate to the ARV services (APHIA II Central), Orphans and Vulnerable Children (APHIA II Central), Palliative Care: TB/HIV (APHIA II Central), Palliative Care: Basic Health Care and Support (APHIA II Central) and Condoms and Other Prevention (APHIA II Central).

2. ACTIVITY DESCRIPTION

Pathfinder International (PI) supports facilities to provide comprehensive antenatal package for all pregnant women including screening, prevention and treatment for any infections (such as sexually transmitted infections and malaria), nutrition support, prophylactic ARVS, counseling on safe infant feeding, counseling and HIV testing of women and their partners. APHIA II Central will build on this work in Central province. APHIA II Central will continue to support established support groups that are formed around PMTCT sites by mothers who have benefited from the project services and scale up the mother to mother support services to enhance adherence to ART and infant feeding practices. In addition, referral linkages will be established within facilities where APHIA II Central is providing antiretroviral therapy, through which HIV positive clients are assessed and put on treatment where necessary. Decentralization of and task shifting in treatment and care services including TB services will be supported to improve access in lower level health services. Quality improvement through standards based management and recognition will be introduced and supported in all supported sites. The number of HIV positive women and children on treatment is increasing steadily through these networks. Laboratory networks will also be established that will greatly improve ART uptake as well as early infant diagnosis. In 2009, APHIA II Central will consolidate these activities and provide HIV counseling and testing to 41,927 (93%) of 44,886 pregnant women and 8385 spouses in the geographic area of coverage. Antiretroviral prophylaxis will be provided to 1708 (93%) out of 1829 HIV-positive women identified. Of the positive women, 854 will receive AZT/NVP, 342 HAART and 512 single dose nevirapine only for prophylaxis. 854 exposed infant will receive PCR for early infant diagnosis. At the community level lay counselors will be trained to strengthen the delivery of PMTCT services and to provide continued support for the HIV-positive women and their families. The project will train community health workers to provide community components of PMTCT services. In order to improve the quality of care, 30 health supervisors will learn management skills, including utilization of data for decision making. In 2009, this project will use its experience to consolidate progress in existing facilities, expand to others within the province, up to 146 facilities and continue to strengthen District Health Management Teams, and referral networks for PMTCT-plus activities. Pathfinder will train 123 health workers in PMTCT and comprehensive HIV management for HIV-positive mothers and their families, 60 on early infant diagnosis, 60 on infant and young child feeding and 15 on couple counseling and testing. Efforts will be made to increase early infant diagnosis in order to identify infants that require HIV care and treatment and offer more appropriate advice on infant feeding choices. More efficacious regimens for PMTCT will be introduced and scaled up in all the sites offering services. Linkages to FP/RH will be made as well as to laboratory services in order to offer a more comprehensive package of care. Capacity for service providers to provide couple HIV Counseling and testing within PMTCT sites will be supported with 2009 funds. Many women accessing HIV counseling and testing at PMTCT sites do not know their partner's HIV status. The program will strengthen innovative approaches to increase the number of men accessing HIV testing services, thereby enabling discordant couples to know their HIV status -an important HIV prevention strategy among couples. The program will reach at least 8385 couples.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 3.2% of the overall 2009 Emergency Plan PMTCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of health facilities will contribute to improvement of the quality of services including GOK led regional meetings.

4. LINKS TO OTHER ACTIVITIES

Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, and family members as well and thus optimize utilization of complementary services created through Emergency Plan funding. This activity will relate to the ARV services (APHIA II Central), OVC care (APHIA II Central), TB/HIV services (APHIA II Central), HBHC (APHIA II Central) and STP services (APHIA II Central) funded under the APHIA II Central.

5. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV-positive pregnant women, HIV affected families, and HIV-positive infants. Health care providers including Doctors, Nurses and Other Health care workers will be

Activity Narrative: targeted for training on PMTCT using the national NASCOP PMTCT CDC/WHO based curriculum.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved PMTCT service delivery at ante-natal clinics and maternity units and male involvement. Community health workers and mentor mothers will conduct community mobilization activities that will help increase service uptake as well as address issues of stigma and discrimination at community level.

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development through training, supportive supervision and task shifting, support to strategic information, linkage to family planning, safe motherhood, TB and nutrition programs as well as Quality Assurance, Community Mobilization/Participation and Development of Network/Linkages/ Referral systems

New/Continuing Activity: Continuing Activity

Continuing Activity: 14957

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14957	8729.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$425,000
8729	8729.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$850,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$123,066

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4919.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 15989.20183.09

Activity System ID: 20183

Mechanism: APHIA II - North Eastern

USG Agency: U.S. Agency for International
Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$687,500

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$187,500. Partnership Framework: The PMTCT Program is currently reaching more than 80% of all pregnant women accessing MCH clinics with HIV CT services. However, this represents only 61% of all expected pregnancies in the country. There is need to increase access to ANC care for women in hard to reach areas including PMTCT services. These activities will be implemented through various APHIA partners.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +More emphasis on decentralization of HIV care and treatment as well as TB services through capacity building and task shifting, male involvement through targeted couple counseling
- +Greater involvement of HIV+ mentor mothers and quality improvement through standards based management and recognition

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. The activity will also support hiring of health workers and other key staffs to fill critical gaps in service delivery.

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1. ACTIVITY DESCRIPTION

APHIA II NEP will support facilities to provide a comprehensive antenatal package for all pregnant women including screening, prevention and treatment for any infections (such as sexually transmitted infections and malaria), nutrition support, prophylactic ARVs, counseling on safe infant feeding, counseling and HIV testing of women and their partners. APHIA II NEP will support established support groups that are formed around PMTCT sites by mothers who have benefited from the project services. In addition referral linkages will be established within facilities where APHIA II NEP is providing antiretroviral therapy, through which HIV positive clients are assessed and put on treatment where necessary. The number of HIV positive women and children on treatment is expected to increase steadily through these networks. Laboratory networks will also be established that will greatly improve ART uptake as well as early infant diagnosis. In 2009 APHIA II NEP will provide HIV counseling and testing to 29,373 (36%) of 85,587 pregnant women and provide antiretroviral prophylaxis to 207 (36%) out of 574 HIV-positive women. Of these 104 will receive AZT/NVP, 62 will receive single dose nevirapine only and 41 will receive HAART. 104 exposed infants will receive PCR for early infant diagnosis. At the community level lay counselors will be trained to strengthen the delivery of PMTCT services and to provide continued support for the HIV-positive women and their families. To help reduce stigma and have support from the men, 5875 spouses will be provided with CT services. The project will train community health workers to provide community components of PMTCT services. In order to improve the quality of care, 50 health supervisors will learn management skills, including utilization of data for decision making. In 2008, this project will strengthen District Health Management Teams particularly in 8 new newly formed districts), and referral networks for PMTCT-plus activities. The project will train 120 health workers in 60 sites in PMTCT and comprehensive HIV management for HIV-positive mothers and their families. Efforts will be made to increase early infant diagnosis in order to identify infants that require HIV care and treatment and offer more appropriate advice on infant feeding choices. More efficacious regimens for PMTCT will be introduced and scaled up in all the sites offering services. Linkages to FP/RH will be made as well as to laboratory services in order to offer a more comprehensive package of care.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute CT to 2.3% of the overall 2009 Emergency Plan PMTCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of health facilities will contribute to improvement of the quality of services.

3. LINKS TO OTHER ACTIVITIES

Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, as well as other family members, thus optimizing utilization of complementary services created through Emergency Plan funding. This activity will relate to the ARV services, OVC care, TB/HIV services, HBHC and STP services funded under the APHIA II NEP.

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV+ pregnant women, HIV affected families, and HIV+ infants with service provision. Health care providers including doctors, nurses and other health care workers will be targeted for training on PMTCT using the national NASCOP PMTCT CDC/WHO based curriculum.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved PMTCT service delivery at antenatal clinics and maternity units. Community Health workers will conduct community mobilization activities that will help increase service uptake as well as address issues of stigma and discrimination at community level. This is also hoped to help address male norms and behaviors as well as reduce violence and coercion against women. This activity includes emphasis on human capacity development through training and supportive supervision. Attention will also be paid to Quality Assurance, Community Mobilization/Participation and Development of Network/Linkages/Referral Systems. Data collection and utilization is paramount to successful program implementation and support will be given to strategic information. Linkages to safe motherhood will be created to improve outcome of interventions in that hard to reach population.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15989

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15989	15989.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$550,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,230

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7286.09	Mechanism: Phones for Health
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 16009.20304.09	Planned Funds: ██████████
Activity System ID: 20304	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +The P4H infrastructure will be extended to cover all health facilities in Nyanza and South Rift Valley provinces as well as making an entry into two other provinces.
- +Additional modules to cover logistics (drugs and commodities supply) will be included.
- +A training partner will be competitively selected to work with P4H in full expansion of health worker training.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Sustainable staffing and local capacity building (both human and institutional) are critical to the success of Phones for Health in Kenya. The Phones for Health team will recruit a full-time technical advisor to provide long-term training and technical assistance to the local management unit, which will be located within the Ministry of Health's Division of HMIS or NASCOP. This activity supports key cross-cutting attributions in human capacity development through training of GOK personnel in use of mobile phone technology to improve reporting and data use.

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1. ACTIVITY DESCRIPTION

In FY2008, Kenya will strengthen national HIV/AIDS strategic information capacity through participation in the Phones for Health public-private partnership. Phones for Health will leverage human, financial and physical resources from its partners – including O/GAC, the GSM Association Development Fund, Accenture Development Partners, Motorola, MTN and Voxiva – to establish a sustainable national information system for HIV/AIDS and related diseases in Kenya. The Phones for Health model builds on local telecommunications infrastructure and utilizes multiple user interfaces, allowing workers at health facilities to record data locally and transmit it to regional and central-level program managers by phone, PDA or computer. The system also provides multiple channels for communication and feedback between levels of the health care system. The Phones for Health architecture consists of a series of core modules, each of which supports a key care and treatment function, such as patient registration, communication between facilities and central authorities, or program indicators reporting. Kenya is committed to advancing national strategic information capacity and will devote substantial staff and resources to the oversight of data collection, quality assurance and training in support of this activity. Specific activities that will be undertaken by the Phones for Health partnership in Kenya in FY2008 include: Outreach and Needs Assessment: A small Phones for Health team will meet with key stakeholders in Kenya, including Ministry of Health (MOH) representatives, USG, WHO, World Bank, GTZ, DANIDA, Aga Khan Health Services and other stakeholders to document Kenya's HIV/AIDS information needs and how Phones for Health will address those needs. In collaboration with these stakeholders, the team will conduct a rapid assessment including but not limited to: stakeholder analysis, health system mapping, resource capacity assessment (i.e. both number of people and capacity to conduct activities), baseline information gathering, work flow analysis, and review of existing HMIS. Accenture Development Partners and Voxiva will jointly lead this activity, which will be funded centrally by O/GAC and GSMA. Planning and Requirements Gathering: The Phones for Health team will work closely with MOH, USG and other donors to determine how the system will be customized to support Kenya's health operations. This will involve defining custom modules, user roles, governance and management structures, business practices and work flows. The roles and contributions of participating Phones for Health consortium members will also be defined and documented, and a phased implementation plan and budget (including ongoing communications and support) will be put in place. Once these items are agreed upon, Voxiva will gather system requirements, such as language options and user permission levels. The Ministry of Health/NASCOP will provide essential information like national ARV drug regimens, facility profiles and locations, and HIV program indicators. System adaptation and configuration: Voxiva and other consortium members will work with MOH and USG technical staff to adapt the Phones for Health system to Kenya's administrative divisions, health reporting hierarchy, management structure, HIV/AIDS services and program indicators. For example, user roles will be created to control which types of data are accessible to different users of the system, such as national HIV/AIDS program managers, district health officers, facility-based health workers, USG agencies and implementing partners. Each user will then be assigned a user role that is linked to the appropriate facility ID/IDs and to a unique user ID and password. Staffing, management and training: Sustainable staffing and local capacity building (both human and institutional) are critical to the success of Phones for Health in Kenya. The Phones for Health team will recruit a full-time technical advisor to provide long-term training and technical assistance to the local management unit, which will be located within the Ministry of Health's Division of HMIS or NASCOP. The local management unit will be responsible for system administration, ongoing training of Phones for Health users, analysis and dissemination of Phones for Health program data, and feedback to districts and facilities on data quality and performance. Accenture/GSMA will provide medium-term technical assistance in the form of in-country consultants with specialized knowledge in HMIS, planning and project management. Together, the technical advisor and Accenture/GSMA consultants will support the local management unit in these functions for the first 18-24 months of deployment, with the goal of transferring the knowledge and skills necessary for day-to-day management of the system to the management unit in the second year of deployment. The Phones for Health team will adapt its role-based training curriculum to the logistical and linguistic needs of Kenya. All users, irrespective of their role(s), will receive training in modes of data entry and transmission, data retrieval and display options (including customization of reports and data dashboards), feedback and alert mechanisms, and security features. Phase One Deployment: Voxiva's experience implementing TRACnet in Rwanda has demonstrated that it is possible to achieve nationwide deployment of the Phones for Health system in a relatively short period of time, though it is anticipated that deployment will take longer in larger countries. In FY2008, Phones for Health will be initially piloted in 2 provinces, with the expectation that national deployment will be achieved by Year 2 or 3 of the project. Motorola will provide subsidized GPRS-enabled phones loaded with J2ME software (donated by Voxiva) to support rapid implementation and expansion. Safaricom will provide subsidized hosting, software maintenance and support services on an ongoing basis.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will strengthen the flow of patient/client data directly from health facilities to a central database in a timely and secure manner. It will also ensure that feedback can be generated and sent to facilities to enhance better decision making and improved program management. National, sub-national reports will be

Activity Narrative: available to program managers for better planning. Information on commodities and general supplies will be available on time hence minimizing stock-outs.

3. LINKS TO OTHER ACTIVITIES

This activity relates to activities in HVTB, HTXS, HBHC, HVCT, HVSI and HLAB.

4. POPULATIONS BEING TARGETED

Although this activity will benefit the general population, 425 individuals drawn from 30 institutions will be trained. These include health workers from district hospitals, sub-district hospitals, health centers and dispensaries.

5. EMPHASIS AREAS

The major emphasis area is Strategic information (M&E, HMIS, reporting).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16009

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16009	16009.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7286	7286.08	Phones for Health	

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 295.09

Mechanism: N/A

Prime Partner: African Medical and Research Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 4145.20347.09

Planned Funds: \$550,000

Activity System ID: 20347

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Reaching Men As Partners by targeting 7,576 spouses of pregnant women
- + Providing Antiretroviral treatment for all infants and young children below 18 months who test HIV positive by DNA PCR and initiating pregnant women in WHO stage 3 & 4 and those with CD 4 count of less than 350 on HAART.
- + The program will support and strengthen functional lab networks, decentralization and task shifting in initiation and provision of ART within MCH for mothers and their HIV infected infants in an effort to improve access to HIV care and treatment services including ART and will pilot extended HAART to cover the breastfeeding period.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. Other personnel targeted for training are the mentor mothers and other peer counselors.

COP 2008

1. LIST OF RELATED ACTIVITIES

These activities relate to HIV/AIDS Treatment: ARV Services, Laboratory Infrastructure, Counseling and Testing and Palliative Care: TB/HIV services.

2. ACTIVITY DESCRIPTION

African Medical Research and Educational Foundation (AMREF) has supported the introduction of PMTCT services since 2004 and will continue to support the implementation and expansion of PMTCT program in Machakos district in Eastern Province and in the Kibera Slum area in Nairobi City. Machakos district has recently been subdivided into four districts, namely: Machakos, Yatta, Mwala and Kangundo. AMREF remains the sole partner for the four daughter districts. HIV prevalence in Machakos from the latest SAPR ANC data is 4.8%, while that in Kibera is 11%. AMREF supports PMTCT activities in 102 health facilities as at the semi annual progress report, though this has increased to the current 120 sites. Initially, the focus was on district and sub-district hospitals. In the semiannual progress report covering October 2007 to March 2008, AMREF counseled and tested 12,054 of target 15,152 (80%) compared to 4,670 tested women the previous year. In 09 COP, the program will consolidate activities to expand the scope of services to 50 new public health facilities to reach universal district coverage. AMREF will provide counseling and testing to 37,881 (93%) of 40,554 pregnant women, and ARV prophylaxis to a total of 1,820 (93%) of 1949 HIV positive women: 50% as sdNVP and AZT (910), 30% as sdNVP (546) and 20% as HAART (364) to HIV positive women. All HIV positive pregnant women with CD4 count < 350 will be started on HAART. AMREF will emphasize WHO clinical staging and CD4 testing for all HIV positive mothers and infants, and will promote use of more efficacious regimen. Early infant diagnosis will be provided to 50% of the HIV exposed infants (910). Provider Initiated Testing and Counseling (PITC) in Child Welfare Clinics (CWC) and in family planning (FP) will be emphasized. All infants who test HIV positive by DNA PCR at age <18 months will be started on antiretroviral treatment. In this 09 COP, AMREF has a target to reach 7,576 Men As Partners (MAP). AMREF will develop models of providing comprehensive PMTCT services to HIV positive women and their families, and provide care and follow up to a total of 1,820 HIV infected-exposed mother- infant pairs, identified by the newly developed combined Mother-baby health booklet. About 240 health care workers will be trained in PMTCT using the NASCOP/WHO/CDC curriculum. 400 health care workers will attend refresher training while about 400 health care workers will receive training on early infant diagnosis, prevention with positives, family planning and infant feeding. Postnatal mothers will be counseled on infant feeding practices, linked to family planning services and to care and treatment. Prevention with positives initiative will be rolled out at the health facility levels, encouraging knowledge of status, partner testing, disclosure, adherence, risk reduction behaviors including condom use especially among discordant couples, adherence counseling. Some PLWHAs who have successfully gone through PMTCT will be trained as "Mother to Mothers" to enhance PMTCT advocacy and community follow up of women and their infant to promote adherence, return for EID, FP and exclusive breastfeeding for 6 months. The HIV exposed infants will have DBS for early infant diagnosis and will be started on cotrimoxazole at the age of six weeks. All HIV positive women and their families identified through the PMTCT program will be linked to care and antiretroviral treatment programs. All HIV infected children below 18 months will be started on ART as soon as they are diagnosed irrespective of CD4 counts and WHO clinical staging within the MCH settings. The program will support and strengthen functional lab networks, decentralization and task shifting in initiation and provision of ART within MCH for mothers and their HIV infected infants in an effort to improve access to HIV care and treatment services including ART. AMREF will strengthen their M&E system working closely with CDC. Infant nutrition in HIV remains a challenge. Efforts will be made by AMREF to pilot extended HAART to cover the breastfeeding period.

In 09 COP, AMREF will train 400 service providers on PMTCT and comprehensive PMTCT which includes DBS (dry blood spot) sample collection technique in 170 facilities. Significant changes from FY 2008 to FY 2009 for this activity include increasing the uptake of counseling and testing in the ANC to 100%, and maternity testing to 80% from the current 60%; and ARV prophylaxis to 100% of the HIV positive mothers. Women in WHO stage 3 & 4 and all those with CD 4 count of less than 350 are initiated on HAART. AMREF will strengthen the Health Management Information System at district level through staff training and computerization of the data management. AMREF will support the district to effectively use the national MOH/NASCOP data collection tools. AMREF will also develop innovative strategies for stigma reduction and will use the local radio station channel to reach a wider local audience. In particular, AMREF will improve participatory facilitative supervision to health facilities in all 4 districts. This will contribute to increase in uptake of services at facility level, as well as contribute to community support to PMTCT activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT activities in Machakos and Kibera slum will contribute to approximately 2.9% of 09 COP. The increase in number of sites contributes to the program's efforts to achieve district-wide coverage for improving equity and access particularly in these underserved areas. The provision of PMTCT+ services to

Activity Narrative: the women, infants and other members of the family provides an entry point for HIV positive individuals to access comprehensive HIV care and other HIV care and support services including safe infant feeding practices. The improved district Health Management Information System will identify gaps in coverage that will be addressed to increase district wide coverage. This activity contributes substantively to Kenya's Five-year strategy of providing HIV counseling and testing services to pregnant women thus increasing the number of women who learn their HIV status, as well as improving access of the HIV-positive pregnant women to interventions for reducing HIV infection to infants.

4. LINKS TO OTHER ACTIVITIES

The PMTCT activities in Machakos district and Kibera slum relate to AMREF ARV Services and CDC KEMRI ARV Services, CDC/KEMRI laboratory, VCT and TB/HIV services. AMREF has been supporting a successful ART site in Kibera, and will use this site to test the appropriate model for strengthening the linkages between the PMTCT program and ART program in the provision of PMTCT+ services to the women, the infants and members of the woman's family. Further, women identified through the PMTCT program will be referred to the ART program for care and treatment.

5. POPULATIONS BEING TARGETED

This activity targets children under five years, adolescents of reproductive age 15-24, adults, pregnant women and people living with HIV. Health care providers including doctors, nurses, and other health care workers will be targeted for training on PMTCT using the national NASCOP CDC/WHO based curriculum.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity includes emphasis on quality assurance and supportive supervision as well as emphasis on development of Network/Linkages/Referral Systems; there'll be emphasis on CD4 testing on pregnant women with use of more efficacious regimen. Provider Initiated Testing and Counseling (PITC) for children will be emphasized, and all HIV positive infants below 18 months of age will be started on antiretroviral treatment regardless of clinical stage or CD4 count. Community Mobilization/Participation, wrap around programs with Food/Nutrition, Presidential malaria initiatives (PMI) through distribution of insecticide treated nets at the MCH, safe motherhood through focused antenatal care, other Family planning initiatives and TB screening and referral for treatment and care will be areas of emphasis.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14722

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14722	4145.08	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	6922	295.08		\$400,000
6837	4145.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4201	295.07		\$250,000
4145	4145.06	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	3222	295.06		\$250,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 368.09

Prime Partner: CARE International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4181.20360.09

Activity System ID: 20360

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Reaching Men As Partners by targeting 4,137 spouses of pregnant women
- + Providing Antiretroviral treatment for all infants and young children below 18 months who test HIV positive by DNA PCR and initiating pregnant women in WHO stage 3 & 4 and those with CD 4 count of less than 350 on HAART.
- + The program will support and strengthen functional lab networks, decentralization and task shifting in initiation and provision of ART within MCH for mothers and their HIV infected infants in an effort to improve access to HIV care and treatment services including ART and will pilot extended HAART to cover the breastfeeding period.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. Other personnel targeted for training are the mentor mothers and other peer counselors.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is linked to the KEMRI ARV program, KEMRI laboratory program, KEMRI TB/HIV program and VCT.

2. ACTIVITY DESCRIPTION

In 09 COP, CARE continues to offer comprehensive PMTCT services in Siaya district, reaching all public health facilities, a few faith-based and one private health facility in the district.

In the SAPR covering the period October 07 to March 08, ANC HIV prevalence in Siaya District was 20.4%. Siaya has 1 district hospital, 2 sub-district hospitals, 10 health centers, 20 dispensaries, 6 mission hospitals and 1 private hospital with comprehensive PMTCT services. CARE International currently supports PMTCT activities in 42 health facilities: 35 public health facilities, 6 mission hospitals and 1 private hospital. In FY 09 CARE will extend PMTCT services to the new mushrooming health facilities built by constituency development funds (CDF). The project is a collaborative effort with the Ministry of Health (MOH). The MOH is responsible for the provision of health facilities and health workers who are trained to provide comprehensive PMTCT services. CARE provides technical assistance and advice on effective models of care and provides strategic oversight. CARE Kenya builds the capacity of the MOH facilities staff to deliver high-quality, efficient and comprehensive PMTCT services, ensures linkages with other PMTCT service providers and communities, promotes early infant diagnosis with appropriate guidance on infant nutrition, ensures linkage of mother and infected infants to care and treatment, and facilitates supportive supervision. In FY 2009, CARE International will consolidate PMTCT support to all existing public health facilities, and will refurbish and equip these as needed. CARE will focus on all the 4 prongs of PMTCT, with emphasis on primary prevention within the ANC (prong 1), prevention of unwanted pregnancies by strengthening linkage to FP (prong 2) and linkage to care and treatment for mother, partner, infant and other children at home (prong 4). In prong 3, the main focus will be on routine counseling and testing of pregnant women in antenatal clinics (ANC) and in maternity units, WHO clinical staging of HIV positive women, provision of cotrimoxazole and antiretroviral prophylaxis to HIV positive women and exposed infants. Emphasis will be laid on provision of a more efficacious regimen (sdNVP + AZT) or HAART to eligible women and counseling on infant nutrition. The program will provide HIV counseling and testing to 20,685 (93%) of 22,145 pregnant women, and provide antiretroviral prophylaxis to 4,222 (93%) of 4,519 HIV-positive women. Of these 2,111 will receive sdNVP+AZT, 844 women HAART and 1,267 sdNVP. HIV infected and exposed infants will be followed up postnatally. The care package for HIV infected mothers in post-natal follow up will include counseling on appropriate infant feeding practices, linkage to care and treatment, and linkage to family planning services. The care package for HIV exposed infants will include early infant diagnosis and initiation of cotrimoxazole from 6 weeks, to a target of 4,222 infants. All infants below 18 months who test positive by DNA PCR will be started on antiretroviral treatment. CARE will train 96 health service providers in comprehensive PMTCT (96 on DBS, 30 on safe water systems, 48 on post exposure care and post exposure prophylaxis, 48 on family planning (re-orientation) and 96 on nutritional counseling for exposed babies). Care will train over 300 community members including youth groups, teachers, CORPS and peer counselors on various skills required for support groups, disclosure counseling, public speaking and peer education. Additionally, CARE will organize and coordinate mobile PMTCT and early infant diagnosis services to the facilities without adequate staffing or infrastructure, and promote linkage from PMTCT to care and treatment. Identified infected infant-mother pairs will be linked to care and treatment. CARE will initiate pediatric antiretroviral treatment in mature high volume PMTCT sites, and establish a facility-lab courier network for DBS to improve efficiency in specimen collection and return of results. Funds will be used for start up of paediatric care and treatment within the MCH in high volume mature PMTCT sites. This will help increase the number of infants and children accessing diagnosis, care and antiretroviral therapy, and towards achieving the 09 COP EID targets of 2,111 and rapid scale up of children on ARTs. Funds will be used to support training 96 HCP on PMTCT including DBS, printing of the new combined mother-baby health booklets; dissemination of national algorithm and Lab tool for EID, procurement of test-kits for rapid tests, reagents, supplies and logistics for EID and DTC, and logistics for administration of pediatric ART and care from the MCH. In COP 2009, CARE International will consolidate PMTCT activities to enhance male partner involvement using special invitation cards to the partners. CARE will counsel and test 4,137 men as partners, and will pilot use of extended HAART to make breastfeeding safer. CARE will use PLWHA to form support groups. Some PLWHAs who have successfully gone through PMTCT will be trained as "Mother to Mothers" to enhance PMTCT advocacy and community follow up of women and their infant to promote adherence, return for EID, FP and exclusive breastfeeding for 6 months. Within the facilities, CARE International will enhance supervision to achieve the targets for CT and NVP uptake. In addition, CARE will leverage resources available through their Safe Water Systems (SWS) program that focuses on making water safe through disinfection and safe storage to avoid contamination. Safe water vessels and disinfectant will be provided to women in the PMTCT program. This will improve the safety of infant weaning and reduce diarrhea morbidity. A community mobilization and education component will be included to

Activity Narrative: increase awareness so that community members can make informed choices on issues to do with techniques of disinfecting water, proper hygiene behavior and proper use of safe water storage facilities. CARE has a microfinance arm "Kungu kod Holo" where women with HIV who have gone through PMTCT contribute to and get small loans from, making them economically empowered.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. This activity will contribute 1.6% to the 09 COP overall Emergency Plan PMTCT targets for Kenya (1.3 million).

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the KEMRI ARV program, KEMRI laboratory program, KEMRI TB/HIV program, and VCT. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment. All HIV-positive mothers and their family members will be referred to the ART program for on-going care, treatment and support. DBS samples will be packaged and shipped to KEMRI laboratories doing PCR, while samples for CD4 will be sent to regional laboratories doing CD4 count. Patients suspected to have TB will be screened and referred for TB treatment. Partners of HIV positive mothers will be encouraged to come for testing at PMTCT site or to go for VCT.

5. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV+ pregnant women, HIV exposed and HIV+ infants (0-4 years). The PMTCT+ initiatives will also target HIV affected families through providing mechanism for improving access to care of the family members of the HIV+ women. Public health care workers including doctors, nurses and other health care workers for example clinical officers, nutritionists, and social workers, will also be targeted for training using the nationally adopted NASCOP/CDC/WHO approved training packages, to equip them with knowledge and skills to provide comprehensive HIV prevention and care services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

Major emphasis will be placed on Data Quality Assurance and Supportive Supervision; lesser emphasis will be placed on Commodity procurement, Community Mobilization/Participation, Development of Network/Linkages/Referral systems and Training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14736

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14736	4181.08	HHS/Centers for Disease Control & Prevention	CARE International	6931	368.08		\$500,000
6851	4181.07	HHS/Centers for Disease Control & Prevention	CARE International	4210	368.07		\$400,000
4181	4181.06	HHS/Centers for Disease Control & Prevention	CARE International	3236	368.06		\$300,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4924.09

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8757.20197.09

Activity System ID: 20197

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$416,855

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to SCMS activities in other program areas: Laboratory Infrastructure, HIV/AIDS Treatment: ARV Services, Counseling and Testing, HIV/AIDS Treatment: ARV Drugs and Palliative Care: TB/HIV.

2. ACTIVITY DESCRIPTION

The Partnership for Supply Chain Management Systems, SCMS, will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of HIV/AIDS- related commodities. Commodities will come through a regional warehouse established in Kenya (Regional Distribution Center-RDC), significantly decreasing the lead time in procurement. From the regional warehouse, supplies will enter into existing supply chain management systems, including the national distribution system, run by KEMSA, and in some cases, "buffer" stocks to ensure that PEPFAR sites have adequate commodities when there is national shortage. The project will receive forecasting and quantification information from existing in-country partners. This activity will also liaise and strengthen local procurement and distribution partners such as MEDS and KEMSA, by working transparently and collaboratively with them. SCMS will be asked to procure commodities with a focus on results – ensuring not only that the product is delivered, but that there are the required maintenance, inputs and upgrades so that the target number of tests are achieved. 2009 funds will be used to procure reagents and consumables for Early Infant Diagnosis (EID) worth \$416,865. This will help address any gaps experienced in improving services for children identified through provider initiated counseling and testing in MCH clinics, pediatric wards and pediatric out-patient clinics to increase the number of children on care and follow up. Infants identified as HIV positive through early infant diagnosis will also require more laboratory work up to put them on care and treatment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to counseling and testing of pregnant women at PMTCT facilities by ensuring adequate supply of rapid test kits and identification of infants requiring early treatment within the program.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities offering counseling and testing to pregnant women and EID through PCR, as well as the RPM+/MSH activity in logistics information management, distribution support, and forecasting and quantification, in ARV Drugs; KEMSA logistics and information management and distribution systems; and SCMC procurements in HVCT, HLAB, and HTXS. It also links to the SCMS activity in Palliative Care: TB/HIV.

5. POPULATIONS BEING TARGETED

The target populations for this activity are pregnant women in the general population for HIV/AIDS testing. It will also target families of the HIV-positive pregnant women.

6. KEY LEGISLATIVE ISSUES

Through the SCMS, procured commodities will be utilized to help address gender equity in HIV programming and improve service delivery to pregnant women, their infants and spouses.

7. EMPHASIS AREAS

The major area of emphasis for this activity is commodity procurement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14950

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14950	8757.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6985	4924.08		\$454,417
8757	8757.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4924	4924.07		\$800,233

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 296.09	Mechanism: N/A
Prime Partner: Network of AIDS Researchers in East and Southern Africa	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01

Activity ID: 4146.20214.09

Planned Funds: \$1,450,000

Activity System ID: 20214

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Revision of the geographical coverage area.
- + Increased emphasis on provision of comprehensive PMTCT services in the lower level facilities and strategies to increase the uptake of HIV testing and counseling to male partner of women attending ANC services.
- +The district total expected pregnancies have been provided and NARESA is expected to support the respective districts reach the stipulated percentage population coverage.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics, in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include doctors, nurses, clinical officers, nutrition officers and health record clerks.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to KEMRI ARV Services in Nyanza, APHIA II ARV services in Nyanza; CDC TBD and Columbia University and APHIA II Central ARV services in Central Province.

2. ACTIVITY DESCRIPTION

The Network of AIDS Researchers in Eastern and Southern Africa (NARESA) was among the first organizations to partner with the Ministry of Health and pilot PMTCT services in Kenya. With Emergency plan funding, NARESA has been supporting implementation of PMTCT services in health facilities in over 12 districts of Bondo, Rachuonyo, Homa Bay, Kisii and Gucha in Nyanza Province, Nyeri, Muranga, Maragua, Kiambu and Kirinyaga in Central Province and Kitui in Eastern Province. ANC HIV prevalence ranges from 4% in Kirinyaga district to 28% in Bondo district. In 2008, NARESA supported the implementation of PMTCT services in the Nyanza and Central region covering 250 health facilities with the aim of providing comprehensive HIV care to all the HIV-positive pregnant women and their infants and families. In 2009, NARESA will continue to support implementation of PMTCT services in the Central Province (Kiambu, Muranga, Maragwa, Kiambu, Kirinyaga and Nyeri Districts) and Nyanza Province (Bondo, Rachuonyo and Homa Bay Districts). Following the Government of Kenya's revision of administrative boundaries, the names and number of districts in these two regions may change, however the geographic area and target population will remain as described here. The expected total number of pregnancies in the geographical area of coverage is 100,594 for Central province and 47,427 in Nyanza region. During COP '09, NARESA will support HIV testing and counseling of a total of 110,765 (93%) (i.e. 75,146 in Central and 35,619 in Nyanza region) pregnant mothers in MCH and Maternity units and facilitate CD4 count test as well as WHO clinical staging to all women with an HIV-positive test result. Based on these parameters and Ministry of Health Guidelines, the program will provide ARV prophylaxis to 10,949 (93%) of 11,722 HIV-positive pregnant women identified. Of these 5,475 HIV-positive women will get AZT and Single Dose Nevirapine, 2,190 HIV-positive women will get Triple ARV Therapy and 3,284 HIV-positive women who present to the ANC in advanced pregnancy for their first visit will get sdNVP only. NARESA will work with the MoH and other PEPFAR partners to establish and maintain a functional referral and laboratory network to ensure HIV-positive women access comprehensive HIV care services in the respective regions. All HIV-positive women will be initiated on Cotrimoxazole prophylaxis in addition to other basic care package provided in ANC within the safe mother hood initiative. In line with expanding access to HIV testing for men and strengthening prevention, the program will target to support the testing and counseling of at least 20% of the partners of women accessing PMTCT services. This will be achieved through innovative approaches of reaching the male partners for example through couple HIV testing and counseling. A total of 22,154 men will be reached with this intervention (15,030 in Central region and 7,124 in Nyanza region). All men testing HIV-positive will be linked to ongoing HIV care and treatment services. 300 service providers will be trained on PMTCT service delivery. The program will provide ARV post exposure prophylaxis to 10,949 HIV exposed infants in line with the revised national ARV guidelines. The ongoing follow-up clinics for HIV positive women and their infants in all facilities will be strengthened through the provision of a defined package of care for both mother and infant. For the mother, the care components include counseling on appropriate infant feeding practices, TB screening, linkage to family planning services, and linkage to HIV care and treatment services. The care package for the infant includes administration of Cotrimoxazole to 10,949 HIV exposed infants starting six weeks and DBS for PCR-HIV for Early infant diagnosis and will target 6,570 infants with this intervention. The program will strengthen strategies to provide pediatric HIV treatment through collaboration with the HIV/AIDS treatment/ARV services and/or provision of ART within the MCH where feasible. Additional strategies include provision of HIV testing and counseling to sick children attending pediatric outpatient clinics and pediatric inpatient wards. The program will wrap around other Child Survival activities for example immunization, growth monitoring and Malaria prevention and treatment which all contribute to improved quality of life for the infant. Other program activities include increasing access to HIV testing to family members of HIV infected women through facility and home based Provider Initiated Counseling and Testing (PITC), strengthening Prevention with Positives (PwP) in PMTCT settings and couple counseling to address primary HIV prevention in PMTCT setting. The program will continue to consolidate other continuing strategies for program uptake including using PLWA as peer counselors, mentor mothers and providing joint monthly supervision with MOH staff, supporting continuing education for MOH staff and supporting the collection and use of data at both facility and national levels. The program will also support the orientation of service providers on the use of the national mother-child health record book, the PMTCT logistics tools and the revised national PMTCT guidelines among other MoH tools.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT activities in these districts will significantly contribute to PEPFAR goals for primary prevention and care by contributing 8.5% of 2009 overall Emergency Plan CT PMTCT targets for Kenya and 12.8% of the ARV PMTCT prophylaxis. This activity contributes to Kenya's Five-Year strategy of encouraging women, their partners to know their HIV status and availing services to avert HIV infections among infants. It also contributes to improved networks for pediatric ART.

Activity Narrative: 4. LINKS TO OTHER ACTIVITIES

This activity relates to KEMRI ARV Services in Nyanza, APHIA II ARV services in Nyanza, CDC TBD and Columbia University ARV services in Central Province. This activity is most immediately linked to Palliative Care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV-positive woman in the ante-natal and post natal settings, care of the HIV exposed and infected infant in the post natal period and appropriate referral to Pediatric HIV Care services.

5. POPULATIONS BEING TARGETED

This activity targets children (less than 5 years), adolescents aged 15-24 years, adults, people living with HIV/AIDS, and pregnant women.

6. KEY LEGISLATIVE ISSUES ADDRESSED/ EMPHASIS AREAS

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT of HIV services to pregnant women and their partners; in-service training to build staff capacity, and wrap around program to improve the health outcome of women accessing PMTCT services. The wrap around activities include improved access to Family Planning services through staff training and support supervision, increased access to malaria prevention and treatment services at the facility and community levels through the provision of focused antenatal care and community mobilization, and safe mother hood through the provision of focused antenatal care services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14944

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14944	4146.08	HHS/Centers for Disease Control & Prevention	Network of AIDS Researchers in East and Southern Africa	6983	296.08		\$2,000,000
7013	4146.07	HHS/Centers for Disease Control & Prevention	Network of AIDS Researchers in East and Southern Africa	4269	296.07		\$1,780,000
4146	4146.06	HHS/Centers for Disease Control & Prevention	Network of AIDS Researchers in East and Southern Africa	3223	296.06		\$600,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$81,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9706.09

Prime Partner: Mothers 2 Mothers

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17560.20215.09

Activity System ID: 20215

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

The prime partner will not only implement the Mentor Mothers project in Kenya through Catholic Medical Mission Board in 50 sites but will also work closely with NASCOP, MOH in Kenya and the National PMTCT TWG to adopt the curriculum being used in the project for national use. The Prime partner will then help train training of trainers at National and Provincial level to help roll out the project nationally for greater involvement of women living with HIV. The prime partner is expected to lay down a clear devolution strategy to the in-country implementing partner and NASCOP for sustainability.

In light of this new development to continue to refine and adapt the m2m program model and begin to respond to the challenge to support rapid national scale-up of integrated services to ~4000 sites or more, m2m proposes undertaking a two-pronged approach including a) initiation of technical assistance to support scale-up and b) a service delivery component with program sites that would serve as "centers of excellence" and provide a reference for technical assistance activities against which implementing partners could benchmark efforts to replicate and scale-up Mothers2Mothers' model of care.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers and mentor mothers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services.

COP 2008

1. ACTIVITY DESCRIPTION

With PEPFAR New Partners Initiative's (PEPFAR-NPI) and in-country support, Mothers2Mothers (m2m) will increase the effectiveness of PMTCT services through a comprehensive program of facility-based, peer education and psychosocial support for pregnant women, new mothers and caregivers living with HIV/AIDS in Kenya. There are four components to the activity that contribute to support of PMTCT: curriculum-based training and education programs; psychosocial support and empowerment services; counseling and testing; and bridging services linking PMTCT treatment and care to anti-retroviral treatment (ARV) and other health services. The first component is training. FY 2009 PEPFAR funding will be used to deliver a comprehensive curriculum-based training for approximately 108 m2m paid site staff, Site Coordinators (SC) and Mentor Mothers (MM), (all of whom are PLWHA) who will provide education programs designed to improve PMTCT outcomes of pregnant women and new mothers with HIV and AIDS. The training curriculum given to m2m staff provides guidance about PMTCT and ARV treatment, as well as disclosure, safer feeding options, family planning, nutrition, couples counseling, and prevention guidance for these PLWHA and their partners. Annual trainings are given to all staff, inclusive of new staff and retraining for existing staff (two weeks for MM and three weeks for SC). m2m does not provide formal training on direct PMTCT service provision for healthcare providers, including doctors and nurses. The second component is providing psychosocial support and empowerment programs to HIV-positive pregnant women and new mothers to improve pediatric and maternal outcomes. PEPFAR funding will be used to provide individual and group psychosocial support and empowerment programs for pregnant women and new mothers with HIV/AIDS to help issues including stigma and discrimination, disclosure, reducing risky behavior and pediatric support. The outcome of both group and individual support is knowledge transfer around issues that women living with HIV and AIDS face in navigating the PMTCT process. Another outcome is empowering the women to focus on and take responsibility for the health of their babies, and their own health. Nutritional education and support is also part of the program; and there is a provision for specific support programs for the m2m staff. The third component is increasing PMTCT services through encouragement of HIV testing and uptake of prophylaxis for PMTCT. PEPFAR funds will help m2m staff work as part of the antenatal care team at facilities in Kenya. In this role, the m2m staff focuses on increasing counseling and testing uptake by working with women like themselves and drawing on their training and their own personal experience. The program also encourages pediatric counseling and testing efforts by counseling women to return to clinics post-delivery to test their infants, supporting the women in the post-delivery period, and providing information about pediatric treatment programs. The fourth component is assisting HIV-positive women to access linkages and referral systems to bridge PMTCT and other health services. In active collaboration with local and provincial health officials, PEPFAR funding will be used to link women and infants with AIDS defining conditions to ARV therapy programs, and to refer all ante/post natal women to clinics providing wellness care for themselves and their infants. While m2m does not provide formal referrals for healthcare, the staff is well informed about where services are available and can inform women about how to access both medical and social services. Finally, PEPFAR funds will be used to help adopt the training curriculum and roll out of the m2m services country-wide. The prime partner will be expected to have a very clear devolution strategy to the in-country implementing partner.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

All activities, which began in 2007, have been and will continue to be coordinated with local PMTCT service providers and their partners and will also be carried out in conjunction with provincial, district and municipal health authorities. The program implementing partner is Catholic Medical Mission Board (CMMB), an international NGO. Implementation will be facilitated through CMMB's relationships with its partner organizations, the Christian Health Alliance for Kenya (CHAK) and the Kenya Episcopal Conference (KEC) for in-country program implementation. The above results contribute to the PEPFAR 2-7-10 goals by increasing the number of women cared for by PMTCT programs, by improving prevention (PMTCT) outcomes, thus reducing the number of infected children, and by increasing the number of pregnant women, new mothers, and infants receiving treatment by providing a referral system from PMTCT to ARV services. As providers of indirect services to established PEPFAR supported PMTCT programs; with PEPFAR-NPI funds m2m and CMMB will strengthen and enhance PMTCT services at 6 sites in Central Province (Kiambu District) and Nairobi Province (district to be determined) and initiate service in 50 additional sites in: Southern Rift Province, Nyanza Province, Western Province, and Coastal Province. As an indirect service provider, m2m will report indicators and set targets that demonstrate the outcomes of the program. PEPFAR PMTCT indicators will be collected; however these numbers will duplicate those reported by the direct PEPFAR service provider at the site. Additional targets that measure the work and impact of the m2m program specifically will be reported in addition, including the number of new women who received m2m health talks in clinic waiting rooms, the number of HIV-positive women who received services from m2m,

Activity Narrative: the number of return visits to m2m, as well as additional indicators that m2m is working to formulate in coordination with the NPI secretariat in Washington DC.

3. LINKS TO OTHER ACTIVITIES

In support of PMTCT services, m2m provides linkages to other critical components of HIV care and prevention efforts. The program works directly with Counseling and Testing (VCT) programs by encouraging women to learn their HIV status during pregnancy. M2m also provides women with information about programs that provide treatment with ARVs (ART) for pregnant women who are eligible during pregnancy. The program also helps increase uptake of infant testing by educating and encouraging women to bring their babies back after delivery for HIV tests and OI prophylaxis. By encouraging behaviors that can help mothers sustain their well-being, the program aims to reduce the potential that children could become Orphans and/or Vulnerable Children (OVC).

4. POPULATIONS TARGETED

The specific target populations that benefit from the m2m package of care at PMTCT services sites include the pregnant women, primarily HIV-positive pregnant women who receive m2m educational and psychosocial support, people living with HIV/AIDS (PLWHA) which includes both the women who receive the services and the HIV-positive women who are employed by the program. The HIV-exposed infants who are born to the women who receive m2m services are also beneficiaries of the m2m program activities.

5. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES

The primary emphasis areas for these activities are Human Capacity Development; and Local Organization Capacity Development and Sustainability. Key legislative issues addressed include prevention with positives, reducing stigma and discrimination, care for caregivers and support of PLWHA.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17560

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17560	17560.08	U.S. Agency for International Development	Mothers 2 Mothers	7793	7793.08	New Partners Initiative	\$0

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3465.09

Mechanism: N/A

Prime Partner: National AIDS & STD Control
Program

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4225.20216.09

Activity System ID: 20216

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$300,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+Increased emphasis on provision of comprehensive PMTCT services in the lower level facilities and strategies to increase the uptake of HIV testing and counseling to male partners of women attending ANC services.

+NASCOP will take leadership in spearheading relevant policies that support decentralization and task shifting.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include doctors, nurses, counselors, clinical officers, nutrition officers, social workers and health record clerks.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support, HIV/AIDS Treatment: ARV Services, Prevention of Mother-to-Child Transmission and Strategic Information.

2. ACTIVITY DESCRIPTION

The Ministry of Health's National AIDS and STI Control Program (NASCOP) will continue to provide leadership and coordination to the national PMTCT program towards the goal of universal access to comprehensive integrated PMTCT services. In collaboration with the MOH's Division of Reproductive Health and Medical Training College (MTC), NASCOP will strengthen its stewardship, regulatory and supervisory functions and quality assurance to ensure delivery of high quality comprehensive integrated PMTCT services that reflect current scientifically proven interventions and in accordance to the National Comprehensive PMTCT guidelines. NASCOP will guide establishment of systems and mechanisms for stronger linkages and coordination between PMTCT and other HIV treatment and care programs to ensure comprehensive care and support to the HIV-positive woman, infant and family members within maternal and child health care settings. In FY 2009, this activity will continue with strengthening of the stewardship function of NASCOP by improving coordination across ministries of health (Ministry of Public Health Services (MOPHS) and Ministry of Medical Services MOMS) programs supporting MCH services at the national provincial and district levels with decentralization to the district level. NASCOP, through the Technical Working Groups (TWGs), will provide the framework and guidance for the national roll out of comprehensive integrated PMTCT services in addressing all the four PMTCT prongs including provision of FP services within PMTCT programs and couple counseling and testing. NASCOP will facilitate the functioning of the Provincial PMTCT TWGs that will work at district level to enhance active community participation, coordinate various partner activities, review district micro plans and use program data for improving specific regional performance. Other significant activities include developing models to ensure improved access to HAART for eligible mothers either within the MCH setting or through linkage with existing ART programs. Additionally, the program will continue working at strengthening the referral systems for the continuum of care for successful referral of mothers to antiretroviral therapy centers and early infant diagnosis and referral to appropriate care to enhance maternal and child survival. This program will also adopt a training package for the training of community groups to provide HIV prevention, treatment, care and support services at the community level.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

NASCOP has the mandate to provide leadership and policy guidance, direction and support for national PMTCT efforts. The NASCOP PMTCT activities will significantly contribute to PEPFAR goals for primary prevention of HIV and identifying and referring HIV-positive individuals to treatment and care by providing the national framework for strategic comprehensive to PMTCT programming including strengthening couple counseling and Testing and Family Planning services within the PMTCT program. Strong and effective linkages between PMTCT and other HIV care programs and Reproductive services at national level will significantly improve access to ART including pediatric HIV care and treatment services at facility level, improved access to FP services and prevention for discordant couples thereby ensuring comprehensive HIV services in PMTCT sites. With Emergency Plan funds, NASCOP led the national process in adapting the WHO/CDC generic curriculum into the Kenya National PMTCT Training Curriculum. In FY 2008, NASCOP will continue to provide national direction for staff capacity building to strengthen PMTCT service delivery. NASCOP will also continue to improve PMTCT management information system in order to develop a dynamic data flow system to inform national gaps, coverage rates, and program uptake and monitor national targets. NASCOP will continue to support the development and roll out of the national training plan based on identified needs, maintain a national data base on service providers trained with details of cadre of staff trained, training type, duration of training etc that will be used to inform the nation on staffing needs. NASCOP will work with DRH and MTC to support integration of pre-service and in-service training and supervision of PMTCT services within other maternal, child health and family planning supervisory structures at the district levels. In '08, the program will also develop and roll out "on the job training" strategy for service providers, and support the production of a bi-annual technical news letter to the field.

4. LINKS TO OTHER ACTIVITIES

This activity relates to the following: NASCOP ART, NASCOP SI, and PMTCT JHPIEGO DRH. This activity is most immediately linked to palliative care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV-positive woman in the antenatal and post natal settings, care of the HIV exposed infant in the post natal period and referral to the ART sites for women and infants. In collaboration with the DRH, this activity will strengthen support supervision efforts for integrated comprehensive PMTCT service delivery including improved data management and utilization at facility level.

5. POPULATIONS BEING TARGETED

This activity targets pregnant adolescent pregnant women aged 15-24 year and their partners, adults, discordant couples, people living with HIV/AIDS, and pregnant women.

Activity Narrative: 6. EMPHASIS AREAS/ KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing national policy guidelines and operational guidelines for the provision of PMTCT of HIV services to pregnant women and their partners. Other emphasis areas include providing guidance and direction in training of service providers in both pre service and in service settings, and working with other Ministries of Health departments to strengthen integration of service delivery that will contribute to achieving delivery of comprehensive PMTCT care package at all ANC and Maternity facilities through wrap around programming. This includes programs such as Family Planning, Malaria (PMI), and TB programs. In all the programmes NASCOP will promote equity through identification of vulnerable groups and factors that make specific groups particularly vulnerable. Gender-related vulnerabilities will be identified and analyzed and described and incorporated into all interventions. This includes MAP, gender-based violence and cultural barriers that are related to gender norms. NASCOP will also encourage and actively facilitate implementing partners to work with PLWHA in PMTCT and other HIV prevention and care programmes through initiatives such as PwP, M2M programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14930

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14930	4225.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$550,000
7006	4225.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$300,000
4225	4225.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$437,500

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 292.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4143.20205.09

Activity System ID: 20205

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$1,500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+Increased emphasis on provision of comprehensive PMTCT services in the lower level facilities and strategies to increase the uptake of HIV testing and counseling to male partners of women attending ANC services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Counselors, Clinical Officers, Nutrition Officers, Social Workers and Health Record Clerks.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity will relate to the ARV services of University of Nairobi, Department of Pediatrics, AMREF, EDARP, University of Manitoba, CHF, Columbia University in Central and Eastern Provinces and University of Washington, and TB/HIV.

2. ACTIVITY DESCRIPTION

In FY 2007 Pathfinder International provided support for implementation of PMTCT services in a total of 12 districts across three Provinces of Nairobi, Eastern and Central. These districts include: Nairobi (8 districts), Eastern (5 districts), and Central (1 district) provinces. The support provided includes provision of comprehensive antenatal package for all pregnant women. PFI has facilitated the establishment of over 100 support groups of PLWHAs, formed around PMTCT sites by mothers who have benefited from the program services. Referral linkages have been established to centers providing antiretroviral therapy for continuum of care for the mother, male partner and, infant. PFI will implement integrated comprehensive PMTCT service in accordance with the National Comprehensive PMTCT guidelines. Comprehensive integrated PMTCT services include, but are not limited to counseling and testing of pregnant women and their partners in antenatal clinics, delivery units and postnatal clinics using the opt-out approach, clinical staging of all HIV-positive women using WHO guidelines and use of appropriate antiretroviral regimens. Early Infant Diagnosis (EID) at six weeks via PCR on Dry Blood Spots (DBS) from all exposed infants and successful referral of HIV-positive mothers, their male partners and infected infants to antiretroviral treatment centers. In FY 2009, PFI targets counseling and testing to 157,240 (93%) of 169,407 pregnant women and provide antiretroviral prophylaxis to 11,390 (93%) of 12,312 HIV-positive women. Of the 11,390 HIV-positive women, 2278 will be put on HAART; 5695 on AZT+sdNVP and 3417 on sdNVP. The target for EID using DBS at six weeks and cotrimoxazole prophylaxis to exposed infants is 11,390. The number of sites will increase from 300 to over 320. Innovative approaches will be used to increase male partner participation such as using peer approaches, males as partners (MAP), work place awareness creating as well as targeting men in social settings. Pathfinder will train and update skills of 350 service providers in comprehensive HIV management for HIV-positive pregnant mothers, their infants and their families.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 12.2% of the overall 2009 Emergency Plan PMTCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of health facilities will contribute to improvement of the quality of services. PFI will facilitate capacity building of DHMTs for improved management of health services and set up of referral networks and linkages for a continuum of care from facilities to Home-based care within the community and among various programs within the district. This activity contribute to increased awareness, demand creation and stigma reduction leading to increased utilization of services towards the goal of universal access to prevention, care and treatment services.

4. LINKS TO OTHER ACTIVITIES

Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, and family members as well and thus optimize utilization of complementary services created through Emergency Plan funding. This activity will relate to the ARV services of University of Nairobi, Department of Pediatrics, AMREF, EDARP, University of Manitoba, CHF, Columbia University in Central and Eastern Provinces and University of Washington, and TB/HIV.

5. POPULATIONS BEING TARGETED

This activity targets children (under 5 years old), Adolescents of reproductive age (15-24 year), adults, people living with HIV/AIDS, and pregnant women.

6. KEY LEGISLATIVE ISSUES ADDRESSED/EMPHASIS AREAS

This activity will address gender equity in HIV/AIDS programs through improved PMTCT service delivery at ante-natal clinics and maternity units. Community health workers will conduct community mobilization activities that will help increase service uptake as well as address issues of stigma and discrimination at community level. Other emphasis areas include capacity building through supporting in-service training for providers on comprehensive PMTCT programming that addresses all the four prongs, wrap around programs for family planning, malaria and safe mother hood through the provision of comprehensive PMTCT package that addresses all these elements. The comprehensive PMTCT package includes focused antenatal care that addresses safe mother hood issues, malaria prevention through the provision of insecticide treated bed nets for the pregnant woman and intermittent presumptive treatment for malaria, and increased access to family planning with a focus on dual method for the HIV + mothers . Equity will be promoted through identification of vulnerable groups and factors that make specific groups particularly vulnerable. Gender-related vulnerabilities will be identified and analysed and described and incorporated into all interventions. This includes MAP, gender-based violence and cultural barriers that are related to gender norms.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14956

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14956	4143.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	6986	292.08		\$1,500,000
7016	4143.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	4271	292.07		\$850,000
4143	4143.06	HHS/Centers for Disease Control & Prevention	Pathfinder International	3221	292.06		\$800,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7792.09

Mechanism: New Partners Initiative

Prime Partner: Christian Reformed World Relief Committee

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17536.20384.09

Planned Funds: \$0

Activity System ID: 20384

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
CRWRC is proposing a new sub-partner and site: Mount Kenya Christian Community Services (MKCCS) to cover Central Province, Murang'a South district in Maragua Ridge location.

COP 2008

1. LIST OF RELATED ACTIVITIES

CRWRC's activities in the program area of PMTCT are closely related to a great degree with CRWRC's activities in the Counseling and Testing program area, since the health facilities providing PMTCT services will also be providing counseling and testing services.

2. ACTIVITY DESCRIPTION

In partnership with three faith-based organizations in Kenya, namely; Western Region Christian Community Services, an agency of the Anglican Church of Kenya, will implement the program in all eight districts of the Western Province. KAMATAKIMO, which is also an agency of the Anglican Church, will target the districts of Kitui and Mwingi in Eastern Province. Mt. Kenya Christian Community Services (MKCCS) will focus in Central Province and in Murang'a South district and Maragua ridge location Christian Reformed World Relief Committee (CRWRC) will equip 11 health facilities to provide a minimum package of PMTCT services. These health facilities will be selected based on a review of existing health facility assessment data and with the intention of filling service gaps.

This program has the following components; firstly, the 11 service outlets will be refurbished and/or equipped in ways that may include repair of roofing; reconnecting water; fixing gutters for rain water collection; and acquisition of examination room tables, chairs, charts, scales, HIV/AIDS reference manuals, posters, and other similar supplies. Refurbishing and equipping the facilities, along with retraining health personnel are needed to assist many local health facilities to be able to provide the minimum package of PMTCT services, including counseling and testing for pregnant women, ARV prophylaxis to prevent MTCT and treatment for eligible pregnant women, infant HIV diagnosis, counseling and support for safe infant feeding practice, and family planning counseling or referral.

Secondly, certified trainers from the Ministry of Health and the Kenya Institute of Professional Counselors will provide on-the-job training to 80 community-based health workers at the identified health facilities. Training will be provided to them in their own districts and sub-locations using the National Guidelines for CT training in Kenya. The counseling portion of the training will be done through an intensive five-day training workshop. After the training, the health workers will receive ongoing supervision from district-level Ministry of Health (MOH) officers.

This activity will target pregnant women and newborns residing in the poor, rural communities located near the newly refurbished and equipped health facilities and encourage them to access the comprehensive antenatal services, which will include counseling and testing for HIV and other PMTCT services. The activity will also seek to educate men on the topic of PMTCT and encourage their participation at their partners' prenatal check-ups. Men will be targeted through existing community groups such as local men's groups in the barazas or through church groups like the Kenya Anglican Men's Association. The review of existing KAP data and barrier analysis will inform the process of designing the behavior change activities and messages related to PMTCT.

Thirdly, at least 350 pregnant women will be provided with counseling and testing services and will receive their test results from health facilities operated directly by CRWRC's local partners. Of these, it is expected that 75 will be provided with a complete course of antiretroviral prophylaxis – which may include the following regimens; Nevirapine, Lamivudine, Azidothymidine or Zidovudine (GOK approved) – these are provided to health centers certified by the Ministry of Health. Another 400 will be referred to other health facilities that offer the minimum package of PMTCT services. Community health workers will be trained to make these referrals. These 80 community health workers will target women with the least knowledge of PMTCT and their male partners at antenatal check-ups and during bi-weekly house-to-house visits.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute toward the 5-year target of preventing 7 million new infections by preventing the transmission of the virus from mother to child. By assisting 11 health facilities to upgrade their PMTCT facilities and by providing critical training for 80 community health workers in the delivery of PMTCT services, CRWRC and its partners will build local capacity in the area of referral and tracking of PMTCT recipients for long-term prevention programs. Knowledge about mother to child transmission of HIV is very low among rural and disadvantaged people in Kenya. Using behavior change communication to encourage pregnant women and their sexual partners to be tested will create demand for the services in an area where so far only a small percentage of pregnant women are using PMTCT services.

4. LINKS TO OTHER ACTIVITIES

A major priority will be for CRWRC and its partners to collaborate with other pre-existing HIV/AIDS service providers in all three working areas so that the CRWRC NPI program can be linked to services offered by these organizations. CRWRC and its partners have already begun this networking process by initiating communication with PATH, Family Health International, and JHPIEGO, which are the three agencies implementing APHIA II in the same provinces that CRWRC and its partners are targeting under the NPI program. CRWRC and its partners will develop a system for tracking and following-up on referrals for PMTCT.

5. POPULATIONS BEING TARGETED

In partnership with three faith-based organizations in Kenya, CRWRC will scale up PMTCT services in all eight districts of the Western Province, the districts of Kitui and Mwingi in Eastern Province, and the district of Uasin Gishu in Rift Valley Province.

Pregnant women aged 15-49 and their husbands or partners (males 15 and over) will be targeted by community-based health workers during antenatal check-ups and bi-weekly house-to-house visits.

Activity Narrative: Pregnant women will be encouraged to seek counseling and testing for HIV within comprehensive antenatal services. Husbands or partners will also receive counseling to allow their wife or partner to be tested for HIV and will be sensitized on the need for the wife or partner to deliver her baby in a health facility. Pregnant women who are HIV+ will be treated with a full course of ARV prophylaxis - with reference to GOK guidelines or referred to another health facility where treatment can be obtained.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues are included in the emphasis areas described in section 7 below.

7. EMPHASIS AREAS

CRWRC and its partners will address gender in the PMTCT program area by addressing male norms and behaviors regarding HIV counseling and testing and not preventing their female partners from accessing other needed antenatal health services. CRWRC and its partners will also focus on human capacity development through a five-day in-service training of clinic-based health workers in counseling and testing for pregnant women. CRWRC and its partners will also work with health facility workers and community health volunteers to develop a health worker and volunteer retention strategy that aims at enabling health worker develop an action plan to recognize the roles played by volunteers in the program and enables health workers to develop activities towards volunteer recognition. Other emphasis areas to be addressed by this program area include CRWRC's on-going local organization capacity building of the three partner organizations and coordination of the health management information system for tracking referrals of HIV+ pregnant women for ARV prophylaxis. This program area is funded through the New Partner Initiative.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17536

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17536	17536.08	U.S. Agency for International Development	Christian Reformed World Relief Committee	7792	7792.08	New Partners Initiative	\$0

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3618.09

Mechanism: Kenya Pharma Project

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 12537.20326.09

Planned Funds: [REDACTED]

Activity System ID: 20326

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + Updated references to targets and budgets. The funds allocated for this activity will be used to procure ARV drugs for 17,464 HIV positive pregnant women who are part of the total target to be reached with USG support.

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1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Drugs and all the activities listed in the HTXS program area.

2. ACTIVITY DESCRIPTION

This activity deals with the procurement and distribution of ARV drugs for patients supported by the Emergency Plan. The objective of this drug procurement contract is to ensure reliable and uninterrupted supplies of essential ARV commodities to Emergency Plan supported sites in Kenya. This activity will be follow-on to the current USAID contract with the Mission for Essential Drugs and Supplies (MEDS), and the contractor will be chosen through full and open competitive bidding at the mission level. The solicitation for this activity is currently in process and a contractor will be awarded in early 2009 calendar year. The contractor will forecast, procure, store, and distribute a limited formulary of ARV drugs for 17,464 HIV positive pregnant women who will be among 190,000 patients reached in total by September 30, 2010. The contractor will procure the required medicines and constantly communicate with suppliers for stock availability, properly store and warehouse Emergency Plan stocks, distribute pharmaceuticals in a timely and efficient manner to ensure continuity in patients' treatment, monitor quality assurance of the items procured and distribution through a recognized quality control laboratory, and maintain appropriate records on supplies for accurate program reporting, monitoring and evaluation. The key beneficiaries of this contract will include public sector hospitals, faith based health facilities supported by PEPFAR, non-governmental and community based organizations.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The procurement of ARVs will contribute to supporting 17,464 HIV positive pregnant women among 190,000 patients on treatment. This is 9.2% of the total number to be reached with ARV therapy.

4. LINKS TO OTHER ACTIVITIES

These activities will complement and link intimately with all activities listed in the ARV services program area, as well as the Management Systems for Health/Strengthening Pharmaceutical Systems (MSH/SPS) program in ARV drugs activity, KEMSA ARV drugs program activity, and KEMRI ARV drugs program activity. The contractor will receive support from MSH/SPS, primarily in the area of improving quality control. These activities will contribute directly to the result of achieving a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.

5. POPULATIONS BEING TARGETED

Populations targeted include people living with HIV/AIDS, private health care workers and faith-based organizations.

6. EMPHASIS AREAS

The major emphasis area for this activity is commodity procurement, with minor emphasis areas being training, logistics and linkages with other sector initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14708

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14708	12537.08	U.S. Agency for International Development	To Be Determined	6917	3618.08	Mission Competitive Procurement / OI Drugs	██████████
12537	12537.07	U.S. Agency for International Development	To Be Determined	4291	3618.07	Mission Competitive Procurement / OI Drugs	██

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4916.09

Mechanism: APHIA II - Rift Valley

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 8733.20452.09

Planned Funds: \$2,843,750

Activity System ID: 20452

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$243,750.

Partnership Framework [\$93,750]: The PMTCT Program is currently reaching more than 80% of all pregnant women accessing MCH clinics with HIV CT services. However, this represents only 61% of all expected pregnancies in the country. There is need to increase access to ANC care for women in hard to reach areas including PMTCT services. These activities will be implemented through various APHIA partners.

Partnership Framework [\$150,000]: Scale up - improved and standardized integration of HIV services into MCH and improved and standardized models of follow up care and referrals. These activities will be implemented through various APHIA partners.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + More emphasis on decentralization of HIV care and treatment as well as TB services through capacity building and task shifting
- + Male involvement through targeted couple counseling
- + Greater involvement of HIV+ mentor mothers
- + Quality improvement through standards based management and recognition

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include doctors, nurses, clinical officers, nutrition officers and health record clerks. The activity will also support hiring of health workers and other key staffs to fill critical gaps in service delivery.

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1. LIST OF RELATED ACTIVITIES

This activity relates to counseling and testing, ARV services, palliative care: home based care and support, abstinence and be faithful and other prevention activities.

2. ACTIVITY DESCRIPTION

This APHIA II Rift Valley activity will expand PMTCT services in the Rift Valley province, building on the support previously provided through USAID's IMPACT and AMKENI Projects. It aims to increase the uptake of counseling, testing (CT) and ARV prophylaxis to all pregnant women presenting for ANC services in supported sites. In 450 facilities across several districts in Rift Valley Province CT will be provided to 160,183 (76%) of 210,688 pregnant women, ARV prophylaxis to 8,055 (76%) of 10,643 HIV-positive women in the geographic area of coverage. Of these 4028 HIV positive women will receive AZT/NVP prophylaxis, 2,416 will receive single dose nevirapine only while 1,611 will be put on HAART. Service delivery will incorporate best practices namely opt-out approach and rapid testing. Sites will include, or be linked to, comprehensive care centers with a big emphasis on decentralization of care and treatment and TB services to lower level health facilities. Opportunistic infection prophylaxis, the use of more efficacious regimens for ARV prophylaxis and PMTCT plus services will start in selected sites. Improved capacity to carry out postnatal follow up of infected mothers and exposed babies including early infant diagnosis to reach 4028 exposed infants in the mother and child health clinics (MCH) are priorities. This will be supported through training of health care workers, roll out of combined mother baby card and support to laboratory networks. Male involvement will be supported through greater involvement of men with counseling and testing provided to 32,107 spouses of pregnant women.

Significant changes from 2008 include the provision of universal and more comprehensive PMTCT services in Rift Valley. Strategies to provide CT in maternity services during labor and delivery, emphasis on early infant diagnosis, male involvement, and greater involvement of people living with HIV/AIDS through scale up of the mentor mothers project and deployment of additional counselors to ANC sites are other important changes. Postnatal follow up of infants and mothers will include infant diagnosis, cotrimoxazole prophylaxis, treatment, and support for infant feeding practices and appropriate linkages for nutritional support. In 2009 APHIA II Rift Valley will support 450 sites, train 122 additional health care providers and provide logistical support, renovation, supervision and monitoring. Support to PMTCT plus services will include training of service providers, strengthening of laboratory and commodity logistics capacity, increased access to HB, FBC and CD4 assays and linkages to comprehensive care centers.

This activity will use the Ministry of Health's WHO/CDC-based curriculum for training, comply with MOH's clinical and reporting guidelines, and participate in the MOH's Technical Working Group including regional GOK PMTCT meetings to improve quality and ownership of the program. Community links in rural areas to provide support especially to HIV-positive pregnant women will be established through national organizations of PLWHA and mentor mothers' project. Agreements with Provincial Medical Officers will ensure that PMTCT skills are taught to multidisciplinary treatment and care teams at comprehensive care facilities, and that primary HIV care is integrated into MCH clinics.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 12.3% of 2009 overall Emergency Plan PMTCT targets for Kenya. Additional sites contribute to the program's efforts to achieve district wide coverage for services. Support to high volume health centers, district and provincial hospitals to provide PMTCT plus services significantly increase opportunities to identify HIV infected patients who are potential candidates for ART. Access to services, medical treatment and care will encourage rural women in underserved communities to attend ante natal care services. This will facilitate postnatal follow up of HIV positive women, infants and their family members. This APHIA II Rift Valley activity also contributes substantially to Kenya's 5-year strategy of encouraging pregnant women to know their status, availing services to reduce mother-to-child infections and providing HIV/AIDS treatment as a step towards preserving the family unit. It also contributes to the strategy to integrate services and improve the referral links.

Activity Narrative: 4. LINKS TO OTHER ACTIVITIES

This activity relates to CT, ARV services, Palliative care, OVC, AB and other prevention activities described in the APHIA II Rift Valley in other areas of the COP. PMTCT plus services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, management of opportunistic infections and ARV services. Strengthening laboratory services and improving commodity logistic systems is a crucial part of HIV/AIDS treatment services.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development through training and task shifting, development of network/linkages/referral systems to wrap around programs in malaria, family planning, safe motherhood, TB and nutrition programs. Support to strategic information will be provided.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14797

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14797	8733.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$2,630,000
8733	8733.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$1,400,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$156,450

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4913.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8764.20464.09

Activity System ID: 20464

Mechanism: APHIA II - Coast

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$2,150,000

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$150,000. Partnership Framework: Scale up - improved and standardized integration of HIV services into MCH and improved and standardized models of follow up care and referrals. These activities will be implemented through various APHIA partners.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + More emphasis on decentralization of HIV care and treatment as well as TB services through capacity building and task shifting
- +Male involvement through targeted couple counseling
- +Greater involvement of HIV+ mentor mothers
- + Quality improvement through standards based management and recognition

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. The activity will also support hiring of health workers to fill critical gaps in service delivery.

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1. LIST OF RELATED ACTIVITIES

This activity relates to Counseling and Testing, Palliative Care: TB/HIV and Palliative Care: Basic Health Care and Support, HIV/AIDS Treatment: ARV Services, Condoms and Other Prevention Activities, and Orphans and Vulnerable Children.

2. ACTIVITY DESCRIPTION

This APHIA II Coast activity will expand PMTCT services in the Coast Province, building on the support previously provided through USAID's IMPACT and AMKENI EngenderHealth Projects. It aims to provide universal uptake of counseling and testing (CT) and ARV prophylaxis in the province. In all the facilities across the six districts, counseling and testing will be provided to 118,584 (94%) of 126,166 pregnant women, and ARV prophylaxis to 6,326 (94%) of 6,726 HIV-positive women. Of these 3,164 will receive AZT/NVP 1,265 HAART and 1897 single dose nevirapine only. 3,164 exposed infants will receive PCR for early infant diagnosis. Service delivery will incorporate best practices, namely opt-out approach and rapid testing. Sites will include, or will be linked to, comprehensive care centers. Opportunistic infection prophylaxis, the use of more efficacious regimens for ARV prophylaxis and PMTCT plus services will start in selected sites. Improved capacity to carry out postnatal follow up of infected mothers and exposed babies to include early infant diagnosis especially in the mother and child health clinics (MCH) are priorities. Cost barriers to ART uptake which include laboratory costs in its sites will be addressed. Significant changes from 2008 include the universal provision of PMTCT services in the entire district, provincial hospitals and high volume health centers, and the use of more efficacious regimens for ARV prophylaxis. Strategies to provide CT in maternity services during labor and delivery, emphasis on complete ANC profile and birth planning, improved obstetric care, HIV staging in both ANC and delivery units, ARV and OI prophylaxis, ART for eligible women, access to HIV care and treatment and TB services for HIV+ pregnant women, their infants, and family members through decentralization; extending CT services to include couples to reach 23,717 (20%) male partners, Provider Initiated Testing and Counseling (PITC) in family planning (FP) and Child Welfare Clinics (CWC), improving access to FP services and deployment of additional counselors to ANC sites are other important changes. Postnatal follow up of infants and mothers will include infant diagnosis, cotrimoxazole prophylaxis, treatment, and counseling and support on maternal, infant and young child nutrition and appropriate linkages for nutritional support. In 2009, the APHIA II Coast will support 350 sites, train 350 providers and provide logistical support, renovation, supervision and monitoring. Support to PMTCT plus services will include training of service providers, strengthening of laboratory and commodity logistics capacity, increased access to HB, FBC and CD4 assays and linkages to comprehensive care centers. The program will support and strengthen functional lab networks, decentralization and task shifting in initiation and provision of ART within MCH for mothers and their HIV infected infants in an effort to improve access to HIV care and treatment services including ART. Operations research will focus on improving service delivery. This activity will use the Ministry of Health's WHO/CDC-based curriculum for training, comply with MOH's clinical and reporting guidelines, and participate in the MOH's Technical Working Group. Community links in rural areas to provide support especially to HIV+ pregnant women will be established through national organizations of PLWHA. Agreements with Provincial Medical Officers will ensure that PMTCT skills are taught to multidisciplinary treatment and care teams at comprehensive care facilities, and that primary HIV care is integrated into MCH clinics. HIV counseling and testing services to partners and family members of pregnant women will be scaled up, thus addressing the fourth prong of the PMTCT program strategy. This prong has remained largely unaddressed in Kenya. Emphasis will also be placed on primary prevention for the majority of women identified as HIV negative through the PMTCT program.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 9.1% of 2009 overall Emergency Plan PMTCT targets for Kenya. Additional sites contribute to the program's efforts to achieve district wide coverage for services. Support to high volume health centers, district and provincial hospitals to provide PMTCT plus services significantly increase opportunities to identify HIV infected patients and potential candidates for ART. Access to services, medical treatment and care will encourage rural women in underserved communities to attend antenatal care services. This will facilitate postnatal follow up of HIV positive women, infants and their family members. This APHIA II Coast activity also contributes substantively to Kenya's Five-year strategy of encouraging pregnant women to know their status, availing services to reduce mother-to-child infections and providing HIV/AIDS treatment as a step towards preserving the family unit. It also contributes to the strategy to integrate services and improve the referral links.

4. LINKS TO OTHER ACTIVITIES

This activity relates to CT, OVC, palliative care and and other prevention activities described under the

Activity Narrative: APHIA II Coast in other parts of the 09 COP. PMTCT plus services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, management of opportunistic infections and ARV services. Strengthening laboratory services and improving commodity logistic systems is a crucial part of HIV/AIDS treatment services. Operations research on improving service delivery is included.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development through training, supportive supervision and task shifting, local organization capacity development and improvement in strategic information. Wrap around program with the PMI, family planning and safe motherhood, TB and nutrition programs will be linked with this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14806

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14806	8764.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$2,000,000
8764	8764.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$950,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$156,450

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 521.09

Prime Partner: Indiana University

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4233.20498.09

Activity System ID: 20498

Mechanism: USAID-AMPATH Partnership

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$900,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+More emphasis on decentralization of HIV care and treatment as well as TB services through capacity building and task shifting, male involvement through targeted couple counseling, greater involvement of HIV+ mentor mothers and quality improvement through standards based management and recognition.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. The activity will also support hiring of health workers and other key staffs to fill critical gaps in service delivery.

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The current agreement with Indiana University has come to an end and the prime partner may change once the competition process is concluded. The funding mechanism will be Moi University School of Medicine Network (MUSM)/TBD.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in USAID/AMTATH MUSM Network Palliative Care: TB/HIV, Palliative Care: Basic Health Care and Support, USAID/AMTATH MUSM Network HIV/AIDS Treatment: ARV Services, USAID/AMTATH MUSM Network OVC, and USAID/AMTATH MUSM Network Counseling and Testing.

2. ACTIVITY DESCRIPTION

The Moi University School of Medicine (MUSM) Network is a broad initiative by Moi University Faculty of Health Sciences (MUFHS) and Moi Teaching and Referral Hospital (MTRH) in collaboration with Indiana University School of Medicine (IUSM) and other academic centers. USAID/AMPATH MUSM Network is a comprehensive program of HIV treatment, prevention, community mobilization, Counseling and Testing (CT), Prevention of Mother-To-Child HIV transmission infection (PMTCT), PMTCT-Plus, nutritional support, on the job training, and outreach activities. The Emergency Plan (EP) and private foundations fund this project. Through this project, 56,420 (91%) of 61,834 pregnant women in the targeted sub-locations will receive counseling and testing and 2469 (92%) of 2681 HIV infected women will receive ARV prophylaxis. Of these 1235 will receive AZT/NVP, 493 will receive HAART and 741 will receive NVP only. 1235 of exposed babies will receive EID for HIV. 90% of HIV-infected pregnant women will be enrolled in the PMTCT+ program. More effort will be put towards monitoring and evaluation of the PMTCT program. Additionally, at least 28,210 (50%) of spouses of HIV-infected pregnant women will be offered CT in an effort to treat entire families. This is a key outcome of successful PMTCT. USAID/AMPATH MUSM Network, MUFHS, and MTRH will use Emergency Plan funds to expand PMTCT services and teach the skills to medical students. In 2009 this program will be continued and expanded to additional health facilities under USAID/AMPATH MUSM Network within Rift Valley, Nyanza and Western Provinces to a total 130 health facilities. These facilities will counsel and test 56,420 pregnant women and provide antiretroviral prophylaxis for 2469 HIV-positive women. 175 health workers will be trained to provide PMTCT services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

USAID/AMPATH MUSM Network in the Rift Valley region will contribute 4.3% of the PEPFAR target of 1,300,000 for PMTCT primary prevention and care. Planned activities will improve equity in access to HIV prevention and care services in underserved rural communities. USAID/AMPATH MUSM Network will help ensure there are adequate networks and linkages between their sites and other medical sites where AIDS care and treatment are available for both adults and children. These activities will contribute to increased access to CT services, particularly among underserved and high risk populations and result in increased availability of diagnostic counseling and testing services in medical settings to identify the large numbers of HIV infected patients who are potential candidates for ART.

4. LINKS TO OTHER ACTIVITIES

The PMTCT activities of the USAID/AMPATH MUSM Network in the Rift Valley region relate to USAID/AMPATH MUSM Network Palliative Care: TB/HIV, Palliative Care: Basic Health Care and Support, USAID/AMPATH MUSM Network HIV/AIDS Treatment: ARV Services, and USAID/AMPATH MUSM Network Counseling and Testing. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment.

5. POPULATIONS BEING TARGETED:

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted to pregnant women and their spouses. USAID/AMPATH MUSM Network will continue providing nutritional support through its HIV farm as well as microfinance and micro credit activities. Increased availability of PMTCT services will help reduce stigma and discrimination at community and facility level.

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development through training, supportive supervision and task shifting. Minor emphasis will be placed on community mobilization, development of networks/linkages systems such as the nutritional programs, and local MUFHS, and MTRH organizational capacity development and quality assurance, quality improvement and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14827

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14827	4233.08	U.S. Agency for International Development	Indiana University	6953	521.08	USAID-AMPATH Partnership	\$970,000
6898	4233.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$3,050,000
4233	4233.06	U.S. Agency for International Development	Indiana University School of Medicine	3254	521.06		\$350,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$78,225

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 662.09

Prime Partner: International Medical Corps

Funding Source: GHCS (State)

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 4239.20510.09

Planned Funds: \$330,000

Activity System ID: 20510

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Increased emphasis on provision of comprehensive PMTCT services in the lower level facilities and strategies to increase the uptake of HIV testing and counseling to male partners of women attending ANC services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include doctors, nurses, counselors, clinical officers, nutrition officers, social workers and health record Clerks.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity will relate to ARV services through CDC KEMRI, CDC KEMRI laboratory services, CDC KEMRI VCT, CDC KEMRI TB/HIV and to ARV Services by APHIA II Nyanza.

2. ACTIVITY DESCRIPTION

The International Medical Corps (IMC) will continue to support the implementation of PMTCT activities, with a geographical focus on the Suba District in Nyanza Province. Suba is a hard-to-reach area in Nyanza Province with a mainland and six main islands which include Rusinga, Mfangano, Remba and Ringiti within Lake Victoria. The infrastructure is particularly poor with very bad roads, and movement between the islands and mainland requires use of a boat, making access to health facilities difficult. Subas are a fishing community with very high HIV prevalence rates among women: 41% in the 2003 KDHS and 20.8% as per PMTCT programme data. IMC is currently supporting PMTCT activities in 35 out of 37 public health facilities in the district. The PMTCT activities of IMC relate to counseling and testing of pregnant women in antenatal clinics (ANC) and in maternity units, and provision of antiretroviral prophylaxis to HIV-positive women and exposed infants. IMC is also involved in postnatal follow-up of mother-infant pairs, testing of the woman's partner and other children, and linking those eligible to care and treatment. In FY 2009, IMC-supported facilities will counsel and test 8,216 (93%) of 8,796 pregnant women, perform WHO clinical staging and provide antiretroviral prophylaxis for 1,711 (93%) of 1,832 HIV positive pregnant women. Of these 1711 women, IMC will provide sdNVP and AZT to 856 HIV-positive women, link 342 women with CD4 count below 350 cells/mm³ or in WHO stage 3 and 4 to antiretroviral therapy (HAART), and provide a minimum of 513 pregnant women with sdNVP. IMC will support EID for HIV through PCR testing to all the exposed infants in accordance with the national algorithm. For the infant, IMC will focus on initiation of cotrimoxazole and doing DBS for PCR at six weeks. Infants found to be HIV positive at six weeks or thereafter will be linked to pediatric HIV care and treatment if they are eligible. All HIV-positive children will be initiated on ARVs at 18 months irrespective of CD4 counts. The postnatal care package for the mother will include counseling on appropriate maternal and infant feeding practices according to national PMTCT and nutrition guidelines, linkage to family planning services and linkage to care and ARV treatment. IMC will enhance male involvement through invitation by cards, men as partners (MAP), establishment of a male only clinic and through home based counseling and testing. These efforts will reach 1643 men with CT services. Home-based counseling and testing will be conducted and antenatal women found positive will be referred to the nearest health facility for PMTCT program. IMC will use the national PMTCT curriculum, and NASCOP (MOH) clinical and reporting guidelines, and will continue to participate in the MOH's Technical Working Group to ensure coordination of activities between the sites it supports and the MOH at the district and national level. In FY 2009, IMC will have scaled up to all 35 health facilities in the district, and will focus on consolidation of PMTCT core activities. Despite being in all health facilities, achieving universal access will be a challenge due to the difficult terrain, and there would still be unmet CT need of about 6000. IMC will use other approaches including mobile PMTCT clinics using boats and establishing a network with traditional birth attendants and community health workers to refer mothers for PMTCT services at the nearest health facility, as well as expand home based counseling and testing. IMC will address all the four prongs of PMTCT, and lay emphasis on primary prevention, prevention of unwanted pregnancies and enhance linkage to care and treatment for mother, partner and children. IMC will use people living with HIV/AIDS (PLWHAs) for peer counseling, formation of support groups, and for demand creation for PMTCT services. IMC will engage in task shifting using PLWHA to take up some of the less technical tasks of the HCP. A mother-to-mother (M2M) initiative will be implemented and in each facility 2 HIV-positive women will be identified and recruited to provide counseling, adherence counseling and outreach services. IMC will conduct orientation of the DHMTs and health care providers on Family Planning Integration and STI Management within PMTCT settings. The HCPs and DHMTs will also be orientated on current interventions like more efficacious regimen, early infant diagnosis, counseling on infant feeding especially when PCR results show HIV negative and integration of FP into PMTCT. Emphasis will be laid on behavior change and positive prevention. IMC has trained 60 nurses and will train a total of 90 by end FY '07. In FY 08 IMC will train 30 nurses in basic PMTCT, and 15 VCT counselors who will be used in home based counseling, a way of increasing couple counseling and male involvement. Community workers will be an additional resource to supplement the scarcity of Ministry of Health (MOH) personnel.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in Suba District will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. This activity will contribute 0.6% of the 2009 overall Emergency Plan PMTCT targets for Kenya (1.3 million). The expansion of the scope of services to include early infant diagnosis and male involvement will be an important entry point for other members of the woman's family to be identified and linked to care and ARV treatment.

4. LINKS TO OTHER ACTIVITIES

This activity will relate to ARV services through CDC KEMRI, CDC KEMRI laboratory services, CDC KEMRI VCT, and CDC KEMRI TB/HIV and to ARV Services by APHIA II Nyanza. Linkages to antiretroviral treatment centers, known as Comprehensive Care Clinics (CCC), will be strengthened to ensure immediate and appropriate care for the woman, exposed infants, and family members, optimizing the utilization of complementary services created through PEPFAR funding.

Activity Narrative: 5. POPULATIONS BEING TARGETED

This activity targets children less than five years, adolescents of reproductive age 15-24, adults, pregnant women and people living with HIV. Health care providers including doctors, nurses, and other health care workers will be targeted for training on PMTCT using the national NASCOP CDC/WHO based curriculum.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity includes emphasis on quality assurance and supportive supervision as well as emphasis on Development of Network/Linkages/Referral Systems; Community Mobilization/Participation, wrap around programs with Food/Nutrition, PMI through distribution of insecticide treated nets at the MCH, safe motherhood through focused antenatal care, other Family planning initiatives and TB screening and referral for treatment and care. Equity will be promoted through identification of vulnerable groups and factors that make specific groups particularly vulnerable. Gender-related vulnerabilities will be identified and analyzed and described and incorporated into all interventions. This includes MAP, gender-based violence and cultural barriers that are related to gender norms.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14836

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14836	4239.08	HHS/Centers for Disease Control & Prevention	International Medical Corps	6955	662.08		\$330,000
6906	4239.07	HHS/Centers for Disease Control & Prevention	International Medical Corps	4234	662.07		\$100,000
4239	4239.06	HHS/Centers for Disease Control & Prevention	International Medical Corps	3256	662.06		\$300,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4076.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17994.20573.09

Planned Funds: \$43,499

Activity System ID: 20573

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+This year's CDC M&S is split between GAP And GHCS.

+This activity will also providing national guidance in the development of the Men as Partners initiative in PMTCT settings to articulate strategies for increasing male partner testing and participation in PMTCT settings.

+Expansion in technical areas to include the Mentor Mothers and Prevention with Positives (PwP) strategies.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through support of the national program in the development and review of training curricular, Information Education and Information (IEC) materials , guidelines, instructional manuals and other documents for the training of service providers on PMTCT and other HIV prevention, care and treatment services.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in PMTCT, Adult ART services, Adult and Pediatric Palliative Care Services, Pediatric HIV Care and Treatment Services, Laboratory and Strategic Information program.

2. ACTIVITY DESCRIPTION

The CDC PMTCT program has continued to support the up scaling of PMTCT services in the country by providing technical support and guidance to the national program. Key areas of program focus include the introduction of Comprehensive PMTCT that encompass a package of care to ensure that the HIV-positive pregnant mother, her infant and family receive the full range of HIV care and treatment services as well as linkage to Family Planning services. The approach also includes a strong emphasis on primary prevention-providing skills to the mother who is HIV- to protect herself and her family from HIV infection. In 2009 COP, the CDC PMTCT section will continue supporting these activities under the expanded or comprehensive PMTCT package that includes the following key components: expansion in geographic coverage in all CDC supported sites to ensure universal access to services; Integration of counseling and HIV testing of women in the antenatal clinics and maternity units; Clinical staging and CD4 cell count testing of all HIV-positive pregnant women to identify the appropriate PMTCT ARV intervention in line with National guidelines (this includes use of HAART where eligible, or use of combination AZT and sd Nevirapine for early presenters, or use of sd Nevirapine); Administration of the appropriate PMTCT ARV as well as OI prophylaxis for all HIV-positive pregnant women; Early Infant HIV diagnosis for all HIV exposed infants through DNA Polymerase Chain Reaction (PCR) testing; Linkage of eligible infants to pediatric HIV care and treatment services; strengthened post-natal care package; Linkage to family planning services and counseling and testing services for the woman's partner and other family members. This will lead to more women and their partners and infants knowing their HIV status and hence accessing ART, thereby increasing the number of people on ARVs. The program will also provide national technical leadership and guidance in the new strategies aimed at increasing male participation, Greater Involvement of People Living with HIV/AIDS and increased involvement of HIV +ve women who have gone through the PMTCT program. These strategies include Men as Partners Initiative, PwP and Mentor Mothers. All these activities will contribute to the Emergency Plan in Kenya goals of HIV prevention and treatment. During FY 2009 CDC will continue to work with Government of Kenya agencies, other USG agencies (USAID, WRP and Peace Corps) and non-governmental partners to support implementation of these services in the country. CDC Kenya's multi-disciplinary PMTCT team will continue to provide technical guidance that includes the development and review of guidelines, operational procedures and manuals, educational materials and teaching modules for implementing comprehensive PMTCT programs in Kenya. CDC Kenya staff work with local partners to ensure activities are based on the latest relevant science and that scientific knowledge is translated into program guidelines and practices both at national policy and service delivery levels. In collaboration with other partners, CDC staff conducts monitoring and evaluation activities including operational research for the PMTCT program, and ensure that information generated informs national PMTCT policy and practice. CDC Kenya staff also support PMTCT activities at multiple service delivery sites to conform to national guidelines and technical strategies concerning all aspects of PMTCT including models of HIV testing in the antenatal and maternity units, provision of ARVs for prophylaxis and treatment, care and support of the HIV+ woman, her infant and partner and Early Infant Diagnosis for HIV exposed infants and linkage to treatment and care for all eligible infants. The CDC Kenya PMTCT technical team includes six professional staff, one program assistant and three support staff. The technical staff includes one senior technical advisor working 80% of the time; this staff member, an Associate Professor of Pediatrics has extensive national and international experience in clinical and programmatic HIV research including PMTCT, and works directly with the Government of Kenya and other partners to ensure the technical soundness of the program. Other technical staff include two medical doctors with experience and expertise in Pediatrics, and Obstetrics and Gynecology respectively, who work directly with programs to ensure technical and up-to-date interventions, in particular the care of the HIV+ woman and pediatric HIV care; one program manager with nursing and public health experience who works directly with the sites in the respective districts to provide guidance on both technical and effective program management approaches at the service delivery sites, a behavioral scientist and a program assistant. The program assistant is engaged in a variety of tasks to provide logistics support to the team. The team is supported by three drivers, who enable the technical staff to conduct regular field visits and technical supervision. This budget includes costs for contractual services, printing of the curriculum and other post-held account funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17994

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17994	17994.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7024	4076.08		\$153,600

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$118,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 353.09	Mechanism: Voices in Health
Prime Partner: Internews	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 4173.20524.09	Planned Funds: \$110,000
Activity System ID: 20524	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
Prime partner Internews has been competitively selected to implement the activity.

COP 2008

1. LIST OF RELATED ACTIVITIES

This Internews/Local Voices PMTCT activity relates to activities in HIV/AIDS Treatment: ARV Services, Policy Analysis and Systems Strengthening, and Orphans and Vulnerable Children, Counseling and Testing, and Medical Transmission/Blood Safety.

2. ACTIVITY DESCRIPTION

The 2003 DHS survey found that only a third of women in Kenya know that the risk of HIV transmission can be reduced by the mother taking drugs during pregnancy. It also found that few women (40%) deliver in a health facility. It did, however, find that there are mass media communications channels available to reach women. Over 80% of households own a radio (and 19% a television, up from 13% in 1998). Almost 20% of Kenyan women watch TV weekly, increasing to 59% in urban areas, and 75% listen to the radio at least once a week. Media can be a powerful force in raising awareness, building knowledge and influencing public opinion. USAID's Local Voices project, implemented by Internews Network, is increasing the use of these mass media channels to disseminate information about prevention and care and supporting radio journalists in HIV reporting of such issues as PMTCT. Since June of 2004 it has conducted two workshops for eight and seven radio journalists on PMTCT issues as well as two training sessions in effective media relations for eight and 12 NGOs working with PMTCT related issues. These training sessions resulted in 29 radio features about PMTCT in FY 2006 alone. In 2008, Internews will conduct similar courses for television staff. They will conduct seminars and follow-up assistance for TV journalists to help them produce higher quality stories on PMTCT. Through training and a media resource center, better knowledge of PMTCT issues by journalists and talk show hosts can dispel rumors, misinformation, and increase demand for PMTCT services. By training four TV journalists and four camera operators, at least eight features on primetime TV will reach 4.5 million viewers, increasing demand for PMTCT services. Significant changes from the 2007 COP will include a Training of Trainers (TOT) program for six long-term media trainers with a focus on those in academic institutions such as the Kenya Institute for Mass Communications. This TOT will train lecturers, incorporating coverage of PMTCT issues into on-going curricula. Internews will also hold a radio workshop for eight journalists resulting in at least 16 stories on PMTCT. The training program will be supported by on-going mentoring as well as four travel grants, two for TV and two for radio journalists. Internews will host a one week seminar for 10 officials from the various sectors working in PMTCT related issues. It will also link up these officials with the trained journalists for effective media involvement in awareness and advocacy in PMTCT issues.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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

4. LINKS TO OTHER ACTIVITIES

This Internews/Local Voices PMTCT activity relates to activities in HIV/AIDS Treatment: ARV Services, Policy Analysis and Systems Strengthening, and Orphans and Vulnerable Children, Counseling and Testing, and Medical Transmission/Blood Safety.

PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections.

5. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, family planning clients, their spouses, the youth and the media. It's hoped that after these targeted messages are heard, people who would have otherwise felt uncomfortable to seek treatment and care will do so, thus increasing access for all communities. BCC activities will also involve community leaders and community based organizations to increase demand for services amongst community members. Strategies to improve quality of services will target Ministry of Health staff, doctors, nurses, midwives and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development, information, education and communication and local organization capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14847

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14847	4173.08	U.S. Agency for International Development	Internews	6957	353.08	TBD	\$110,000
6916	4173.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$110,000
4173	4173.06	U.S. Agency for International Development	Internews	3234	353.06	Local Voices	\$110,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2328.09	Mechanism: Capacity Project
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 8647.20534.09	Planned Funds: \$500,000
Activity System ID: 20534	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This project links with hundreds of health service delivery sites across the country in order to meet PEPFAR targets in those areas. It also links to the Capacity Project in other program areas such as ART Services, Laboratory Infrastructure, and Systems Strengthening.

2. ACTIVITY DESCRIPTION

Emergency Hiring Plan (EHP): This project will assist in providing critical human resource management support to ensure increased service delivery for realization of health outcomes with specific emphasis on HIV/AIDS services at recipient sites. The availability and retention of trained health personnel, particularly in the public health sector, is the cornerstone of Kenya's response to the health needs of the country and its response to the HIV/AIDS epidemic. Currently, Kenya's public health sector and not-for-profit health organizations are overwhelmed by the strain of coping with HIV/AIDS prevention, treatment, care and support in addition to other priority health services. Their human resource systems are also unable to keep up with requirements for HIV/AIDS program planning, management and implementation. This ground breaking emergency hiring and training program seeks to increase resources in qualified human capital that will be made available to Kenya's public health sector. In areas where the bulk of health care services including ART are provided by facilities managed by faith-based organizations and where they are clearly faced with staffing shortages, the program has attracted and deployed health workers in such facilities. Specifically, this initiative will enhance the capacity of the public health sector in Kenya to initially expand access to treatment and care for HIV/AIDS patients and also strengthen the provision of quality health programs especially in rural priority posts. The project shall consider various approaches that hold promise for enhancing and sustaining the local health workforce both in the short and long term. As such, this initiative should be envisioned as a strategic and humanitarian intervention in a setting that currently lacks sufficient and adequately qualified health workers to mount an effective counterattack on HIV/AIDS and continue to provide other essential health services at the same time. All the available evidence seems to suggest that without such reinforcement of critical cadres of human resources for health, PEPFAR as well as the Ministry of Health's ambitious coverage and treatment targets for Kenya will be difficult if not impossible to achieve. The objectives of this emergency hiring plan are: 1) to develop and implement a fast-track hiring and deployment model that will mobilize 830 additional health workers and deploy them in the public sector to urgently tackle the HIV/AIDS crisis; 2) to develop and implement an accelerated "crash training program" that will rapidly address the gaps in skills and competencies for the new hires; and 3) to design and implement a monitoring, quality assurance and support system that will enable health care workers by site to increase their efficiency and effectiveness. After the successful recruitment and deployment of 830 health providers to government and faith-based facilities in 2008/9 on three-year contracts, this project will, in 2009/10, support the management of the new hires to fill critical gaps in HIV/AIDS services. This includes support to facilities providing PMTCT services, and PMTCT clinics. The PMTCT program area will support 100 nurses. Capacity will document and develop tools and initiatives that will improve job satisfaction, supervision systems and retention for the new hires. The new hires' salaries have been matched with Ministry of Health salaries by position and qualification and Capacity, through its improved administration system, will continue to ensure the timely monthly payment of each hire until the end of their three-year contract. In addition, the project will strengthen on-site monitoring and supervision through its Workforce Mobilization Program which seeks to make simple, cost-effective changes to the workplace that improve supervision, monitoring, and staff morale.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Capacity Project supports GOK and Mission service-delivery sites across the country by ensuring they have the qualified staff they need to meet the patients' needs. The project maintains 830 health care providers at facilities across the country, develops on-site supervision, and is working nationally to make these system improvements sustainable. 100 nurses will be supported under PMTCT.

4. LINKS TO OTHER ACTIVITIES

This project links with hundreds of health service delivery sites across the country in order to meet PEPFAR targets in those areas. It also links to the Capacity Project in other program areas such as ARV services, Lab Infrastructure, and Systems Strengthening.

5. POPULATIONS BEING TARGETED

This project targets health care providers in the public sector, in particular nurses at facilities that provide PMTCT.

6. KEY LEGISLATIVE ISSUES

Through the emergency hiring plan, staff hired will help address gender equity in HIV programming and improve service delivery to pregnant women, their infants and spouses. The staff hired will also help address male norms that often hinder access to critical services by women.

7. EMPHASIS AREAS

The major emphasis area for this project is Human Resources. The minor emphasis area is on Quality Assurance and Supportive Supervision. The project, in managing EHP staff, seeks to improve on-site supervision quality through its Workforce Mobilization Program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14853

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14853	8647.08	U.S. Agency for International Development	IntraHealth International, Inc	6958	2328.08	Capacity Project	\$600,000
8647	8647.07	U.S. Agency for International Development	IntraHealth International, Inc	4237	2328.07	Capacity Project	\$600,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4914.09	Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 8752.20602.09	Planned Funds: \$1,743,750
Activity System ID: 20602	

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$243,750.

Partnership Framework [\$93,750]: The PMTCT Program is currently reaching more than 80% of all pregnant women accessing MCH clinics with HIV CT services. However, this represents only 61% of all expected pregnancies in the country. There is need to increase access to ANC care for women in hard to reach areas including PMTCT services. These activities will be implemented through various APHIA partners.

Partnership Framework [\$150,000]: Scale up - improved and standardized integration of HIV services into MCH and improved and standardized models of follow up care and referrals. These activities will be implemented through various APHIA partners.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + More emphasis on decentralization of HIV care and treatment as well as TB services through capacity building and task shifting
- + Male involvement through targeted couple counseling
- + Greater involvement of HIV+ mentor mothers
- + Quality improvement through standards based management and recognition

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. The activity will also support hiring of health workers and other key staffs to fill critical gaps in service delivery.

COP 2008

1. LIST OF RELATED ACTIVITIES

The APHIA II Eastern PMTCT activities will relate to HIV/AIDS treatment/ARV services, counseling and testing, Orphans and Vulnerable Children, Palliative Care, TB/HIV and Condoms and Other Prevention activities in the same region.

2. ACTIVITY DESCRIPTION

APHIA II Eastern will continue to provide technical assistance to a number of health facilities within targeted districts in Eastern Province, providing PMTCT services. This assistance will increase management, as well as technical, capacity of staff at these sites improving quality and productivity. The project will also work to improve PMTCT outcomes, examining ways to increase compliance with infant feeding and treatment guidelines and to increase the number of women who return to facilities for delivery and post-partum follow-up. The APHIA II Eastern will train 300 health providers in 250 facilities providing PMTCT services. In 2009, the APHIA II Eastern will work with several types of partners in Kenya. First, it will continue to support expansion and quality improvements for PMTCT services through working closely with the faith-based facilities, with the explicit purpose of building programmatic and administrative capacity to implement HIV programs. Second, it will expand support for PMTCT services to public sector facilities in 14 districts that lack other USG support in the province. Supported sites will counsel and test 93,195 (91%) of 101,962 pregnant women and provide ART prophylaxis to 3,430 (92%) of 3,723 HIV-positive women. Of the HIV positive women, 1,715 will receive AZT/NVP, 686 HAART and 1029 single dose nevirapine for prophylaxis. 1,715 exposed infants will receive PCR for early infant diagnosis. The APHIA II Eastern will continue to participate in the Ministry of Health's (MOH) Technical Working Group to ensure coordination of site selection, project activities, monitoring and evaluation including GOK led regional meetings and linkages between these sites. They will comply with MOH clinical and reporting guidelines and will use the WHO/CDC-based national training curriculum. APHIA II Eastern will also help the more mature facilities to graduate to PMTCT+ sites, providing ART and other care and support services to HIV-positive women and their families through decentralization, capacity building and task shifting. It will establish laboratory networks which will provide easy access to CD4 counts as well as other chemistry tests that often hinder access to ART uptake. It will build on its work already established in some parts of Eastern province to increase access to these services as well as access to early infant diagnosis. It will put emphasis on male involvement and counsel and test 18,639 spouses of pregnant women, psychosocial support, as well as psychosocial support for health care providers and care givers of HIV infected children.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

APHIA II Eastern activities in the specific geographic regions will contribute to 7.2% of 1,300,000 pregnant women in COP 2009 PEPFAR goals for PMTCT primary prevention and care. Planned activities will improve equity in access to HIV prevention and care services since the currently underserved communities will have better access, and APHIA II Eastern will work to ensure there are adequate networks and linkages between their sites and medical sites where AIDS care and treatment are available for both adults and children. On top of this APHIA II Eastern will offer PMTCT+ services in selected sites. These activities will contribute to the result of increased access to counseling and testing services, particularly among underserved and high risk populations and the result of increased availability of diagnostic counseling and testing services in medical settings to identify the large numbers of HIV infected patients who are potential candidates for ART.

4. LINKS TO OTHER ACTIVITIES

Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding. The APHIA II Eastern PMTCT activities will relate to HTXS, HVCT, OVC, HBHC, HVTB and HVOP activities in the same region.

5. POPULATIONS BEING TARGETED

This activity targets adults of reproductive health age, pregnant women, family planning clients, infants, and HIV positive pregnant women. Strategies to improve quality of services will target health care workers in public, private and faith based facilities such as doctors, nurses, and other health care workers such as

Activity Narrative: clinical officers, mid wives and public health officers. It will also target host country government workers such as the National AIDS control program staff.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity includes major emphasis on human capacity development through training and supportive supervision of health care workers in PMTCT service provision, support to strategic information, linkage to family planning, malaria initiative and safe motherhood programs as well as local organization capacity development to manage PMTCT services, quality assurance and infrastructure development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14861

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14861	8752.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$1,300,000
8752	8752.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$630,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$110,750

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3478.09

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4811.20598.09

Activity System ID: 20598

Mechanism: ACCESS

USG Agency: U.S. Agency for International
Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$300,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +The extension of the PMTCT supervisory model from district to lower level facilities (Health centers) to sustain provider performance through continuous on-the-job (OTJ) cascade training and support supervision. Subsequently all facility-level supervisors will be encouraged to regularly provide on-the-job orientation and support to PMTCT frontline workers using a cascade on-the-job (OTJ) approach.
- +The activity also strives to strengthen linkages between PMTCT, CCCs and PLHIV support groups in order to increase access to HIV prevention and ART for adults, adolescents and children who are most likely to benefit.
- +The standards based management and recognition support being provided in four provincial hospitals will be rolled out to the whole country with ACCESS providing technical support.

COP 2008

The only changes to the program since approval in the 2007 COP are the extension of the PMTCT supervisory model from district to lower level facilities (Health centers) to sustain provider performance through continuous OTJ cascade training and support supervision. Subsequently all facility-level supervisors will be encouraged to regularly provide on-the-job orientation and support to PMTCT frontline workers using a cascade on-the-job (OTJ) approach. The activity also strives to strengthen linkages between PMTCT, CCCs and PLHA support groups in order to increase access to HIV prevention and ART for adults, adolescents and children who are most likely to benefit.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities by NASCOP in Prevention of Mother-to-Child Transmission.

2. ACTIVITY DESCRIPTION

In FY 2008 USAID's ACCESS Project implemented by JHPIEGO supported the DRH to strengthen its supervisory function, quality assurance program and referral systems to ensure the delivery of high quality PMTCT services at public sector and faith-based facilities. Because the linkages between PMTCT and CCCs are still weak, HIV-free survival of infants born to HIV infected mothers cannot be guaranteed. In FY 2009, JHPIEGO will continue to build upon FY 2008 initiatives by further supporting the MOH's Division of Reproductive Health, to develop the capacity of 16 provincial and 120 district level DRH and NASCOP officers to oversee the integration of reproductive health (RH) with HIV services and assure better referrals and linkages between PMTCT and ART services. In FY 2009 the DRH with NASCOP will continue to provide guidance on how to strengthen PMTCT/FP/ART integration to 500 provincial and district level DRH and NASCOP officers using the standard-based management and recognition approach and will help rollout this approach nationally. Through regular support to the district and provincial PMTCT training and supervision teams, DRH with NASCOP will ensure a coordinated scale up of integrated HIV care and treatment, family planning, postnatal care including psychosocial support while assuring effective linkages between PMTCT, PMTCT plus services and HIV care and treatment services for HIV positive women, their infants and family members. In FY 2009 JHPIEGO will participate in the MOH's Technical Working Group for PMTCT (jointly led by DRH and NASCOP) to ensure coordination of activities and compliance with MOH guidelines for service delivery.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The MOH's division of reproductive health provides leadership, coordination and advocacy for national reproductive health programs and NASCOP. By supporting the provision of integrated PMTCT/FP/ART services the DRH will significantly contribute to the PEPFAR goals for primary prevention, care and treatment. The decentralized training and supervision system will build capacity of provincial and district DRH and NASCOP officers in managing comprehensive PMTCT with HIV and RH services and universal access to ARV prophylaxis across provinces. This activity also contributes substantively to Kenya's Five-Year strategy of availing services, which can reduce mother-to-child infections, and providing critical links to HIV/AIDS treatment as a step towards preserving the family unit. It also contributes to the strategy to integrate testing with other health services and improving the referral links among all of these services.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in PMTCT through NASCOP to improve the quality and supervision of integrated prevention care and treatment services. It also enhances referral linkages within HIV services.

5. POPULATIONS BEING TARGETED

Strategies to improve quality of services will directly target policy makers, National AIDS Control program staff, other Ministry of Health staff working as program managers in the DRH at provincial and district level. Service providers such as doctors, nurses, mid wives, other health care workers including clinical officers and public health officers working in both public and faith based facilities, as well as infants and pregnant women in rural and urban communities will also benefit from support supervision. The PMTCT TWG works with faith-based organizations, non-governmental organizations and implementing organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

The activity includes a major emphasis on quality assurance and supportive supervision. There is a minor emphasis on development of network/linkages/referral systems and information, education and communication. The activity will support strategic information through printing and dissemination of data collection tools.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14857	4811.08	U.S. Agency for International Development	JHPIEGO	6959	3478.08	ACCESS	\$300,000
6925	4811.07	U.S. Agency for International Development	JHPIEGO	4239	3478.07	ACCESS	\$1,082,740
4811	4811.06	U.S. Agency for International Development	JHPIEGO	3478	3478.06	ACCESS	\$250,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 210.09

Mechanism: N/A

Prime Partner: Kenya Medical Research Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 4095.20621.09

Planned Funds: \$2,607,347

Activity System ID: 20621

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$300,000. Funds moved from TBD/Gucha.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Focus on PwP strategies to strengthen prevention activities.
- + Mentor mother approach to strengthen post natal follow up and care of mothers, their HIV exposed infants and improving HIV prevention and care to other family members.
- +Decentralization of care and treatment to lower level facilities through capacity building and task shifting.
- +Strengthening of functional laboratory networks.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers, and Health Record clerks. Other personnel targeted for training are the mentor mothers and other peer counselors. This activity will support hiring of health workers and other staffs to fill critical gaps in delivery of health care services.

COP 2008

The only change to the program since approval in the 2007 COP is rationalization in geographic coverage: CDC KEMRI is scaling down on the supported sites within Nyanza (from 5 districts to 2) in order to improve efficiency by not spreading the partner too thin in geographic coverage and while allowing for in-depth coverage in the selected areas.

1. LIST OF RELATED ACTIVITIES

APHIA II Nyanza ARV Program, Merlin ARV Services and Palliative Care: TB/HIV

2. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute (KEMRI) has been supporting the delivery of PMTCT services since 2004 with Emergency Plan funding. Program activities include counseling and testing of pregnant women in antenatal clinics (ANC) and in maternity wards, and provision of the more efficacious PMTCT ARV regimens to HIV+ women and exposed infants. During 2008 COP, KEMRI activities were focused on support of PMTCT activities in the districts of Nyamira and Masaba following rationalization and redirection of PEPFAR funded activities in the region in addition to the fact that KEMRI was redirecting activities to focus on the core function of Research in Health care services. In 2009 COP, KEMRI will continue to support implementation of PMTCT activities in the two districts of Nyamira and Masaba, and will expand geographical coverage area to include the greater Kisii and Gucha districts all in Nyanza Province. Following the recent Government of Kenya revision of administrative boundaries, the names and numbers of districts may change, however this will not result in change to the geographical area of coverage for KEMRI or in the target population of an estimated 50,991 pregnancies per year in the region. In 2009, KEMRI will counsel and test 47,629 (93%) pregnant women and provide antiretroviral prophylaxis for 2937 (91%) of 3242 HIV-positive women; 20% (587) of these women will receive triple Anti Retroviral Therapy (ART) while 50% (1469) will receive both single dose Nevirapine (sd NVP) and AZT in line with the national PMTCT guidelines. It is also estimated that 30% (811) of the HIV-positive pregnant women may present to the ANC clinic for their visit in the late gestational period (beyond 36 weeks gestation). These women will be given the minimum ARV prophylaxis of sd NVP, though the program will sensitize all pregnant women to attend ANC as early as possible (early gestation) so that all HIV-positive pregnant women receive the more efficacious ARV regimen for PMTCT of HIV. The program will support the WHO clinical staging and CD4 cell count test for all HIV positive pregnant women in order to facilitate assessment for decision making on the ARV regimen for the women. The national PMTCT guideline provides the criteria for this decision making. In order to ensure access to CD4 testing, the program will work with other PEPFAR funded programs, Ministry of Health and other stakeholders at district level to establish and/or maintain functional laboratory network systems. All HIV positive women identified through the PMTCT program will be given Cotrimoxazole for OI prophylaxis therapy. TB is one of the common opportunistic infection seen in HIV positive individuals. The program will continue to work with the TB/HIV program to strengthen TB screening among HIV-positive pregnant women and make referrals for treatment. The program will continue to support the follow up of HIV-positive women and their infants in the postnatal period through strengthening of postnatal care services at facility level. The current package of care for the mother includes regular follow up, linkage to family planning services, OI prophylaxis and counseling on correct infant feeding practices and psychosocial support through the mentor mothers' model. Additional infant care activities include OI prophylaxis using Cotrimoxazole starting at six weeks of age, and DBS for HIV- PCR (Early Infant HIV Diagnosis-EID). The program will target 1,515 HIV exposed infants for DBS, and will work with the HIV/AIDS treatment program to ensure linkage to pediatric HIV care services for all eligible infants in line with the national guidelines. The program will also strengthen psychosocial care and support for the HIV-positive mother and her family at both the facility and community levels through the establishment of structured support groups and the Prevention with Positives (PwP) strategy. At the facility level, interventions will include psychosocial counseling with a focus on giving information and skills to the HIV-positive women to encourage adherence to interventions such as correct use of ARVs and optimal infant feeding practices. At the community level, the interventions will include establishment of support groups, dealing with disclosure and encouraging partner and family support and will seek to integrate these activities with the MoH Community Health Strategy activities. The program will also initiate and support couple counseling and testing to strengthen HIV prevention in case of discordant couples and will reach at least 9,525 men with HIV testing and counseling services. The program will collaborate with the Testing and Counseling team as well as the Care and Treatment to ensure linkage to ongoing care for men who test HIV -positive. KEMRI will work with the Ministry of Health to support implementation of PMTCT services in 120 health facilities with the goal of achieving universal geographic coverage of services. The program will train 270 service providers on PMTCT and comprehensive HIV management for HIV-positive mothers and their families. This program will also support DBS for DNA PCR activities through the purchase of the required supplies, and will support Quality Assurance activities in HIV testing at MCH and maternity settings at PMTCT sites nationally.

Activity Narrative: 3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute 3.7% of the pregnant women who receive counseling and testing and 3.5% of the ARV prophylaxis to the 2009 PEPFAR PMTCT target totals. This program will also contribute to the number of HIV positive women accessing TB screening and treatment services thereby contributing to the PEPFAR care and treatment goals. Finally, the program will also contribute to pediatric HIV care and treatment goal through identification of HIV-exposed and infected infants who require care and treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to the KEMRI ARV Services program, KEMRI TB program in Nyanza Province and APHIA II Nyanza ARV services. This activity is linked to Palliative Care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV-positive women in the antenatal and post natal settings, care of the HIV exposed infant in the post natal period, referral for pediatric HIV diagnosis and referral to the ART sites for women and infants based on the national guidelines. It also linked to Palliative Care: TB/HIV through the integration of TB screening services among the HIV positive pregnant women in PMTCT settings and referral to the TB clinics.

5. POPULATIONS BEING TARGETED

The target population is children under 5 years, pregnant adolescent girls and their partners (15-24 years), adults, Discordant couples, people living with HIV/AIDS, and pregnant women.

6. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES

Program emphasis areas are increasing gender equity in HIV/AIDS by improving access to HIV testing for women accessing PMTCT services as well as strengthening couple counseling and testing. Other program emphasis areas include in-service training, Family Planning, Malaria and safe motherhood which all contribute to improved reproductive health and malaria prevention and treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14875

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14875	4095.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$1,578,138
6949	4095.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$3,462,306
4095	4095.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$900,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$85,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1244.09

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4251.20586.09

Activity System ID: 20586

Mechanism: Kenya Department of Defense

USG Agency: Department of Defense

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$100,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+In the 09 COP, service provision will be limited to the military personnel, their dependants and the civilian employees only. (In the 08 COP, KDOD was also providing services to the civilian population around the military barracks).

+Prime partner HJF MRI has been competitively selected to implement the activity.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key crosscutting attributions in human capacity development through in service training of nurses in PMTCT. This activity will also support the provision of micronutrient supplements to HIV infected pregnant women according to WHO guidelines. Facility based therapeutic supplementation of severely and moderately malnourished mothers in PMTCT setting will be supported.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support, Counseling and Testing and HIV/AIDS Treatment: ARV Services.

2. ACTIVITY DESCRIPTION

The Kenya Department of Defense, (KDOD) medical service provides health care to 100,000 military personnel, their dependants, and the civilian staff employed by KDOD. In FY 2009, KDOD will continue to extend Prevention of Mother-To-Child Transmission (PMTCT) services to the military personnel, their dependants, and the civilian staff employed by KDOD. Currently the KDOD offers PMTCT services in 14 of the 40 military camps sites nationwide. Of the 2,500 expected pregnancies in KDOD; HIV CT services will be provided to 1,700 (68 %) pregnant women during the antenatal, intra-partum, and immediate postpartum period. Additionally of the 192 total expected HIV infected pregnant women, 150 (78%) HIV-infected pregnant women and all of their babies will receive ARV prophylaxis. All HIV-positive pregnant women will be staged clinically and immunologically by WHO criteria and CD4 cell count testing respectively. Women in WHO stage 3 & 4 and all those with CD4 cell count less than 350 will be initiated on ART. Those in WHO stage 1 & 2 with CD4 cell count greater than 350 will be initiated on AZT from 28 weeks gestation. Of the targeted 150 HIV-positive pregnant women 45 (30%) will get a minimum of Single dose nevirapine (SdNVP), 75 (50%) will receive short course AZT from 28 weeks of pregnancy and SdNVP, and 30 (20%) will get ART. All the HIV-positive pregnant women who receive SdNVP will be given AZT and 3TC combination for one week post natally to cover the Nevirapine "tail" to reduce the development of NVP resistance. All exposed babies will receive SdNVP, 3TC for one week and AZT for six weeks. Nevirapine tablets will be dispensed to all HIV-positive pregnant women at first contact to minimize missed opportunities. All HIV-positive pregnant women will be started on cotrimoxazole (CTX) prophylaxis. All pregnant women will be given Malaria Intermittent Presumptive Treatment (IPT) and Insecticide Treated Nets (ITN). In addition, technical assistance will be provided by 2 additional locally employed staff. Cotrimoxazole prophylaxis will be provided to all HIV exposed infants and their mothers. Counseling on infants feeding will also be provided. The PMTCT services will continue to be integrated into all existing military maternity facilities targeting 500 eligible women who will be served with Family Planning information and services through wrap around programs, Provider Initiated Testing and Counseling (PITC) in FP and Child Welfare Clinics (CWC); and improving access to FP services. Emphasis will be placed on primary prevention for the majority of women identified as HIV -ve through PMTCT programs. We plan to enhance greater involvement of people living with HIV and AIDS (GIPA) through the facility and community based psychosocial support groups, Mentor Mothers, Prevention with Positive (PwP) and Men as Partners (MAP). The KDOD also will continue to offer sexual partner testing targeting 500 (20%) men through the MAPS initiative. In order to improve on sustainability, KDOD will train 20 additional health care providers in PMTCT including nutrition. A further 30 health care providers will receive refresher training on PMTCT using the Ministry of Health (MoH) Guidelines. Quality assurance will be ensured through establishment of a strategic information and monitoring system that will facilitate data analysis. Regular consultations and sharing of experiences within the military and with the MOH will be undertaken in an effort to improve PMTCT services and strengthen follow up of infants born to HIV infected women. The KDOD will undertake minor site PMTCT repairs as necessary. Linkages with HIV care and treatment services including antiretroviral treatment (ART) offered by the KDOD will be strengthened to ensure that all those identified as HIV-infected have access to them. Linkages will also be made to FP services. The KDOD will continue to receive technical assistance from the United States Department of Defense (USDOD).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to overall PEPFAR and Kenya government national goal of universal access to PMTCT services. KDOD PMTCT activity will also contribute to 0.1% of the overall national target of 1,300,000 pregnant women accessing PMTCT services in 2009 COP. The planned activities will also improve equity in access to HIV prevention and care services of the most at risk populations. These activities will contribute to the result of increased access to CT services, and those identified, as HIV-infected will be referred for care, support and treatment.

4. LINKS TO OTHER ACTIVITIES

Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding. The PMTCT activities will relate to KDOD activities in palliative care, CT, OVC and HIV/AIDS treatment/ART services. PMTCT services include CT which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections including TB screening for HIV+ pregnant women and HIV/AIDS treatment.

5. POPULATIONS BEING TARGETED

This activity targets adult of reproductive health age, pregnant women, HIV-exposed/ infected infants, and HIV positive pregnant women. Strategies to improve quality of services will target health care providers, doctors, nurses, midwives, clinical officers and KDOD civilian employees.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted towards

Activity Narrative: pregnant women and their male sexual partners. Identifying the women through PMTCT will give them an opportunity to access care for themselves, partners, and their children-all resulting in improved pregnancy outcomes. Increased availability of PMTCT and PMTCT+ services will increase access to HIV care, treatment and help reduce stigma and discrimination at military community and facility level.

7. EMPHASIS AREAS

The major emphasis areas in this activity will be in training more health care providers to meet the demands of the improved PMTCT uptake. Minor emphasis will include minor repairs at targeted health facilities as needed to provide appropriate client privacy and confidentiality. Supportive supervision, quality assurance, and strategic information planning will also be provided to improve PMTCT service delivery quality.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14892

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14892	4251.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$100,000
6959	4251.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$75,000
4251	4251.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3476.09

Mechanism: South Rift Valley

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 4804.20777.09

Planned Funds: \$1,837,590

Activity System ID: 20777

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner HJF MRI has been competitively selected to implement the activity.
- +DNA Polymerase Chain Reaction for HIV testing for Early Infant Diagnosis (EID) will be supported for all facilities implementing PMTCT services in the Rift Valley Province through the new partner and the Kenya Medical Research Institute/Walter Reed Project Clinical Research Center Kericho laboratory.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

In COP 2009, a total of 300 health workers will be trained to address the shortage of skilled human resources. In addition, training of mentor mothers, peer educators and community health workers will be emphasized to enhance effective task shifting.

COP 2008

Geographic coverage has been expanded to include Kisumu West district in Nyanza province. DNA Polymerase Chain Reaction for HIV testing for early infant diagnosis will be supported for all facilities implementing PMTCT services in the Rift Valley through the Walter Reed Project research laboratory.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, HIV/AIDS Treatment: ARV services, Palliative Care: TB/HIV, Palliative Care: Basic Health Care and Support OVC and APHIA II Rift Valley.

2. ACTIVITY DESCRIPTION

Since August 2001, the Kenya Medical Research Institute /Department of Defense (KEMRI/DOD) had been implementing a Prevention of Mother-to-Child Transmission of HIV infection (PMTCT) program in the Kericho District of the south Rift Valley Province. With Emergency Plan (EP) support, KEMRI/DOD has scaled-up PMTCT services in 10 other districts of south Rift Valley Province (SRV) and will continue to scale up in Kisumu West District (KWD) of Nyanza province. The number of PMTCT sites has increased from three to over 205 and as a result 157,571 pregnant women had received PMTCT Counseling and Testing (CT) by end of March 2008. In the period between October 2007 and March 2008, 29,197 pregnant women presented for their first antenatal visit, of which 28,952 received their HIV test results. Among them, 970 women were identified as HIV-infected and 847 women and 739 of their HIV exposed infants received ARV prophylaxis. Male involvement has been encouraged through the development of Saturday male clinics in some health facilities in the region. Even though the PMTCT program has been successful; inadequate numbers of trained Health Workers (HW), limited working space, poor infrastructure, weak logistics and supply chain management, inadequate management, as well as stigma and discrimination in the communities continues to limit the full utilization of PMTCT services and further access to care and treatment by the HIV-infected women and family members. Low levels of male involvement, lack of appropriate infant feeding options, and limited access to Family Planning (FP) information and services are further barriers. The SRV Province and KWD has 274 health facilities and 216 are currently providing PMTCT services. In 2009 COP, HJF MRI-SRV will continue to work with Provincial and District Ministries of Health (MOH) Health Management Teams (HMT) to address these barriers in an effort to scale up PMTCT services to a total of 250 health facilities. The coordination with Government of Kenya in the implementation of this activity will ensure sustainability and quality of the services. Of the 112,722 expected pregnancies in SRV and KWD; HIV CT services will be provided to 97,435 (86%) pregnant women during the antenatal, intra-partum, and immediate postpartum period. Additionally of the 5,102 total expected HIV infected pregnant women, 4,377 (86%) HIV-infected pregnant women and 4,074 (80%) of their babies will receive ARV prophylaxis. All HIV +ve pregnant women will be staged clinically and immunologically by WHO criteria and CD4 cell count testing respectively. Women in WHO stage 3 & 4 and all those with CD4 cell count less than 350 will be initiated on ART. Those in WHO stage 1 & 2 with CD4 cell count greater than 350 will be initiated on AZT from 28 weeks gestation. Of the targeted 4,377 HIV-positive pregnant women 1,313 (30%) will get a minimum of Single dose nevirapine (SdNVP), 2,189 (50%) will receive short course AZT from 28 weeks of pregnancy and SdNVP, and 875 (20%) will get ART. All the HIV +ve pregnant women who receive SdNVP will be given AZT and 3TC combination for one week post natally to cover the Nevirapine "tail" to reduce the development of NVP resistance. All exposed babies will receive SdNVP, 3TC for one week and AZT for six weeks. Nevirapine tablets will be dispensed to all HIV+ pregnant women at first contact to minimize missed opportunities. All HIV +ve pregnant women and their infected or exposed babies will be started on cotrimoxazole (CTX) prophylaxis till they are confirmed HIV negative. All pregnant women will be given Malaria Intermittent Presumptive Treatment (IPT) and Insecticide Treated Nets (ITN). A total of 300 health workers will be trained to address the shortage of skilled human resources. In addition, technical assistance will be provided by 2 additional locally employed staff. Priority areas in 09 COP include provision of a package of services consisting of expanding CT to achieve universal coverage, complete ANC profile and birth planning, improved obstetric care, HIV staging in both ANC and delivery units, ARV and OI prophylaxis, scaling up of more efficacious ARV prophylactic regimens, ART for eligible women, facilitating HIV EID; counseling and support on maternal, infant and young child nutrition; TB screening for HIV-positive pregnant women. CT within the PMTCT program will be extended to 19,827 (20%) male sexual partners of the pregnant women through the Men as Partners (MAP) initiative, Provider Initiated Testing and Counseling (PITC) in FP and Child Welfare Clinics (CWC); and improving access to FP services. Emphasis will be placed on primary prevention for the majority of women identified as HIV -ve through PMTCT programs. We plan to enhance greater involvement of people living with HIV and AIDS (GIPA) through the facility and community based psychosocial support groups, Mentor Mothers, PwP and MAP. This will link mothers and their families to palliative care including TB services and home-based care, ART PMI malaria prevention activities, FP services and income generating activities. Dry Blood Spots (DBS) will be used for Polymerase Chain Reaction (PCR) testing for the HIV exposed or infected children. Follow-up and referral as appropriate of the HIV-infected women, their HIV exposed children, and their sexual partners will be supported. Counseling and support for infant and young child nutrition will be provided. FP services will be supported through wrap around programs. The KEMRI/WRP CRC laboratory in Kericho will provide HIV PCR diagnostic testing services to the whole of Rift Valley province. All HIV-positive children below 18 months will be started on ART as soon as they are diagnosed irrespective of CD4 cell counts and WHO clinical staging within the MCH settings.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activity Narrative: This KEMRI/WRP activity will contribute to approximately 7.6% of the total, direct PMTCT Emergency Plan targets of 1,300,000 pregnant women offered CT in FY 2009. This will also support government efforts of ensuring that at least 80% of pregnant women have access to PMTCT services by the end of 2008 with a 50% reduction in pediatric HIV infections. Planned activities will improve equity in access to HIV prevention and care and treatment services since the currently underserved rural communities will have better access. KEMRI will work to ensure the availability of networks and linkages among medical sites where AIDS care and treatment are provided for both adults and children.

4. LINKS TO OTHER ACTIVITIES

The PMTCT activities will relate to the following KEMRI-SRV comprehensive approach to HIV/AIDS care and treatment: Palliative Care: Basic Health Care and Support, CT Treatment: ARV services, OVC, and TB/HIV. The women will also be screened for TB as a direct link with TB/HIV services. Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding.

5. POPULATIONS BEING TARGETED.

This activity targets adults of reproductive age, pregnant women, family planning clients, infants, and People Living With HIV/AIDS (PLWHA) including HIV-positive pregnant women. Strategies to improve quality of services will target MoH staff, doctors, nurses, midwives, and other health care workers such as clinical officers and public health officers in both public and faith based facilities as well as the local communities through training, Support Supervision, and Health Education.

6. KEY LEGISLATIVE ISSUES ADDRESSED.

This activity will increase gender equity in programming through PMTCT services targeted towards pregnant women and their spouses. Women bear a high HIV burden through not only primary infection but also as caregivers and impact of stigma and discrimination. Identifying these women through PMTCT will provide an opportunity to access care for themselves, their spouses, and their infants – all targeting improved pregnancy outcomes. Increased availability of PMTCT and PMTCT+ services will increase access and help reduce stigma at community and facility levels. Men will be encouraged to come for CT services and male PMTCT clinics will be expanded. Psychosocial Support Groups, mentor mothers and Peer Counseling and Prevention with Positives (PwP) will be encouraged to improve on PMTCT uptake and to also reduce fear of stigma and discrimination.

7. EMPHASIS AREAS

The major emphasis area in this activity is training health care workers and facilitating EID. Minor emphasis will be placed on infrastructure, development of networks/linkages and referral systems, quality assurance, quality improvement and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14902

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14902	4804.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$2,021,145
6967	4804.07	Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$1,141,540
4804	4804.06	Department of Defense	Kenya Medical Research Institute	3476	3476.06	South Rift Valley	\$550,000

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5093.09

Prime Partner: International Medical Corps

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 21555.09

Activity System ID: 21555

Mechanism: Prisons Project

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$50,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include doctors, nurses, clinical officers, nutrition officers and health record clerks.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, Palliative Care: TB/HIV, and HIV/AIDS Treatment: ARV Services.

2. ACTIVITY DESCRIPTION

The IMC umbrella will support and fund the Uniformed Services Project (USP) to implement PMTCT services in the non-military Uniformed Services. These comprise of the Prison Services (KPS), National Youth Service (NYS), Kenya Police Department (KPD), Kenya Wildlife Services (KWS), and Administration Police (AP). With Emergency Plan funding, KEMRI U/S project has been supporting implementation of PMTCT activities in the non-military Uniformed Services as part of the HIV/AIDS program. This was done through training of service providers, minor infrastructure renovations, logistics supply, and management and technical assistance. These services have many similarities; the young men and women working there often serve away from their homes and are thus vulnerable to risky sexual behaviors. The various camps and stations have significant numbers of young families. Health services in these camps are also accessed by the surrounding civilian communities who benefit from the PMTCT services. In 2009 COP, the IMC umbrella will continue supporting KPS and NYS, and AP and the non-military Uniformed Services, with the following objectives: (i) increase access to quality PMTCT services to both members of staff, families and neighboring communities, (ii) integrate quality PMTCT service into routine maternal and child health services, (iii) increase awareness, benefits and availability of PMTCT services within the selected sites. CT services will be offered to 1,500 pregnant women and will target to provide a complete course of ARV prophylaxis to 90 HIV-positive pregnant women and all 90 exposed infants. All HIV-positive pregnant women will have WHO clinical staging and CD4 cell count test to determine the appropriate ARV prophylaxis as outlined in the National PMTCT guidelines. Postnatal care and follow up of all HIV-positive women and their infants will be strengthened. The care package for the mothers will include regular follow up, linkage to family planning services, OI prophylaxis and counseling on correct infant feeding practices; while infant additional care activities will include OI prophylaxis using Cotrimoxazole starting at six weeks of age, and DBS for HIV- PCR (Early Infant HIV Diagnosis-EID). The program will target 90 for DBS and will link all infants with an HIV +ve PCR test result to the ART program (for initiation of ART within the Pediatric ART program). The program will also encourage male partner HIV testing as well as male involvement and support and will target to reach 20 men. The program will also support the training of 30 service providers on PMTCT.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The planned activities will improve equity in access to HIV prevention and care services to the uniformed services under "Special Population" category. These activities will contribute to the result of increased access by pregnant women and their families to HIV counseling and testing services, and those identified as HIV infected will be referred for care and treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to IMC Umbrella U/S ARV services program, PATH U/S counseling and testing and IMC Umbrella U/S TB/HIV services. Linkages between PMTCT service and care outlets will be strengthened to improve utilization of care opportunities created through PEPFAR funding.

5. POPULATIONS BEING TARGETED

This activity targets children less than 5 years, adolescents aged 15-24 years, adults, people living with HIV/AIDS and pregnant women.

6. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted to pregnant women and their male sexual partners. Identifying the women through PMTCT will give them an opportunity to access care, improve pregnancy outcomes, and access services for their partners and family members. Other emphasis areas include in service training, and wrap around health programs to include Family Planning, Malaria (PMI) and safe motherhood through the provision of comprehensive PMTCT care package at the maternal and child health facilities. The activity also targets "Military Personnel" as the program aims to provide services to the Uniformed Services, their families and surrounding community members.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9247.09	Mechanism: APHIA II - Nairobi
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 22520.09	Planned Funds: \$275,000
Activity System ID: 22520	

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$75,000. Partnership Framework: Scale up - improved and standardized integration of HIV services into MCH and improved and standardized models of follow up care and referrals. These activities will be implemented through various APHIA partners.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Splitting of APHIA II Nairobi and Central to APHIA II Nairobi and APHIA II Central. Targets and Budgets have been split to reflect this change.
- + More emphasis on decentralization of HIV care and treatment as well as TB services through capacity building and task shifting
- + Male involvement through targeted couple counseling
- + Greater involvement of HIV-positive mentor mothers and
- + Quality improvement through standards based management and recognition

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include Doctors, Nurses, Clinical Officers, Nutrition Officers and Health Record clerks. The activity will also support hiring of health workers and other key staffs to fill critical gaps in service delivery.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity will relate to the ARV services (APHIA II Nairobi), Orphans and Vulnerable Children, Palliative Care: TB/HIV, Palliative Care: Basic Health Care and Support and Condoms and Other Prevention.

2. ACTIVITY DESCRIPTION

Pathfinder International (PI) supports facilities to provide comprehensive antenatal package for all pregnant women including screening, prevention and treatment for any infections (such as sexually transmitted infections and malaria), nutrition support, prophylactic ARVS, counseling on safe infant feeding, counseling and HIV testing of women and their partners. APHIA II Nairobi will build on this work in Nairobi province. APHIA II Nairobi will continue to support established support groups that are formed around PMTCT sites by mothers who have benefited from the project services and scale up the mother to mother support services to enhance adherence to ART and infant feeding practices. In addition, referral linkages will be established within facilities where APHIA II Nairobi is providing antiretroviral therapy, through which HIV positive clients are assessed and put on treatment where necessary. Decentralization of and task shifting in treatment and care services including TB services will be supported to improve access in lower level health services. Quality improvement through standards based management and recognition will be introduced and supported in all supported sites. The number of HIV positive women and children on treatment is increasing steadily through these networks. Laboratory networks will also be established that will greatly improve ART uptake as well as early infant diagnosis. In 2009, APHIA II Nairobi will consolidate these activities and provide HIV counseling and testing to 10,734 (93%) of 11,492 pregnant women and 2147 spouses in the geographic area of coverage. Antiretroviral prophylaxis will be provided to 1179 (93%) of 1262 HIV-positive women identified. Of the positive women, 590 will receive AZT/NVP, 235 HAART and 354 single dose nevirapine only for prophylaxis. 590 exposed infant will receive PCR for early infant diagnosis. At the community level lay counselors will be trained to strengthen the delivery of PMTCT services and to provide continued support for the HIV-positive women and their families. The project will train community health workers to provide community components of PMTCT services. In order to improve the quality of care, 35 health supervisors will learn management skills, including utilization of data for decision making. In 2009, this project will use its experience to consolidate progress in existing facilities, expand to others within the province, up to 35 facilities and continue to strengthen District Health Management Teams, and referral networks for PMTCT-plus activities. Pathfinder will train 90 health workers in PMTCT and comprehensive HIV management for HIV-positive mothers and their families. Efforts will be made to increase early infant diagnosis in order to identify infants that require HIV care and treatment and offer more appropriate advice on infant feeding choices. More efficacious regimens for PMTCT will be introduced and scaled up in all the sites offering services. Linkages to FP/RH will be made as well as to laboratory services in order to offer a more comprehensive package of care. Capacity for service providers to provide couple HIV Counseling and testing within PMTCT sites will be supported with 2009 funds. Many women accessing HIV counseling and testing at PMTCT sites do not know their partner's HIV status. The program will strengthen innovative approaches to increase the number of men accessing HIV testing services, thereby enabling discordant couples to know their HIV status -an important HIV prevention strategy among couples. The program will reach at least 2147 couples.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 0.8% of the overall 2009 Emergency Plan PMTCT targets for Kenya. Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of health facilities will contribute to improvement of the quality of services including GOK led regional meetings.

4. LINKS TO OTHER ACTIVITIES

Linkages to HIV care and treatment services will be strengthened, to ensure immediate appropriate care for the woman and exposed infants, and family members as well and thus optimize utilization of complementary services created through Emergency Plan funding. This activity will relate to the ARV services, OVC care, TB/HIV services, HBHC and STP services funded under the APHIA II Nairobi.

5. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV-positive pregnant women, HIV affected families, and HIV-positive infants. Health care providers including doctors, nurses and other health care workers will be targeted for training on PMTCT using the national NASCOP PMTCT CDC/WHO based curriculum.

Activity Narrative: 6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved PMTCT service delivery at ante-natal clinics and maternity units and male involvement. Community health workers and mentor mothers will conduct community mobilization activities that will help increase service uptake as well as address issues of stigma and discrimination at community level.

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development through training, supportive supervision and task shifting, support to strategic information, linkage to family planning, safe motherhood, TB and nutrition programs as well as Quality Assurance, Community Mobilization/Participation and Development of Network/Linkages/Referral Systems.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$55,875

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9707.09

Mechanism: New Partners Initiative

Prime Partner: Mothers 2 Mothers

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17560.22527.09

Planned Funds: \$0

Activity System ID: 22527

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

The prime partner will not only implement the Mentor Mothers project in Kenya through Catholic Medical Mission Board in 50 sites but will also work closely with NASCOP, MOH in Kenya and the National PMTCT TWG to adopt the curriculum being used in the project for national use. The Prime partner will then help train training of trainers at National and Provincial level to help roll out the project nationally for greater involvement of women living with HIV. The prime partner is expected to lay down a clear devolution strategy to the in-country implementing partner and NASCOP for sustainability

In light of this new development to continue to refine and adapt the m2m program model and begin to respond to the challenge to support rapid national scale-up of integrated services to ~4000 sites or more, m2m proposes undertaking a two-pronged approach including a) initiation of technical assistance to support scale-up and b) a service delivery component with program sites that would serve as "centers of excellence" and provide a reference for technical assistance activities against which implementing partners could benchmark efforts to replicate and scale-up mothers2mothers' model of care.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers and mentor mothers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services.

COP 2008

1. ACTIVITY DESCRIPTION

With PEPFAR New Partners Initiative's (PEPFAR-NPI) and in-country support, mothers2mothers (m2m) will increase the effectiveness of PMTCT services through a comprehensive program of facility-based, peer education and psychosocial support for pregnant women, new mothers and caregivers living with HIV/AIDS in Kenya. There are four components to the activity that contribute to support of PMTCT: curriculum-based training and education programs; psychosocial support and empowerment services; programs to increase uptake for counseling and testing; and bridging services linking PMTCT treatment and care to anti-retroviral treatment (ARV) and other health services. The first component is training. FY 2009 PEPFAR funding will be used to deliver a comprehensive curriculum-based training for approximately 108 m2m paid site staff, Site Coordinators (SC) and Mentor Mothers (MM), (all of whom are PLWHA) who will provide education programs designed to improve PMTCT outcomes of pregnant women and new mothers with HIV and AIDS. The training curriculum given to m2m staff provides guidance about PMTCT and ARV treatment, as well as disclosure, safer feeding options, family planning, nutrition, couples counseling, and prevention guidance for these PLWHA and their partners. Annual trainings are given to all staff, inclusive of new staff and retraining for existing staff (two weeks for MM and three weeks for SC). m2m does not provide formal training on direct PMTCT service provision for healthcare providers, including doctors and nurses. The second component is providing psychosocial support and empowerment programs to HIV-positive pregnant women and new mothers to improve pediatric and maternal outcomes. PEPFAR funding will be used to provide individual and group psychosocial support and empowerment programs for pregnant women and new mothers with HIV/AIDS to help issues including stigma and discrimination, disclosure, reducing risky behavior and pediatric support. The outcome of both group and individual support is knowledge transfer around issues that women living with HIV and AIDS face in navigating the PMTCT process. Another outcome is empowering the women to focus on and take responsibility for the health of their babies, and their own health. Nutritional education and support is also part of the program; and there is a provision for specific support programs for the m2m staff. The third component is increasing PMTCT services through encouragement of HIV testing and uptake of prophylaxis for PMTCT. PEPFAR funds will help m2m staff work as part of the antenatal care team at facilities in Kenya. In this role, the m2m staff focuses on increasing counseling and testing uptake by working with women like themselves and drawing on their training and their own personal experience. The program also encourages pediatric counseling and testing efforts by counseling women to return to clinics post-delivery to test their infants, supporting the women in the post-delivery period, and providing information about pediatric treatment programs. The fourth component is assisting HIV-positive women to access linkages and referral systems to bridge PMTCT and other health services. In active collaboration with local and provincial health officials, PEPFAR funding will be used to link women and infants with AIDS defining conditions to ARV therapy programs, and to refer all ante/post natal women to clinics providing wellness care for themselves and their infants. While m2m does not provide formal referrals for healthcare, the staff is well informed about where services are available and can inform women about how to access both medical and social services. Finally, PEPFAR funds will be used to help adopt the training curriculum and roll out of the m2m services country-wide. The prime partner will be expected to have a very clear devolution strategy to the in-country implementing partner.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

All activities, which began in 2007, have been and will continue to be coordinated with local PMTCT service providers and their partners and will also be carried out in conjunction with provincial, district and municipal health authorities. The program implementing partner is Catholic Medical Mission Board (CMMB), an international NGO. Implementation will be facilitated through CMMB's relationships with its partner organizations, the Christian Health Alliance for Kenya (CHAK) and the Kenya Episcopal Conference (KEC) for in-country program implementation. The above results contribute to the PEPFAR 2-7-10 goals by increasing the number of women cared for by PMTCT programs; by improving prevention (PMTCT) outcomes, thus reducing the number of infected children; and by increasing the number of pregnant women, new mothers, and infants receiving treatment by providing a referral system from PMTCT to ARV services. As providers of indirect services to established PEPFAR supported PMTCT programs; with PEPFAR-NPI funds m2m and CMMB will strengthen and enhance PMTCT services at 6 sites in Central Province (Kiambu District) and Nairobi Province (district to be determined) and initiate service in 50 additional sites in: Southern Rift Province, Nyanza Province, Western Province, and Coastal Province. As an indirect service provider, m2m will report indicators and set targets that demonstrate the outcomes of the program. PEPFAR PMTCT indicators will be collected; however these numbers will duplicate those reported by the direct PEPFAR service provider at the site. Additional targets that measure the work and impact of the m2m program specifically will be reported in addition, including the number of new women who received m2m health talks in clinic waiting rooms; the number of HIV-positive women who received services from m2m;

Activity Narrative: the number of return visits to m2m; as well as additional indicators that m2m is working to formulate in coordination with the NPI secretariat in Washington DC.

3. LINKS TO OTHER ACTIVITIES

In support of PMTCT services, m2m provides linkages to other critical components of HIV care and prevention efforts. The program works directly with Counseling and Testing (VCT) programs by encouraging women to learn their HIV status during pregnancy. m2m also provides women with information about programs that provide treatment with ARVs (ART) for pregnant women who are eligible during pregnancy. The program also helps increase uptake of infant testing by educating and encouraging women to bring their babies back after delivery for HIV tests and OI prophylaxis. By encouraging behaviors that can help mothers sustain their well-being, the program aims to reduce the potential that children could become Orphans and/or Vulnerable Children (OVC).

4. POPULATIONS TARGETED

The specific target populations that benefit from the m2m package of care at PMTCT services sites include the pregnant women, primarily HIV-positive pregnant women who receive m2m educational and psychosocial support; people living with HIV/AIDS (PLWHA) which includes both the women who receive the services and the HIV-positive women who are employed by the program. The HIV-exposed infants who are born to the women who receive m2m services are also beneficiaries of the m2m program activities.

5. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES

The primary emphasis areas for these activities are Human Capacity Development; and Local Organization Capacity Development and Sustainability. Key legislative issues addressed include Prevention with Positives, Reducing Stigma and Discrimination; Care for Caregivers and support of PLWHA.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17560

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17560	17560.08	U.S. Agency for International Development	Mothers 2 Mothers	7793	7793.08	New Partners Initiative	\$0

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 10293.09

Mechanism: Gucha

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 23898.09

Activity System ID: 23898

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: ■

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$300,000. Funding moved to KEMRI.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Gucha district was previously supported through Network of AIDS Researchers in East and Southern Africa. In 09COP the district will be supported under a new partner who is yet to be determined under CDC Gucha TBD.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on PMTCT and other HIV prevention and care topics in order to equip them with knowledge and skills to provide quality PMTCT services. These service providers include doctors, nurses, clinical officers, nutrition officers and health record clerks. Other personnel targeted for training are the mentor mothers and other peer counselors.

COP 2008

1. LIST OF RELATED ACTIVITIES

APHIA II Nyanza Program; KEMRI PMTCT.

2. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

Gucha and Gucha South District are located in Nyanza Province. The estimated number of pregnancies in these districts is 25,126 with an ANC HIV prevalence of 4.5%. With Emergency Plan funding, implementation of PMTCT activities in these districts was supported by KEMRI starting 2004 and later by NETWORK OF AIDS RESEARCHERS IN EASTERN AND SOUTHERN AFRICA (NARESA). Over the years, these districts have achieved an uptake rate of over 80% in all the PMTCT interventions of HIV Testing and Counseling of pregnant mothers attending MCH and Maternity facilities as well as administration of maternal and infant ARV prophylaxis to HIV +ve mothers and their HIV exposed infants respectively. In 2008 COP, these two districts were supported by NARESA to implement PMTCT activities in a total of 21 facilities. During the period October 2007 and August 2008, a total of 7,983 women received HIV testing and counseling. Of these 479 tested HIV positive. Of these 333 HIV +ve mothers received a complete course of ARV prophylaxis. In 2009, these activities will be supported by a new partner yet To Be Determined (TBD). The program will counsel and test 22,296 (93%) of 23,869 pregnant women and provide antiretroviral prophylaxis for 966 (93%) of 1,034 HIV-positive women; 20% (193) of these women will receive triple Anti Retroviral Therapy (ART) while 50% (483) will receive both single dose Nevirapine (sd NVP) and AZT in line with the national PMTCT guidelines. It is also estimated that 30% (290) of the HIV +ve pregnant women may present to the ANC clinic for their visit in the late gestational period (beyond 36 weeks gestation). These women will be given the minimum ARV prophylaxis of sd NVP, though the program will sensitize all pregnant women to attend ANC as early as possible (early gestation) so that all HIV-positive pregnant women receive the more efficacious ARV regimen for PMTCT of HIV. The program will support the WHO clinical staging and CD4 cell count test for all HIV positive pregnant women in order to facilitate assessment for decision making on the ARV regimen for the women. The national PMTCT guideline provides the criteria for this decision making. In order to ensure access to CD4 testing, the program will work with other PEPFAR funded programs, Ministry of Health and other stakeholders at district level to establish and or maintain functional laboratory network systems. All HIV positive women identified through the PMTCT program will be given Cotrimoxazole for OI prophylaxis therapy. TB is one of the common opportunistic infection seen in HIV positive individuals. The program will continue to work with the TB/HIV program to strengthen TB screening among HIV-positive pregnant women and make referrals for treatment. The program will continue to support the follow up of HIV-positive women and their infants in the postnatal period through strengthening of postnatal care services at facility level. The current package of care for the mother includes regular follow up, linkage to family planning services, OI prophylaxis and counseling on correct infant feeding practices and psychosocial support through the mentor mothers' model. Infant additional care activities include OI prophylaxis using Cotrimoxazole starting at six weeks of age, and DBS for HIV- PCR (Early Infant HIV Diagnosis-EID). The program will target 966 HIV exposed infants for DBS, and will work with the HIV/AIDS treatment program to ensure linkage to pediatric HIV care services for all eligible infants in line with the national guidelines. The program will also strengthen psychosocial care and support for the HIV-positive mother and her family at both the facility and community levels through the establishment of structured support groups and the Prevention with Positives (PwP) strategy. At the facility level, interventions will include psychosocial counseling with a focus on giving information and skills to the HIV-positive women to encourage adherence to interventions such as correct use of ARVs and optimal infant feeding practices. At the community level, the interventions will include establishment of support groups, dealing with disclosure and encouraging partner and family support and will seek to integrate these activities with the MoH Community Health Strategy activities. The program will also initiate and support couple counseling and testing to strengthen HIV prevention incase of discordant couples and will reach at least 4,459 men with HIV testing and counseling services. The program will collaborate with the Testing and Counseling team as well as the Care and Treatment to ensure linkage to ongoing care for men who test HIV -positive. The partner will work with the Ministry of Health to support implementation of PMTCT services in 25 health facilities with the goal of achieving universal geographic coverage of services. The program will train 60 service providers on PMTCT and comprehensive HIV management for HIV-positive mothers and their families. Program emphasis areas are increasing gender equity in HIV/AIDS by improving access to HIV testing for women accessing PMTCT services, strengthening couple counseling and testing and in particular increasing access to HIV testing for the male partners. Other program emphasis areas include health related wrap around programs that contribute to improved health outcomes of both mother and baby. These include Malaria and safe motherhood, immunization and growth monitoring.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute 1.7% of the pregnant women who receive counseling and testing and 1.1% of the ARV prophylaxis to the 2009 PEPFAR PMTCT target totals. This program will also contribute to the number of HIV positive women accessing TB screening and treatment services thereby contributing to the PEPFAR care and treatment goals. Finally, the program will also contribute to pediatric HIV care and treatment goal through identification of HIV-exposed and infected infants who require care and treatment.

Activity Narrative: 4. LINKS TO OTHER ACTIVITIES

This activity relates to the KEMRI ARV Services program, KEMRI TB program in Nyanza Province and APHIA II Nyanza ARV services. This activity is linked to Palliative Care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV-positive women in the antenatal and post natal settings, care of the HIV exposed infant in the post natal period, referral for pediatric HIV diagnosis and referral to the ART sites for women and infants based on the national guidelines. It also linked to Palliative Care: TB/HIV through the integration of TB screening services among the HIV positive pregnant women in PMTCT settings and referral to the TB clinics.

5. POPULATIONS BEING TARGETED

The target population is children under 5 years, pregnant adolescent girls and their partners (15-24 years), adults, Discordant couples, people living with HIV/AIDS, and pregnant women.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 286.09

Mechanism: N/A

Prime Partner: New York University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 23903.09

Planned Funds: \$80,000

Activity System ID: 23903

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREA

This will be a continuation of the 2008 activity. New York University (NYU) will support treatment at the Bomu Clinic and one satellite site in Mombasa, and will expand services to support PMTCT activities for the pregnant women attending the Bomu clinic as well as the satellite site in Mombasa. In 2009 COP, the program will support implementation of PMTCT activities and will target to reach 1,800 pregnant women with HIV counseling and testing and facilitate CD4 count test as well as WHO clinical staging for all HIV +ve women. Based on the results and National PMTCT guidelines on the use of ARVs in pregnancy, 36 HIV +ve pregnant women with CD4 cell count < 350 or if in WHO stage II or III of HIV disease will be initiated on triple ART, while 900 other HIV +ve women who do not meet this criteria will be given the combination prophylaxis of single dose Nevirapine (sd NVP) and AZT starting 28 weeks of gestation. The minimum prophylaxis of sd NVP will be given to 864 HIV+ve women presenting in late gestation for their 1st ANC visit. This program also supports safe obstetric practices by facilitating delivery based activities. The program will ensure that all women who come into labor and delivery with unknown HIV status will be offered HIV counseling and testing and will administer the appropriate ARV prophylaxis. All the 100 HIV exposed infants will receive the ARV prophylaxis as per the national guidelines and will have DBS taken at 6 weeks for Early Infant HIV diagnosis. All HIV exposed infants will be given Co-trimoxazole prophylaxis starting at 6 weeks while all those with an HIV PCR test will be initiated on pediatric ART and follow up care. Other care activities for the infants include growth monitoring, immunization as well as other services within the Child Survival frame work. The mothers will receive follow up care that includes Cotrimoxazole prophylaxis, counseling on correct and appropriate infant feeding practice, TB screening, post natal care and linkage to Family planning services. The "Mother-to Mother" approach will be used to ensure psychosocial networks and support for the mother both at the facility and community level. Primary prevention within PMTCT setting will be addressed through encouraging couple HIV counseling and testing and /or availing HIV testing and counseling to the male partners. The program will target to reach 200 men with this intervention and will use the Men as Partners strategy to enhance this as well as to increase male partner support and participation in PMTCT activities. Prevention with Positives (PwP) is another important strategy that will be adopted to strengthen prevention. In implementation of these PMTCT activities, the program will work in collaboration with the other HIV Care and Treatment and Pediatrics HIV Care services in Bomu to ensure the HIV+ve women and their HIV exposed/infected infants receive a complete package of care. NYU has a long history of providing quality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to the provision of treatment in resource limited settings like Africa. The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV confirmatory testing, basic hematology and chemistry tests, and CD4 counts. The program will strengthen the linkage between PMTCT program and the ARFCC as well as the Laboratory services to ensure that all HIV +ve pregnant women and their infants receive comprehensive HIV care services that include CD4 testing, baseline laboratory investigations, access to HAART for all eligible pregnant women in line with the National PMTCT and ART guidelines, Early Infant diagnosis for HIV exposed infants and linkage to treatment for all infants with a +ve PCR HIV test, screening for TB for the women, HIV testing for the woman's partner and psychosocial support and counseling. The women will also receive nutrition counseling for their own health as well as counseling on correct infant feeding practices. Additionally the women and infants will receive the available nutritional supplement. The Bomu Clinic uses a unique and elaborate referral and linkage system to ensure patients receive care in the various service delivery points within the facility. This will be used to track and ensure pregnant mothers receive the full package of care including safe delivery/skilled delivery attendance. The Bomu clinic is a private clinic that provides general medical services to thousands of patients and has recently expanded their capacity to provide specialized HIV services for adults and children. NYU has supported development of a program that was providing treatment to over 2,000 patients by April 2008, including 384 children. NYU brings particular expertise in pediatric treatment, and this site is expected to rapidly expand treatment for children. A key barrier to expansion of the program at the moment is space. NYU has received grant funding from other sources to establish an annex to the main clinic building that will facilitate a significant expansion in pediatric treatment, and Emergency Plan funding will be used for substantial renovations and refurbishment. This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, infrastructure, logistics, quality assurance and supportive supervision, strategic information, targeted evaluation, and training.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute increased PMTCT program coverage by availing HIV testing and counseling services to women and children attending the MCH and maternity units and providing the ARV prophylaxis thereby contributing to prevention of pediatric HIV infections in the country. These activities will contribute to the results of expansion of ART for clinically to the results of qualified HIV-positive patients, strengthened human resource capacity to deliver adult and pediatric ART, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services..

4. LINKS TO OTHER ACTIVITIES

These activities link to non-ART services supported by NYU and FHI, referral to adult and pediatric HIV services provided at Coast Provincial Hospital through FHI, a network center, and ART services coordinated by and supported through the National AIDS and STD Control Program (NAS COP). There are also further links to area VCT, PMI and community-based activities currently supported by FHI, advanced training in HIV care supported through FHI, and network strengthening activities being implemented by the Kenya Pediatric Association, a sub-partner of the Umbrella TBD.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. A key focus of the family clinic is the provision of services to children with HIV, and the identification of children with HIV as a way of reaching entire families that are affected by HIV. Treatment services for diagnosis and treatment of very young children will be established through a relationship with Kenya Medical Research Institute (KEMRI), whereby filter paper samples are transported to the KEMRI lab for polymerase chain reaction (PCR) infant testing. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are

Activity Narrative: targeted for increased HIV care and treatment knowledge and skills. Included among the populations served by these services will be participants in U.S. government funded research programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 10290.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 23905.09

Activity System ID: 23905

Mechanism: Infant and Young Child Nutrition

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: ██████████

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity will build the organizational and technical capacity of health care providers and community health workers to support counseling on infant and young child nutrition, and to build support groups of HIV positive mothers to strengthen exclusive breastfeeding as an important strategy in PMTCT. The activity will continue to support the training of 120 health care providers (HCP) in lactation management and infant and young child nutrition, and will form support groups from mothers who are HIV positive who have passed through a PMTCT program and have already disclosed their status. Such identified mothers will provide support both at facility and community levels. IEC materials on infant and young child feeding will be distributed to pass the correct information on to both health workers and the mothers concerning appropriate feeding options from birth, at 6 weeks when early infant diagnosis is done, and at 6 months when weaning starts. This project will be implemented in the two 2 districts of Nyando and Kisumu. The key activities will be to develop the organizational and technical capacity of local HCP to provide nutrition guidance and counseling and supportive supervision and mother support groups to provide actual support on how to operationalize exclusive breastfeeding for 6 months, and to demonstrate correct infant attachment and positioning during breastfeeding. Funds granted through CDC TBD will be used to provide a standard package including training of HCP and some incentives for mothers used in the support groups both at facility level and the community level. All mothers testing HIV positive who do not meet AFASS criteria will be encouraged to do exclusive breastfeeding for 6 months, in line with the WHO latest consensus statement. This activity will be critical especially following early infant diagnosis at 6 weeks or first contact where currently there is confusion on the correct information to give when a child of a positive mother tests negative. Nutrition guidelines will be used to pass the right information. Capacity building activities will include both strengthening of administrative operations and strengthening community linkages and technical capacity. Documentation of how many mothers practiced exclusive breastfeeding for 6 months will be encouraged. This activity includes emphasis in the areas of local organization capacity development, development of community support networks, logistics, human resources, and supportive supervision.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the establishment of nutrition/ exclusive breastfeeding support groups for mothers with HIV, strengthened human resource capacity to deliver infant and young child nutrition counseling and strengthened mother to mother breastfeeding support groups. This partner has a key role in building the organizational and technical capacity of local organizations so that these activities can be sustained over the long term.

3. LINKS TO OTHER ACTIVITIES

This activity relates to PMTCT services supported by the University of Nairobi, Department of Obstetrics and Gynecology.

4. POPULATIONS BEING TARGETED

The primary target population is HIV- infected mothers and their exposed infants, including HIV-infected children. The program will reach out to mothers testing positive in the antenatal or postnatal period, and to infants receiving EID at 6 weeks or first contact, and at 6 months when complementary feeding starts. The activity will also target training and capacity building of health care workers, mainly doctors, clinical officers, nutritionists and nurses. The activity also aims to include community-based health care providers and mothers living positively with HIV.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities. Stigma will be avoided by encouraging all mothers, HIV positive or negative, to practice exclusive breastfeeding for 6 months.

6. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers on, Infant and young child nutrition and lactation management and other HIV prevention and care topics in order to equip them with knowledge and skills to support exclusive breastfeeding in the first 6 months of life.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 12230.09

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 23900.09

Activity System ID: 23900

Mechanism: Umbrella

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$400,000

Activity Narrative: Updated April 2009 Reprogramming. Funding moved to EGPAF/Umbrella from TBD/Men as Partners.

1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

One of the key result areas for the PMTCT program is demand and utilization for PMTCT services, stigma reduction and psychosocial support increased through community-level and mass media communications, and greater involvement of mothers living with HIV and AIDS through Mentor Mothers, Prevention with Positives (PwP) and male involvement through Men as Partners (MAP) model inculcating gender dimensions.

There is need to build mechanisms at both facility level as well as community level that will ensure adherence to the PMTCT messages and interventions to both the mothers and their HIV exposed infants. These key interventions include primary prevention where in PMTCT settings focuses on skills as well as information for mothers to practice safer sex which can be a challenge especially in the marriage setting. Low levels of disclosure by mothers on their HIV status following HIV counseling and testing results in many of this couples who may be in discordant relationships to practice unsafe sex. This can be greatly addressed if male partner participation and support is put in place. In many settings, married women often have to refer to their male partners before making decisions e.g infant feeding as these have both economic and social dimensions. Adherence to ARV prophylaxis and CTX prophylaxis will be greatly enhanced if the woman has the support from the male partner. The CDC-TBD will work within the national MoH framework (NASCOOP and DRH) as well as PEPFAR technical agencies to develop a national strategy for the implementation and roll out of the "men as Partners" initiative. This will involve advocacy with national stakeholders, development of national instructional materials and other packages as well as monitoring and evaluation. During 2009 COP, CDC-TBD will focus on developing the national framework, defining the model, developing of training materials, national roll plan and will implement in selected facilities in Nyanza province. In developing the technical strategy, CDC-TBD will clearly outline the activities for increasing male participation and support for all the four PMTCT strategic approaches namely Primary Prevention, Access to Family planning services, HIV testing and counseling for pregnant women and use of ARVs including safer obstetric practices (skilled delivery assistance) and finally HIV prevention and care to other family members that includes partner testing, testing of infant and older children and linkage to ongoing care and treatment. This initiative must also identify mechanisms for strengthening and increasing male partner testing within PMTCT settings and establishment of support groups that include psychosocial support to the men in particular and to the family unit. This activity will be implemented in collaboration with the other PEPFAR funded activities in the country and Nyanza region. The program will target to train at least 60 health care workers including "men champions" on this strategy. Program emphasis areas are increasing gender equity in HIV/AIDS by improving access to HIV testing for men as well as strengthening couple counseling and testing. Activity also addresses male norms and behaviors through increasing male partner support and involvement in PMTCT activity at both the facility level and community (as the men will support the women to increase adherence to PMTCT interventions). Fear of disclosure of HIV status by the pregnant mothers to their partners is a common reason for poor adherence to PMTCT interventions. This is often attributed to male partner violence. Increasing male partner support and participation will greatly contribute to reducing this violence at family level thereby contributing to increased uptake as well as adherence to interventions.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to establishment of psychosocial networks and support, as well as increasing male participation in PMTCT programs. It will also contribute to increasing the number of men who access HIV testing and counseling services and linkage to ongoing HIV care services in line with PEPFAR goals.

3. LINKS TO OTHER ACTIVITIES

This activity relates to the NASCOOP PMTCT Program KEMRI PMTCT program, APHIA Nyanza II PMTCT; IMC PMTCT; CARE PMTCT and NARESA PMTCT. The activity is linked to NASCOOP in terms of developing the national framework, training materials and other national level activities that will support the country implementation plan. The activity links with the other PEPFAR PMTCT funded activities in Nyanza as it will contribute to establishing the mechanisms for increasing male participation and support for PMTCT activities.

4. POPULATIONS BEING TARGETED

The target population is adults, Discordant couples, people living with HIV/AIDS, and families affected by HIV. This activity will increase access for couple HIV testing and counseling within PMTCT sites. It will also increase access for HIV testing for male partners, thereby increasing prevention among couples who may be discordant. Male partner support will also increase support to families to address the psychosocial dimensions that may occur. Finally male partner support will result in increased adherence to PMTCT interventions by the HIV +ve mother and her family.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key attributions in human capacity development through the training of health care service providers peer counselors on PMTCT and other HIV prevention and care topics with a focus on strengthening male partner involvement and support in PMTCT services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7888.09

Prime Partner: Macro International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 24100.09

Activity System ID: 24100

Mechanism: Measure III DHS

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$150,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in strategic information.

2. ACTIVITY DESCRIPTION

This activity has two main components. The first component will be the carrying out of 2009 Kenya Service Provision Assessment. This activity will jointly be funded by 5 program areas (PMTCT, CT, Care and Support, Systems Strengthening and Strategic Information. SI funding (\$450,000) will cover technical assistance including questionnaire adaptation, sampling and data processing, training, report writing, hiring of data dissemination specialist, editorial support and travels; while contributions from other program areas (\$750,000) will cover local costs such as interviewer training and supervision, data collection and analysis, local consultants, accounting firm, printing final reports, and other dissemination products. UNICEF and DFID will be approached to provide additional funding to the tune of \$500,000 to support local costs. The second component (\$150,000) will support the development of a 5-day curriculum, introducing the KDHS to graduate and undergraduate students from the University of Nairobi, and other public health programmers, planners and researchers. Targeted audience will be taken through a process of capacity building in further analysis of DHS data, data presentation and communication skills for policy makers. Overall, 2009 KSPA will help USG Kenya team to monitor changes over time in terms of the quality of services being provided to clients and build capacity of Kenyans on the KSPA survey methodology.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will provide technical assistance to 4 local organizations and community based structures in strategic information in addition to supporting the training of 100 public health programmers, planners, researchers and others like M&E/HMIS Officers, and program managers in health facility assessment methodology and other SI related topics.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by NASCOP, where NASCOP will be rolling out Form 711 and program specific client registers for data collection and reporting at health facilities. It is also related to Macro International/APHIA II Evaluation that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities. It is related to strategic information activity to be carried out SCI Koimhuri/USAID National M&E Support Program which will support the development of data management infrastructure and supportive field supervision of COBPAP activities by the M&E Coordinator. It is also related to the Strategic Information activities implemented by KDOD, APHIA II projects and CDC/KEMRI.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG personnel in KSPA survey methodology, data processing including analysis, interpretation, report writing and different information dissemination strategies at national and regional levels.

6. EMPHASIS AREAS

The emphasis area for this activity will be health-related wrap around programs. KSPA will provide national and sub-national information on the availability and quality of services on child health, family planning, maternal health (antenatal and delivery care), STIs, TB and HIV/AIDS. The findings will help in identifying areas that require immediate remedy in all service delivery areas if the health sector were to continue offering quality health services to clients.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4061.09	Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 26466.09	Planned Funds: \$75,000
Activity System ID: 26466	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 +COP08 funding for this activity was captured only under HVMS. In COP 09 the funding is distributed across the program areas.

COP 2008

CDC-Kenya, including GAP-Kenya, is co-located with the Kenya Medical Research Institute (KEMRI) in Nairobi and Kisumu, with most PEPFAR-supported staff based in Nairobi, Kenya. Due to the dramatic scaling up of PEPFAR activities in Kenya, and the resulting expansion of staff since the inception of PEPFAR, the capacity of the existing offices has been exceeded. CDC proposes to renovate the existing structure, however, due to site and structural constraints, this will avail only limited additional space. CDC therefore proposes to build a second building to house the expanded CDC-KEMRI HIV program. The proposed building, on the campus of KEMRI, will become part of the KEMRI complex; CDC will not hold title to the building.

A total of \$1,200,000 in FY08 funds was programmed to RPSO for this purpose; however, these funds were allocated in the absence of a fully developed staffing plan, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY09 funds are sought to meet the funding shortfall resulting from the unplanned-for A&E services contract, as well as the under-estimated cost of construction.

Costs for the total CDC-KEMRI project have been allocated across GAP program areas, based on projected space utilization.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3476.09

Mechanism: South Rift Valley

Prime Partner: Henry M. Jackson Foundation
 Medical Research
 International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 29198.09

Planned Funds: \$620,000

Activity System ID: 29198

Activity Narrative: This PHE activity, "How to Optimize PMTCT Effectiveness (HOPE) Project" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.08.0203. This PHE is an FY08 Collaborative.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$620,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$35,906,467

Program Area Narrative:

Key Result 1: Strengthen programs with combination prevention interventions.

Key Result 2: Expand scope and coverage of targeted interventions for most-at-risk populations (MARPs).

Key Result 3: Support development and scale up of targeted comprehensive prevention approaches.

Key Result 4: Strengthen national HIV prevention planning and coordination through support to the National HIV Prevention Task Force.

CURRENT PROGRAM CONTEXT

The Kenya Emergency Plan (EP) Sexual Transmission Prevention (STP) program continues to intensify prevention interventions by increasing coverage, improving quality, and enhancing program efficacy to reduce the risk of HIV transmission. The STP program consistently integrates prevention across all program areas through a combination of prevention interventions. Kenya's approach targets both the general population as well as MARPs. In the country, personal risk perception has not increased although HIV knowledge levels have. Data from the 2007 Kenya AIDS Indicator Survey (KAIS) indicate that four out of five adult Kenyans do not accurately know their HIV status. Prevention education that emphasizes correct knowledge of status is therefore an increasingly important building block to a comprehensive prevention strategy, and a standardized ABC+T (Testing) approach will be pursued.

The HVAB program will continue to strengthen interventions contributing to abstinence, delayed sexual debut, and adoption of secondary abstinence among young people. Addressing cross-generational sex and providing education regarding the associated risk of early marriage will be a key focus, linked with income-generating activities (IGAs) to reduce risk determinants that increase this vulnerability. The HVAB program employs a balanced approach that focuses on youth and adults with fidelity and testing messages, as well as working in concert with the HVOP program to provide the right mix of age-appropriate interventions. The HVOP program has sharpened its focus on promoting correct and consistent condom use among sexually active persons of unknown HIV status or with known discordant HIV status, both to the general public and MARPs.

The 2008 UNAIDS Modes of Transmission (MOT) Study indicates that MARPs contribute more than one-third of new infections in Kenya. Targeted interventions with a comprehensive package of services will be scaled-up for sub-populations at higher risk of HIV infection, including commercial sex workers (CSW) and their clients; men who have sex with men (MSM) and their partners; fishermen; casual heterosexual concurrent relationships; discordant couples; and prisoners.

The Prevention with Positives (PwP) strategy is incorporated across all HIV prevention, care and treatment interventions with a particular emphasis on reaching discordant couples with education on safer sex and greater awareness that long-term

discordancy carries an increased risk due to frequency of exposure. An important milestone achieved this year was the launch and rollout of the PwP clinical package. A standardized package of interventions is being developed for a PwP community strategy. A National PwP Task Force has been established and work is underway on a toolkit to guide evidence-based, high-quality interventions for people living with HIV (PLHIV). A minimum prevention package for CSW is being finalized and will be rolled out by NGO and health ministry implementers. Standard guidelines will also be developed for youth programs and other interventions.

Ongoing EP-supported youth programs will be invigorated through additional, collaborative activities with the Partnership for an HIV-Free Generation. This initiative will enable the EP to leverage new public-private partnerships toward enhancing youth HIV prevention and linking young people to economic opportunities to the greatest extent possible.

The majority of the HIV-positive population resides in rural areas of Kenya. Although there has not been a systematic mapping of the coverage of prevention interventions, it is clear that additional efforts must target rural populations. Emerging data on geographic prevalence has guided programming priorities, particularly for MARPs in Nyanza, Nairobi, Coast, and Rift Valley provinces.

Gender considerations have been incorporated across the entire program portfolio. Specific interventions addressing male norms, increased vulnerability of young women and girls, gender and sexual-based violence, and cross-generational sex are an important focus for all programs.

A national communication campaign will help to scale up universal access to HIV prevention. National-level prevention leadership is also being strengthened. Through the Capacity Project, the EP supports a Senior HIV Prevention Expert and a Youth Affairs Officer at NACC. Similarly, the EP will support a National Officer at WHO to provide technical guidance in prevention. In 2008, the EP STP program helped bring about formation of a high-level National HIV Prevention Task Force (NHPTF) led by the National AIDS Control Council (NACC) to re-invigorate and steer national prevention efforts. An important expected output of the NHPTF is to aid development of a new Kenya National AIDS Strategic Plan (KNASP) with a more robust prevention agenda that is well-informed by KAIS, the Kenya Demographic and Health Survey 2008 (KDHS), the MOT study, and evidence-based practice. Moreover, the new KNASP should incorporate consensus emerging from the 2008 National HIV Prevention Summit, which emphasized that effective prevention strategies must embrace a combination approach and recognized the need to expand the scale and quality of prevention interventions across the country.

STATISTICS

The 2007 KAIS documented national HIV prevalence of 7.8% among adults 15-49. There are significant gender disparities with women having a higher prevalence (8.7%) than men (5.6%). Among youth, women aged 15-24 are four times more likely to be HIV-positive than their male peers (6.1% versus 1.5%). KAIS also showed a marked variation between rural and urban residents, with 70% of HIV-positive adults living in rural areas. Nationally, the highest prevalence was found within the 30-34 age bracket.

Geographically, prevalence remains highest in Nyanza Province at 15.3%. This is followed by Nairobi at 9%, Coast at 7.9%, and Rift Valley at 7%, all significantly contrasting with the North Eastern Province at 1%. The number of HIV-positive adults in Rift Valley (estimated 322,000) is greater than in Coast (estimated 135,000) and Nairobi (estimated 176,000) combined.

About two-thirds of HIV-positive Kenyan adults report currently being in a union, yet there is only 50% condom use among HIV-positive sexually-active individuals. 10% of monogamous married couples and 14% of polygamous couples have one or more partner infected with HIV. Ongoing HIV testing and counseling initiatives, including couple CT and home-based CT, have helped to identify couple discordance.

An important sub-group that has previously not been targeted as "high-risk" is married individuals. Among HIV-positive people, 45% have a partner who is not currently infected. Discordance, particularly in marriage, presents a great risk.

SERVICES

The USG team of prevention technical experts from USAID, CDC, DoD, and Peace Corps jointly plans, reviews program progress, and provides technical guidance to the entire Kenya prevention portfolio. This synergy will be enhanced in 2009 through joint technical meetings for all implementing partners to exchange best practices, ensuring consistent prevention messaging and reducing duplication of effort.

The Partnership for an HIV-Free Generation will work with the STP ITT to infuse corporate strategies to optimize access for youth prevention services, such as an intensified campaign for CT for youth in Kenya. Through a PPP that includes Warner Bros. and Intel, a computer game will be launched and piloted at youth centers to test the effectiveness of popular entertainment as a medium to impact key behavioral outcomes. Services that closely link prevention and CT services will be strengthened. The Ministries of Public Health & Sanitation and Medical Services will remain key partners in prevention activities, providing a nucleus around which all other prevention services will be provided. The GoK's Community Strategy will be strengthened to provide comprehensive prevention education and referral for services.

A comprehensive prevention package for CSW, developed with NASCOP leadership, will be rolled out as a standardized approach to service provision. This will include peer education and risk reduction education, CT, STI screening and treatment, condom promotion and distribution, and HIV care and treatment. Clients of CSWs will also be targeted. MARP prevention interventions will be scaled up, guided by mapping services within prevention program areas, including sexual risk reduction messages, condom promotion and provision, communication campaigns, couples counseling and testing, discordant couple interventions, and support group activities.

Prevention education, including a national mass media campaign, will be intensified through the APHIA II Health Communication

and Marketing (HCM) program. Internews will train TV, radio, and print journalists to more actively and accurately report on HIV prevention through media sources around Kenya. Increased male involvement in prevention efforts will include scaling up the Men as Partners program to address gender stereotypes that predispose men to sexual risk behaviors, as well as sexual and gender-based violence. An expanded program with uniformed services at the workplace, their families, and host communities, as well as with prisoners, will reinforce safer sexual behavior and emphasize the benefits of reduction of multiple concurrent partners. PEPFAR partners will also target fishing communities in Nyanza with combination interventions.

AB programs will expand coverage for youth and general population prevention activities to optimize coverage in locations not previously reached. This will be achieved through a mix of life skills education, community education, peer education, and interventions targeting couples and older adults to promote fidelity with knowledge of status and partner reduction. Specific gender programs include an ongoing house girls' initiative and programs by the Kenya Girl Guides Association, linkages with IGAs through the K-Rep microfinance program and with the Women's Justice and Empowerment Initiative for legal rights awareness and improved post-rape medical services.

Alcohol and substance abuse prevention, including prevention education, counseling and referral, will continue to be integrated within targeted primary prevention services.

Consultations will be held with the GoK, World Bank, DFID, and other development partners to assure commodity security especially for male condoms in the country. Given limited supplies of lubricant gel in the country, a more effective means to procuring these will be explored. New approaches to increasing access to and use of female condoms will also be pursued.

Overall, the STP team continues to examine geographic coverage to reduce duplication of efforts and ensure optimal coverage.

REFERRALS AND LINKAGES

Prevention has been integrated into other program areas, and key prevention messages are integrated with service provision. Prevention programs will work to identify appropriate referral mechanisms so that prevention efforts translate to increased access to CT, PMTCT, care and treatment, and vice versa. Where a comprehensive package of services is offered, an M&E system will be incorporated into the package. EP-supported prevention programs will seek to leverage wrap-around services in family planning in health care settings, including PMTCT, which are supported through the GoK, USAID Population funds, and other partners.

POLICY

In 2008, the Ministry of Education will rollout a standardized, in-school curriculum on life-skills training and the EP will support its implementation. The EP STP program is supporting the development and dissemination of prevention guidelines for MARPs, including a comprehensive prevention package of services for sex workers and a PwP package. Data from KAIS, KDHS, and MOT study will continue to inform prevention priorities as well as development of the next KNASP in 2009. Promotion of Meaningful Involvement of People Living with HIV will be achieved through supporting prevention advocacy by PLHIV at various levels. This will include interfacing with GoK through peer education and support group involvement.

CHALLENGES

A clearer operational definition of what an STP target "reached" entails is needed. Ambiguity arises from the broad range of prevention interventions that are attributed to a "reach," which may range from a single intervention (e.g., a peer education session) to a combined approach that may include life-skills curriculum training, theatre, counseling and testing targeting a single individual or defined group.

As prevention programming expands its targeted interventions for MARPs, the per capita prevention cost will likely rise owing to the intensity required to access hard-to-reach populations, as well as the mix of interventions in a comprehensive package; however, over time, this such targeted interventions should help substantially diminish care and support costs, as fewer people become infected.

SUSTAINABILITY

Training and the involvement of community members as the primary implementers sets a platform for sustaining programs beyond EP funding. The EP will work to further empower and build the capacity of CBOs, PLHIV groups, and other indigenous groups to achieve the organizational and technical capacity to carry out HIV prevention work in a sustainable fashion.

MONITORING AND EVALUATION

There is a close collaboration with GoK on a harmonized M&E system in the country. Also, through APHIA II Evaluation, a District Education Monitoring and Management Information System will be implemented to assess the impact of HIV on the education sector. Specific indicators will be developed with the SI program to monitor the integration of prevention across other program areas.

WORK OF HOST GOVERNMENT AND OTHER DEVELOPMENT PARTNERS

The prevention program will work with the Kenya Institute of Education in streamlining the life-skills curriculum. It will also work with NASCOP to roll out the comprehensive prevention packages, both through the provincial and district health management teams, as well as through the work of USG-funded implementing partners. The National HIV Prevention Summit has been established as an annual technical consultation for prevention stakeholders, led by the NACC and co-sponsored by the USG, UNAIDS, and other key partners.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9809.09

Mechanism: New Partners Initiative

Prime Partner: Tearfund

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 24974.09

Planned Funds: \$0

Activity System ID: 24974

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

This project supports behavior change through activities that build self-esteem, enhance personal HIV risk perception, delay sexual debut, and promote abstinence from pre-marital sex, and sexual faithfulness in the context of long-term relationships. This program will focus on young people most at risk of HIV infection in the 10-29 age range, especially young women aged 15-24, young men aged 20-29, and out of school youth. The program will include BCC with the primary focus on building institutional support for sustained interventions, through orientation and information sharing with 1,166 key leaders from 272 schools, 250 churches and other community settings; training of 2,742 trainers, 4,360 peer educators and 8,592 small group discussion leaders to reach 143,982 young people. The program also plans to procure and adapt skills building information materials for the different target audiences.

The project will implement life skills education in schools and will emphasize understanding and valuing personal identity, building safe and productive relationships with other people, and making healthy choices for personal development. Interventions using this approach will be led in this partnership by Lifeskills Promoters (LISP) in the initial 88 schools in Kiambu and are based on the UNICEF model for Life skills education as described in the 2000 Publication: Skills-Based Health Education to Prevent HIV/AIDS.

A participatory peer-based dialogue in churches and community settings will use the Stepping Stones model which has been applied in 6 Evangelical church congregations covered by the EAK program, and adapted for the pastoralist communities in the districts of Narok and Transmara, covered by NIDP and TRDP respectively and the Choose Life Model (pioneered by World Relief in Rwanda, successfully implemented in many church settings in Kenya, and used in this project in the CCS-MKE program in parts of Central, Eastern and North-Eastern Provinces.

The work of SJCC will employ the Family Dialogue model, in the 12 initial Parishes of project implementation within the Anglican diocese of Nairobi. This model was developed by DOSS-ACK and implemented in 4 Dioceses under the USAID-supported IMPACT Program, implemented by Family Health International and the Coffee Bar ministry locally developed in the youth mobilization programs of SJCC in the low income communities of Pumwani in Nairobi, and successfully used over the last three years to reach over 200 young people.

BCC discussion groups targeting young people will focus on accessing follow-up services, including in-depth problem-solving counseling, HIV counseling and testing, STI and reproductive health care. Available services in each intervention setting will be mapped and collaboration negotiated with the respective service providers, to ensure success of the planned referrals. Establishment and running of the BCC discussion groups will be integrated and coordinated with the HIV counseling and testing services. The LISP program includes telephone-based counseling, available to students participating in the school-based life skills program.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In line the USG Sexual Transmission Prevention (STP) team's identified priorities; Tearfund will implement comprehensive, highly active prevention activities in an evidence-based approach of targeting those populations shown to be most at risk. Prevention activities targeting adults and youth will be rolled out throughout Kenya, with particular focus on geographic areas of highest need, in community settings. These activities will be implemented through the initiatives of a range of indigenous sub-partners and will result in 12,293 individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful interventions and 163,652 people reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful messages.

3. LINKS TO OTHER ACTIVITIES

These activities will link to other sub-partners supported through Tearfund to ensure that all partners are integrating prevention into programmed activities across each program area. Strong linkages to counseling & testing and PMTCT will be established so that prevention interventions.

4. POPULATIONS BEING TARGETED

Highly active prevention interventions will target vulnerable and most-at-risk populations, especially in geographic areas of highest need. Targeted populations will include young people most at risk of HIV infection in the 10-29 age range, especially young women aged 15-24, young men aged 20-29, and out of school youth. Community-level activities will reach these groups with targeted prevention interventions.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 9716.09**Prime Partner:** Family Health International**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 22543.09**Activity System ID:** 22543**Mechanism:** ROADS Project**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$100,000

Activity Narrative: 1.ACTIVITY DESCRIPTION & EMPHASIS AREAS

The overall goal of the multi-sectoral ROADS Project (branded SafeTStop) is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable people along major East African transport corridors. There is a high HIV transmission rate among members of mobile populations, drivers and their assistants, and the vulnerable populations of in- and out-of-school youth, OVC and low-income women in these host communities. Especially at cross-border stop-over sites truck drivers can be away from home for 2-3 months at a time and can be held up for days in customs clearance. Given that the poverty of the host communities is exceedingly high, the prevalence of transactional sexual behaviors involving not only community women but youth and orphaned children is also high. ROADS will work in 4 sites: Mariakani, Malaba, Mlolongo and Busia to focus on developing behavior change communication (BCC) messaging targeting truck drivers and communities along the transportation corridor. Specifically, the program will develop BCC AB and OP prevention messages targeted towards truck drivers that promote consistent condom use, knowing their own HIV status, reducing cross generational sex and reducing the number of multiple concurrent partners. The ROADS project will provide the messages and technical assistance to the current US Government partners that provide services at the SafeTStops on the transportation corridor, including APHIA II Coast, APHIA II Eastern, APHIA II Rift Valley, APHIA II Western. The project's aim is to provide consistent and regular messaging and outreach to drivers along the corridor. Furthermore, the program will develop BCC messages that address commercial sex workers that live near the truck stops. The messaging will address condom negotiation skills and knowing their status. Faithfulness messages are delivered to truck drivers and the community men and women and married youth. FHI trains CBOs and FBOs to support AB activities and to reduce stigma and discrimination in their communities. Critically important to encouraging faithfulness is creating recreational alternatives for truck drivers and men that can reduce exposure to alcohol. This includes interactive health discussion groups, entertainment in non-alcohol establishments, and practical adult education sessions on topics identified by the truck drivers including managing alcohol consumption, gender-based violence, managing financial resources and road safety as well as referrals to VCT and other health services. ROADS will also convey HIV risk reduction messages that include but go beyond AB. Peer educators focus on HIV/AIDS skills and knowledge, including condom negotiation skills and correct use. "Other" messages, as well as condoms, are disseminated to truck drivers, commercial sex workers, other men and women, and out-of-school youth through peer education, community mobilization events, pharmacies/drug shops and SafeTStop resource centers established in the sites and develop focused BCC for older orphans, a key underserved group.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The project will support the targets being reported by current USG partners that operate a long the transportation corridor. ROADS reaches out to those whose sexual activity puts them at significant risk of acquiring or transmitting HIV. Men who are away from home for months at a time will often have sexual partners along the transport route. Unemployed women with no other source of income to feed and shelter their children will often rely on informal financial support from truck drivers and other community men. Given the "regular" nature of these relationships, condom use will be low, creating a major route for HIV infection among mobile and community populations. The high number of youth out of school, many of whom may be economically vulnerable orphaned heads of households, also become involved in transactional sex to sustain themselves and their siblings. Messages and skills encouraging abstinence and partner reduction will accompany skills building in risk reduction through increased condom use, addressing sexually transmitted infections, and promoting CT including PMTCT services. ROADS reaches out to those whose sexual activity puts them at significant risk of acquiring or transmitting HIV. Men who are away from home for months at a time will often have sexual partners along the transport route. Unemployed women with no other source of income to feed and shelter their children will often rely on informal financial support from truck drivers and other community men. Given the "regular" nature of these relationships, condom use will be low, creating a major route for HIV infection among mobile and community populations. The high number of youth out of school, many of whom may be economically vulnerable orphaned heads of households, also become involved in transactional sex to sustain themselves and their siblings. Messages and skills encouraging abstinence and partner reduction will accompany skills building in risk reduction through increased condom use, addressing sexually transmitted infections, and promoting CT including PMTCT services. Support for other low-risk strategies for increasing economic opportunities will also be pursued through the local private sector in terms of job creation and skills building as well as providing limited food support as a strategy for reducing partners.

3. LINKS TO OTHER ACTIVITIES

The project will ensure consistent and regular messages delivered to truck drivers and CSW along the transportation corridor. Through ongoing coordination with other USAID/Kenya PEPFAR partners, ROADS will link with, and create demand for, clinic-based services (CT, PMTCT, STI diagnosis and management) strengthened through PEPFAR programming in these areas.

4. POPULATIONS BEING TARGETED

The project will target truck drivers who stop at the truck stops (SafeTStops) along the transportation corridor. ROADS will work closely with most-at-risk populations including commercial sex workers, truck drivers and their attendants and sexually active older youth. Additionally, ROADS targets low-income women who don't self-identify as sex workers but who may have "regular relationships" with select truckers and community men due to economic vulnerability. A particularly underserved group includes older, head-of-household OVC who may rely on transactional sex to provide for their siblings. ROADS reaches out to those for whom abstinence and be faithful messages can be most effective. Abstinence activities are directed to primary and secondary school students as well as out-of-school youth and to people living with HIV and AIDS. Partner reduction/be faithful strategies will be targeted to truck drivers and their attendants who are away from their families for three months or more and community men and women.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 521.09

Mechanism: USAID-AMPATH Partnership

Prime Partner: Indiana University

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 22774.09

Planned Funds: \$220,033

Activity System ID: 22774

Activity Narrative: 1.ACTIVITY DESCRIPTION & EMPHASIS AREAS

The Academic Model for Prevention and Treatment of HIV/AIDS (AMPATH) is a partnership between Moi University's School of Medicine, Moi Teaching & Referral Hospital, Kenya's Ministry of Health and a consortium of US Universities led by Indiana University. The program was established in November 2001 with the goal of creating a comprehensive model for HIV prevention, treatment and care across both rural and urban settings in western Kenya. In March 2006, AMPATH established community mobilization services aimed at enhancing HIV prevention by employing strategies that capture infected individuals early. These strategies also empowered individuals to make informed decisions in regard to HIV prevention, treatment and care. This was achieved through: training and awareness creation in HIV/AIDS targeting community owned persons, health care workers and the youth; HIV/AIDS sensitization in schools; workplace HIV/AIDS programs; Major HIV campaigns targeting entire community members; mobile counseling and testing services targeting specific risk groups e.g. commercial sex workers, truck drivers, inmates and members of uniformed forces, talk shows on local FM radio stations. AMPATH, in collaboration with key stakeholders, will target interventions aimed at intensifying its efforts in HIV prevention. AMPATH will reach 136,632 people with AB messages utilizing 949 trainers. Prevention activities will focus on youth by conducting HIV/AIDS awareness campaigns and school outreach programs. These will be intensified with the aim of reaching more youths by introducing youth friendly programs that will entail regular school outreach visits targeting primary and secondary school children with AB messages; Outreach programs targeting colleges and other training institutions with ABC messages; Condom distribution in colleges and training institutions; integrating prevention messages in mobile CT services targeting colleges and other training institutions; reach out of school youth through community based activities such as sporting events, youth fun days and through other organized youth groups. The program will also develop workplace programs that focus on HIV sensitization workshop to management and employees; training for peer educators; regular mobile CT services to employees; facilitate the development of HIV/AIDS workplace policies; the target will be to establish HIV/AIDS workplace programs by at least 2 companies/industries in each AMPATH site each year. Through OP activities, AMPATH will establish 261 condom outlets; and reach 290,706 people with OP messages by 864 trainers. AMPATH will establish CSW programs in all its sites within the main Nairobi-Uganda highway. This include Eldoret, Turbo, Webuye, Teso/Amukura and Busia, activities will include: moonlight CT which integrates prevention messages; monthly educational meetings for CSW to cover condom use, safe sexual practices, importance of HIV testing and other related topics; and training of CSW as peer educators. The program will target having one (1) moonlight CT one (1) CSW meeting per site each quarter. Clients of CSWs will also be targeted. AMPATH will identify discordant couples through a variety of HIV testing outlets, including home-based CT. These couples will be enrolled into the care program but at the same time counseled on various HIV preventive measures including condom use. Family planning services, through promotion of access to safe family planning methods will also be done, utilizing non PEPFAR funds. AMPATH, in collaboration with the National Prevention with Positives (PwP) working group, will establish PwP programs as outlined in the National PwP Guidelines. While doing this, Regular meeting with infected persons will be conducted to heighten the efforts of prevention among positives. During such meetings, condoms and IEC materials will be distributed.

2.CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan STP targets for Kenya. Integrating prevention into all community outreach for treatment and care, MARP outreach, CT outlets and PwP, will significantly contribute to PEPFAR goals for STP.

3. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Counseling and Testing (#), TB/HIV (#), and PMTCT (#).

4. POPULATIONS BEING TARGETED

This activity targets both in- and out-of-school youth for abstinence and both adults and youth for being faithful. Special emphasis will be placed on reaching PLWA with PwP, MAPRS, discordant couples and involvement of community. Counterparts from NGOs, CBOs, FBOs and schools will be targeted for training to implement prevention programs.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

N/A

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 9829.09**Prime Partner:** Matibabu Foundation**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 22910.09**Activity System ID:** 22910**Mechanism:** New Partners Initiative**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$0

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

Matibabu Foundation Kenya (MFNGO) is a non-profit, non- governmental organization that provides medical care, training, and community health programs in Ukwala and Ugunja divisions of Ugenya constituency, Nyanza Province, Kenya. MFNGO will provide age-appropriate ABC prevention messages, including promotion of a comprehensive prevention education through outreach in schools, youth centers, women’s centers, churches, and public markets. Matibabu will reach rural populations, including adult men and women in Ugenya, Siaya District of Nyanza Province. There will be targeted prevention interventions for women and particularly widows. The activity will also intensify its prevention initiatives for couples, with a special emphasis on fidelity and couple counseling and testing, hence implement a comprehensive ABC+T(testing) approach. Other activities will include curriculum-based life skills program for the youth that will be adapted from existing programs and other participatory approaches for edutainment such as magnet theatre. A well-coordinated peer education program and a behavior change buddy system for youth and adults will be implemented. Parents of adolescents will receive training in the Families Matter! Program to improve their parenting skills for communicating HIV Prevention and sexuality to their youth. In-school programs will be implemented and will include training teachers and mentors to sustain an active in-school program, with a strong youth-peer engagement. Out of school programs will also involve a mix of close adult mentorship as well as peer-led behavior change initiatives that will reinforce and help sustain a desirable behavior change. Messages and information to address cross-generational sex, early marriage, alcohol and substance abuse as well as gender-based violence will form core elements in the Prevention program. Activities targeting Prevention with Positives will be integrated to the prevention framework and prevention support groups will play a key role in providing leadership to PWP. Prevention will be strongly integrated and linked to other programs that Matibabu will implement, including counseling and testing as well as basic care and treatment.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of prevention activities, strengthened human resource capacity to deliver prevention messages, and a strengthened referral network to prevention through PMTCT services. 40,000 people will be reached with a comprehensive AB prevention program that strongly advocates counseling and testing. At least 200 people will be trained to deliver AB messages.

3. LINKS TO OTHER ACTIVITIES

This activity links to HBHC services and HVCT. The activity will link closely with services provided by the health ministries and other USG-supported activities that may be implemented in Siaya.

4. POPULATIONS BEING TARGETED

These activities target youth, women, men, widows and widowers. It also targets rural populations and people living with HIV/AIDS. Services targeting these populations will be established and expanded to underserved locations.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will target training teachers in the education sector on behavior change for HIV prevention. Teachers in targeted schools in Ugenya will receive a comprehensive prevention education and also be trained to mentor youth along the behavior change continuum.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5093.09

Mechanism: Prisons Project

Prime Partner: International Medical Corps

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 21522.09

Planned Funds: \$215,000

Activity System ID: 21522

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREA

In FY 2008, the Prisons program was supported thru the KEMRI cooperative agreement (CoAG) and managed to introduce the Men As Partners Program in the Prison Training college for new recruits. Each year, the Kenya Prisons services recruits nearly 2000 young men and women aged 18-24. Most of these young people are out-of- school youth. Due to the nature of their jobs and age, the prisons personnel are in high risk of acquiring STIs and HIV. The spouses and children of Prison staff are equally at risk of acquiring HIV. The activity aims at identifying adolescent children of staff and the recruits at the entry point of their uniformed careers and targeting specific behaviors that are consistent with ensuring prevention of HIV. Efforts to build skills of young people and communication for their parents through the "Families Mater Initiative" will be strengthened in view of protecting young people from HIV acquisition. The program will also address pervasive gender stereotypes and male behaviors that are relevant to prison services personnel. Due to the wide distribution of Kenya Prison services installations, the program will train peer educators to promote abstinence and faithful programs. During the FY05/06 period the Kenya Prisons Services Chaplains were trained on Behavior Change Communication and Pastoral counseling including HIV counseling and Testing. This initiative will be supported to enable the chaplains reach many Prisons personnel, their spouses and children with behavior change communication and HIV education, counseling and information during their routine interaction with the Prisons Population including the prisoners. The major emphasis of the AB component of the program will contribute to the outcome of changed social norms to promote HIV prevention behaviors among the youth who constitute a part of the population highly vulnerable to HIV infection. This will ensure larger numbers are reached with HIV prevention efforts and adults become actively involved as supportive mentors for youth. A total of 43,000 individuals will be reached with messages that promote HIV prevention through Abstinence and/or Being Faithful while 299 will be trained.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB activities within the Prisons Services Program will contribute to FY09 prevention targets for Kenya, especially among young recruits who are entering the Kenya Prison Services. The activities will also focus on the youthful dependants within the Prisons and young people living within their neighborhood of the Prisons in order to address the prevention needs of the whole Kenya Prison services.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to the Counseling and testing activity by promoting VCT services as a way of promoting secondary abstinence. The activity also links to the Condoms and Other Prevention activities by offering comprehensive prevention messages for the non-military community.

4. POPULATIONS BEING TARGETED

This activity targets young adults and adolescents, both men and women in reproductive age. It will have a special focus on the Prisons personnel who, due to the nature of their duties are vulnerable to HIV transmission. Particular emphasis will be placed on young prison recruits and young dependants of prison staff residing inside the prison camps as well as young people living in the neighborhood of the prison camps.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 9711.09**Prime Partner:** To Be Determined**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 19419.22539.09**Activity System ID:** 22539**Mechanism:** Umbrella**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** ██████████

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

The role of the TBD is to serve as an umbrella mechanism to build capacity of and provide technical assistance to smaller local indigenous organizations. These organizations will represent a mix of CBOs, FBOs, and other organizations and will enable depth and breadth in reaching Kenyans in community and clinical settings. It will also ensure sustainability as technical and organizational capacity of these indigenous groups is expanded. The TBD will provide technical leadership in the implementation of Families Matter and Men as partners. It will spearhead the development and utilization of standard operating guidelines to assure quality in prevention programs for partners. The TBD will implement a comprehensive range of prevention activities implemented throughout Kenya, with particular emphasis on emerging prevention needs such as a focus on geographic areas identified as most in need based on recent prevalence data as well as an emphasis on most-at-risk populations shown to be driving the epidemic. The TBD will reach these populations with targeted interventions based on standardized evidence-based comprehensive packages of services designed for each of the target populations. The partner will provide training, materials and guidance on integrating priority thematic issues such as addressing gender norms and attitudes that result in lack of access to services, gender-based violence, engaging men in prevention, cross-generational sex etc. Additionally, specific AB messages will target adults (both men and women) to reduce multiple concurrent partners. Strategic geographic areas identified as target areas based on highest prevalence in Kenya include Nyanza, Nairobi, and Coast; while prevention activities will be implemented throughout Kenya, the areas listed above will receive particular emphasis. The project will also target intensifying reach to rural populations. The TBD will also provide leadership in Prevention with Positives (PwP) activities, which have been identified as a critically important prevention intervention for Kenya. The TBD will integrate PwP activities across program areas. It will strive to augment meaningful involvement of people living with HIV/AIDS (MIPA) by, for example, promoting PLHIV as advocates of and leaders in prevention. The TBD will also support activities which target discordant couples with standardized prevention interventions uniquely tailored to this specifically vulnerable group. The TBD may also continue work the CHF began in FY08 in which they play a role in catalyzing an ongoing national process to develop and implement a PwP Toolkit (including training and implementation materials, operational guidelines, and M&E tools to inform the roll-out of PwP interventions across clinical and community settings). This role may include the active and supportive participation in the national PwP TWG, as well as in the roll-out of national PwP training, implementation and monitoring process. The TBD will also target in- and out-of-school youth with comprehensive prevention messages; moreover, the TBD will accelerate prevention initiatives by specifically targeting vulnerable, hard-to-reach and vulnerable youth. Additionally, this prevention activity will incorporate \$600,000 to partner with HIV Free Generation activities that focus on youth.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In line the USG Kenya STP program priorities, the TBD will implement comprehensive evidence-based highly active prevention activities to the general population as well as specific youth and adult targets. These activities will be implemented through the initiatives of a range of indigenous sub-partners and will result in 1,200 individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful interventions and 270,000 people reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful messages. The umbrella TBD's primary mandate is to build the technical and organizational capacity of local Kenyan organizations, as well as develop quality models for implementing evidence-based prevention programs. It will also develop materials for use by implementing sub-partners. Therefore, the TBD contributes significantly toward PEPFAR's 5-Year Strategy of ensuring sustainability and striving toward increasing Kenyan leadership in the fight against HIV/AIDS.

3. LINKS TO OTHER ACTIVITIES

These activities will link to other sub-partners supported through the Umbrella TBD in other program areas to ensure that all partners are integrating prevention into programmed activities across each program area. Strong linkages to counseling & testing will be established so that prevention interventions are based on knowledge of status and that of one's partner. PwP messages will be infused across all clinical and community settings where PLHIV are provided with treatment, care and support. Linkages with OVC programs will also be established to ensure that this group of vulnerable children is provided with comprehensive prevention messages.

4. POPULATIONS BEING TARGETED

Highly active prevention interventions will target the general population and other vulnerable sub-populations, especially in geographic areas of highest need. Targeted populations will include in and out-of school youth, young people, adults, couples, workplace staff, adolescent girls, men, rural populations, PLWHAs and specific congregates such as faith communities. In areas of high HIV prevalence such as Nyanza, there are concentrated groups of highly vulnerable groups such as widows and discordant couples as well as populations thought to be drivers of the epidemic such as fishermen. Community-level activities will reach these groups with targeted prevention interventions. PLHIV will be reached through a range of clinical and community PwP interventions; MIPA will be encouraged at all levels. In and out of school youth will be targeted through a range of prevention activities including those supported through the HIV-Free Generation.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS \$300,000

This activity will address human capacity development through training lay and community health workers to provide prevention services in their communities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19419

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19419	19419.08	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	12006	12006.08	Umbrella	\$567,750

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9247.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 21278.22541.09

Activity System ID: 22541

Mechanism: APHIA II - Nairobi

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$1,196,540

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + Specific AB messages will target both adult men and women with the aim to reduce multiple concurrent partners
 + This activity will incorporate \$300,000 for HIV Free Generation activities targeting youth

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8976), Palliative Care: TB/HIV (#9072), and Prevention of Mother-to-Child Transmission (#8729).

2. ACTIVITY DESCRIPTION

\$200,000 of this activity supports the HIV Free Generation activities. In FY 2009, Pathfinder and its prevention partners, including PSI, will target 239,308 youth and adults with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful. Peer education, informal and formal worksite interventions, community outreach by PLWA, mobile VCT and life skills education for youth will all serve as a means through which messages will be conveyed. An in-school program for 10 to 15 year olds will emphasize creation of support systems for students to focus on long-term goals, self-esteem and life skills. Emphasis will be on delayed sexual debut, and secondary abstinence will be encouraged for those youth who are already sexually active. APHIA II community-level partner capacity for undertaking prevention and behavior change activities will also be strengthened, so that messages can be conveyed widely through implementing partners undertaking home and community support activities as well. It is expected that 1,662 persons will be trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful. Additional project partners to be trained in Other Behavior Change will also contribute to AB message dissemination. There will be a component of Prevention with Positives whereby the Project will work through PLWHA Support Groups linked to the Comprehensive Care Centres in Nairobi. This activity will provide support to patient support groups and post-test clubs in VCT Centres to ensure abstinence by HIV-infected persons. This will empower 5 people in each of the 15 patient support groups to become peer and advocacy leaders in prevention at the community level and will reach 30,000 PLWAs. APHIA II Nairobi will expand their work with the Kenya Girl Guides Association. \$150,000 will expand support in HIV prevention and supportive services to victims of gender-based violence in Nairobi through the Nairobi Womens Hospital and other facilities. This activity will reach 20,000 youth. \$150,000 will be used to reach high risk out-of-school youth including street children with AB messages. This activity will reach 70,000 youth.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall Emergency Plan AB Prevention targets for Kenya. Integrating prevention into all community outreach for treatment and care, with special emphasis on men and youth, will significantly contribute to PEPFAR goals for primary prevention and the Kenya Five-Year strategy for HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

Support to AB Prevention will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. This activity relates to activities in Counseling and Testing (#8976), Palliative Care: TB/HIV (#9072), and PMTCT (#8729) through referrals and networking.

5. POPULATIONS BEING TARGETED

The activity targets youth with messages about abstinence and both adults and youth with messages advocating faithfulness to one partner. Special emphasis will be placed on reaching men through outreach by PLWAs and involvement of community leaders, by couples counseling in PMTCT and through worksite interventions. Implementing partner counterparts from NGOs, CBOs, FBOs and schools will be targeted for training to implement prevention programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will be consistent with national strategies for HIV prevention promoting abstinence, delay of sexual debut including secondary abstinence, fidelity, partner reduction and related community and social norms.

7. EMPHASIS AREAS

There will be a major emphasis on capacity building of implementing partners, community-owned resource persons and other community level implementing partners. Community involvement in the design and implementation of activities will play an integral part in ensuring the success of these interventions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21278

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21278	21278.08	U.S. Agency for International Development	Pathfinder International	9253	9253.08	APHIA II - Nairobi	\$1,150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Health-related Wraparound Programs

- * Child Survival Activities

- * Family Planning

- * Malaria (PMI)

- * Safe Motherhood

- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3588.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5090.22542.09

Activity System ID: 22542

Mechanism: APHIA II - Health
Communication & Marketing

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$3,306,751

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ This activity will incorporate \$200,000 for HIV Free Generation activities targeting youth.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- \$200,000 of this activity supports the healthy youth initiative and is programmed with funds from the \$7 million FY 08 plus up;
- Expand the youth interpersonal program in schools and promote a new youth campaign that addresses abstinence and behavior change.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Other Prevention (#8930), (#8932), (#8874), (#9040), (#8937), (#8927), (#8942), Counseling and Testing (#8760), (#8776), (#8777), (#8778), (#8781), (#8782), (#8976), Prevention of Mother-to-Child Transmission (#8729), (#8733), (#8734), (#8738), (#8752), (#8764), (#7087), HIV/AIDS Treatment: ARV Services (#8765), (#8774), (#8792), (#8797), (#8805), (#8813), (#8826), (#6899) and HIV/AIDS Treatment: ARV Drugs (#6997).

2. ACTIVITY DESCRIPTION

In 2009 HCM will develop at least two mass media campaigns and develop interpersonal communication programs in schools that will reach 100,000 youth. APHIA II Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention, care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve healthy outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. Through a Public-Private Partnership \$200,000 will support the development of a nationwide follow-on to the highly successful PEPFAR-funded "Nime Chill" youth abstinence campaign. Discussion is underway to partner with the Coca Cola Foundation for this project, where Coca Cola would contribute marketing expertise and its access to trucks, kiosks, and other physical structures to display the abstinence message. The objectives of this activity in HIV/AIDS are to 1) improve the preventive behaviors of Kenyans related to HIV/AIDS, in particular increasing the percent of men and women aged 15-24 abstaining from sex, promoting fidelity, partner reduction, the correct and consistent use of condoms in high-risk sexual encounters, and the percentage of men and women going for VCT and receiving their test results (the "ABC" approach); 2) improve service utilization rates for voluntary counseling and testing (VCT), and prevention of mother to child transmission (PMTCT) of HIV. This includes increasing the percentage of pregnant women who access PMTCT services including VCT and increasing the number of Kenyans who use VCT services and receive their test results; 3) build the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, sales and distribution network that improves availability and access by key populations to products related to HIV/AIDS; 4) develop and manage a communications initiative to increase knowledge and change behavior of Kenyans with respect to HIV/AIDS including interpersonal communication; and 5) develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In 2009, in AB, this partner will develop and disseminate communication messages/materials on abstinence for youth and build on programs in the education sector targeting in-school youth. It will also promote messages on secondary virginity and the importance of faithfulness within marriage. This activity will generate demand for information about abstinence and being faithful, which will be followed up with interpersonal communication activities.

4. LINKS TO OTHER ACTIVITIES

The Health Communications and Marketing project is a national level activity that will enforce messages through mass media communication developed in collaboration with projects working at the regional level. These projects will "feed into" the development of population-specific messages which will strengthen peer education interventions implemented on the ground.

5. POPULATIONS BEING TARGETED

AB messages will primarily focus on 10-14 year olds, both in- and out-of-school; youth of reproductive age and teachers, but also adult members of the general population.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

APHIA II HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication, make linkages with other sectors for message development (e.g. CT, PMTCT), collaborate with the education sector, and train individuals in message development and communication. The purpose of the HCM award is to improve health outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. In collaboration with the Ministry of Health, PSI will also promote medical male circumcision as a proven intervention to reduce transmission of HIV. Information about abstinence and being faithful will be shared with those who volunteer to undergo circumcision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14980

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14980	5090.08	U.S. Agency for International Development	Population Services International	6994	3588.08	APHIA II - Health Communication & Marketing	\$4,210,650
7052	5090.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$2,360,000
5090	5090.06	U.S. Agency for International Development	Population Services International	3588	3588.06	APHIA II Health Communication and Marketing	\$700,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3476.09

Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16997.20778.09

Activity System ID: 20778

Mechanism: South Rift Valley

USG Agency: Department of Defense

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$515,715

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime Partner Henry Jackson Foundation Medical Research International (HJFMRI) has been competitively selected to implement this activity in the place of KEMRI.
- + The geographical coverage has been expanded to include Nandi districts and Transmara District within the South Rift Valley province.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in education through supporting life skills training and HIV prevention education within the context of education settings. This will be done in conjunction with the Ministry of Education. It will involve training of peer educators among school going children, teachers and parents who will be equipped with communication and leadership skills to enhance their ability to reach their peers with HIV prevention messages. The cost implication will be at \$15,000

COP 2008

1. LIST OF RELATED ACTIVITIES

N/A

2. ACTIVITY DESCRIPTION

The South Rift Valley (SRV) through KEMRI/WRP has provided HIV comprehensive care and support to six districts in the South Rift Valley since 2005. Although HIV testing, care and support have been very successful programs prevention efforts focusing on Abstinence/Being Faithful in the larger area have been minimal. HIV prevention interventions for very vulnerable populations in this region has been traditionally neglected therefore having minimal affects on the learning and subsequently adapting new behaviors that will systematically and successfully limit the number of new infections that occur in this region on an annual basis. In FY09, Henry Jackson Foundation Medical Research International, (HJFMRI/SRV) will scale up the comprehensive HIV prevention program focusing on minimizing the risks for young people as well as support the development of healthy relationships that will significantly reduce the risks related to the acquisition of HIV. The HJFMRI/SRV AB program will focus its efforts in the activity in the expansion and implementation of Families Matters! Program, WHY WAIT? A Family Enrichment Curriculum and Men as Partners in HIV Prevention (MAPP). The interventions are evidence based curriculums that will be scaled-up through out the seven districts in the south Rift Valley through local faith based organizations and churches as well as in conjunction with the Ministry of Education. Families Matters! Program focuses on augmenting the family unit as the major support in reducing the risks of HIV that young people face as well as provides families with the skills and knowledge to discuss issues of HIV and human sexuality in a positive and productive manner with their children. HJFMRI/SRV will also continue working with the university student population at East Africa Baraton University through the on-going support of the I Choose Life program by training 50 people in the program and reaching over 50,000 individuals. The HJFMRI/SRV AB program will initiate a working relationship with the Kenya Girl Guides Associations Movement in the Schools to promote HIV/AIDS prevention, through abstinence and/or being faithful by focusing in training peer educators in life skills as well as identified teachers and community leaders in comprehensive HIV/AIDS prevention curricula. Together these three programs will reach over 117,560 individuals with HIV/AIDS prevention. The HJFMRI/SRV AB program will also be active participants in the development and the implementation of the Healthy Youth Initiative (HYPE) as it is expanded nationally past the urban areas of Kenya. HJFMRI/SRV will actively identify community based and faith based organizations that work with the youth of south Rift Valley and engage them in the development of interventions that HYPE could support and be effective with rural youth. The HJFMRI/SRV AB program will also partner with other organizations in the implementation of the comprehensive HIV prevention interventions such as Kericho Youth Center, AIC Litein and Tenwek Hospital.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the national Emergency Plan AB program by ensuring that all interventions follow evidence-based approach to prevention that is informed by rigorous analysis of Kenya's epidemic. The major focus of this activity will focus on the youth especially those at heightened risk of HIV by strengthening the larger systems that these youth operate in through focusing on family and community structures that will be supportive in evading HIV infection. A major focus will be on young girls that are at a heightened risk of HIV by also focusing on the protection of the girl child from gender based violence or coercion. The HJFMRI /SRV AB program will target a total of 117,560 individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful and train an additional 1,417 individuals in the promotion of HIV/AIDS prevention.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to other prevention activities in the DOD Emergency Plan prevention portfolio such as the HJF MRI/SRV OP activity and the Live with Hope Center's AB and OP activity. They are also linked to counseling and testing activities in the south Rift Valley with partners such as Tenwek Mission Hospital, Live with Hope Center and HJFMRI/SRV. The links to these activities provide a comprehensive approach to prevention from abstinence to the correct and consistent use of condoms as outlined in the PEPFAR Guidance for ABC programs. The HJFMRI/SRV AB activity will also be linked with local Orphans and Vulnerable Children (OVC) partners to ensure that all OVC receive age-appropriate HIV prevention interventions, addressing the heightened risk this population is in to be abused or taken advantage of.

5. POPULATIONS TARGETED

This activity targets the general population from children to adults recognizing that prevention activities are comprehensive and the development process of human sexual development is also an on-going transitional process. Other populations that are targeted for this activity will be teachers and religious leaders through the work that HJFMRI/SRV AB will do with faith based organizations as well as the local Ministry of Education schools. This activity will also focus on street youth and orphans and vulnerable children, recognizing the heightened risk that this population is exposed to due to their vulnerable situation.

6 & 7. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES ADDRESSED

The HJFMRI/SRV AB activity will address issues in gender especially in the areas of addressing male

Activity Narrative: norms and behaviors through the MAPP program as well as increasing gender equity in HIV/AIDS programs by focusing interventions at the family level through Families Matter!. Efforts will also be made in protecting OVC and the girl child against violence and coercion. In-service trainings will also be an emphasis area to ensure that the services and interventions are de-centralized and reach the most people.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16997

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16997	16997.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$360,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$15,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7449.09

Mechanism: N/A

Prime Partner: Kenya Institute of Education

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5100.20620.09

Planned Funds: \$300,000

Activity System ID: 20620

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ K.I.E will initiate pre-service training of teachers in all the 20 teacher training colleges in the country on life skills education.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS \$50,000

This activity addresses education as a secondary cross-cutting budgetary attribution. The primary beneficiaries of this activity will be primary and secondary school teachers and their students. This activity will therefore improve on the quality of basic education which will include skill based training and HIV prevention education. Age appropriate life skills messages will be developed for primary school pupils and secondary school students. This activity will target in-school youth with prevention messages.

COP 2008

1. LINKS OF RELATED ACTIVITIES

This activity relates to APHIA II AB and OP programs throughout the country and also activities in Abstinence and being faithful (#9007), (#8701) and Condoms and Other Prevention (#6842), (#6842), (#8780) and Policy and Systems Strengthening work to be carried out by EduSector AIDS Response Trust through APHIA II Evaluation.

2. ACTIVITY DESCRIPTION.

In this activity KIE will scale up the ongoing HIV/AIDS life skills curriculum-based activities currently being implemented by the Government of Kenya and its partners with the production of a Life Skills Education syllabi and in-service and pre-service training of teachers. Ministry of Education (MOE) has recently approved the proposal that life skills education should be taught as a stand-alone subject in all the Kenyan schools. In the first year a situation analysis will be conducted by KIE to determine the existing materials and the specific needs to be addressed, including the in-service training needs of the teachers. Each class will have a specific curriculum which will need to be approved by KIE. After the approval, USAID will support KIE to print and distribute the syllabi to 1,000 schools in Kenya. In order to train the teachers, 2,000 teacher handbooks will be produced followed by in-service training of 2,000 teachers. Assuming that each teacher has 30 pupils, this program will therefore reach 60,000 students. At present peer pressure and influence among youth often results in gender violence and stereo-types. This activity will bridge the gap between HIV/AIDS awareness and skills for self protection; address stigma and discrimination; address cultural norms, attitudes, cross-generational sex, gender based violence, and other values and behavior that increase vulnerability to HIV and AIDS. In collaboration with the MOE, KIE will achieve consistency in dissemination of focused messages on the benefits of abstinence until marriage, fidelity and multiple concurrent partner reduction, and avoiding unhealthy sexual behavior. There has been a lack of involvement of parents, guardians and significant others in behavior change programs on youth, and this will also be addressed through Parent Teacher Associations. Parents will be empowered to improve their communication skills on youth sexuality and mentoring. Life skills education will result in improved HIV preventive behaviors among youth. Involving the community will facilitate change in social and community norms to promote HIV preventive behaviors in youth and young adults. The Life Skills manual will also provide a model for an effective youth intervention. The program will identify and network with complementary programs that provide other youth friendly services such as drama, music, school health clubs, athletics and other activities. To address the shortage of teachers in some areas, KIE and partners will work with local NGOs/CBO, FBOs and youth groups. The MOE has ongoing USG-funded activities in the remote Northeastern Province of Kenya, and they will build on these activities to include hard-to-reach populations with this program.

3. CONTRIBUTION TO THE OVERALL PROGRAM AREA

This activity contributes to the promotion of abstinence, being faithful and behavior change practices among the youth.

4. LINKS TO OTHER ACTIVITIES.

This activity will build on the activity with CfBT on in-service teacher training, the activity with AED/TEPD on pre-service teacher training, and the APHIA II provincial teachers worksite programs, including the work with the regional APHIA II projects on the dissemination of MOE policy on HIV and AIDS.

5. POPULATION BEING TARGETED.

This program targets youth in school as well as their teachers.

6. KEY LEGISLATIVE ISSUES BEING ADDRESSED.

Through life skill education targeting the youth and the teachers, stigma and discrimination against people living with HIV/AIDS will be reduced.

7. EMPHASIS AREAS.

The major emphasis area is an education wrap-around with a minor emphasis area on training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17155

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17155	5100.08	U.S. Agency for International Development	Kenya Institute of Education	7449	7449.08		\$300,000
10174	5100.07	U.S. Agency for International Development	Ministry of Education, Science and Technology, Kenya	5411	5411.07		\$0
5100	5100.06	U.S. Agency for International Development	Ministry of Education, Science and Technology, Kenya	4024	4024.06	NA	\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 323.09

Mechanism: N/A

Prime Partner: Kenya AIDS NGO Consortium

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5132.20615.09

Planned Funds: \$284,200

Activity System ID: 20615

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Project will strengthen comprehensive prevention to include targeted interventions addressing cross-generational sex, multiple concurrent partnerships, gender-based violence and Prevention with Positives.
- +Project will increase its geographic coverage in locations around the current sites of Ongata Rongai, Mlolongo, Thika.
- +This project will incorporate HIV-free generation youth activities in Ongata Rongai and Mlolongo. \$50,000 is attributed to this activity.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- KANCO's RAY Project will initiate Helpline services to youth and include the integration of HYPE (Healthy Youth Programs Initiative) into their two main sites, Ongata Rongai and Mlolongo.
- FY07 PLUS-UP ADDITIONS: This plus-up will support an expansion of current activities as detailed in the 07 COP. The Kenya AIDS NGOs Consortium (KANCO) in collaboration with the Maendeleo Ya Wanawake organization currently implements activities targeting parents of youth served in the Ray Youth project. The Ray Project will now implement the Families Matter! intervention for parents in Mlolongo, Ongata-Rongai, Thika and selected locations in Embu and Kilifi (\$100,000). This intervention will be integrated within the larger prevention program and will enhance parent's skills in discussing HIV prevention with their young adolescents. An important element in this intervention will be providing a broader prevention framework that includes targeting parents with faithfulness messages and encouraging them to seek HIV counseling and testing services, as well as disclosure to support mutual faithfulness.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Condoms and Other Prevention (#6938) and Counseling and Testing (#8748).

2. ACTIVITY DESCRIPTION

The Kenya AIDS NGOs Consortium (KANCO) will continue providing abstinence and faithfulness education and life skills to 56,840 youth and young adults and train 197 people to deliver AB interventions. This will be achieved through working with a network model of six partners namely: Kibera Community Self Help Project, the National Organization of Peer Educators, Kenya Medical Association, Maendeleo ya Wanawake Association and Community Capacity Building Initiative who work collaboratively to implement the RAY (Responding to AIDS among youth) project. Each partner will continue implementing program elements in which they have specialized skills based on their best practice to provide comprehensive abstinence and faithfulness education to youth and young adults in three rapidly growing towns on the outskirts of Nairobi (Mlolongo, Ongata Rongai and Thika) and selected sites in Embu and Kilifi. The RAY project will strengthen the capacity of local groups to provide comprehensive AB education to youth in and out of schools and strengthen its monitoring and evaluation system. Age-appropriate and targeted information, education and communication materials will be developed and distributed through existing youth resource centers as well as through the education outreach program. The Be Faithful element of the AB program will be strengthened through specifically targeting young people in sexual partnerships as well as young married people to improve their risk perceptions and motivate them to adopt and sustain faithfulness to one partner. Update trainings will be conducted for peer educators who will undertake peer communication while strengthening participatory approaches that improve life skills for youth in adopting abstinence and faithfulness as a strategy for HIV prevention. The involvement of parents and adults in supporting abstinence and faithfulness for youth will be strengthened, through implementing the "Families Matter" intervention that has been shown to considerably improve parents' communication skills and helping them to openly discuss HIV issues with their youth. An important addition to this program will be incorporating alcohol and drug abuse risk reduction education to the AB education as an additional strategy to reduce HIV risk behavior. The RAY project will actively engage other local organizations that are a part of its consortium in delivering education and behavior change training for youth in schools within its target areas. It will also target orphans and vulnerable children by providing them with comprehensive AB education and life skills.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The RAY project will reach 56,840 youth in its various project sites; 197 peer counselors and youth will be trained in theatre skills particularly among the out of school youth population. Parents will participate in the Families Matter intervention to strengthen their communication skills to discuss HIV/AIDS issues with their youth. Linkages will be established with health providers to serve youth. There will be increased access to HIV behavior change information through its existing resource centers.

4. LINKS TO OTHER ACTIVITIES

RAY's AB activities relate to activities in KANCO OP activity (#6938), KANCO CT (#8748). Services will be integrated with existing community structures such as youth groups, faith communities and parents associations. Combined outreaches services to the communities such as mobile VCT will incorporate AB education outreach. The Kenya Medical Association will particularly develop linkages with health care providers to improve access to adolescent care and treatment services. 5. POPULATIONS BEING TARGETED This activity will target youth in school including primary, secondary and university students. It will also target men and women of reproductive age including parents with faithfulness education. It will also target parents and other supportive adults to motivate them towards providing a supportive adult environment and to help reinforce social norms that promote abstinence and faithfulness among youth and young adults. It will work with community leaders, program managers, religious leaders and volunteers. It will also work with organizations including community based organizations, NGOs and rural communities. All in-school programs will involve teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs and will particularly enhance youth participation in its programs. It will address male norms and behaviors.

7. EMPHASIS AREAS

Activity Narrative: Major emphasis will be community mobilization/participation. Minor emphasis will be on development of network and referral systems particularly youth HIV care referral networks. Through its resource centers, KANCO will maintain a minor emphasis on strengthening Information, Education and Communication strategies and supporting its sub-recipients through quality assurance, quality improvement and supportive supervision and training. Human resources capacity-building is another emphasis with a modest number of staff employed on the project.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14872

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14872	5132.08	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	6963	323.08		\$437,500
6939	5132.07	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	4245	323.07		\$300,000
5132	5132.06	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	3227	323.06		\$100,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1244.09	Mechanism: Kenya Department of Defense
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 5272.20587.09	Planned Funds: \$75,000
Activity System ID: 20587	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+Target of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and /or being faithful changes to 15,000.

+The number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful changes to 150.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key crosscutting attributions in human capacity development through in service training of military personnel in ABY peer educators in Men as Partners (MAP) with the aim of strengthening integration of the MAPP curriculum into regular KDOD trainings, both at the basic training stage following recruitment as well as ongoing military cadre courses/trainings. 26.7% of the total budgetary allocation will be used to support this activity.

In FY 09 the KDOD will continue to promote AB activity that focus on the dependents of military personnel between ages of 10 and 18 by strengthening the development of a peer education program which addresses issue of youth HIV prevention and AB. 28.4% of the total budgetary allocation will be used to support this activity.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Counseling and Testing (#6957) and Condoms and Other Prevention (#6962).

2. ACTIVITY DESCRIPTION

In FY 2007, Kenya Department of Defense (KDOD) trained 25 personnel as master trainers for the Men as Partners in Prevention program (MAPP): five from each barrack (Lanet Army Barracks, Eldoret Recruits Training College, Embakasi Garrison, Moi Air Base and Mtongwe Naval Base). The MAPP program focused on the recruits and young dependents of military personnel living in the camps. Using lessons learned from this experience, the KDOD intends to continue to expand on these activities in FY 2008. This activity aims at identifying young people early at the entry point of their military careers and targeting specific behaviors that are consistent with ensuring the prevention of HIV. This program has proven to be a success in building skills that protect the military personnel against HIV infection. In FY 2008, the program will also focus and address pervasive gender stereotypes and male behaviors that are relevant to uniformed personnel which continue to be risk factors for HIV transmission. Due to the wide distribution of KDOD personnel in remote areas of the country, the program will train 250 additional staff including 20 peer educators with the aim of strengthening the integration of the curriculum into regular KDOD training not only at the basic training stage following recruitment but also into the ongoing cadre course training of the KDOD program. In FY 2008, the KDOD AB activity will also focus on the dependents of the military personnel that are between the ages of 10 and 18 with the development of a peer education program which addresses issues of youth prevention and AB. In FY 2008, KDOD intends to promote greater command-level involvement in all aspects of HIV prevention in the military through seminars and workshops to enhance their ownership and participation in the prevention program. The major emphasis of the AB component of the program will contribute to the outcome of changed social norms to promote HIV prevention behaviors among youth who constitute a part of the population highly vulnerable to HIV infection. This will ensure that larger numbers are reached with HIV prevention efforts and adults become actively involved as supportive mentors for youth. A total of 1,157 caregivers will be trained to support this effort. A total 26,608 additional individuals in the KDOD community and its environs are expected to be reached with messages that promote HIV/AIDS prevention through abstinence and/or being faithful.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB activities within the KDOD program will contribute to FY 2008 prevention targets for Kenya, especially among young recruits who are entering the military. The activities will also focus on youthful dependents within the military community and young people living in the neighborhood of the military barracks in order to address the prevention needs of the whole military community.

4 LINKS TO OTHER ACTIVITIES

This activity is linked to KDOD counseling and testing (CT) activity (#6957) by promoting VCT services as a way of promoting secondary abstinence. This activity also links to the KDOD Condoms and Other Prevention activity (#6962) by offering comprehensive prevention messages for the military community.

5. POPULATIONS BEING TARGETED

This activity targets young adults, both men and women of reproductive age. It will have a special focus on the KDOD military personnel who, due to the nature of their duties, are vulnerable to HIV transmission. Particular emphasis will be placed on young military recruits and young dependants of military personnel residing inside the barracks as well as young people living in the neighborhood of the military barracks. Leaders within the KDOD will have their capacity strengthened to provide leadership in this area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Through the skill building and behavior change that occurs as a part of the men as partners program, this activity will address male norms and behavior and reduction of violence and coercion as well as stigma and discrimination. The involvement of both male and female in AB activities will promote increased gender equity in HIV/AIDS Programs to ensure that women are not left out of these important prevention activities.

7. EMPHASIS AREAS

The major emphasis will be on training by the continuation of the MAPP program as well as the introduction of peer education for the youth that live within the military community. Minor emphasis areas include work place programs, information, education and communication and community youth mobilization/participation.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14893	5272.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$175,000
6966	5272.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$150,000
5272	5272.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$21,286

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4914.09	Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 8725.20603.09	Planned Funds: \$1,973,225
Activity System ID: 20603	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Specific AB messages will target both adult men and women with the aim to reduce multiple concurrent partners
- + This activity will incorporate \$300,000 for HIV Free Generation activities targeting youth

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been expanded to include Kitui, Makueni, Mwingi and Tharaka districts;
- \$100,000 of this activity supports the Youth Prevention Initiative programmed with funds from the \$7 million FY 08 plus up;
- AB funds totaling \$23,000 will contribute to the sensitization of teachers as a worksite population linking with additional OP and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20 more;
- The KARHP methodology will be rolled out in collaboration with the Ministry of Education at approximately \$250,000;
- Peer education activities will be rolled out with the Kenya Girl Guides Association;
- Communities surrounding Mlolongo along the Mombasa-Kampala transport corridor will be targeted with AB, OP, OVC and CT activities.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8782), HIV/AIDS Treatment: ARV Services (#8792), Orphans and Vulnerable Children (#9041), Condoms and Other Prevention (#8932), and Palliative Care: Basic Health Care and Support (#8863).

2. ACTIVITY DESCRIPTION

In 2009 this activity will reach 394,645 youth and adults with AB messages. \$300,000 of this activity supports the HIV Free Generation activities. Although the Initiative will primarily be targeting urban areas, A2E will be able to implement related activities in the peri-urban areas of the province. After a pilot project in two districts, in FY 2006 PATH and Population Council Frontiers project implemented the Kenya Adolescents Reproductive Health Project (KARHP) in Western province. Together with local staff of three Ministries: Health (MOH), Education (MOE), and Gender, Culture and Social Services (MOGCSS), PATH and Frontiers covered all the districts of the province. This methodology will be rolled out throughout the country in FY 2009. Although messages need to be tailored to specific target groups, all of them include reducing stigma associated with HIV/AIDS, the protective effects of abstinence and faithfulness to a partner of known HIV status, and the importance of knowing one's HIV status and taking appropriate action. These actions could include starting and adhering to ART if HIV-positive, and practicing healthy behaviors, including condom use when appropriate, regardless of serostatus. Providing appropriate messages and services to pre-adolescents and their families will also continue to be a priority. The grant-making process, including the formation of the technical review committee, establishing criteria, and identifying local partner capacity-building needs started in FY 2007, as did community entry activities to mobilize village health committees (VHCs). These serve as a link between the needs of communities and available services provided by existing health facilities and comprehensive care centers. In FY 2009, the process will be expanded to provide VHCs with ongoing training and support project-based animators. Communities will conduct health self-assessments and develop action plans, assisted by "quick-win" grants to operationalize the necessary structures and enlist widespread support. Health management committees will receive mentorship and training to introduce transparency into their programmatic and financial operations. Using the key messages already known and accepted by the community, outreach and health action days will be implemented as will appropriate activities to reach youth, such as the Youth Sports Initiative, to build life skills and disseminate HIV/AIDS information focusing on abstinence and being faithful. These sub-grantees will, depending on the focus of the organization, conduct mobilization activities to engage youth and their families in ways that will minimize their risk of engaging in unsafe behaviors, reduce stigma associated with HIV/AIDS, and encourage community members to access local services. Selected groups will be provided with both structured capacity-building support as well as reinforcement through mentorship. This ongoing relationship will include assisting sub-grantees to better access local services, to participate in community mobilization, and to share the results of their work with other local groups. To complement the sub-grants program, APHIA II Eastern will undertake advocacy with groups including religious leaders, elected officials and other opinion leaders. In FY 2009, the process will be expanded to reach a larger number of community members. Organizations that will be selected for grants will, as part of this training and the ongoing mentoring through supportive supervision that constitutes an essential program activity, be updated on national policy and international standards.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will reach 394,645 individuals, especially youth and adults, with abstinence and being faithful messages. 2,741 individuals will also be trained to promote HIV/AIDS prevention through abstinence and/or being faithful. This will greatly contribute to USG's 5-year strategy in support of Kenya's integrated HIV/AIDS programs, by developing strong networks at the community level for a sustained response. Activities will link sub-grantees to other groups undertaking age-appropriate community outreach activities that deliver prevention messages, involve them in youth sports initiatives, encourage them to participate in message development, and facilitate reaching them through community-based radio programs.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing (#8782), ART (#8792), OVC (#9041), OP (#8932), and home-based care services (#8863). Capacity development of partners currently engaged in community mobilization to support the needs of community members using key messages that conform to national priorities and strategies targeted to local conditions and specific target populations will be addressed.

5. POPULATIONS BEING TARGETED

This activity directly targets in-school youth and their parents to support increased positive communication. Secondary targets are groups that serve out-of-school youth, as these groups will be supported to better serve their constituencies using approaches and messages based on state-of-the-art knowledge and approaches. It also indirectly targets adults in the general population through its efforts to reduce the stigma

Activity Narrative: surrounding HIV/AIDS and to promote gender equity. Strategies to improve the use of services will target policy makers, the general population, and Ministry of Health staff working as program managers in the DRH at provincial and district level, and local community leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will reduce stigma associated with being affected by HIV/AIDS, increase gender equity in programming through the delivery of key messages and wrap around in education.

7. EMPHASIS AREAS

Major emphasis is capacity building of local organizations and minor emphasis on information, education and communication and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14862

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14862	8725.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$2,300,000
8725	8725.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$775,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 353.09

Prime Partner: Internews

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 17537.20525.09

Activity System ID: 20525

Mechanism: Voices in Health

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$77,960

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ All male circumcision activities described in the FY08 narrative are now incorporated in their own narrative in FY09 under voluntary medical male circumcision.

COP 2008

1. LIST OF RELATED ACTIVITIES

This INTERNEWS/Local Voices HVAB activity relates to activities in HIV/AIDS Treatment services (#6915), Policy Analysis and Systems Strengthening (#6918), and PMTCT (#6916), Counseling and Testing (#6917), Blood safety(#8705), HKID,CIRC, and HVOP.

2. ACTIVITY DESCRIPTION

In 2009, Internews will carry out GBV activities:

GENDER-BASED VIOLENCE

Gender-based violence (GBV) has become more than a human rights issue; it is also a national health issue, most especially in regards to the spread of HIV/AIDS. As part of its overall Local Voices media training project that supports mass media to disseminate information about HIV prevention and care, Internews Network in FY09 will bring a special training focus to the issue of GBV and its role in the spread of HIV/AIDS. An Action Aid study released in June 2007 shows increased sexual violence against women and girls is fuelling the spread of HIV/AIDS among females in Kenya: one out of every four girls and young women in Kenya report losing their virginity through force. Vaginal injuries like tears act as sites through which HIV enters into the bloodstream, which partly accounts for why women and girls are experiencing higher rates of HIV infection than men and boys. Violence makes 51% of the population vulnerable, and in turn the risk of passing infection to male partners increases. Women in rural areas appear even more at risk. Internews proposes a five day journalism training for ten radio professionals and ten print journalists that will focus on basic journalism skills as well as the relationship between gender-based violence and HIV. The journalists will receive intensive follow-up support after the training, which will result in at least 16 radio programs being produced and broadcast on Kenya radio stations. These programs will reach 5 million radio listeners. Internews will also provide the ten best radio trainees with a follow-up field training in the form of a four day "mentoring trip." During this trip the journalists will be accompanied by an Internews trainer that will guide them every step along their way in doing gender-based violence features outside of Nairobi. This will result in at least 8 stories being produced and broadcast. Internews will train 4 television journalists and 4 camera people on the relationship between gender-based violence and HIV resulting in the production of at least eight features for broadcast on prime time television. The training will be five days long. The best student will receive a travel grant to do a gender-based violence story outside of Nairobi. This will result in two more gender based violence stories being broadcast on prime time television, reaching at least 4.5 million viewers. Internews will also host a round table on issues relating to gender-based violence for journalists and NGOs. During this round table stories done during training sessions will be discussed and criticized. The attendants will vote for the best story. The winner will receive a memory stick with a large enough memory to save pictures and sound.

Summary:

- One five-day training on gender-based violence for 10 radio and 20 print journalists that will result in 16 radio features
- One four-day "field training" for four radio journalists in the form of a mentoring trip, resulting in 8 radio stories being produced and broadcast reaching at least 5 million viewers
- One five-day training for 10 television journalists and 10 camera people that will result in 8 television features reaching at least 4.5 million viewers
- One television travel grant that will result in two features on gender-based violence and HIV
- One round table during which stories will be discussed and criticized

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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

4. LINKS TO OTHER ACTIVITIES

The prevention activities of the Internews project relate to all other Internews training activities.

5. POPULATIONS BEING TARGETED

This activity targets the general population and especially adults of reproductive health age, couples, their spouses, the youth and the media. It's hoped that after these targeted messages people who would have otherwise felt uncomfortable to seek treatment and care will do so, thus increasing access for all communities. Behavior Change Communication activities will also involve community leaders and community-based organizations to increase demand for services amongst community members.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

This activity has a major emphasis on local organizational capacity building and a minor emphasis on training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17537

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17537	17537.08	U.S. Agency for International Development	Internews	6957	353.08	TBD	\$150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 443.09	Mechanism: N/A
Prime Partner: Institute of Tropical Medicine	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 4217.20506.09	Planned Funds: \$437,568
Activity System ID: 20506	

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$105,000. Funds moved to IRDO (HVAB).

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + ITM will expand their Healthy Choices intervention to youth in schools and will integrate the knowledge of status into their intervention to promote comprehensive prevention approaches.
- + ITM has developed a Training of Trainers team for the Families Matter! Program and will focus more on the Healthy Choices intervention in the assessment and development of a tool and subsequent training for this program in FY09.
- + This activity will incorporate \$150,000 to partner with HIV Free Generation activities that focus on youth.

COP 2008

The only changes to this activity since approval in the 2007 COP are:

- The evaluation of Families Matter! in Gem as part of a community based study;
- The evaluation of Healthy Choices in Asembo;
- The preparation of a toolkit for Healthy Choices;
- The development of a prevention intervention for adolescents living with HIV.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Condoms and Other Prevention (#6948), Counseling and Testing, (#8746).

2. ACTIVITY DESCRIPTION

The Institute of Tropical Medicine (ITM) will continue to assess a comprehensive youth intervention program in the Asembo and Gem areas of Nyanza Province, which has the highest HIV prevalence rates in the country. In Kisumu, the capital of Nyanza Province, a previous ITM study found very high rates of HIV infection among young women. Young women, aged 15 to 19 years, had a 23% HIV prevalence rate in contrast to their male counterparts with a 3.5% prevalence. A multi component program targeting adolescents directly and through their families and the community, was begun in 2002 to adapt evidence based interventions an African rural setting and to test these interventions in order to assess their effectiveness in reducing HIV and STI infection and teen pregnancy. In this project, 54,257 individuals will be reached with targeted HIV prevention messages and 377 people trained. Activities promoting abstinence and delay of sexual debut in young people have been key in a multi-component intervention program to improve adolescents' sexual and reproductive health. This comprehensive youth intervention program includes two AB activities. One activity being conducted by ITM is the implementation of a "Families Matter" curriculum targeting parents or guardians of 9 to 12 year olds. It is an adaptation of "Parents Matter" curriculum which CDC has evaluated in the US. The program brings together small groups of parents and aims to promote positive parenting practices and improve effective communication about sexuality and sexual risk reduction between parents and their children. Preliminary analysis of a recent assessment of Families Matter, 15 months post-intervention, seems to indicate a sustained positive effect in terms of parenting and communication skills reported by participants and their children separately. To date, parents, community and religious leaders in Asembo and Gem are very supportive of this approach of enabling parents to take a more active role in HIV prevention for their adolescent children. The program has been scaled-up and 1,800 families have participated in the intervention so far. Another activity is an abstinence based curriculum targeting school-going children aged 10 to 14 years old. "Healthy choices for a better future" is an adaptation of "Making A Difference", a curriculum that was selected by CDC as an effective intervention. The adapted curriculum has been piloted, and ITM is currently developing a proposal to evaluate this component as well. Efforts to change the social norms which contribute to this high risk for young girls are part of this intervention. The project has also found that the lack of skills and employment opportunities contributes to high risk behavior among girls and boys, so one aspect of the project is the provision of vocational skills and opportunities for income generating activities for these youth.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya Five-Year Strategy which focuses on HIV prevention in youth, since the primary target group is young people, including children aged 10 to 14. Targets in this project will contribute to HIV infections averted through reaching 54,257 youth and parents and training 377 community leaders and facilitators.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to KEMRI AB activity (#6943), KEMRI OP activities in Kisumu (#6948) and ITM CT activities (#8746). KEMRI and ITM work together on this program and KEMRI provides the bulk of the human resource who implement this program. Referral linkages between these programs have also been established.

5. POPULATIONS BEING TARGETED

The primary population being targeted is primarily a rural community including both in-school and out-of-school youth. Ages of youth targeted range from 10 to the early 20's. Age-appropriate curricula are used with each group. In addition, their parents and family members, mainly men and women of reproductive age, and HIV/AIDS affected families are targeted. Community and religious leaders as well as volunteers are targeted by the project. The project will work with teachers in in-school programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including increasing young women's access to income and productive resources, addressing male norms and behaviors and increasing gender equity in HIV/AIDS programs.

7. EMPHASIS AREAS

The primary emphasis area is human resources, as the project has a large staff needed to implement and assess the impact of these interventions. IEC activities to educate the youth and their parents about abstinence and faithfulness as well as training are minor emphasis. The project will train implementers and provide very close Quality Assurance, Quality improvement and Supportive Supervision in the curricula

Activity Narrative: adaptation process.
New/Continuing Activity: Continuing Activity
Continuing Activity: 14833

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14833	4217.08	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	6954	443.08		\$705,000
6903	4217.07	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	4232	443.07		\$500,000
4217	4217.06	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	3248	443.06		\$400,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4913.09

Mechanism: APHIA II - Coast

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 8950.20465.09

Planned Funds: \$1,739,350

Activity System ID: 20465

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Geographic coverage has been expanded to include three additional districts in the Coast Province: Taveta, Lamu, and Tana Delta
- + Peer education activities will be rolled out with the Kenya Girl Guides Association
- + Most-at-risk populations in beaches will be targeted with combination prevention messaging
- + Specific AB messages will target both adult men and women with the aim to reduce multiple concurrent partners
- + This activity will incorporate \$300,000 for HIV Free Generation activities targeting youth

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been expanded to include 3 additional districts in the Coast Province: Kilindini, Kaloleni and Tana River
- \$300,000 of this activity supports the healthy youth initiative and is programmed with funds from the \$7 million FY 08 plus up
- Peer education activities will be rolled out with the Kenya Girl Guides Association
- AB funds totaling \$23,000 will contribute to the sensitization of teachers as a worksite population linking with additional OP and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20 more
- Most-at-risk populations in Mariakani along the Mombasa-Kampala transport corridor will be targeted with prevention activities using a "cluster" approach

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS Treatment: ARV Services (#8813), Counseling and Testing (#8781), Orphans and Vulnerable Children (#9048), Palliative Care: Basic Health Care and Support (#8934), Palliative Care: TB/HIV (#9062), Condoms and Other Prevention Activities (#8930), Prevention of Mother-to-Child Transmission (#8764), Strategic Information (#9711).

2. ACTIVITY DESCRIPTION

\$300,000 of this activity supports the HIV Free Generation activities. In 2009, FHI will implement APHIA II Coast activities to reach 347,870 individuals, especially youth, and train 2,416 peer educators. AB activities will be expanded to 3 additional districts in the Coast Province. They will employ the 360-degree Model of Protection that seeks to delay first sexual encounter and increase secondary abstinence among youth ages 10 to 24 years, as well as increase safer sexual practices among sexually active youth, especially mutual fidelity. The model calls upon families, schools, health facilities and communities to meet the HIV/AIDS and RH needs of youth by developing activities that build the capacity of young people to establish and maintain healthy behaviors to avoid HIV and STIs. The model aims to provide young people with a supportive environment that involves their family, peers, school, and community. The activity will be implemented by FBO sub-partners such as Anglican, Seventh Day Adventist and Catholic churches as well as the Muslim institutions to integrate life skills programs with their youth programs. These programs have been equipping youth with skills to cope with peer pressure and help them develop positive norms and values to make appropriate and safe choices in relationships. In addition, the activity will work with Kenya Girl Guides Association (KGGA) to reach out to more youth in school with abstinence only messages through a life skills program and the "Sara" communication initiative. Malindi Education Development Association (MEDA) will target Muslim youth in Malindi with abstinence and be faithful programs. The activity will also develop, produce and distribute abstinence-specific communication materials through the various partners and networks implementing the activity in Coast Province. The activity will expand the youth peer education interventions using the Y-PEER approach established by YouthNet and UNFPA; work with the Provincial Education Office and KGGA to roll out the life skills peer education program established under the IMPACT Project for schools in Coast Province. In addition, the activity will work with the Kenya sign language project (implemented by U.S. Peace Corps) to introduce HIV/AIDS education to institutions such as computer colleges, driving schools, village polytechnics, and Shanzu Teachers Training College. The project will also use the AIDS education approaches of "I Choose Life" who have developed a peer education program for university students and the National Organization of Peer Educators' Ambassadors of Change. Sub awards will be made to the National Organization for Peer Educators, YouthNet, the Kenya Girl Guides Association, Malindi Education Development Association, Seventh day Adventist, Anglican and Catholic churches in Coast province.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Coast project will contribute to the Kenya 5-Year Strategy in which youth are a primary target. This activity will reach 347,870 youth and adults with abstinence and being faithful messages in Coast Province. Targets in this project will also contribute to numbers of HIV infections averted.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Coast Abstinence and Be Faithful Program activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), OVC (#9048), HBHC (#8934), TB/HIV care activities (#9062), OP (#8930), PMCT (#8764), and strategic information (#9711). This activity will link the target population to other prevention services especially for the sexually active youth and also encourage all to know their status by linking to counseling and testing services and treatment for those eligible for ART.

5. POPULATIONS BEING TARGETED

In- and out-of-school youth and community and religious leaders in coast province are the target group. This target population will be reached through local community, religious leaders, and teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender will be addressed through many school programs including those targeting young girls and specifically work with the Kenya Girl Guide Association. The materials developed under this activity will also address issues surrounding stigma and discrimination.

7. EMPHASIS AREAS

Emphasis areas covered by this activity include local organization capacity development as a high

Activity Narrative: percentage of effort. Activities will include peer education and training teachers and other leaders to promote AB messages for youth. In addition, the program emphasis includes community mobilization through religious leaders and teachers, information, education and communication through the development and printing of materials such as comic books and magazines articles, and curricula targeting youth and promoting AB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14807

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14807	8950.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$2,000,000
8950	8950.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$1,675,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7794.09	Mechanism: New Partners Initiative
Prime Partner: Global Outreach for Addiction Leadership & Learning	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02

Activity ID: 17669.20478.09

Planned Funds: \$0

Activity System ID: 20478

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to: Counseling & Testing (#8781) and Condoms and Other Prevention Activities (#8934).

2. ACTIVITY DESCRIPTION

GOAL through SARAH Network will partner with the Ministry of Education (teachers), clergy and local implementing partners; (Wema Widows Women Group in Trans-Nzoia district, Wholeness Among People In Society (WAPIS) in Kiambu district, Tuokoeni Group in Kilifi district, Vuga Community Centre in Kwale district, Upako Centre in Nairobi West district and Aniga Women Initiatives in Kisumu West district) to implement activities focused on promoting abstinence and being faithful. During FY 2010 SARAH Network with the use of AB Training Guide developed by GOAL and SARAH Network and other reviewed and recommended manuals developed by the government of Kenya and other local USG/PEPFAR partners (for example, Tuko Pamoja developed by PATH) will train 350 individuals (clergy, teachers and peer educators) to promote HIV&AIDS prevention through abstinence and/or being faithful.

Through community outreaches, the trained individuals will share prevention information that will promote abstinence and/or being faithful with 30,000 individuals consisting of; boys and girls aged 10-14, in & out of school youth (women and men aged 15-24) and adults (men and women of ages 25 and over). The use of peer education, classroom, small group and/or one on one, door to door campaigns information, and education, communication (IEC) or behavior change communication (BCC) by the 350 trained individuals will be embraced in their community outreaches. The trained teachers will reach out and educate their students in schools, equipping them with relevant motivation and skills needed to adopt safe behavior through; accountability support groups and health clubs. The clergy will reach out to youths and/or adults in their congregation with messages on abstinence and/or be faithful and form pre-test and post-test support groups where adoption and maintenance of specific HIV prevention behaviors will be promoted. The trained peer educators selected by the implementing partners will reach the targeted population through community outreaches.

The target population will be taught on the link between substance abuse, addiction and the risk of HIV infection. Emphasis will be on risk reduction strategies that include; promoting healthy behaviors among the target population. HIV prevention messages will be delivered in age appropriate settings and will address identified risk factors that expose the respective target populations to HIV infection. Behavior change education that seeks to address and change social norms that propagate cross generational sex, transactional sex and coercive sex will be provided. Prevention activities under the AB program will extend beyond efforts to improve knowledge or awareness on HIV&AIDS and substance abuse to provide individuals with the relevant motivation and skills needed to adopt safer healthy behaviors. Both married and unmarried individuals within the targeted population will be encouraged to go for counseling and testing and join accountability groups to enhance fidelity and promote secondary abstinence among the prior sexually active unmarried youths. Those reached with AB messages will also be educated on HIV and Substance related stigma and discrimination reduction. Referrals will be made for those in need of care and treatment services.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute toward the PEPFAR 5-year target of preventing 7 million new infections by reducing HIV transmission in Kenya. Targets in this project will contribute to averted HIV infections among targeted youth, married couples and other community members. An estimated 30,000 individuals will be reached under the AB program.

4. LINKS TO OTHER ACTIVITIES

This activity relates with activities in counseling and testing ((#8781) and Condoms and Other Prevention Activities (#8934). GOAL, SARAH Network and the local implementing partners will collaborate with other USG funded organizations providing voluntary counseling and testing services such as Liverpool VCT, Nazareth Mission Hospital and AMPATH to promote voluntary counseling and testing. This will be done through referrals where those reached with AB messages will be encouraged to be counseled and tested as a step towards behavior change. Voluntary counseling and testing and education on HIV and Substance abuse stigma and discrimination reduction strengthens the AB program.

GOAL Project through SARAH Network will also collaborate with other USG funded partners in Kenya implementing the OP program to educate populations at high risk on the link between HIV transmission and substance abuse addiction. Youth who are sexually active will be encouraged to practice secondary abstinence. Target population will be encouraged to adopt broader social norms that prevent the spread of HIV.

5. POPULATIONS BEING TARGETED

This activity targets adolescents (boys and girls) of ages 10-14, youth (young women and men) of ages 15-24 and adults (men and women) aged 25 and over with information on HIV and AIDS promoting abstinence and being faithful as ways to prevent HIV transmission. The youth will be encouraged to abstain as a way to prevent the spread of HIV. Those between the ages of 10-14 will be taught the importance of abstinence in reducing the transmission of HIV; the importance of delaying sexual debut until marriage and the development of life skills for practicing sexual abstinence. Older youth (above 14 years), will be equipped with prevention skills such as delaying of sexual debut until marriage, secondary abstinence for those who are sexually active or importance of mutual faithfulness. Adults who are married will be encouraged to be faithful to their partners.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues are included in the emphasis areas described in section 7 below.

7. EMPHASIS AREAS

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports secondary cross cutting attributions through education (\$239,430) and prevention to five sites within Nairobi slums and Kiambu District.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been expanded to include Embu and Meru workplace programs under APHIA II Eastern with JPHIEGO and PATH
- The target population has been expanded to include adults (25 and over) both men and women including the business community
- A prevention component has been integrated that is separately budgeted and described under (HVAB APHIA II Eastern and includes the following element:
 - Set up and implement HIV/AIDS workplace programs under APHIA II-Eastern

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6894, #6983) and OVC (#6891).

2. ACTIVITY DESCRIPTION

HOPE worldwide Kenya (HWWK) will continue to provide HIV/AIDS education and prevention to 5 sites within Nairobi slums and Kiambu District. These sites are: Dandora, Huruma and Makadara within Nairobi and Gachie and Banana in Kiambu. The community program will continue to implement abstinence-focused activities within schools, churches, youth groups, sports clubs, and other faith-based organizations. Under the existing USAID/ PACT contract in South Africa, an abstinence-based curriculum for youth aged 10-14 years, was developed and has been used in the last 3 years.

The abstinence curriculum involves personal and character issues, dating and marriage, drugs, substance and alcohol abuse, peer issues and social pressures. Gender-based violence, rape, and abuse are also discussed over the program. These participatory youth discussions follow discussion guides and are led by trained facilitators. Pre and post-test evaluations are held and young people are referred to local OVC support programs if their families are affected by HIV/AIDS. Community Action Teams (CATs) which include parents, teachers and learners develop local strategies to reinforce behavior change among the youth. The tendency is that the Community Action Teams plan and implement the activities with HWWK mentorship. Competent Community Workshops will continue to be organized in all the program sites. Youths will be mobilized through football tournaments during the school holidays and educated on abstinence and being faithful. During these events, other issues recently found to be driving the epidemic will also be addressed. These include: the vulnerability of young girls, Injecting Drug Use, Men having sex with Men (MSM); and Prevention with Positives. Information and referrals about condoms will be provided if required. Parents' forums, workshop and Positive Parenting trainings will be held to reinforce behavior change by youth and improve communication at home. Partnerships with public, private and other civil society organizations will be established, and those established will be made stronger to create a synergizing effect on the program outputs. This will facilitate sustainability of the program after the completion of Track 1 funding in 2010. The 2-year model that has been piloted among some groups will continue to be implemented. In the model, HWWK ABY program works with the trained groups for two years whilst training them on such issues as: a comprehensive HIV/AIDS course, leadership, basic counseling skills and career development. This will increase quality of both the direct and indirect reaches.

Forums which bring the stakeholders together including: Peer-educator, Community Youth Forums and Sites' CAT meetings will continue to be held. Recommendations made from the findings of the mid-term program evaluation carried out in 2008 will be implemented to increase the effectiveness of the program in the communities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

HWWK aims to make its contribution towards averting new HIV/AIDS infections in Kenya. This will be achieved by employing multiple strategies that help youth to:

- Increase abstinence and secondary abstinence until marriage among unmarried young people aged 10-24, their families and communities;
- Increase faithfulness in monogamous relationships among both youth and adults;
- Promote HIV testing to encourage abstinence and fidelity and;
- Help reduce the incidence of gender-based violence, sexual coercion and cross-generational sex affecting the youth.

Within the 2009 fiscal year, HWWK will train 499 individuals to provide HIV/AIDS programs that promote abstinence and/or being faithful. In addition 29,929 individuals will be reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful. The trainings will continue to create demand for VCT services and 200 people will be counseled and tested.

During the October 2009-June 2010, 369 more individuals will be trained, 20,000 reached with community outreach programs; and 150 will be counseled and tested. For the July 2010-September 2010 period, 130 individuals will be trained, 9,929 will be reached with community outreach programs; and 50 will be counseled and tested.

4. LINKS TO OTHER ACTIVITIES

The AB activities will be linked to other HWWK's Prevention activities in an effort to diversify the approaches in response to the stage of the epidemic. According to the latest Kenya Aids Indicator Survey (KAIS) 2008 about 80% of the population does not know their HIV status. Quarterly VCT Campaigns will be conducted to encourage knowledge of HIV status, reaching 3,000 people with VCT messages during the 2009 fiscal year. This activity relates to counseling and testing (Partners: HWWK VCT Program). The many teenage mothers and child headed families in Huruma, Mathare and Makadara will be referred to the USAID funded OVC program. This relates to activities in Care and Support (Partners: HWWK OVC Program, NCKC Clinic). During Community Mobilization Events (CMEs), the majority of youth will be referred to the Blood Donor Program to give them opportunity to become regular blood donors. This relates to activities in Blood Safety (Partners: Blood Donor program, NBTS)

Activity Narrative: 5. POPULATIONS BEING TARGETED

Established social institutions such as schools, FBOs, CBOs and NGOs will form the main community structures through which different age groups will be reached. A special life-skills curriculum will be implemented among 10-14 year olds. The goal for this age group will be to delay sexual debut and develop life skills. Among the 15-24 year olds, the goal is to increase their knowledge on abstinence and secondary abstinence options. In this age group, young women will receive special emphasis owing to their increased vulnerability. Messages about fidelity and expanded/strengthened "A" and "B" messages will be spread. The goal is to increase the practice of abstinence until marriage among unmarried youth, together with fidelity/partner reduction and reduction in harmful behaviors among both youth and adults. This will contribute to a measurable and sustained decline in HIV incidence, especially among young people. Among parents, teachers and communities at large, the goal is to create a supportive environment for the youth to practice abstinence and faithfulness. To increase parent-youth communication and sustenance of behavior change, the Positive Parenting Program (PPP) will be implemented among parents. The FBOs, CBOs, NGOs and schools will be capacity built to develop, implement and monitor HIV prevention programs for youth in their communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The Men As Partners (MAP) activities will increase gender equity and address male norms and behaviors through the training workshops and later on become participants in forming Community Action Teams (CATs). The CATs will give younger adults an opportunity to magnify the changed behavior to their peers. CATs have been used as a strategy to sustain messages and the program will pursue this methodology to ensure that there is support for the program and for young people making healthy choices.

7. EMPHASIS AREAS

The major emphasis in this program is training and equipping youth with relevant life skills. The younger youth will be equipped with negotiation skills to help them make informed choices. Besides the young women, children who are orphaned and vulnerable (OVC) will be given emphasis. Studies show that OVC are more likely to be HIV-infected than other children. To increase the inclusion of Persons with Disabilities (PWDs) in HIV interventions, several special schools will also be trained in Peer Education. The 2-year model will ensure that the trained persons are thoroughly equipped to deal with a myriad of life and Adolescent Sexual Health issues. Resource mobilization from the Government and corporate firms will be pursued to support MAP, peer education and Community mobilization and Edutainment events.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14815

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14815	5538.08	U.S. Agency for International Development	Hope Worldwide	6949	3727.08	ANCHOR	\$425,000
6892	5538.07	U.S. Agency for International Development	Hope Worldwide	4227	3727.07	ANCHOR	\$219,442
5538	5538.06	U.S. Agency for International Development	Hope Worldwide	3727	3727.06	ANCHOR	\$233,990

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$239,430

Water**Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 375.09**Mechanism:** N/A**Prime Partner:** Hope Worldwide**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Sexual Prevention: AB**Budget Code:** HVAB**Program Budget Code:** 02**Activity ID:** 4198.20482.09**Planned Funds:** \$736,929**Activity System ID:** 20482

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$200,000. Partnership Framework: Additional funds to Hope WW will continue and expand important aspects of the Partnership for an HIV-Free Generation, including a partnership with Rotarians for Fighting AIDS and a program with AmericaShare for the development and distribution of reusable sanitary products for girls.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+Project will expand its scope to include targeted interventions addressing cross-generational sex, multiple concurrent partnerships, gender-based violence and Prevention with Positives, and geographic expansion to areas neighboring the current operational sites in Kitengela, Kajiado Township, Wote and Ikutha that have already been identified as underserved to enhance coverage to rural populations. This project will incorporate HIV-free generation youth activities in Mukuru slums, Nairobi. \$50,000 is attributed to this activity.

+Includes Field Support for Hope Worldwide Track 1 activity (separate narrative below).

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been expanded to include other sites in Kitengela, Kajiado Township, Wote and Ikutha already identified as underserved.
- \$50,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6894, #6983) and OVC (#6891).

2. ACTIVITY DESCRIPTION

Hope Worldwide (HWW) will provide behavioral interventions to promote a comprehensive abstinence and faithfulness HIV prevention strategy among 59,472 youth. It will also train 413 people to deliver the AB interventions. These program leaders will deliver AB education and life skills that will provide a motivation for young people to adopt AB for HIV prevention. HWW will work with parents and adults in each community to encourage their involvement in supporting young people on the AB path. Community discussions between youth and adults will be encouraged and through reinforcement and booster sessions, develop strong community values that promote AB. This activity will intensively involve youth and they will play an integral role in providing peer education amongst themselves. HWW is a faith-based charity founded in 1991 by the International Churches of Christ. Its programs are designed to provide medical treatment, poverty relief and restore hope among those who are downcast as a result of disease, poverty or abandonment. They are directed toward helping people regain their worth and realize their potential. In 2003, CDC funded Hope Worldwide through a locally executed contract to start up youth targeted HIV/AIDS prevention including VCT in slums of Nairobi. With funds from the Presidential Initiative, Hope worldwide will scale up these youth targeted activities for young people in slums and other vulnerable situations. HWW will continue its work in Nairobi's Mukuru slums and Rongai as well as in the Eastern Kenya region at two adjacent locations Makindu and Kibwezi, both of which were previously supported by HHS/GAP funds. Program improvement will be another significant change in which HWW will reorganize its programmatic elements and concentrate on more targeted interventions. It will continue to undertake community participatory approaches to discuss HIV prevention, targeted education using curriculum based approaches. The project will also train young people to serve as volunteers in actively reaching out to their peers with targeted abstinence, faithfulness and other behavior change messages for young people. In given settings, especially in communities surrounding hot spots, efforts will be made to divert young girls from entry into commercial sex work and motivate them to behavior change through providing them with education and life skills, including livelihood skills. This project will also provide settings for post-test clubs to help young people maintain safe behavior and reduce their risk of HIV infection. Young partners, including married partners will be encouraged to sustain marital faithfulness with partners of known negative serostatus and partner reduction for those with multiple partners. HWW will also initiate activities under the Healthy Youth project initiative (HYPE).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the FY 2008 project period, a total of 59,472 individuals will be reached with community outreach programs that promote abstinence and/or being faithful through three project sites. 413 individuals will be trained to provide abstinence and faithfulness behavior change education and life skills to young people through peer educator training, magnet theatre training and training teachers and community/faith based organizations' leaders. HWW will continue to implement the Men As Partners (MAP) life skills curriculum in all of its project sites to address gender norms and improve young people's perceptions on their vulnerability.

4. LINKS TO OTHER ACTIVITIES

The AB activities will be linked to other HWWK activities: bi-monthly VCT campaigns will be arranged to encourage knowledge of status, reaching 6,000 people with VCT messages. This activity relates to activities in Counseling and Testing including Hope Worldwide's VCT program (#6894), Liverpool VCT (#6983) and activities supported by GTZ. The many teenage mothers and child-headed families in Huruma will be referred to HWWK's USAID-funded OVC program (#6891). During Community Mobilization and Edutainment events, the majority of youth will be referred to the HWWK's blood donor program to give them an opportunity to become regular blood donors. This relates to activities in Blood Safety (#7011).

5. POPULATIONS BEING TARGETED

This activity targets the general population of men and women of reproductive age as well as children and youth in primary and secondary schools. It also targets out-of-school youth including youth in the slums and young people in the areas surrounding the highway hotspots. It will also target youth from migrant worker families such as plantations in Kibwezi. This activity will work with parents and adults to increase their involvement in promoting abstinence and partner faithfulness to their youth. It will encourage dialogue between parents and youth to discuss HIV and behavior change issues. Community leaders, program managers, religious leaders and volunteers will be targeted for training in promotion of HIV/AIDS prevention

Activity Narrative: through their involvement in community-based organizations and faith based organizations. All in-school programs will work with teachers. Rural communities in Makindu and Kibwezi will be targeted.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs and address male norms and behaviors as well as reducing violence and coercion through training youth using the Men as Partners curriculum.

7. EMPHASIS AREAS

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

Track 1 Field Support Narrative

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been expanded to include Embu and Meru workplace programs under APHIA II Eastern with JPHIEGO and PATH
- The target population has been expanded to include adults (25 and over) both men and women including the business community
- A prevention component has been integrated that is separately budgeted and described under (HVAB APHIA II Eastern and includes the following element:
 - Set up and implement HIV/AIDS workplace programs under APHIA II-Eastern

ACTIVITY DESCRIPTION

HOPE worldwide Kenya (HWWK) will continue to provide HIV/AIDS education and prevention to 5 sites within Nairobi slums and Kiambu District. These sites are: Dandora, Huruma and Makadara within Nairobi and Gachie and Banana in Kiambu. The community program will continue to implement abstinence-focused activities within schools, churches, youth groups, sports clubs, and other faith-based organizations. Under the existing USAID/ PACT contract in South Africa, an abstinence-based curriculum for youth aged 10-14 years, was developed and has been used in the last 3 years.

The abstinence curriculum involves personal and character issues, dating and marriage, drugs, substance and alcohol abuse, peer issues and social pressures. Gender-based violence, rape, and abuse are also discussed over the program. These participatory youth discussions follow discussion guides and are led by trained facilitators. Pre and post-test evaluations are held and young people are referred to local OVC support programs if their families are affected by HIV/AIDS. Community Action Teams (CATs) which include parents, teachers and learners develop local strategies to reinforce behavior change among the youth. The tendency is that the Community Action Teams plan and implement the activities with HWWK mentorship. Competent Community Workshops will continue to be organized in all the program sites. Youths will be mobilized through football tournaments during the school holidays and educated on abstinence and being faithful. During these events, other issues recently found to be driving the epidemic will also be addressed. These include: the vulnerability of young girls, Injecting Drug Use, Men having sex with Men (MSM); and Prevention with Positives. Information and referrals about condoms will be provided if required. Parents' forums, workshop and Positive Parenting trainings will be held to reinforce behavior change by youth and improve communication at home. Partnerships with public, private and other civil society organizations will be established, and those established will be made stronger to create a synergizing effect on the program outputs. This will facilitate sustainability of the program after the completion of Track 1 funding in 2010. The 2-year model that has been piloted among some groups will continue to be implemented. In the model, HWWK ABY program works with the trained groups for two years whilst training them on such issues as: a comprehensive HIV/AIDS course, leadership, basic counseling skills and career development. This will increase quality of both the direct and indirect reaches.

Forums which bring the stakeholders together including: Peer-educator, Community Youth Forums and Sites' CAT meetings will continue to be held. Recommendations made from the findings of the mid-term program evaluation carried out in 2008 will be implemented to increase the effectiveness of the program in the communities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14817

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14817	4198.08	HHS/Centers for Disease Control & Prevention	Hope Worldwide	6950	375.08		\$175,000
6893	4198.07	HHS/Centers for Disease Control & Prevention	Hope Worldwide	4228	375.07		\$100,000
4198	4198.06	HHS/Centers for Disease Control & Prevention	Hope Worldwide	3240	375.06		\$100,000

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 692.09**Prime Partner:** Impact Research and
Development Organization**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 4246.20488.09**Activity System ID:** 20488**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$1,356,185

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$105,000. Funds moved from ITM (HVAB).

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ This activity will incorporate \$103,600 to partner with HIV Free Generation activities that focus on youth. It will be programmed with funds from the \$7 million FY 2008 plus up for HIV-Free, which will be integrated into the Tuungane site.

+All VMMC (Voluntary Medical Male Circumcision) activities described in the FY08 narrative are now incorporated in their own narratives in FY09 under VMMC

+The geographic coverage has been revised (or expanded) to include Bondo, Rarieda and Nyando districts with their comprehensive youth program as well as their Families Matter! Intervention. Geographic coverage has been revised (or expanded) to include other low income settlements adjacent to Kisumu City, namely, Mamboleo, Kisian, Kibos and Nyamasaria, as well as one new division in Suba district (Magunga)

+Specific prevention messaging targeting adult women, men and discordant couples will be incorporated into the Home Based Counseling and Testing interventions currently being implemented in Kisumu East District with also a new focus on integrating CT with older adults above the age of 45.

COP 2008

FY07 PLUS UP ADDITIONS: This plus-up allocation will support an expansion of current 07 COP activities. The Tuungane project will strengthen the scope of its current prevention program by targeting parents through implementation of the Families Matter! intervention. Tuungane will train parents drawn from the Kisumu slums within which the youth program targets. These will include parents of children in and out of schools targeted by the project within the 6 main slum neighborhoods of Kisumu. This activity will be integrated into the home-based counseling and testing and general prevention. It will help accelerate prevention through the involvement of parents; both to target them with prevention education focusing on faithfulness with knowledge of serostatus, as well as improve their ability to discuss HIV prevention with their young pre-adolescents and adolescents. Tuungane will expand activities in Suba to work with parents and adults to ensure a supportive environment for youth. It will also help to enhance faithfulness and knowledge of HIV status among adults and their partners, including fisherfolk and migrant business workers in selected beaches of Suba district.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8751), Condoms and Other Prevention (#6897) and HIV/AIDS Treatment: ARV Services (#7090).

2. ACTIVITY DESCRIPTION

Impact Research & Development Organization (Impact Research) will reach 250,237 youth, including young HIV-negative men receiving circumcision, under the Tuungane behavior change project through providing Abstinence and Faithfulness education and related services through seven youth-friendly centers in six major slum neighborhoods of Kisumu, Nyanza Province. Tuungane will also step up activities with the Suba community. A central referral and coordination center will continue to serve as the hub of all AB youth activities and at least 800 youth will receive a curriculum-based training on life planning skills. The Tuungane project will enhance adult involvement in the AB program through training an additional 400 adults, including parents, teachers and religious leaders as supportive adults for the youth. The project will intensify its efforts to reach out to at least 5,000 at-risk girls with behavior change interventions and improve the involvement of girls in all elements of the project. This will be done through forming reproductive health clubs for out of school girls and teen mothers. An important need identified by the project in the previous year is addressing sexual violence through integrating it into the education for behavior change activities. This will be coupled with educating youth on the increased HIV vulnerability in the context of alcohol and substance abuse. Tuungane has demonstrated a remarkable strength in implementing intensive and quality interventions in the community and has useful lessons which will be scaled up to the underserved and highly vulnerable population of Suba district in Nyanza. Tuungane will work with schools in Suba as well as with out of school youth including the beach community and the general community of youth and young adults to provide comprehensive AB education. These activities will contribute to our results of improved HIV preventive behaviors among youth, changed social and community norms to promote HIV preventive behaviors in youth and young adults, and models for effective youth interventions tested. The Tuungane project was funded under a CDC Cooperative Agreement in October 2004 and works within Kisumu urban slums whose estimated youth population is 80,000. The project and the specific interventions will be studied for effectiveness by Kenyan evaluators who are part of the staff of Impact Research and Development Organization. Youth will be continually involved in activities that help sustain HIV preventive behavior through periodic training in life skills. To provide a supportive environment for young people's adoption and maintenance of HIV preventive behavior, parents, religious and community leaders will be reached with targeted activities. These changes will contribute to testing a model of effective youth interventions. It will also improve social and community norms to promote HIV preventive behaviors in youth and young adults. Most importantly, it will make significant contributions to improved HIV preventive behaviors for youth through strengthening life skills.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Abstinence and faithfulness activities will target youth in the slum areas of Kisumu and selected sites in Suba District. This will significantly contribute to the PEPFAR goals of averting HIV infections among youth. Specifically, this project will train 1200 leaders and health service providers to reach 250,237 youth with AB messages.

4. LINKS TO OTHER ACTIVITIES

Tuungane's AB activities in Kisumu slums relate to activities in CT (#8751), OP (#6897) ART UCSF/FACES (#7090). Linkages between existing youth service providers include the Family Health Options Kenya, the Network for Adolescents and Youth in Africa, local youth groups, and the Municipal Council of Kisumu. A strong referral linkage will be strengthened for young people who test positive. Currently, referrals for young couples are made to the KEMRI/CDC PEPFAR-supported patient support center of the Nyanza provincial general hospital as well as the FACES project.

Activity Narrative: 5. POPULATIONS BEING TARGETED

This activity targets the general population including men and women of reproductive age as well as youth, especially young girls and boys in and out of school. It will target PLWHAs and incorporate them into their education program. It will also work with street youth and out-of-school youth. It will strengthen its community involvement through working with community, program, religious leaders and volunteers. In-school programs will involve training teachers on communication skills with youth on sexual and reproductive health issues. Existing community structures will be utilized including youth and community organizations as well as faith-based organizations. The proposed work in Suba will serve rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This program will have a major emphasis in community mobilization/participation. Minor emphasis will be place on development of network/linkages/referral systems, information education and communication, training, needs assessment and human resources. Another component will be Service Delivery in Facilities and through Mobile approaches: In collaboration with the MOH, the Nyanza Circumcision Consortium, through IRDO, will work on targeted roll-out of MC services in Nyanza. Service delivery capacity-building will be rolled out in government district hospitals and some private facilities where providers have been trained and where other USG PEPFAR partners, including KEMRI, are currently working. In addition to training, support will be provided for non-consumable commodities (i.e. autoclaves, instrument packs, surgical lamps, etc) personnel and other infrastructure that will be necessary for MC service delivery. Service roll-out will initially target areas with high existing demand for MC services and will be integrated into discordant couples services for discordant male partners of women in care and treatment programs. Mobile service provision will be provided by mobile teams consisting of approximately seven people (including 2 clinical officers, 1 VCT/behavioral counselor, 2 surgical nurses, 1 sterilizer/cleaner and 1 driver) targeting high risk groups, such as STI patients, beach populations, young men in the public transport sector, jua kali artisans, and truck drivers, as well as areas of very high HIV prevalence. For example, mobile services will be provided in Suba District, Kenya's highest HIV prevalence district, to complement the current door-to-door VCT program that PEPFAR is supporting there. In addition, services will be provided within areas such as the Demographic Surveillance Study area where operational evaluation can be conducted and in other areas where PEPFAR services exist. A critical component of this activity will be the provision of AB counseling and interventions for men undergoing both VCT and circumcision. This activity will help to develop several AB interventions that can be used to help reduce any sexual disinhibition which may come as a result of programmatic scale-up of MC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14822

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14822	4246.08	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	6952	692.08		\$1,632,500
6896	4246.07	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	4229	692.07		\$845,000
4246	4246.06	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	3259	692.06		\$100,000

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 4916.09**Prime Partner:** Family Health International**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 9070.20453.09**Activity System ID:** 20453**Mechanism:** APHIA II - Rift Valley**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$1,817,305

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Specific AB messages will target both adult men and women with the aim to reduce multiple concurrent partners
- + This activity will incorporate \$150,000 for HIV Free Generation activities targeting youth

COP 2008

The only changes to the program since approval in the 2007 COP are:

- \$100,000 of this activity supports the Youth Prevention Initiative programmed with funds from the \$7 million FY 08 plus up
- Geographic coverage has been expanded to include Pokot West, Pokot East, Trans Nzoia South, Trans Nzoia North, Baringo North, Baringo Central, Turkana North, Turkana South, Marakwet and Keiyo districts
- The target population has been expanded to include the disabled population, Kenya Girl Guides Association and teachers at the worksite
- \$23,000 in AB funds will go toward this worksite activity complemented by allocations in OP and OHPS totaling \$150,000 to reach 750 teachers and train 20 more
- In response to the Ministry of Education's request the KARHP methodology will be rolled out targeting teachers and in-school youth
- APHIA II RV will expand to include activities of the former TCI in at least one community (Salgaa) along the Mombasa/Kampala highway

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HVCT (#8776), HBHC (#8929), HTXS (#8797), HVOP (#9040), HKID (#9029), MTCT (#8733) and HVTB (#9065).

2. ACTIVITY DESCRIPTION

In 2009 APHIA II Rift Valley (A2RV) will reach 363,461 individuals with abstinence and being faithful messages in the Rift Valley. They will employ a 360 degree Model of Protection that seeks to delay first sex and increase secondary abstinence among youth between the ages of 10-24 years and increase safer sexual practices among sexually active youth as well as promote fidelity and monogamous relationships among the general population of Rift Valley. They will also seek to reach community women in low resource settings, teachers, health care providers, the clergy and religious leaders with a special and specific focus on PLWHA and provide the targeted populations with comprehensive skills for prevention of infection by STIs in general and HIV in particular. The model calls upon families, schools, health facilities, places of worship and communities to meet the HIV/AIDS needs of the populations by developing activities that build the capacity of the populations to establish and maintain healthy behaviors to avoid HIV and STIs and to advocate for cultural changes that promote low-risk behavior. The model aims to encompass individuals with a supportive environment at every level of their lives (family, peers, school and community). 2,524 individuals will be trained to provide AB programs in the different groups. The AB program will be implemented by FBO sub-partners and other NGO/CBOs to integrate life skills programs for HIV/AIDS prevention, drug and alcohol abuse. In addition, A2RV will work with the Kenya Girl Guides Association (KGGA), the Ministry of Education and the Kenya Network of Positive Teachers, utilizing the Kenya Adolescent Reproductive Health (KARHP) methodology, to reach out to more youth in and out of learning institutions. Young Mens Christian Association (YMCA) will target underserved populations with Abstinence and Being Faithful programs targeting Christian and Muslim faithful in Naivasha and Gilgil. The activity will work with Islamic leaders like Imams and Madrassa teachers to reach the Muslim faithful. Partners for Progress (PfP) will target youth out of school in Nakuru North, Nakuru South, Molo, Naivasha, Narok North, Narok South, Kajiado, Loitokitok, Laikipia East and Laikipia West districts as well as target young female sex workers in all the districts with livelihood skills to provide them an alternative to sex work. SWAK will work with community women and their partners in low resource settings to promote mutual fidelity. The activity will engage the Girl Guides in community outreach to deliver messages on prevention. The activity will also develop, produce and distribute prevention communication material through the various partners and networks implementing the activities in the Rift Valley province. Adolescent OVC's will be targeted by integrating prevention education and life skills into the OVC support activities and by involving KGGA in community outreach programs to target such vulnerable peers. The activity will expand the youth peer education interventions using the Y-Peer approach established by Youth-Net and UNFPA; work with the Provincial Education Office, Kenya National Union of Teachers (KNUT) and KGGA to roll out life-skills peer education programs to schools in Rift Valley Province; and work with tertiary training colleges, polytechnics and universities to integrate HIV/AIDS education using the 'I Choose Life' approach and NOPE's Ambassadors of Change (AOC) approach. APHIA II Rift Valley will collaborate with more local youth groups and partners to implement the program. The activity will link to counseling and testing, RH/FP, and other facility based services that enable the reached populations to access treatment and other services. Particular attention will be given to creating linkage with Gender based violence prevention and mitigation

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will reach 363,461 people through AB messages, contributing significantly to the overall 2007 PEPFAR goals. The activity will seek to integrate prevention with all community outreach for treatment and care with a special emphasis on youth. It will significantly contribute to PEPFAR's goals for primary prevention.

4. LINKS TO OTHER ACTIVITIES The activity will link to other APHIA Rift Valley activities in CT (#8776), HBHC (#8929), ART (#8797), OP (#9040), OVC (#9029), PMTCT (#8733) and TB/HIV (#9065) that all seek to provide comprehensive, district-based services coordinated at the provincial level.

5. POPULATIONS BEING TARGETED

This activity targets adults, children and youth, particularly girls, boys, primary and secondary school students.

6. KEY LEGISLATIVE ISSUE ADDRESSED Key legislative issues which will be addressed include gender, addressing male norms and behaviors, volunteers, stigma and discrimination, and education at primary and secondary levels.

Activity System ID: 20354**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Program will target parents of the youth reached in the ABY school program with a 'know your status' campaign for couple counseling and testing.
- +The program will address cross-generational sex, gender based violence and make an intensive reach to rural populations, through its vast Catholic school network countrywide.
- +The Families Matter program will be included alongside the school program across all the dioceses in the country.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- FY 2007 PLUS UP ADDITIONS: This activity will expand support to the Kenya Catholic Secretariat (KCS)/Kenya Episcopal conference activity previously supported through a sub-grant with CHF. Continued support will also be provided to enable the Twinning Center through De Paul University continue providing technical assistance and a sub-grant to the KCS. Activities will be expanded to cover primary school pupils in additional dioceses of the Catholic church including Muranga, Machakos, Nakuru and Kitale. A significant expansion in the scope of this activity will be to implement the Families Matter! intervention among parents of 9-14 year old adolescents that the in-school program targets. The KCS will also use additional strategies to reach parents through parish-level church community activities targeting parents of adolescents. This partnership will ensure good quality programming and establish a strong M&E system to ensure national coverage in the coming year is guided by best practices and evidence-based practice for a national program. (General Population Youth \$400,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6876).

2. ACTIVITY DESCRIPTION

The Kenya Episcopal Conference – Catholic Secretariat (KEC-CS) is currently implementing an HIV prevention program in parochial schools. There is also a mass media component using a Catholic radio station. This KEC-CS project is funded as a sub-grant under the CHF capacity building project. KEC-CS works through a twinning relationship with DePaul University, a Catholic university where several professors have expertise in HIV prevention activities promoting abstinence and faithfulness. These professors also have expertise in monitoring and evaluation. The major activity which DePaul University will engage in under this twinning partnership will be to assist the KEC-CS in monitoring and evaluating their program which promotes abstinence and faithfulness among Catholic youth attending schools supported by the KEC-CS as well as assessing the impact of the mass media activities which KEC-CS is conducting.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This twinning relationship will contribute to HIV prevention among 155,000 youth and parents, and train 1,076 teachers and parents to provide abstinence education. It will also assist in the evaluation of AB activities in Kenya. There are now many FBOs and CBOs implementing AB activities with PEPFAR funding. Most of these organizations do not have in-house capacity for a thorough assessment of the impact of their work, so the evaluation findings that this twinning project will generate will no doubt benefit other AB partners as well.

4. LINKS TO OTHER ACTIVITIES

This project links to AB activities implemented by KEC-CS which are listed under the CHF capacity building project HVAB (#6876) CARE Kenya. The Twinning initiative will provide technical support to the Kenya Episcopal Conference/Kenya Catholic Secretariat's program in strengthening its M&E system and overall programming.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

Twinning is the primary issue addressed in this project.

7. EMPHASIS AREAS

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 14730

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14730	4818.08	HHS/Health Resources Services Administration	American International Health Alliance	6925	3482.08	Twinning Center	\$775,000
6843	4818.07	HHS/Health Resources Services Administration	American International Health Alliance	4204	3482.07	Twinning Center	\$475,000
4818	4818.06	HHS/Health Resources Services Administration	American International Health Alliance	3482	3482.06	Twinning Center	\$75,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 369.09	Mechanism: N/A
Prime Partner: Centre for British Teachers	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 4183.20374.09	Planned Funds: \$750,000
Activity System ID: 20374	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS \$150,000

This activity addresses education as a secondary cross-cutting budgetary attribution. The primary beneficiaries of this activity will be secondary school teachers and their students. This activity will therefore improve on the quality of basic education which will include skill based training and HIV prevention education. In this activity secondary school teachers will be trained on infusing/mainstreaming HIV and AIDS issues into the curriculum.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful (#9007), (#8701), Condoms and Other Prevention (#6842), (#8780) and Policy and Systems Strengthening to be carried out by the EduSector AIDS Response Trust through ORC Macro.

2. ACTIVITY DESCRIPTION

The Secondary School Action for Better Health (SSABH) program will be implemented in 170 secondary schools over a 12-month period by the Centre for British Teachers (CfBT). CfBT will be expected to work very closely with all the APHIA II programs in the county, Ministry of Education (MOE), Kenya National Union of Teachers (KNUT) and Teachers Service Commission (TSC). The schools will be selected in collaboration with the Ministry of Education (MOE) and USAID, in areas of high HIV/AIDS prevalence and in districts where secondary schools have received little support in terms of HIV/AIDS education awareness and prevention. In partnership with the Ministry of Education and Ministry of Health (MOH), CfBT will mobilize and train 40 new education and 40 new health trainers (making a total of 200 SSABH participants trained since 2005) who will lead the training program. From each school, a total of eleven people will be trained: the Head-teacher, six teachers including the Guidance & Counseling Teacher (as Peer Support Advisors) and four students (Peer Supporters) will be trained in implementing the MOE-approved AIDS syllabus and establishing a school-based Peer Supporter behavior initiative. They will then be responsible for expanding the program to all staff and students in their schools. The Headteachers will be trained to lead and support the program, while 40 Zonal Inspectors (now called Quality Assurance and Standards Officers or QASOs) will be trained to monitor and mentor the teachers as they implement the AIDS syllabus. In total about 1,700 teachers and students (170 Headteachers, 1,020, 680 students, 40 trainers and 40 Zonal Inspectors) will receive training in HIV prevention messages. Assuming that each school has 500 students and 20 teachers, a total of 150,000 individuals will be reached through community outreach (145,000 students and 5,000 teachers). Every effort will be made to synergize with the APHIA II teachers worksite activity in sites where the education gatekeepers have already been made aware of the Education Sector Policy for AIDS. Links with the Kenya Head Teachers Association will also be strengthened. Field support and monitoring component of the program will be strengthened. Teachers will assist students who are trusted and popular with their peers to develop peer education programs. They will be given focused training in communication including cues to prompt conversations. A situational model/scripting approach will be used: identifying risky situations and circumstances and supplying strategies for reducing risk or avoiding risky situations/circumstances. Schools will be given reference and support materials and encouraged and assisted to set up school AIDS clubs, anonymous question boxes and extra-curricular activities. Monitoring instruments will be developed for use by the quality assurance officers for monitoring and supporting SSABH implementation at school level. The schools will also be visited by the 40 Quality Assurance and Standards Officers who will have been trained to assess SSABH activities in the course of their normal inspectorate duties.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The program contributes to the increased use of schools to target educators as well as youth. It is also a component of the comprehensive HIV/AIDS programming USG is developing along the major transport routes across Kenya, formerly through the Transport Corridor Initiative. This program will target teachers and students with abstinence and being faithful messages. The program will also address the issues of safer sex by providing accurate information on condom use. SSABH will therefore employ the ABC approach to help youth 14 years and over change their behaviors.

4. LINKS TO OTHER ACTIVITIES

Selected sites will include those schools where the APHIA II teachers work site program has already sensitized Headteachers to the impact of HIV and AIDS on the education sector and for the need for a concerted response. This activity also relates to activities in the following program areas: Policy and Systems Strengthening, Strategic Information and Other Prevention. This activity also contributes to the implementation of the "Education Sector Policy for HIV and AIDS in Kenya."

5. POPULATIONS BEING TARGETED

The target populations for this activity include headteachers, teachers, secondary school students and people living with HIV.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

The major emphasis area is training, and minor emphasis areas include information, education and communication, linkages with other sector initiatives, and policy guidelines.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14748

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14748	4183.08	U.S. Agency for International Development	Centre for British Teachers	6935	369.08		\$750,000
6858	4183.07	U.S. Agency for International Development	Centre for British Teachers	4215	369.07		\$550,000
4183	4183.06	U.S. Agency for International Development	Centre for British Teachers	3237	369.06		\$300,000

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$150,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7792.09	Mechanism: New Partners Initiative
Prime Partner: Christian Reformed World Relief Committee	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 17539.20385.09	Planned Funds: \$0
Activity System ID: 20385	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

In partnership with three faith-based organizations in Kenya, Christian Reformed World Relief Committee (CRWRC) will implement activities focused on promoting abstinence and being faithful. The three partners namely; Western Region Christian Community Services, an agency of the Anglican Church of Kenya, will implement the program in all eight districts of the Western Province. KAMATAKIMO, which is also an agency of the Anglican Church, will target the districts of Kitui and Mwingi in Eastern Province. MKCCS will focus on Central Province and Murang'a South district and Maragua ridge location. During FY09, CRWRC and its partners will reach 70,205 individuals through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful and train 1,420 individuals to promote HIV/AIDS prevention through abstinence and/or being faithful.

The 70,205 individuals shall be reached through outreach meetings directly organized by the 1,420 individuals within the following population groups: Firstly, out of the 1,420 individuals trained using the Choose life manual, 1,120 church and community leaders will use congregation and community based meetings to reach at least 70,205 individuals through barazas, church and community group meetings such as the "men who care groups" through which 5,000 men and boys will be reached in 125 groups (as described below) Through these meeting, church and community leaders will also address women's legal rights namely where they can access reproductive health services in their communities. Secondly; the three hundred peer educators trained by the TOTs - 3 NPI program coordinators and at least 3 field officers- will form peer groups by identifying other youth in their own networks. Three hundred peer educators will be recruited and trained in FY09. A total of 10,000 youth will be participating in 230 youth to youth groups and an additional 5,000 through youth to family and "writing on the walls" across all three partner working areas.

CRWRC will use the Choose Life and Creating Positive Relationships training manuals in peer education and support groups for youth. Using stories, illustrations, and discussion questions, these manuals guide youth's understanding of sexuality and HIV/AIDS covering topics such as decision-making, peer pressure, family life, body changes, STIs and HIV/AIDS, and AIDS in the home. Motivators like the abstinence pledge card and "Writing on the Walls" activities will be used to encourage abstinence and fidelity.

Youth-to-Family (Y2F) groups will equip in-school youth to share information about HIV prevention and treatment services with their families. Youth who have a strong understanding of the HIV/AIDS epidemic and of gender will be identified through pre- and post-testing in the peer education groups. A total of 5,000 youth will be participating in 230 groups across all three working areas.

"Men Who Care" (MWC) groups will recruit men as positive role models for youth and will promote accountability among older men to model abstinence, if unmarried, and fidelity, if married. A total of 5,000 boys and men will participate in 125 groups. The MWC groups will be set up under the supervision of the trained church and community leaders in collaboration with program staff. The men will be recruited through barazas and existing church groups such as the Kenya Anglican Men Association.

"Writing on the Walls" is an activity that will be used to engage young people in reflection on HIV, risk, prevention, and abstinence options through theatre, wall painting, and essay writing. A total of 2,000 youth will participate in 95 groups across all three working areas. This activity will be integrated in some places with the Y2Y peer education and support groups. Church and community leaders will form accountability partnerships with adolescents who make abstinence pledges through Writing on the Walls and pledge cards during awareness campaigns.

In FY09, CRWRC and its partners will reach 70,205 people (includes those in Y2Y, MWC, Y2F) through awareness campaigns at churches, schools, youth groups, women's groups and community forums. Campaigns will be organized and led by the 1,120 trained church and community leaders. Some of the events will be separate for youth, men and women, while others will be gender mixed. Awareness campaigns will address barriers to AB behaviors through dramas, youth competition days, youth and parent forums, lectures, and public events. Opportunities for testing and counseling will be available at these events.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute toward the 5-year target of preventing 7 million new infections by reducing the sexual transmission of the virus in Kenya. CRWRC and its FBO partners will use behavior change communication to promote abstinence (including "secondary abstinence") among unmarried youth and faithfulness among married and sexually active adult couples. Some of the elements of the 5-year strategy that are incorporated into the design of the CRWRC include reinforcing the role of parents (through Y2F); challenging norms for male behavior (through MWC); and using behavior change strategies to promote abstinence among youth (through Y2Y peer education and support groups and Writing on the Walls).

Because CRWRC's partners are agencies of the Anglican Church of Kenya and the Reformed Church of East Africa, partner staff will contribute greatly to the promotion of healthy norms and behaviors as they train local religious and other traditional leaders how to incorporate behavior change messages into their sermons and public remarks.

4. LINKS TO OTHER ACTIVITIES

The AB interventions will draw upon lessons from existing ABY programs that CRWRC and its partners have been implementing under the leadership of World Relief and Family Health International. CRWRC has been using the Choose Life manual developed by World Relief as part of this other ongoing ABY program. The manual for youth aged 10-24 years has been effectively used for both in- and out-of-school youth in World Relief sites.

5. POPULATIONS BEING TARGETED

CRWRC is scaling up HIV prevention services in all eight districts of the Western Province, the districts of

Activity Narrative: Kitui and Mwingi in Eastern Province, and the district of Uasin Gishu in Rift Valley Province. Under the AB program area, youth ages 10-24 years (men and women) are targeted, but there will be a concentration on girls 15-19 who are out-of-school, widowed and divorced women, and married men.

Mobile populations who have been shown to exhibit higher prevalence of HIV than men who never sleep away from home will also be targeted with faithfulness messages. An emphasis however will be on the general population with a focus on addressing issues on concurrent partners and cross generational and transactional sex. The messages will be delivered through "men who care groups" and other community forums that the trained church and community leaders will address.

The populations targeted for participation in AB activities will be recruited by the 1,120 church and community leaders who participate in TOT to learn how to mobilize groups. Men will be reached through barazas and existing men's groups at churches. Potential peer educators will be identified by the church and community leaders also. And other youth who will participate will be recruited by the peer educators.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues are included in the emphasis areas described in section 7 below.

7. EMPHASIS AREAS

CRWRC and its partners will focus on abstinence and being faithful by addressing cross-cutting social justice issues, like cross generational sex, by addressing male norms and behavior issues. CRWRC and its partners will also focus on increasing women's legal rights to empower women - married, divorced, and widowed - to have access to reproductive health services in their communities. This will be done by equipping church, community and NGO leaders with information regarding HIV/AIDS in order to address these systemic issues as they arise in their communities. CRWRC and its partners will also focus on human capacity development through in-service training of community volunteers including 300 peer educators, 1,120 church leaders, community leaders and NGO leaders in the areas of HIV transmission and prevention. CRWRC and its partners will also work with the community volunteers to develop a volunteer retention strategy. Other emphasis areas to be addressed by this program area include CRWRC's on-going local organization capacity building of the three partner organizations and coordination of the health management information system for tracking beneficiaries reached by the AB activities. This program is funded through the New Partner Initiative.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17539

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17539	17539.08	U.S. Agency for International Development	Christian Reformed World Relief Committee	7792	7792.08	New Partners Initiative	\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1246.09	Mechanism: Uniformed Services Project
Prime Partner: Program for Appropriate Technology in Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 19420.20267.09	Planned Funds: \$957,860
Activity System ID: 20267	
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008	

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing and Condoms and other Prevention.

2. ACTIVITY DESCRIPTION

In 2008, the Uniformed Services program was supported thru the KEMRI Coag and managed to introduce the Men As Partners Program in the Uniformed Services Training colleges for new recruits. Each year, the combined services which comprise uniformed services i.e. Kenya Police, Kenya Wildlife Service, National Youth Service and the Administrative Police recruits. Due to the nature of their jobs and age, the uniformed services personnel are in high risk of acquiring STIs and HIV. Collectively, these services recruit over 20,000 young men and women aged 18-24 annually. Most of these young people are out-of- school youth. The spouses and children of Uniformed staff are equally at risk of acquiring HIV. The activity aims at identifying adolescent children of staff and the recruits at the entry point of their uniformed careers and targeting specific behaviours that are consistent with ensuring prevention of HIV. Efforts to build skills of young people and communication for their parents through the "Families Matter Initiative" will be strengthened in view of protecting young people from HIV acquisition. The program will also address pervasive gender stereotypes and male behaviors that are relevant to uniformed services personnel. Due to the wide distribution of Uniformed services installations, the program will train peer educators to promote abstinence and faithful programs. During the FY07/08 period, the Uniformed Services Chaplains were trained on Behavior Change Communication and Pastoral counseling including HIV counseling and Testing. This initiative will be supported to enable the chaplains reach many uniformed personnel, their spouses and children with behavior change communication and HIV education, counseling and information during their routine interaction with the uniformed Population. The major emphasis of the AB component of the program will contribute to the outcome of changed social norms to promote HIV prevention behaviors among the youth who constitute a part of the population highly vulnerable to HIV infection. This will ensure larger numbers are reached with HIV prevention efforts and adults become actively involved as supportive mentors for youth. A total of 95,786 individuals will be reached with messages that promote HIV prevention through Abstinence and/or Being Faithful, while 665 individuals will be trained.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB activities within the Uniformed Services Program will contribute to FY09 prevention targets for Kenya, especially among young recruits who are entering the Non-Military Uniformed Services. The activities will also focus on the youthful dependants within the non-military camps and young people living within their neighborhood of the camps in order to address the prevention needs of the whole non-military uniformed services.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the Counseling and testing activity by promoting VCT services as a way of promoting secondary abstinence. The activity also links to the Condoms and Other Prevention activities by offering comprehensive prevention messages for the non-military community.

5. POPULATIONS BEING TARGETED

This activity targets young adults and adolescents, both men and women in reproductive age. It will have a special focus on the non-military personnel who, due to the nature of their duties are vulnerable to HIV transmission. Particular emphasis will be placed on young non-military recruits and young dependants of uniformed staff residing inside the camps as well as young people living in the neighborhood of the camps.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Through the skill building in communication and behaviour change that occurs as part of the Families Matter Initiative, the activity will address pervasive gender stereotypes and male behaviors that are relevant to uniformed services personnel, including gender based violence, stigma and discrimination. The involvement of both male and female in AB activities will promote gender equity in HIV/AIDS programs to ensure women are not left out of these important prevention activities.

7. EMPHASIS AREAS

The major emphasis will be improving parental communication with their children and training of recruits and youth who live within the camps as peer educators to promote abstinence and Being faithful activities. Minor emphasis areas include workplace programs, information, education and communication and community youth participation/mobilization.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19420	19420.08	HHS/Centers for Disease Control & Prevention	Program for Appropriate Technology in Health	12000	12000.08	Uniformed Services Project	\$300,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 238.09	Mechanism: N/A
Prime Partner: Live With Hope Centre	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 4919.20242.09	Planned Funds: \$135,715
Activity System ID: 20242	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Prime Partner Henry Jackson Foundation Medical Research International (HJFMRI) has been competitively selected to implement this activity in the place of KEMRI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in education through supporting life skills training and HIV prevention education within the context of education settings. This will be done in conjunction with the Ministry of Education. It will involve training of peer educators among school going children, teachers and parents who will be equipped with communication and leadership skills to enhance their ability to reach their peers with HIV prevention messages. The cost allocated for this activity will be \$5,000.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- The introduction of two new interventions in the AB portfolio:
 - > Magnet Theatre which promotes community behavior change
 - > Family Matters! which focuses on the family unit as the nucleus to HIV prevention.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6979) and (#6968).

2. ACTIVITY DESCRIPTION

The Live with Hope Center (LWHC) is a faith-based organization that has been serving the HIV/AIDS needs of the urban areas of Kericho and its surrounding rural population since 2000. The LWHC has been offering comprehensive HIV services from prevention activities to support and care. LWHC works in a semi-urban setting in a congested living area of Kericho where informal data of age at first sex is estimated to be around 15 for boys and slightly younger for girls in the area. In FY 2006, LWHC exceeded their targets of reaching 20,000 individuals through their prevention programs that promote abstinence and/or being faithful. Through their close working relationship with the Ministry of Education, LWHC has been successful in reaching over 200 schools in the area with their abstinence/be faithful messages since 2004. They have also created sustainable programs in the schools through the establishment and maintenance of school-based health clubs that promote healthy living among the student population with a special focus on the primary schools which serve students under the age of 14. In FY 2009, the LWHC plans to continue working with the schools in Kericho by bringing the abstinence based curriculum of Creating Positive Relationships (CPR) to those students in Standards six through eight in 10 additional schools by training teachers and students in the program, therefore reaching 12,000 students with prevention messages. LWHC will also continue utilizing health clubs as an initial entry point into the local secondary schools to train peer educators in the Education for Life program that has been used in training older youth in life skills. The secondary school health club program will be extended to reach over 5,000 students in FY09. LWHC, in FY 2009, will also extend its AB initiative to the adult population in the larger community by offering Parent-Child Education programs that emphasize being faithful messages as well as reaching 4,000 parents to support their children in behavior change. In addition, LWHC will expand the Men as Partners program for the adult men in the community that focuses on building relationship skills that emphasize fidelity and family values. The Men as Partners Program together with Families Matter! Program will reach an additional 3,000 individuals. LWHC AB program in FY09 will reach a sum of 33,554 individuals through their different HIV prevention interventions. In FY 2009, LWHC will train 1,094 individuals in the promotion of HIV/AIDS prevention through abstinence and /or being faithful by focusing on training peer educators in life skills as well as training local community leaders in parenting skills that support children in life skills as well as identified teachers in the local teachers college in comprehensive HIV/AIDS prevention curriculum. The HIV-positive support group will continue to be the nucleus of the AB program by utilizing HIV-positive adults and their testimonies as the primary tool for mobilization of individuals into LWHC's AB program.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Together with the Ministry of Education, the LWHC has concentrated on primary and secondary schools in the Kericho district in creating AB programs as well as behavior change through the establishment of school-based health clubs. This initiative will contribute to the overall national AB program that is focusing on students in the Kenyan school system. The LWHC's AB program in FY 2009 will also continue its training efforts in the Kericho Teacher Training College which is in accordance with the national Emergency Plan agenda to train teachers in implementing an HIV/AIDS prevention-based curriculum in the milieu of the school environment.

4. LINKS TO OTHER ACTIVITIES

LWHC's AB program is linked with community mobilization and awareness campaigns that advertise Live with Hope's stand-alone counseling and testing site (#6979) as well as other KEMRI South Rift Valley VCT sites (#6968). By doing so, LWHC uses VCT as another viable option in behavior change. It is also linked with LWHC's OVC program (# 6973)

5. POPULATIONS BEING TARGETED

LWHC will target specific populations that will benefit from the AB program. This includes the children in primary schools as the main recipients of the program as well as adults in the community that will also be targeted this year with the same prevention messages. The adult initiative will bring the HIV education/prevention curriculum to community groups and religious organizations that exist in the area. In general, the AB program under the LWHC will also reach the general population of both adults and children/youth through their education program. LWHC AB program will also continue to reach university students in the teachers college in the AB program. As a community-based group which has as its primary support as the local church, LWHC works with both community and faith-based leaders in the implementation of the AB program.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The AB program under the LWHC will focus on Kenyan girls at the primary level in an attempt at early intervention to empower the young girl to make smart decisions related to sexuality and reproductive health.

Activity Narrative: The education program will use peer education and behavior change messages that challenge gender norms and behaviors to help protect youth from HIV infection. The LWHC HIV education program also provides opportunities for individuals in the support group and home-based care program to publicly discuss their HIV status and promote the reduction of stigma and discrimination that still inhibits many Kenyans from learning their status and seeking support.

7. EMPHASIS AREAS

The major emphasis area in FY 2009 is community mobilization and participation, encouraging optimal participation from the local community in the development and active participation in programs that emphasize abstinence and being faithful. Minor areas are training and workshops for teachers, youth, and community groups.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14915

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14915	4919.08	Department of Defense	Live With Hope Centre	6973	238.08		\$120,000
6981	4919.07	Department of Defense	Live With Hope Centre	4256	238.07		\$100,000
4919	4919.06	Department of Defense	Live With Hope Centre	3209	238.06		\$50,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$5,000

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3465.09

Mechanism: N/A

Prime Partner: National AIDS & STD Control Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 4226.20218.09

Planned Funds: \$163,716

Activity System ID: 20218

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#7009), Prevention of Mother-to-Child Transmission (#7006), Palliative Care: Basic Health Care and Support (#7005), Palliative Care: TB/HIV (#7001), Condoms and Other Prevention (#7008), HIV/AIDS Treatment: ARV Services (#7004) and Strategic Information (#7002).

2. ACTIVITY DESCRIPTION

The Kenya National AIDS and STI Control Program (NAS COP) will support, supervise and monitor abstinence and faithfulness programs targeting youth in Kenya. It will also take the lead in developing policies and guidelines as needed. NAS COP will continue to strengthen a coordination mechanism for youth HIV prevention in Kenya. It will continue to explore feasible avenues of strengthening HIV prevention programs such as the integration of alcohol prevention efforts with HIV prevention work. NAS COP will coordinate the development and distribution of print materials as needed in support of abstinence and faithfulness programs for youth as well as youth-friendly services. NAS COP will also partner with the Kenya Medical Training college (KMTC) to help develop in-service training guidelines to KMTC trainees on broad behavioral prevention issues for youth and the provision of youth-friendly services. This element will be in response to the need identified in 2005 by the Kenya Service Provision Assessment (KESPA) which pointed to huge gaps in the provision of youth friendly services. This training will help sensitize health workers on the need to offer appropriate information and counseling to young people to help them adopt healthy behavior and safer sexual practices. These will contribute to improved HIV preventive behaviors among young people, changed social and community norms to promote HIV preventive behaviors among youth and young adults as well as reduced HIV/AIDS stigma and discrimination. NAS COP will play a key role in ensuring that epidemiological data is captured, analyzed and presented for use in implementation of prevention programs. NAS COP was established within the Ministry of Health (MOH) to conduct surveillance, develop policies and coordinate activities in HIV/AIDS prevention, care and treatment. It will also provide essential linkages that will ensure young people have improved access to related HIV services including youth-friendly counseling and testing, palliative care, care and treatment among others. Since 2001, the USG has been a major supporter of operational activities of NAS COP through a cooperative agreement with CDC that has resulted in the development of VCT, PMCT, ARV, TB-HIV care, HIV testing in clinical settings and other policies; improved support supervision and field coordination with provincial, district and local facilities; and improved surveillance, monitoring and evaluation. This has resulted in increased capacity for the MOH that serves as a platform for the services necessary to reach Emergency Plan targets.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute towards the achievement of the Emergency Plan prevention targets in AB. It will promote the ability of implementing partners to reach their varied emergency plan targets for the year and will guide the implementation of targeted interventions for greater efficacy in behavior change. This activity also includes the training of 227 individuals in the promotion of HIV/AIDS prevention messages through abstinence and/or being faithful.

4. LINKS TO OTHER ACTIVITIES

This project will establish essential linkages with other NAS COP coordinated national programs including CT activity (#7009), PMCT activity (#7006), ARV services activity (#7004), Palliative Care: Basic Health Care and Support activity (#7005), TB/HIV (#7001), OP (#7008) and strategic information activity (#7002). NAS COP will build on its involvement with the faith-based and non-governmental sectors in Kenya and ensure that abstinence messages for youth are integrated with other services and that a supportive adult environment is cultivated.

5. POPULATIONS BEING TARGETED

The activities implemented by NAS COP in this area will target men and women as well as children and youth to be served through the guidelines. National AIDS Control staff and other MOH staff such as the Kenya Medical Training college staff as well as various cadres of public health care workers will be targeted.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is increasing gender equity in HIV/AIDS programs and reducing stigma and discrimination.

7. EMPHASIS AREAS

This activity includes major emphasis on quality assurance, quality improvement and supportive supervision. It will also result in the development of guidelines for health workers on working with youth. Information, Education and communication materials will be developed and distributed to service providers. Linkages and networks for youth programs to health care services will be established and guidelines on training will be developed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14931

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14931	4226.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$210,000
7007	4226.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$200,000
4226	4226.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$100,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3706.09	Mechanism: N/A
Prime Partner: Adventist Development & Relief Agency	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 5716.20346.09	Planned Funds: \$913,332
Activity System ID: 20346	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in education (\$730,665) and will provide training to the youth through training, capacity enhancement, curriculum based education and media outreach interventions, particularly through TOT outreach, workshops and review meetings at both community and regional levels.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- ADRA will stop airing radio programs in FY 2009 due to the challenges of clearly identifying the number of people reached and the high costs involved. Instead these funds will be used to strengthen peer education training in schools and in FBOs for youths aged 10-15.
- + Other changes are in project staffing as follows: Two Behavior Change Specialist Officers have been hired as replacements in 2008. Further the Project has hired 16 interns to support field supervision and monitoring activities. Two more interns will be hired in 2009.

1. LIST OF RELATED ACTIVITIES

ADRA works within the districts coordinated by the National AIDS Control Council (NACC).

2. ACTIVITY DESCRIPTION

In FY 2009, ADRA will continue to strengthen implementation through partnerships, community media, public meetings, and social events. The project will reach the youth through training, capacity enhancement, curriculum based education and media outreach interventions, particularly through TOT outreach, workshops and review meetings at both community and regional levels. This will help support scale up activities with FBO and CBO partners and create opportunities to review challenges and lessons learned in the implementation process. Anticipated achievements for FY09 include: refresher training on abstinence and be faithful (AB) to 1,404 Pathfinder leaders and youth leaders from FBOs using age-appropriate curriculum. As a result 20,000 Pathfinders and 30,000 youth from other FBOs will be reached with AB messages through peer-to-peer discussion sessions. Youth-serving networks will deliver messages about AB and social risks (i.e. drug abuse, gender based violence, multiple concurrent partnerships) to 16,000 out-of-school youth; 300 schools will be supplied with information, education and communication materials, mainly booklets on HIV and AIDS and life skills; 992 parents will be trained as second level TOTs on Parent-Child Communication so as to reach 7,682 youth with AB messages. Sixty-four review meetings for FBOs, CBOs and TOTs from partner organizations will be held to document program challenges and lessons learned which will be used to improve program implementation. a) Addressing HIV Epidemic Drivers: ADRA will include prevention strategies addressing the following epidemic drivers: multiple concurrent partnerships; gender and culturally accepted attitudes and beliefs that tend to increase the risk of HIV infection; and gender-based violence. To address the above epidemic drivers, UNFPA curriculum on Sexual Exploitation, Abuse and Gender Based Violence will be adopted and used for training the TOTs during refresher courses. So far six project staffs were trained by UNICEF and GTZ using the UNFPA curriculum as part of the response to the Post Election Violence in Kenya. The trained team will be resource persons in training the TOTs. In addition the epidemic drivers will be addressed during outreach exercises in schools through debates, and participatory community theater in the community to generate community discourse thus raising the community consciousness on the issues. b) Strengthening of ADRA's Peer Education in Primary Schools: ADRA will focus on strengthening Peer Education (PE) program in primary schools for the 10-14 age groups through curriculum based education. ADRA will concentrate the PE program in selected 80 primary schools (five per district). Further, ADRA will procure and distribute IEC materials on HIV and AIDS; and youth reproductive health materials to 300 project schools. d) Radio Programs: ADRA will stop airing radio programs in the second quarter of 2009. The airing of the continuing radio programs will go on as scheduled and will end in December 2008. No more radio programs will be developed or aired. Instead ADRA will be put more funds in strengthening the peer education programs in schools and FBO partners; and printing of training manuals and Information Education and Communication (IEC) materials.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB programs will contribute to two areas, namely increased quality of knowledge of HIV transmission and prevention; increase in the number of outreach programs on AB conducted by FBOs and CBOs for the youth.

4. LINKS TO OTHER ACTIVITIES

ADRA works within the districts coordinated by the National AIDS Control Council (NACC). The project also collaborates and works under the policy guidelines of four relevant Government Ministries: Ministry of Education (MOE), Ministry of Health (MOH), Ministry of Gender, Sports and Social Services (MGSSS) and the newly established Ministry of Youth Affairs (MOY). ADRA ABY project activities relate to capacity enhancement of partner FBOs and CBOs to address abstinence and develop programs to involve youth in the context of empowerment and poverty reduction. The project has prepared an inventory of major social events in the communities where Trainers of Trainers (TOTs) and theater groups are facilitated to disseminate AB messages.

5. POPULATIONS BEING TARGETED

The project targets young people aged 10 to 24 years as primary targets. Adults are also targeted as a secondary target.

6. KEY LEGISLATIVE ISSUES ADDRESSED

ADRA trains and supports volunteer PLWHA from partner FBOs in conducting community outreach as change agents.

7. EMPHASIS AREAS

The main activities include training, community outreach, media (mass and folk media) activities,

Activity Narrative: procurement and distribution of IEC materials on AB, adolescent reproductive health messages to schools, FBOs and CBOs. Youth are trained on abstinence, life skills, and HIV and AIDS. Adults are trained on parent-child communication; and community and religious leaders are trained on public presentation skills, while CBOs are trained on participatory theatre.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14721

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14721	5716.08	U.S. Agency for International Development	Adventist Development & Relief Agency	6921	3706.08		\$977,256
6833	5716.07	U.S. Agency for International Development	Adventist Development & Relief Agency	4199	3706.07		\$957,503
5716	5716.06	U.S. Agency for International Development	Adventist Development & Relief Agency	3706	3706.06		\$0

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$730,665

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7441.09	Mechanism: Umbrella
Prime Partner: Catholic Relief Services	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 19419.20296.09	Planned Funds: \$500,000
Activity System ID: 20296	

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

The Catholic Relief Services (CRS) is a Consortium umbrella mechanism that will build capacity of and provide technical assistance to smaller local indigenous organizations. These organizations will represent a mix of CBOs, FBOs, and other organizations and will enable depth and breadth in reaching Kenyans in community and clinical settings. It will also ensure sustainability as technical and organizational capacity of these indigenous groups is expanded. The CRS will implement a comprehensive range of prevention activities implemented throughout Kenya, with particular emphasis on emerging prevention needs such as a focus on geographic areas identified as most in need based on recent prevalence data as well as an emphasis on most-at-risk populations shown to be driving the epidemic. Vulnerable populations include discordant couples; adult populations, particularly widows/widowers; and rural populations. CRS will reach these populations with targeted interventions based on standardized comprehensive packages of services designed for each of the target populations. MARPS-focused activities will specifically tackle gender issues by addressing gender norms and attitudes that result in lack of access to services, gender-based violence (GBV), etc. Additionally, specific AB messages will target adults (both men and women) to reduce multiple concurrent partners. Strategic geographic areas identified as target areas based on highest prevalence in Kenya include Nyanza, Nairobi, and Coast; while prevention activities will be implemented throughout Kenya, the areas listed above will receive particular emphasis. CRS will also provide leadership in Prevention with Positives (PwP) activities, which have been identified as a critically important prevention intervention for Kenya. CRS will integrate PwP activities across program areas. It will strive to augment meaningful involvement of people living with HIV/AIDS (MIPA) by, for example, promoting PLWHA as advocates of and leaders in prevention. CRS will also support activities which target discordant couples with standardized prevention interventions uniquely tailored to this specifically vulnerable group. CRS may also continue work that CHF began in FY08 in which they play a role in catalyzing an ongoing national process to develop and implement a PwP Toolkit (including training and implementation materials, operational guidelines, and M&E tools to inform the roll-out of PwP interventions across clinical and community settings). This role may include the active and supportive participation in the national PwP TWG, as well as in the roll-out of national PwP training, implementation and monitoring process. CRS will also target in- and out-of-school youth with comprehensive prevention messages; moreover, CRS will accelerate prevention initiatives by specifically targeting vulnerable, hard-to-reach and high risk youth.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In line the USG Sexual Transmission Prevention (STP) team's identified priorities; CRS will implement comprehensive, highly active prevention activities in an evidence-based approach of targeting those populations shown to be most at risk and drivers of the epidemic. Prevention activities targeting MARPS such as discordant couples and widows will be rolled out throughout Kenya, with particular focus on geographic areas of highest need, in both clinical and community settings. These activities will be implemented through the initiatives of a range of indigenous sub-partners that CRS sub-grantee and will result in 231 individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful interventions and 50,000 people reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful messages. CRS's primary mandate is to build the technical and organizational capacity of local Kenyan organizations. Therefore, CRS contributes significantly toward PEPFAR's 5-Year Strategy of ensuring sustainability and striving toward increasing Kenyan leadership in the fight against HIV/AIDS.

3. LINKS TO OTHER ACTIVITIES

These activities will link to other sub-partners supported through CRS in other program areas to ensure that all partners are integrating prevention into programmed activities across each program area. Strong linkages to counseling & testing will be established so that prevention interventions are based on knowledge of status and that of one's partner. PwP messages will be infused across all clinical and community settings where PLWHA are provided with treatment, care and support. Linkages with OVC programs will also be established to ensure that this group of vulnerable children is provided with comprehensive prevention messages.

4. POPULATIONS BEING TARGETED

Highly active prevention interventions will target vulnerable and most-at-risk populations, especially in geographic areas of highest need. Targeted populations will include MARPS (including discordant couples, widows, and fishermen), PLWHA, and in- and out-of-school youth. Community-level activities will reach these groups with targeted prevention interventions. PLWHA will be reached through a range of clinical and community PwP interventions; MIPA will be encouraged at all levels.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will address human capacity development through training lay and community health workers to provide prevention services in their communities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19419

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19419	19419.08	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	12006	12006.08	Umbrella	\$567,750

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4919.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9074.20184.09

Activity System ID: 20184

Mechanism: APHIA II - North Eastern

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$1,000,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

The only changes to the program since approval in the 2007 COP are:

- + Prime partner Pathfinder International has been competitively selected to implement the activity;
- + The target population has been revised to include teachers who, in collaboration with the Ministry of Education and other stakeholders, at approximately \$30,000 plus funding from OP and OHPS totaling \$150,000, 750 teachers will be sensitized about HIV/AIDS prevention and the AIDS policy for the education sector;
- + The KARHP methodology will be rolled out in collaboration with the Ministry of Education, Ministry of Health and Ministry of Gender, Sports, Culture and Social Services;
- + Peer education activities will be rolled out with the Kenya Girl Guides Association;
- + HVAB funds totaling \$23,000 will contribute to the sensitization of teachers as a worksite population linking with additional HVOP and OHSS funds for a \$150,000 activity to reach 750 teachers and train 20.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Other Prevention Counseling and Testing (#8778), Palliative Care: TB/HIV (#9066), and Prevention of Mother-to-Child Transmission (#7087).

2. ACTIVITY DESCRIPTION

Kenya's North Eastern Province (NEP) is fortunate to have much lower HIV prevalence rates than other provinces in the country. The KAIS shows rates varying from 0-2% across the province. The primary focus of APHIA II NEP will be to maintain low prevalence rates through reinforcing the attitudes of local religious and societal leaders around abstinence and being faithful and using them as culturally acceptable means for influencing the local population. However, PMTCT data from UNICEF's work in the region shows areas of rapid expansion of the epidemic mainly around Garissa (5%) and other urban centers which are acting as catalysts in fueling the spread of the HIV epidemic. Urban areas within NEP generally feature significant populations of civil servants, uniformed services personnel and commercial traders, most of whom are from other regions of the country and are living in isolated areas unaccompanied by their spouses or families. Despite the general perception of NEP as an Islamic province with conservative social morals, these urban centers feature "hot spots" for commercial sex and opportunities for the AIDS virus to enter the mainstream population through sex with widows and polygamous unions. In FY 2009, APHIA II NEP will target youth and adults with AB messages that are appropriately segmented to different target groups and are culturally sensitive. Islamic leaders in NEP are in full support of promoting abstinence and being faithful and will be important channels for communicating these messages, as well as addressing issues around stigma and VCT. Emphasis will be on delayed sexual debut, and secondary abstinence will be encouraged for those youth who are already sexually active. Two local radio stations which broadcast in the Somali vernacular and have wide audiences within NEP will be utilized for broadcasting public service announcements and dramas. Existing outreach programs reaching more isolated populations offer an excellent opportunity for building in culturally appropriate behavior change communication on abstinence and being faithful. APHIA II NEP anticipates utilizing PLWHAs from the province as spokespersons for raising awareness and decreasing stigma. It is expected that 200,000 individuals will be reached by 1,389 trainers with culturally appropriate messages that promote abstinence and/or being faithful. In conjunction with the OP and OHPS activities, 750 teachers will be targeted as a worksite population who will be sensitized to the AIDS policy for the education sector and receive instruction on HIV/AIDS prevention.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan Prevention/AB targets for Kenya. Integrating prevention into all community outreach for treatment and care, with special emphasis on men and youth, will significantly contribute to PEPFAR goals for primary prevention. Prevention messages will also be given to those who are HIV+ in CT and ART sites.

4. LINKS TO OTHER ACTIVITIES

Support to AB will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. This activity relates to activities in Counseling and Testing (#8778), TB/HIV (#9066), and PMTCT (#7087).

5. POPULATIONS BEING TARGETED

This activity targets both in- and out-of-school youth for abstinence and both adults and youth for being faithful. Special emphasis will be placed on reaching men through outreach by PLWA and involvement of community and religious leaders, by couples' counseling in PMTCT and through worksite interventions. Counterparts from NGOs, CBOs, FBOs and schools will be targeted for training to implement prevention programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address culturally sensitive issues surrounding gender, including male norms and behaviors. They will also address stigma and discrimination which are quite high in marginalized areas such as this one where AIDS information is limited.

7. EMPHASIS AREAS

This activity includes a major emphasis on capacity building of implementing partners, community resource persons (CORPS) and other community level implementing partners. Community involvement in the design and implementation of activities will play an integral part in ensuring the success of this result area. They will train the target groups in IEC and develop networks and referral systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14698

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14698	9074.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$1,000,000
9074	9074.07	U.S. Agency for International Development	To Be Determined	4919	4919.07	APHIA II - North Eastern	██████████

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4917.09	Mechanism: APHIA II - Central
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 8731.20172.09	Planned Funds: \$1,376,685
Activity System ID: 20172	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Specific AB messages will target both adult men and women with the aim to reduce multiple concurrent partners
- + This activity will incorporate \$200,000 for HIV Free Generation activities targeting youth

COP 2008

The only changes to the program since approval in the 2007 COP:

- \$200,000 of this activity supports the Youth Prevention Initiative programmed with funds from the \$7 million FY 08 plus up;
- Peer education activities will be rolled out with the Kenya Girl Guides Association;
- The target population has been expanded to include teachers at the worksite: \$45,000 in AB funds will go toward this activity complemented by allocations in OP and OHPS totaling \$300,000 to reach 1,200 teachers and train 40 more;
- In response to the Ministry of Education's request the KARHP methodology will be continued at the level of approximately \$225,000 targeting teachers and in-school youth;
- \$150,000 will expand support in HIV prevention and supportive services to victims of gender-based violence in Nairobi and Central province through the Nairobi Womens Hospital and other facilities.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8976), Palliative Care: TB/HIV (#9072), and Prevention of Mother-to-Child Transmission (#8729).

2. ACTIVITY DESCRIPTION

\$200,000 of this activity supports the HIV Free Generation activities. In FY 2009, Pathfinder and its prevention partners, including PSI, will target 275,337 youth and adults with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful. Peer education, informal and formal worksite interventions, community outreach by PLWA, mobile VCT and life skills education for youth will all serve as a means through which messages will be conveyed. An in-school program for 10 to 15 year olds will emphasize creation of support systems for students to focus on long-term goals, self-esteem and life skills. Emphasis will be on delayed sexual debut, and secondary abstinence will be encouraged for those youth who are already sexually active. APHIA II community-level partner capacity for undertaking prevention and behavior change activities will also be strengthened, so that messages can be conveyed widely through implementing partners undertaking home and community support activities as well. It is expected that 1,912 persons will be trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful. Additional project partners to be trained in Other Behavior Change will also contribute to AB message dissemination. There will be a component of Prevention with Positives whereby the Project will work through PLWHA Support Groups linked to the Comprehensive Care Centers in Central province. This activity will provide support to patient support groups and post-test clubs in VCT Centers to ensure abstinence by HIV-infected persons. This will empower 5 people in each of the 15 patient support groups to become peer and advocacy leaders in prevention at the community level and will reach 30,000 PLWAs. APHIA II Central will expand their work with the Kenya Girl Guides Association. \$100,000 will expand support in HIV prevention and supportive services to victims of gender-based violence in Central province through the Nairobi Women's Hospital and other facilities. This activity will reach 20,000 youth. \$100,000 will be used to reach high risk out-of-school youth including street children with AB messages. This activity will reach 70,000 youth.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall Emergency Plan AB Prevention targets for Kenya. Integrating prevention into all community outreach for treatment and care, with special emphasis on men and youth, will significantly contribute to PEPFAR goals for primary prevention and the Kenya Five-Year strategy for HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

Support to AB Prevention will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. This activity relates to activities in Counseling and Testing (#8976), Palliative Care: TB/HIV (#9072), and PMTCT (#8729) through referrals and networking.

5. POPULATIONS BEING TARGETED

The activity targets youth with messages about abstinence and both adults and youth with messages advocating faithfulness to one partner. Special emphasis will be placed on reaching men through outreach by PLWAs and involvement of community leaders, by couples counseling in PMTCT and through worksite interventions. Implementing partner counterparts from NGOs, CBOs, FBOs and schools will be targeted for training to implement prevention programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will be consistent with national strategies for HIV prevention promoting abstinence, delay of sexual debut including secondary abstinence, fidelity, partner reduction and related community and social norms.

7. EMPHASIS AREAS

There will be a major emphasis on capacity building of implementing partners, community-owned resource persons and other community level implementing partners. Community involvement in the design and implementation of activities will play an integral part in ensuring the success of these interventions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14958	8731.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$1,150,000
8731	8731.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$850,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 448.09

Mechanism: N/A

Prime Partner: Population Council

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 4218.20166.09

Planned Funds: \$584,237

Activity System ID: 20166

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Project will expand its scope to include targeted interventions addressing cross-generational sex, multiple concurrent partnerships, gender-based violence and Prevention with Positives.
- +This project will incorporate HIV-free generation youth activities in Nairobi, Central and Eastern province sites. \$56,000 is attributed to this activity.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- The target population has been revised (or expanded) to include out-of-school girls in urban areas, including domestic workers and married adolescents;
- Other changes include: mobilization of girls-only groups through additional female FOYs, focusing on out-of-school girls in urban areas, including domestic workers and married adolescents.
- \$56,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Condoms and Other Prevention Activities (#7027) and Counseling and Testing (#8753).

2. ACTIVITY DESCRIPTION

Population Council's (PC) 'Friends of Youth' (FOY) Project, working in partnership with the Family Health Options Kenya (FHOK) will reach 116,847 youth with abstinence and faithfulness messages through training fifty new adult mentors and providing update trainings to all 300 Friends of Youth (FOYs), some of whom will receive update training in counseling and testing. It builds on tested interventions that are consistent with local cultures of adult-youth mentoring by enlisting the involvement of trusted adults and older youth in the community to act as friends of youth. These FOYs will help to positively influencing safer sexual behavior and changing community and social norms. The intervention employs a behavior change model whose effectiveness has demonstrated effectiveness in delaying sexual initiation, increasing secondary abstinence and reducing the number of sex partners among adolescents. The program links youth with a trained adult mentor at village level. The program will work with 300 FOYs who will use an informal curriculum-based approach using the 'Life Skills Plus' curriculum. Each of the 300 FOYs will reach at least twenty new youths each month to encourage abstinence and behavior change activities. Additionally, the FOY project will train 100 youth in participatory theatre to enhance their involvement in community HIV education activities. The project will expand its activities to the Embu municipality, which bears close proximity to Nyeri and shares similar cultural practices. These activities will contribute to our results of HIV preventive behaviors among youth improved, changed social and community norms to promote HIV preventive behaviors in youth, and models for effective youth interventions tested. Significant changes from FY 2006 to FY 2007 include scaling up to a new project site, Embu municipality as well as integration of alcohol and substance abuse education and related services. This expansion will also enable the FOY project to undertake baseline studies for a subsequent targeted evaluation. Data management will be strengthened through establishing more effective linkages with other service delivery partners. An important addition to the project will be establishing linkages for adolescent care and treatment in both private and public health care facilities. PC has done extensive work on effective youth interventions and this project will scale up a successful youth-adult behavior change model in selected urban areas in Kenya. Population Council will study the results of this project so that lessons can be learned about this approach to youth HIV prevention. To help improve health services for young people, young people will be served through selected private service providers through a coupon system in which referrals will be made particularly through the youth center for free health services. This activity also includes support to the Family Health Options Kenya who implements activities integral to the program for \$80,000.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the 2009 project period, a total of 116,847 individuals will be reached with an intensive curriculum-based life skills training program through 300 FOYS/adult mentors trained. Community outreach programs that promote abstinence and/or being faithful through five project sites namely Nyeri, Nyahururu, Thika, Embu and Huruma slums in Nairobi will contribute to the Emergency Plan prevention targets.

4. LINKS TO OTHER ACTIVITIES

This activity relates to PC (FOY) other program areas, FOY AB activities will contribute to achievement of targets in OP activity (#7027), CT activity (#8753). PC-FOY will continue strengthening the referral system that encourages youth to adopt good health-seeking behavior by eliminating treatment cost barriers.

5. POPULATIONS BEING TARGETED

This activity will target young men and women of reproductive age who are mainly the FOYs as well as youth including primary and secondary school students. It will continue to identify community leaders who will be instrumental in the recruitment of friends of youth. Religious leaders and program managers will be actively involved in this activity and the trusted adults selected will serve in a volunteer capacity and continue to receive only a minimal honorarium and occasional incentives such as training. This activity will continue to intensively involve teachers through its' in-school programs. The project will extend its coverage to rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender issues by increasing gender equity in its HIV/AIDS programs and will continue to address male norms and behaviors, particularly ensuring that there is a greater involvement of male youth in abstinence campaigns in its Life Skills training. It will work largely with volunteers.

7. EMPHASIS AREAS

Major emphasis will be on community mobilization. Minor emphasis will be on information, education and communication. Through its partnership with FHOK, quality assurance and supportive supervision will be offered alongside training. Human resources is a minor emphasis as the project has a thin staff structure and relies heavily on the volunteer friends of youth to drive its implementation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14975

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14975	4218.08	HHS/Centers for Disease Control & Prevention	Population Council	6992	448.08		\$557,000
7026	4218.07	HHS/Centers for Disease Control & Prevention	Population Council	4275	448.07		\$250,000
4218	4218.06	HHS/Centers for Disease Control & Prevention	Population Council	3249	448.06		\$150,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3826.09

Mechanism: N/A

Prime Partner: Salesian Mission

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5762.20067.09

Planned Funds: \$133,300

Activity System ID: 20067

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support life skills training and HIV prevention education through a curriculum emphasizing life skills and HIV prevention in schools and Salesian centers.

COP 2008

• In order to complement the rest of the USAID Kenya HIV and AIDS program, Salesian Missions will collaborate closely with the APHIA II partners in the provinces in which they are working, i.e. Central, Nairobi, Eastern and North Eastern. This will strengthen the country program and help to avoid duplication of services to the same populations in the same geographic areas but instead fill in any gaps. This activity is continuing in FY08 without new funding.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in the Abstinence and Be Faithful program areas.

2. ACTIVITY DESCRIPTION

In FY 2009, the "Life Choices Program" will provide AB messages to 10,000 individuals. Out of the 10,000 youth reached, 4,000 will be reached with abstinence only messages. The target population is youth 10 to 19 years of age at over 13 Salesian sites in Central, Nairobi, Eastern, and North Eastern provinces. The majority of Salesian Missions' (SM) work will be in the urban environments such as Embu, Kakuma, Korri, Makuyu, Nairobi (Boys Town, Kibera, Mlolongo, Upper Hill, and Utume) where HIV/AIDS prevalence in Kenya is 7.4% nationwide. The trainers will reach directly close to 10,000 youth in-school and out-of-school via the Life Choices Curriculum. Approximately 180 peer educators will be trained and are expected to reach 1,000 youth. Three trainers will target OVC in the Salesian centers and satellites. The involvement of parents, teachers, will support and reinforce the behavior change messages advocated by the trainers and peer educators. 1,500 parents will be reached by the trainers. BCC messages will provide additional reinforcement and reach approximately 5,000 youth.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Salesian Missions is supporting the USG's objective of promoting HIV prevention efforts in Kenya through peer education, outreach for in- and out-of-school youth including street children and OVC in Salesian centers. The main objective is to provide youth with knowledge and skills to enable them to develop a lifestyle of abstinence and faithfulness.

4. LINKS TO OTHER ACTIVITIES

Salesian Missions will contribute substantially to Kenya's 5-Year Strategy by encouraging youth to be tested for HIV if they have been exposed to the virus or STIs. The health-seeking behavior message will be delivered to every youth 15 years of age or older. Strong links will be established to the local VCT centers and all peer educators will be encouraged to go through VCT. The health-seeking behavior message will increase the utilization of the local VCT centers by youth and will reduce the stigma associated with VCT centers.

5. POPULATIONS BEING TARGETED

The AB activities target youth (10 to 19 years of age), especially girls and young women since they are at greater risk than the boys and young men. The Salesians work very closely with OVC and street children, which are high-risk populations. For FY 2008, approximately 370 OVC youth will be reached with AB and health-seeking behavior messages.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues will be addressed during the training. The educational and advocacy messages of the program include gender equality, trans-generational sex, male norms, stigma and discrimination and reducing sexual violence and coercion. These messages will be reinforced by the BCC campaign.

7. EMPHASIS AREAS

The Salesian Missions activities place an emphasis on information, education and communication with minor emphases on training, community mobilization / participation, development of linkages, quality assurance, strategic information, education and communication.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15002

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15002	5762.08	U.S. Agency for International Development	Salesian Mission	7001	3826.08		\$0
7033	5762.07	U.S. Agency for International Development	Salesian Mission	4281	3826.07		\$56,599
5762	5762.06	U.S. Agency for International Development	Salesian Mission	3826	3826.06		\$621,140

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3707.09	Mechanism: N/A
Prime Partner: Samaritan's Purse	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 5440.20068.09	Planned Funds: \$960,983
Activity System ID: 20068	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + During FY 2009 Samaritan's Purse (SP) will implement activity modifications in response to priority areas highlighted by ongoing LQAS survey results on key knowledge attitudes and practices indicators.
- + In response to MEASURE Evaluations and USAID's process evaluation of the program, SP will introduce a new faithfulness focused curriculum titled "One Love" that goes beyond the faithfulness overview that exists in the current program curricula.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports education activities (\$768,786) that focus on helping youth make healthy choices that prevent new HIV infections through practicing abstinence, secondary abstinence and faithfulness.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic Coverage: The Meru North district which is the Samaritan's Purse MET program geographic coverage has been sub-divided into two districts (Igembe and Tigania) but this does not change the operations of the MET program;
- During 2007, Samaritans Purse and APHIA II Eastern will analyze the similarities and differences between the MET and the nationally rolled-out KARHP program, both targeting in-school youth and adults, and make any program revisions necessary to provide comprehensive prevention programming.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Voluntary Counseling and Testing and care programs at faith-based and government hospitals including Maua Methodist Hospital, Tigania Catholic Mission Hospital, and Nyambene District Hospital. Additionally this activity relates to VCT activities through the use of Magnetic theatre in behavior change communication by USAID's implementing partner (APHIA II Eastern) in Eastern province.

2. ACTIVITY DESCRIPTION

Samaritan's Purse implements an ongoing abstinence and behavior change program for youth called MET (Mobilizing, Equipping, and Training) that focuses on helping youth make healthy choices that prevent new HIV infections through practicing abstinence, secondary abstinence, and faithfulness. In FY09, the SP-K program will focus on increasing primary abstinence among unmarried youth especially in Tigania and Ntonyiri supervisory areas and comprehensive HIV/AIDS knowledge among unmarried youth especially in Igembe and Tigania supervisory areas. From the latest follow-up survey conducted in February 2008, these areas have been identified as deficient. To address these concerns with abstinence and faithfulness focused programming, the SP-K team intends to continue the standard MET cycle of activities, but to modify them and intensify certain program activities. Specifically, to increase comprehensive HIV/AIDS knowledge SP-K will: strengthen youth outreach sessions through the presence and participation of program staff, b) conduct retraining sessions for Youth Educators who score less than 80 percent in post course evaluation during Initial 5-Day Workshops, and c) working with Community Based Volunteer Teams (CBVT) to conduct six open outreach days characterized by soccer & volleyball tournaments and community theatre especially in Igembe and Tigania supervisory areas. To increase primary abstinence among unmarried youth, SP-K will a) conduct 18 community meetings for parents, church and community leaders on Child Sexual Abuse & Exploitation, Female Genital Mutilation, and children's rights in order to create an environment that enables adoption of abstinence as a healthy behavior b) include discussions on abstinence during alternative rites of passage, Parents' meetings in schools and meetings convened by government administrators, and c) work with CBVTs to conduct open air outreaches in market centers in Ntonyiri and Tigania supervisory areas addressing drug & substance abuse and misconceptions on abstinence. Additionally in response to MEASURE Evaluation's and USAID's recommendations, SP-K will introduce a new faithfulness focused curriculum titled "One Love" that goes beyond the faithfulness overview that exists in the current program curricula - "There is Hope" and "It takes Courage"- and addresses skills such as improving communication among couples, addressing sexual responsibility, building life skills such as negotiation in difficult situations, and understanding sexuality. Standard program activities will continue involving youth in visiting PLWHA homes to interact with families and change their perception of them. To increase the uptake of VCT services among individuals SP will continue to collaborate with already existing VCT centers, health centers and APHIA II Eastern to avail mobile VCT services in communities where SP conducts workshops. Additionally, SP will conduct VCT open days where community members will be enlightened on the importance of VCT in HIV prevention and offered an opportunity for testing. SP will train 1,602 individuals to provide HIV/AIDS prevention programs that focus on AB. Those trained will reach 54,000 individuals with community outreach HIV/AIDS prevention programs that promote AB. These sessions will take place in 39 communities in the Tigania, Ntonyiri, and Igembe supervisory areas within Igembe and Tigania Districts. In addition to ongoing program monitoring, follow-up surveys in February and August of 2009 will provide management with data on the program's outcome on knowledge, attitudes, and practices of young people in the target area.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The MET program targets include 54,000 individuals reached through community outreach programs that promote abstinence and/or being faithful, and these targets correspond with the Kenya Five-Year Strategy goals. Those unmarried youth and their peers reached will receive specific messages to choose abstinence as a life-saving option, and faithfulness will be emphasized for married youth. More narrowly, a significant percentage of those reached will promote a message of new behavioral norms and legal protections responsive to the special vulnerability of girls. Another contribution to the Kenya Strategy goals is that a significant portion of the targets will have messages about the heightened risk of orphans and other vulnerable children. This activity also focuses on youth as a priority population by promoting youth campaigns aimed at encouraging a change in sexual behavior, discouraging drug and substance abuse, focusing on negative peer influence as a way to prevent new HIV/AIDS infections in the community and developing links between BCC programs and care services for PLWHA.

4. LINKS TO OTHER ACTIVITIES

The MET Program creates linkages between the grassroots implementers and other services. To underscore the emphasis on abstinence and being faithful, linkages to services for STI treatment and VCT are necessary. SP will refer youth in need of these services to Maua Methodist Hospital (MMH), the

Activity Narrative: Nyambene District Hospital (NDH), Kangeta Youth Friendly Center and the Ministry of Health (MoH) supported VCT center in Maua town. SP will network with APHIA II Eastern in providing VCT services to individuals who turn up during VCT open days. Youth and youth leaders will participate in the care of PLWHA, and make referrals to the PEPFAR-funded ART and palliative care programs at MMH and NDH. Linkages between SP's Community Based Volunteer Teams (CBVTs) and APHIA II will help equip CBVTs with drama skills to pass AB messages through the magnetic theater training.

5. POPULATIONS BEING TARGETED

The MET program targets primarily youth, including girls, boys, primary and secondary school students. Additionally, program activities target adult men and women, HIV/AIDS-affected families, out-of-school youth, community leaders, religious leaders, and volunteers. Groups and organizations targeted include community-based organizations, faith-based organizations and rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The program addresses gender equity in programming through behavior change messages, mentoring of vulnerable girls and young women and respectfully challenging male norms and behaviors through community conversation on sexual abuse and exploitation of children and youth. Training community mentors and increasing dialogue with community and government leaders aims at reducing violence and coercion. Open dialogue about HIV/AIDS helps break the stigma and identify the cultural norms contributing to abuse of children.

7. EMPHASIS AREAS

This activity includes major emphasis on information, education, and communication. Minor emphasis areas are community mobilization/participation, training, and linkages with other sectors and initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15003

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15003	5440.08	U.S. Agency for International Development	Samaritan's Purse	7002	3707.08		\$669,587
7034	5440.07	U.S. Agency for International Development	Samaritan's Purse	4282	3707.07		\$634,128
5440	5440.06	U.S. Agency for International Development	Samaritan's Purse	3707	3707.06		\$0

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$768,786

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3734.09

Prime Partner: Program for Appropriate
Technology in Health

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 5443.20090.09

Activity System ID: 20090

Mechanism: Scouting Solutions

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$737,054

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity support key cross cutting activities in life skills training and HIV prevention for the young people through promoting abstinence, avoidance of unhealthy sexual behaviors, and gender equality among scouts in Kenya.

COP 2008

1. LIST OF RELATED ACTIVITIES

The project is delivering information and building skills that encourage abstinence and being faithful components of the comprehensive A, B and C approach to HIV prevention.

2. ACTIVITY DESCRIPTION

During this final year of the Sfs project, PATH will identify lessons learnt as well as challenges for reaching even more young people. This project will focus on issues of cross-generational and transactional sex between young people and adults as well as behavior change for HIV prevention. The scouting principle of respect for self and others is the basis for young people to help protect themselves and others from HIV infection. To provide information and skills to the scouts, Activity Packs 5-8 which have already been developed and pretested, will be finalized and distributed to schools during training of scout leaders. Activity Packs 5 and 6 address issues of ASRH, healthy relationships, cross generational and transactional sex, gender-based violence including sexual abuse and its implications. Packs 7 and 8 focus on abstinence, negotiation for safe sex and life skills. Three new editions of the Scouts Voice newsletter will be produced (two regular editions (120,000) plus a camporee edition (1,500) during the national competitions). Themes for the newsletters will be developed by the scouts during creative/editorial workshops. However, one edition will be dedicated to discussing male circumcision which is increasingly being seen as a way to reduce HIV infection among men. In Year 5, rover scouts will visit schools to assist the scouts to use Little Magnet Theatre (LMT), a theatrical approach to share critical HIV prevention information and messages on promotion of gender in scouting to the school and outside communities including their parents. The scout leaders have already been trained to develop stories and generate discussions on topical issues such as abstinence, faithfulness and partner reduction and condom use for those who are sexually active. Scouts who participate in 3 LMT performances will be given a badge while certificates will be awarded to the troops with exemplary performances. The project will continue to award the Red Ribbon HIV and AIDS badge. Those scouts who complete activity packs 1-4 will be awarded the Red Ribbon badges with the stars in Year 5. Completion of activity packs 5-8 will see a scout earn all the three stars. The Merit and proficiency badges to promote gender equity which were to be produced in Year 4 will be produced this year. These will feature cookery, housekeeping, baby care and handiwork. The objective of these badges is to expose boys and girls to activities that are traditionally reserved for the other gender. In Year 4, 22 scouts were trained on Shootback and given cameras to go and take photos. These scouts will start a pilot program on amateur photography that includes provision of films and notebooks to record interesting activities for scouts and communities. The films will be sent back to Kenya Scouts offices at Rowallan for development and the best photos will be used for making a scouts calendar for Year 2009. The photos are also used to trigger discussions on HIV prevention, gender issues and care for environment among other scouting activities. Through Shootback, the scouts will record and share their stories on HIV prevention and also take the skills they learned through the newsletter editorial to another level. The best photos will earn a photography badge. In 2009, Sfs will continue to strengthen the capacity of USA to provide HIV prevention information to the scouts through the following activities: A refresher training will be held for 3,000 scout leaders to update them on the Activity Packs 5-8. This will be done with support from the national trainers who were trained in Year 4. These scout leaders will be expected to reach 96,000 scouts. Even with free primary and secondary education, there are still young people out of school and this leaves them out of the mainstream HIV prevention messages. In Year 5, 300 Rover Scouts will be given orientation on how to reach the out-of-school youth who constitute one of the most vulnerable youth due to the ever-increasing number of AIDS orphans. They will be expected to recruit a total of 4,800 scouts (each rover recruit 2 patrols of 8 scouts each). These out-of-school scouts will be provided with skills and information for HIV prevention. Each trained rover will recruit and manage at least two patrols – one of boys and the other for girls. A module for HIV prevention and other topics such as drug and substance abuse will be developed for use by rover scouts to assist them in working with out-of-school youth. The project will deliberately target informal schools in disadvantaged areas such as informal settlements in Nairobi. The teachers from these schools will be trained on counseling, HIV prevention and the negative impact of teenage pregnancy. Advocacy activities will include working with parents and guardians and provision of orientation workshops for head teachers and education officers to be more supportive of project activities and also support policies that allow teenage mothers to go back to school. The Parliamentary Scouts Committee will also be used as advocates to facilitate Sfs in achieving its objectives. Sexual violence and abuse against women and girls have been shown to be a major driver of the epidemic so the project will continue to promote of gender in scouting as a way of making men and boys more gender sensitive and also recruit more female scout leaders and girl scouts. The policy on prevention of Sexual Harassment and Abuse among scouts will be disseminated together with the gender advocacy toolkit to all stakeholders to support protection of the girl-child. Sharing of information and lessons learnt with other ABY partners will be done by sharing meetings which will be held bi-annually. Project Leadership Group comprising of PATH country Director, Sfs project director, National Executive Commissioners of KSA and USA and the Chief Commissioners of Kenya and Uganda will meet twice in the year to ensure adherence to project goals and objectives.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In the fourth year of the project, Sfs will continue to put emphasis on providing information and building life skills for scouts to enable them avoid HIV infection. As scouts move towards adolescence, they will be faced with choices one whether to get involved in relationships that might expose them to pressure to be sexually active. Equipping them with information and skill will help them to make right choices including whether to use condom or not. Gender issues especially gender based violence are gaining significance in HIV infection debate. It is important that scouts are grounded in scouts principles of respect for self and others. By working with parents and policy makers, the project will ensure that both boys and girls are in an environment that supports them to make the right choices without undue pressure.

Activity Narrative: By building the capacity of Scout Associations' to implement and institutionalize HIV prevention in their day-to-day activities, the project is laying the foundation that will keep information flowing to young people who participate in scouting activities. In addition, the leadership training and skills provided to scouts will make them the nucleus for HIV prevention within the school community.

4. LINKS TO OTHER ACTIVITIES

One of the principles of scouting is to be of service to others. The Sfs is building on this by training scouts to provide care and support to the immediate family members as well as the community who might be requiring care and support during their time of sickness. One of the activity packs in Year 3 was on care and support and this will be strengthened in Year 5 through magnet theatre where performances at the community will stress on issues that strengthen community support for the sick and prevention for those who are not.

5. POPULATIONS BEING TARGETED

The Sfs project targets boys and girls aged 12-15 years, the scout leaders mainly in primary schools, parents and guardians and members of the community as well as the volunteers to manage the scouting movement.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The Sexual Harassment and Abuse prevention policy will contribute to the work going on under the Sexual Offences Bill by localizing efforts to operationalise the bill.

7. EMPHASIS AREAS

The Sfs project lays major emphasis on reaching adolescents and pre-adolescents at the critical stage of transition to adulthood with information, education, and communication so as to build the skills and information base for HIV prevention. Girls have been shown to be more vulnerable so and efforts will be made to reach both the in- and out-of-school. Efforts will be put in advocacy with policy makers especially in the Ministry of Education so as to leverage resources for project sustainability after the funding period. Capacity building of Kenya Scouts Association through training scout leaders and strengthening local associations at the district level will contribute immensely to its capacity to reach a large number of young people with HIV prevention messages.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14989

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14989	5443.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6996	3734.08	Scouting Solutions	\$795,000
7029	5443.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4277	3734.07	Scouting Solutions	\$1,161,244
5443	5443.06	U.S. Agency for International Development	Program for Appropriate Technology in Health	3734	3734.06	Scouting Solutions	\$0

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$589,643

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4918.09

Prime Partner: Program for Appropriate
Technology in Health

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 8994.20070.09

Activity System ID: 20070

Mechanism: APHIA II - Western

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$1,817,305

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Specific AB messages will target both adult men and women with the aim to reduce multiple concurrent partners
- + This activity will incorporate \$200,000 for HIV Free Generation activities targeting youth
- + In response to a request from the Ministry of Education, the KARHP methodology will be strengthened targeting teachers and in-school youth

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Prime partner PATH has been competitively selected to implement the activity
- \$200,000 of this activity supports the healthy youth initiative and is programmed with funds from the \$7 million FY 08 plus up
- Geographic coverage has been expanded to include all 14 districts
- The KARHP methodology will be rolled out in collaboration with the Ministry of Education, Ministry of Health and Ministry of Gender, Sports, Culture and Social Services
- Peer education activities will be rolled out with the Kenya Girl Guides Association
- AB funds totaling \$23,000 will contribute to the sensitization of teachers as a worksite population linking with additional OP and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20 more
- Most-at-risk populations in Malaba and Busia along the Mombasa-Kampala transport corridor will be targeted with prevention activities using a "cluster" approach

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Condoms and Other Prevention (#8927), HIV/AIDS Treatment: ARV Services (#8826), and Counseling and Testing (#8777).

2. ACTIVITY DESCRIPTION

In 2009, this activity will reach 363,461 youth and adults with AB messages. 2,524 individuals will be trained. In addition, \$200,000 of this activity supports the healthy youth initiative. APHIA II Western uses both traditional and public channels to reach out to the in-school and out-of-school youth on AB. These include music, drama, one-to-one counseling and peer education. APHIA will continue to strengthen KARHP activities in 800 existing schools with one teacher each that has been trained and will train an additional 400 teachers in 400 new schools in 2009 (100 secondary and 300 primary), making a total of 1200 teachers trained. (This training will also include a review and dissemination of the Education Sector Policy for HIV/AIDS.) Each of the teachers trained from these schools will recruit and train 20 student peer educators. APHIA has taken the project to scale by facilitating formation of provincial youth committees under the auspices of the provincial Director of Education with technical support of the provincial public health officer and provincial director of youth affairs for the coordination of youth in-school and out-of-school activities. This committee meets every quarter for review of activities and progress-monitoring. APHIA II Western has developed a register of schools which indicates the presence or absence of Straight Talk, Scouts and Girl Guide Clubs or other health clubs as a way of determining existing structures through which AB messages may be disseminated to youth in schools. APHIA will also begin to work with the Kenya Girl Guides program and determine how to best integrate these groups into ongoing APHIA activities such as the teacher/youth program above. Peer education encourages involvement of the youth in school around health risk behavior by building and linking with existing structures and encouraging positive adult attitudes and behavior among the teachers and parents.

3. CONTRIBUTIONS TO OVERALL PROGRAM

AREA AB in this geographical area will contribute substantively to the Kenya Five-Year Strategy for primary prevention which puts youth first to protect them from infection. The child-to-child program provides significant support for appropriate messages to pre-adolescents and their families.

4. LINKS TO OTHER ACTIVITIES

This activity carries forward previously approved activities in Western province, including counseling and testing (#8777), OP (#8927) and ART (#8826). Community media messages will encourage safer behavior and promote CT.

5. POPULATIONS BEING TARGETED

This activity targets girls, boys, adolescents (in and out of school), adults, and teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED This activity will address male norms and behaviors, reducing violence and coercion through peer family programs aimed at changing social norms.

7. EMPHASIS AREAS This activity primarily emphasizes community mobilization/participation through peer education by youth advocates with a minor emphasis on training of youth, parents and community leaders as detailed in the activity description in Section 1 above. Local civil society organizations will be strengthened to carry out these activities, and information, education and communication materials will be disseminated as appropriate and needed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14993

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14993	8994.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$2,100,000
8994	8994.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$625,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 305.09

Prime Partner: International Rescue Committee

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4805.20516.09

Activity System ID: 20516

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$144,298

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + IRC will also integrate specific messages targeting adult men and women and the reduction of multiple concurrent partners into their AB program.
- + IRC will also target rural older men and women above the age of 45 in their AB programs in the larger Turkana Districts that host the Kakuma Refugee Camp.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6912), Condoms and Other Prevention (#6910), Prevention of Mother-to-Child Transmission (#6911), Palliative Care: Basic Health Care and Support (#6909) and HIV/AIDS Treatment: ARV Services (#6914)

2. ACTIVITY DESCRIPTION

The International Rescue Committee (IRC) will provide abstinence and Be Faithful education to 48,099 refugees and members of the host community and train 200 people to deliver AB education. As the sole implementing partner for the health sector in Kakuma under the UNHCR umbrella since 1997, IRC will continue implementing a comprehensive prevention, care and treatment program in Kakuma Refugee camp, targeting a population of 271,000 people in the areas Kakuma, Lokichoggio and Kalakol, of which 91,000 are refugees. IRC will intensify community involvement by training refugee counterparts as volunteers to provide the services to the community. Intensive community mobilization activities will be carried out as part of health outreach services to educate the community on the benefits of AB in HIV prevention. In line with its new strategy, IRC will strengthen the capacity of local partners such as the African Inland Mission and the Kakuma Mission to undertake components of activities previously solely implemented by IRC. IRC has so far trained a community resource pool of religious and community leaders and refugee volunteers to deliver prevention interventions. These volunteers will receive update training to acquire participatory skills that would enhance greater community participation. The community outreaches will be carefully segmented so that age-appropriate interventions are delivered. In line with this, age appropriate information, education and communication (IEC) materials will be developed and utilized within the population. Young refugees separated from their families will be a special target as there are many unaccompanied youth and young adults in the camp, commonly referred to as the Lost Boys of Sudan. These unaccompanied youth will be involved in activities that provide a peer support mechanism such as youth clubs. Comprehensive youth centers established through other partner support will be utilized for targeted youth interventions. Parents and supportive adults will be involved in selected program activities to enable them support youth in adopting safer sexual behavior. Activities for in-school youth will be developed and the teachers involved in delivering AB messages as well. Youth will be trained in participatory approaches such as magnet theatre. This activity will also target humanitarian aid workers in Kakuma and Lokichoggio through a workplace intervention. These workers are usually separated from their families for long periods of time, rendering them vulnerable to concurrent and other forms of multiple partnerships. IRC has been operational in Kenya since 1992, focusing initially on health outreach activities in Kakuma Refugee Camp. Currently there are approximately 16,000 individuals infected by HIV in Turkana

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are consistent with the Kenya Five-Year Strategy which focuses on HIV prevention in youth and will work with to provide a supportive adult environment that will reach the youth and young married persons from amongst the 48,099 beneficiaries with AB messages and train 200 to deliver this education.

4. LINKS TO OTHER ACTIVITIES

IRC is implementing a comprehensive program in the Kakuma refugee camp, with links to IRC's OP activity (#6910); IRC CT activity (#6912); IRC PMCT activity (#6911); and IRC Care and treatment activities (#6909) and (#6914). Youth and young married people are served through these other program activities as appropriate through a strengthened referral system inside Kakuma camp. In the two host community sites at Lokichoggio and Kalakol, this activity links to CT and OP where integrated outreaches are conducted.

5. POPULATIONS BEING TARGETED

This activity will provide a major focus on younger children and youth ages 10 to 18 both through primary and secondary schools as well as men and women of reproductive age. It will target mobile populations including the refugee and the nomadic host communities. Many of the young people living in the refugee camp have had their educations disrupted and can be considered out-of-school youth. Community leaders, program managers, religious leaders and refugee counterpart volunteers will be targeted. In-school programs will closely work with teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is increasing gender equity in HIV/AIDS programs as well as addressing male norms and behaviors. It will focus on reducing violence and coercion particularly sexual violence affecting young girls and women in a refugee camp setting.

7. EMPHASIS AREAS

This activity has a major emphasis on human resources and a minor emphasis on community mobilization, information, education and communication, local organizational capacity development and training as detailed in the activity description above. It will also work towards developing networks and linkages between local organizations and various service segments. IRC will work with local community leaders to strengthen local organizational capacity. The factors that increase project costs include the insecurity, isolation, distance between locations, severe lack of infrastructure in the district, difficulty in recruiting and retaining qualified staff, and higher staff salaries to compensate for the hardship location. Project costs reflect the current lack of local capacity and need to build sustainable partnerships with local partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14841

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14841	4805.08	HHS/Centers for Disease Control & Prevention	International Rescue Committee	6956	305.08		\$192,500
6913	4805.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$150,000
4805	4805.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$75,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3575.09	Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 5130.20445.09	Planned Funds: \$467,760
Activity System ID: 20445	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+1 Choose Life activities will be expanded to include University of Nairobi campuses in Parklands, Upper Kabete, and United States International University (USIU).

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Increase the total number of trained student peer educators to 800, providing life skills training for new peer educators (PEs) and refresher training for continuing PEs;
- Continue to strengthen and expand small behavior change communication (BCC) groups where PEs will introduce and reinforce ABC messages through ongoing, regular interaction with the students in the group reaching at least 25,000 students with AB messages;
- Continue to disseminate the radio series developed in 2007 to reach an additional 50,000 individuals with AB prevention messages;
- Collaborate with the School of Journalism at the University of Nairobi as well as campus theatre groups and other student clubs and organizations to build their capacity to understand and incorporate ABC prevention messages into their ongoing work on campuses;
- Synthesize and package lessons learned after nearly four years of implementing the intervention with ICL;
- Develop and implement a transition plan with ICL to promote sustainability, scale-up of the intervention activities and graduation to a primary partner if possible.

1. LIST OF RELATED ACTIVITIES

As the target population is at risk for sexual activity and it may not be possible to practice abstinence and faithfulness only, the activity is linked to Condoms and Other Prevention (#6887).

2. ACTIVITY DESCRIPTION

Since FY 2005, FHI/CRTU has collaborated with "I Choose Life" (ICL) to reach youth in special groups with ABC messages in a balanced way. In FY 2009, ICL will continue to increase the total number of trained student peer educators to 650 and reach 50,000 students with AB messages on University of Nairobi campuses including the main campus, KNH campus, Chiromo, Kikuyu and Lower Kabete. Ongoing life skills training and small behavior change communication (BCC) groups will continue to be further refined and expanded to ensure additional students are equipped with personal values, attitudes and life skills to prevent HIV infection and unintended pregnancy. FHI/CRTU and ICL will continue to strengthen life skills training, particularly to address gender equity issues, and cover all campuses of University of Nairobi to incorporate information about family planning in the ongoing peer education and BCC program. Radio will continue to be used to reach students with vital health and ABC prevention messages that resonate with university youth. The radio series developed in 2007 will continue to be disseminated to reach an additional 50,000 with ABC prevention messages. FHI/CRTU will also collaborate with the School of Journalism at the University of Nairobi as well as campus theatre groups and other student clubs and organizations to build their capacity to understand and incorporate ABC prevention messages into their ongoing work on campuses. FHI/CRTU will conduct a project evaluation to evaluate the effectiveness and costs of the intervention. Also, FHI/CRTU will synthesize and package lessons learned after nearly four years of implementing the intervention with ICL. Findings from the evaluation and lessons learned will be disseminated. Also, FHI/CRTU and ICL will begin developing and implementing a transition plan to promote sustainability and scale-up of the intervention activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to prevention targets by targeting special youth groups, i.e. university students. Behavior change among university students is expected to have a multiplier effect as university students are viewed as "successful" role models by other youth. These activities are consistent with the Kenya Five-Year Strategy targeting young people as full partners in defining and delivering programs and messages.

4. LINKS TO OTHER ACTIVITIES

As the target population is at risk for sexual activity which may not be possible to abstain from, the activity is linked to OP interventions as well. This activity is also related to Condoms and Other Prevention implemented by FHI/CRTU (#6887).

5. POPULATIONS BEING TARGETED

This activity targets university students.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues include gender by addressing male norms and behaviors for university students that will result in reduced violence and coercion against others. Other issues addressed include stigma and discrimination since it is key for effectiveness of peer educators who are volunteers.

7. EMPHASIS AREAS

The major emphasis area for this activity is project evaluation. Since FHI is also imparting skills to ICL to carry out these peer education prevention activities, local organization capacity development is a minor emphasis area. ICL uses a network of peer educators to disseminate prevention messages, making development of network/linkages/referral systems minor emphasis areas. Gender issues, particularly addressing male norms and behaviors as well as reducing violence and coercion, are also emphasized.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14790

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14790	5130.08	U.S. Agency for International Development	Family Health International	6945	3575.08	Contraceptive Research Technology and Utilization	\$600,000
6889	5130.07	U.S. Agency for International Development	Family Health International	4225	3575.07	Contraceptive Research Technology and Utilization	\$340,000
5130	5130.06	U.S. Agency for International Development	Family Health International	3575	3575.06	Contraceptive Research Technology and Utilization	\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4915.09	Mechanism: APHIA II - Nyanza
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 8989.20429.09	Planned Funds: \$880,145
Activity System ID: 20429	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + All Voluntary Medical Male Circumcision (VMMC) activities described in the FY08 Narrative are now incorporated in their own narrative in FY09
- + Specific AB messages will target both adult men and women with the aim to reduce multiple concurrent partners
- + This activity will incorporate \$150,000 for HIV Free Generation activities targeting youth

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been revised to include Kuria, Gucha and Masaba districts
- \$100,000 of this AB activity is programmed with funds from the \$7million FY08 plus-up for the Youth Prevention Initiative
- The KARHP methodology will be rolled out in collaboration with the Ministry of Education, Ministry of Health and Ministry of Gender, Sports, Culture and Social Services at approximately \$250,000
- Peer education activities will be rolled out with the Kenya Girl Guides Association
- AB funds totaling \$23,000 will contribute to the sensitization of teachers as a worksite population linking with additional OP and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8760), OHPS, Voluntary Medical Male Circumcision and Condoms and Other Prevention (#8942).

2. ACTIVITY DESCRIPTION

The APHIA II Nyanza project implemented by EngenderHealth initiated support to AB activities in Nyanza Province in FY 2006. In 2009, \$150,000 of this activity is programmed for the Youth Prevention Initiative. This activity will continue to equip youth with skills to cope with peer pressure and help them develop positive norms and values to make appropriate and safe choices in relationships. It will target youth both in and out of school expanding abstinence-based programs for youth through child-to-child programs in Nyanza Province. Building on the KARHP model, the project will work closely with the Ministry of Education, Ministry of Health and Ministry of Culture, Sports, Gender and Social Services. In schools, 122 teachers will be trained in adolescent development, gender issues, and HIV information and facilitation skills. They will train 2,000 secondary student peer educators and primary student peer educators who will then implement a child-to-child school program targeting primary school children. Further, 100 youth advocates will be trained to implement youth-to-family activities, a significant innovation in the community in FY 2009 aimed at reaching out-of-school youth. The program will promote abstinence and responsible decision making, including promotion of counseling and testing to youth out of school to reduce the risk of contracting HIV/AIDS. These abstinence and behavior change activities will reach 100,000 in-school youth in urban and rural settings. Further, 1000 youth magnet theatre members from 100 theatre troupes will be trained or re-trained in abstinence and being faithful messages aimed at reaching out-of-school youth. Much of this work with theatre groups will be interlinked with the peer educators in religious institutions, a continuing program from the 2008 COP. These activities will reach 50,000 out-of-school youth. This project will work in close collaboration with the National AIDS and STI Control Programme of the Ministry of Health and the Ministry of Youth Services, ensuring that activities meet the Government of Kenya priorities and guidelines. In Nyanza Province this activity will be planned, implemented and monitored in partnership with the District Health Management Teams, District Education Officers, schoolteachers, employers, community leaders and youth. This will create a continuum of youth-focused activities in the education, health and community sectors and forge effective linkages aimed at guiding youth toward practicing safer behaviors. The program will promote abstinence and responsible decision making, including promotion of counseling and testing to youth out of school to reduce the risk of contracting HIV/AIDS. These abstinence and behavior change activities will reach in-school youth and out-of-school youth in urban and rural settings. This activity includes the involvement of church leaders and church-based youth groups to establish and reinforce norms that reduce youth risk, vulnerability and stigma. The project will utilize magnet theatre approaches and community radio to reach the general population with HIV prevention messages, including male circumcision. Community media messages targeting men and encouraging abstinence and safer behavior will be implemented through work site activities and linkages with faith-based community groups, churches and mosques.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In this geographical area AB will contribute substantively to the Kenya 5-Year Strategy for primary prevention which puts youth first to protect them from infection. The child-to-child program provides significant support to the strategy targeting pre-adolescents and their families with appropriate messages. Activities in the general population will include a special focus on reaching men.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing (#8760), voluntary medical male circumcision, OHPS and Other Prevention (#8942). This will expand prevention opportunities for youth and provide appropriate support for risk reduction.

5. POPULATIONS BEING TARGETED

This activity targets girls, boys, and primary school students through peer education activities. Youth-to-family activities will target adults and out-of-school youth. Community outreach activities will target community leaders, rural communities, religious leaders and teachers, community-based organizations and faith-based organizations. This activity will reach 176,029 individuals with AB messages and train 1,222.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II Nyanza activity will address male norms and behaviors, reducing violence and coercion through peer family programs aimed at changing social norms.

7. EMPHASIS AREAS

This activity primarily emphasizes community mobilization/participation through peer education with a minor

Activity Narrative: emphasis on training of youth, teachers and community leaders as detailed in the activity description in Section 1 above.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14778

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14778	8989.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$1,800,000
8989	8989.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$1,265,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4076.09	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 25073.09	Planned Funds: \$234,974

Activity System ID: 25073

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS. THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

The only changes to the program since approval in the 2007 COP are:

+ In FY 08 CDC technical staff will dedicate time and expertise to work on the multi-agency efforts to design, develop and implement the new Youth Prevention Initiative. In addition, technical staff will work with partners to streamline development of a comprehensive AB package for adolescents as part of new male circumcision service delivery, particularly with faith-based organizations. CDC Kenya staff will provide an intensive level of technical assistance and programmatic guidance on prevention activities guided by the PEPFAR ABC programming. During FY 2008 CDC will reorganize its existing staff in line with staffing for results objectives and to support FY 2008 AB program strategic priorities.

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in Abstinence and Be Faithful Programs.

2. ACTIVITY DESCRIPTION

During FY 2007 CDC will continue to work with Government of Kenya agencies and non-governmental partners to promote abstinence and faithfulness as an HIV prevention strategy. CDC Kenya now has a wide range of AB activities and partners, including 11 cooperative agreements designed to promote AB activities with young people. CDC continually identifies and continues to provide an intense level of technical assistance and guidance to ensure that partner activities are focused on behavior change. CDC provides technical support through a close program mentorship of staff at the National Youth Service, a uniformed national training service serving up to 10,000 youth each year. In addition, CDC provides technical assistance to number of local FBOs and CBOs through a capacity building project with CHF International. The sub-grantees working in this area include the Africa Inland Church, the Baptist AIDS Response Agency, Kenya Episcopal Secretariat-Catholic Secretariat, and many others. CDC Kenya staff also have a strong partnership with the non-military uniformed services of Kenya, including the Kenya Prisons, Kenya Wildlife Service, and the police. They have had a key role in introducing the Men as Partners (MAP) curriculum into the training offered to young recruits in the National Youth Service and will introduce this curriculum, which emphasizes changes in male behaviors and attitudes, to young recruits into the non-military uniformed services. The types of activities CDC technical staff engage in include training in workplan development, assistance with monitoring and evaluation plans, training to bring local CBO and NGO staff up to date in technical areas of HIV and AIDS, reviewing technical proposals for funding, making technical presentations and supervising partners working through the Cooperative Agreements. CDC Atlanta staff come to Kenya on a regular basis to assist the local partners in developing identified technical areas. The CDC Kenya AB technical team includes one Direct Hire (USDH) working 25% in AB. This staff member has extensive international experience in working with FBOs implementing HIV prevention programs, and the incumbent works directly with implementing partners to ensure the technical soundness of the program. CDC has one locally employed technical staff member working on AB and youth programs on full-time basis. She also has extensive experience in this programmatic area, and spends most of her time working directly with local partners. This team will be supported by two locally employed drivers, one in Nairobi and one in Nyanza, whose work is devoted to supporting AB and youth interventions.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 441.09	Mechanism: Capable Partners
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 5091.20335.09	Planned Funds: \$849,785
Activity System ID: 20335	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Specific AB messages will target both adult men and women with the aim to reduce multiple concurrent partners

COP 2008

The only changes to the program since approval in the 2007 COP are:

+60,000 people with prevention messages: 20,000 disabled, 20,000 college students and 20,000 high school students reached by new partners to be identified. 300 peer educators will be trained in HIV/AIDS issues.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HVOP, HVCT and Palliative Care: Basic Health Care and Support HBHC.

2. ACTIVITY DESCRIPTION.

Capable Partners is a project of AED that acts as an umbrella organization in Kenya. This activity will contribute to the 2009 targets by implementing a community outreach program that will reach 169,957 people with prevention messages: disabled, college students and high school students reached by new partners to be identified. 400 peer educators will be trained in HIV/AIDS issues.

One of their grantees is Handicap International (HI) who will be sub-granting to a number of organizations working with disabled Kenyans to promote access to HIV/AIDS information. As in most developing countries, the situation of disabled persons in Kenya is alarming. Many live a life of discrimination, negative attitudes and exclusion from the mainstream community activities with no access to information or other basic necessities. Parallel to this is ignorance of the sexuality of the disabled; quite often it is assumed that disabled people are incapable of having sex or sexual relationships. In all cases, the abuse and marginalization they suffer combined with the inaccessibility to information and resources predispose them to HIV/AIDS. Compounding the problem of vulnerability to HIV exposure is the challenge of communicating messages about HIV/AIDS. Low literacy rates among disabled individuals and disadvantages in accessing radio and/or television messages for the deaf and the blind present real challenges to prevention efforts.

Through eight organizations working specifically with people with disabilities, the program will reduce their risk of acquiring HIV/AIDS by promoting accessibility to HIV/AIDS information and education, developing appropriate communication materials for the various types of disabilities (the project therefore aims to translate existing HIV/AIDS information, including information, education and communication materials produced by National AIDS and STI Control Program into formats such as braille, large print, sign language etc.); and promoting behavior change among youth with disabilities.

400 peer educators (disabled youth themselves) will be trained in HIV/AIDS issues. The peer educators will be expected to assist others to build self-esteem by enabling disabled people to understand their rights and measures to protect themselves from abuse or unsafe sex and other risky behaviors that could predispose them to HIV/AIDS. On visiting a VCT centre, a disabled person should have equal access to testing and advice. They should be able to fully communicate their concerns as well as understand the advice and support given. This will be made possible by training VCT counselors on the needs of persons with disabilities and training deaf people to provide VCT services for the deaf. The project also aims to develop awareness among family members and the community that they have a duty to protect disabled people from sexual exploitation and to ensure perpetrators face legal action.

The activity includes continuing support to the following sub-recipients for activities integral to this program: United Disabled Persons of Kenya, Blind and Low Vision Network, Dandora Deaf Self-Help Group, Kenya Disability Action Network, Kenya Society for the Mentally Handicapped, Nairobi Family Support Services and the Disabled Group of Trans Nzoia.

This activity will also support a highly successful outreach program focusing on services for street children operated by Wema Center in Mombasa. Street children lifestyles are characterized by continued marginalization from basic services and support such as lack of food, proper shelter, education, health care, parental care and guidance. These children and street youth suffer from a multiplicity of socio-economic problems that inevitably lead to desperation and anti-social behavior. They constantly encounter sexual abuse and drug addiction as the most prevalent problems. These problems are caused by widespread poverty, both in rural and urban areas, domestic violence, retrogressive socio-cultural beliefs and practices and the far-reaching negative impact of HIV/AIDS on poor families. Young girls are particularly sexually vulnerable, while boys are more likely to go into crime and drug abuse. Wema Center will scale up services to reach more children and provide additional services in Mombasa in addition to expanding services in Nairobi and Kisumu. The focus of activities in 2009 will be to consolidate this expansion.

This activity will build on the work being undertaken by I Choose Life. CAP is working with ICL to develop parameters and pilot Youth Empowerment Centers (YEC) in 2 tertiary institutions: Kenyatta University and National Youth Service in Nairobi. In 2009 CAP will support ICL to build on the activities in the YECs in Eldoret Polytechnic and Egerton University to reach significant numbers of the campus communities with prevention messages. ICL will train 100 peer educators to reach 20,000 youth

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will address some marginalized populations including the disabled but will also focus on youth, a primary target population identified in the country strategy.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the AED/Capable Partners/ Handicap International activities in HVOP, HVCT, IDUP and HBHC. These activities will strengthen those described in this narrative by providing additional support in material design, outreach, VCT and IEC activities.

5. POPULATIONS BEING TARGETED

Activity Narrative: The project expects to target a variety of populations with different interventions, particularly disabled youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

At the moment, little is being done to provide access for the disabled to services on HIV/AIDS, reproductive health and sexuality. Gender will also be addressed due to a rise in gender-based violence. Almost 90% of violence is sexual in nature. Service providers will be on the look-out for victims of such violence and appropriate services will be offered to them promptly to avoid complications that may arise. In all project activities, equity will also be a key focus. Female youth and disabled women in general will be provided with more access to services. The aim of this will be to provide 'more at risk' segments of the population with adequate information for prevention and also care and support as access may have been compromised because of their condition.

7. EMPHASIS AREAS

The major area of emphasis is capacity building and training. The project will train 400 individuals to promote prevention behaviors. Peer educators (incl. high school students, university students and disabled youth themselves) will be trained in HIV/AIDS issues. VCT counselors will be trained on the needs of persons with disabilities and training a deaf person in counseling to be able to provide VCT services to the deaf. A minor emphasis is on community mobilization/participation and policy and guidelines through the development of awareness among family members and the community that they have a duty to protect disabled people from sexual exploitation and to ensure perpetrators face legal action.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14714

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14714	5091.08	U.S. Agency for International Development	Academy for Educational Development	6920	441.08	Capable Partners	\$800,000
6832	5091.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$600,000
5091	5091.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$350,000

Emphasis Areas

Gender

* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1501.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 25072.09

Planned Funds: \$271,766

Activity System ID: 25072

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS. THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

The only changes to the program since approval in the 2007 COP are:

+ In FY 08 CDC technical staff will dedicate time and expertise to work on the multi-agency efforts to design, develop and implement the new Youth Prevention Initiative. In addition, technical staff will work with partners to streamline development of a comprehensive AB package for adolescents as part of new male circumcision service delivery, particularly with faith-based organizations. CDC Kenya staff will provide an intensive level of technical assistance and programmatic guidance on prevention activities guided by the PEPFAR ABC programming. During FY 2008 CDC will reorganize its existing staff in line with staffing for results objectives and to support FY 2008 AB program strategic priorities.

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in Abstinence and Be Faithful Programs.

2. ACTIVITY DESCRIPTION

During FY 2007 CDC will continue to work with Government of Kenya agencies and non-governmental partners to promote abstinence and faithfulness as an HIV prevention strategy. CDC Kenya now has a wide range of AB activities and partners, including 11 cooperative agreements designed to promote AB activities with young people. CDC continually identifies and continues to provide an intense level of technical assistance and guidance to ensure that partner activities are focused on behavior change. CDC provides technical support through a close program mentorship of staff at the National Youth Service, a uniformed national training service serving up to 10,000 youth each year. In addition, CDC provides technical assistance to number of local FBOs and CBOs through a capacity building project with CHF International. The sub-grantees working in this area include the Africa Inland Church, the Baptist AIDS Response Agency, Kenya Episcopal Secretariat-Catholic Secretariat, and many others. CDC Kenya staff also have a strong partnership with the non-military uniformed services of Kenya, including the Kenya Prisons, Kenya Wildlife Service, and the police. They have had a key role in introducing the Men as Partners (MAP) curriculum into the training offered to young recruits in the National Youth Service and will introduce this curriculum, which emphasizes changes in male behaviors and attitudes, to young recruits into the non-military uniformed services. The types of activities CDC technical staff engage in include training in workplan development, assistance with monitoring and evaluation plans, training to bring local CBO and NGO staff up to date in technical areas of HIV and AIDS, reviewing technical proposals for funding, making technical presentations and supervising partners working through the Cooperative Agreements. CDC Atlanta staff come to Kenya on a regular basis to assist the local partners in developing identified technical areas. The CDC Kenya AB technical team includes one Direct Hire (USDH) working 25% in AB. This staff member has extensive international experience in working with FBOs implementing HIV prevention programs, and the incumbent works directly with implementing partners to ensure the technical soundness of the program. CDC has one locally employed technical staff member working on AB and youth programs on full-time basis. She also has extensive experience in this programmatic area, and spends most of her time working directly with local partners. This team will be supported by two locally employed drivers, one in Nairobi and one in Nyanza, whose work is devoted to supporting AB and youth interventions.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7858.09

Mechanism: Partnership for an HIV-Free Generation (USAID)

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 17674.20320.09

Planned Funds: [REDACTED]

Activity System ID: 20320

Activity System ID: 20333**Activity Narrative:** ACTIVITY UNCHANGED FROM COP 2008**SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS \$100,000**

This activity addresses education as a secondary cross-cutting budgetary attribution. The primary beneficiaries of this activity will be primary school teachers and their pupils. This activity will train teachers to implement HIV and AIDS syllabus in schools. This activity will therefore improve on the quality of basic education which will include skill based training and HIV prevention education. In this activity teachers will be trained on infusing/mainstreaming HIV and AIDS into the curriculum at the pre-service teacher training level.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Academy for Educational Development has been competitively selected to implement the activity.

2. ACTIVITY DESCRIPTION

The Kenya Ministry of Education (MOE) recently completed their fourth year of implementing the Kenya Education Sector Support Program (KESSP) in which one of the objectives is to implement the AIDS policy for the education sector including training teachers to implement the HIV/AIDS syllabus in schools. AIDS is a major challenge to all the sectors of Kenyan society. In the education sector, the epidemic has severely affected quality, access, equity, supply and demand for education, thus reversing the gains made in the sector in the last ten years. Every Kenyan household is either affected or infected by the epidemic, and this affects individuals physically and psychologically. Strengthening the sector's capacity to respond to the epidemic will require a review of the policy on HIV/AIDS and curricula for various categories of educational institutions (primary, secondary, vocational/technical and non-formal education) in collaboration with the Kenya Institute for Education. MOE will need to initiate skills-based training relevant to AIDS in pre-service teacher training programs. This activity will fund the development of curricula for pre-service teacher training to be used eventually in all diploma and certificate teacher training colleges as well as the production of the same. First-year students will be targeted, with the expectation of training a total of 12,000 teacher trainees per year (approximately 600 per college), once the curriculum is available and all institutions are participating. In 2007 we trained 6,000 teacher trainees who will take a second-year course in 2008 while the other 6000 will be starting their first-year course. (In 2009 the first 6000 teacher trainees will have graduated and begun to reach students in their assigned schools.) The trained teachers will each be expected to work with seven in-service teachers during their teaching practice sessions, bringing the number reached to 80,000 teachers. As the "Education Sector Policy for HIV and AIDS" will be one of the materials used in the course, the cost of reproduction of this booklet will also be covered. Behavior change sensitization programs for communities, teachers, and personnel will help address HIV/AIDS in the education sector. Using a life skills approach as part of the school health program, sensitization will help build the capacity of teachers to address HIV/AIDS and substance abuse in educational institutions. Guidance and counseling services in educational institutions will be strengthened to help those suffering from stigma and trauma associated with HIV/AIDS.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This is one of the activities that contribute to the promotion of abstinence, being faithful and behavior change practices among youth.

4. LINKS TO OTHER ACTIVITIES

This activity carries forward previously approved activities in the 2007 COP under APHIA II TBD. It will build on the 2007 activity with KIE to update and reproduce the Life Skills curriculum. The program directly responds to the AIDS policy for the education sector which was developed with the Mobile Task Team using 2004 PEPFAR funding, and the development of the District Education Management and Monitoring Information System that is implemented through the APHIA II evaluation. The program will complement the in-service teacher training being carried out by CFBT. With the inclusion of the AIDS policy in the pre-service teaching curriculum, this activity will strengthen the in-service training of teachers at the worksite through all seven APHIA II regional projects.

5. POPULATIONS BEING TARGETED

The populations which will be directly affected include teacher trainees and indirectly their future students.

6. KEY LEGISLATIVE ISSUES

Messages will address gender norms and behaviors as well as stigma and discrimination. This is a wrap around in the education sector.

7. EMPHASIS AREAS

The major emphasis is on human resource development with minor emphases on information, education and communication as well as policy and guidelines.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 17307

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17307	17307.08	U.S. Agency for International Development	Academy for Educational Development	7445	7445.08	TEPD	\$400,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 247.09

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9078.19938.09

Activity System ID: 19938

Mechanism: N/A

USG Agency: Peace Corps

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$290,600

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Healthy Youth Initiative changed to HIV Free Generation Youth Initiative.
- + "Camp Glow" (Girls Leading Our World) changed to Community Youth Prevention Initiatives.
- + Number of Peace Corps Volunteers to be recruited and posted will increase.
- + Volunteer small grant assistance (known as "VAST") has been removed. Communities hosting Volunteers will have access to grant funding through the PEPFAR community grants program managed by the Country Coordination Office.
- + PEPFAR-funded Information and Communication Technology (ICT) volunteers will support deaf education and other sector volunteers on BCC material development for specified target groups.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- A change in number of Peace Corps volunteers to be recruited and posted; expanded HIV/AIDS training for volunteers and counterparts; and a shift of youth prevention activities to the new Healthy Youth Initiative.
- Geographic coverage has been revised (or expanded) to include new communities within existing provinces and possible expansion into Northeastern province.
- The target population remains essentially the same.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6894), (#6983) and Orphans and Vulnerable Children (#6891).

2. ACTIVITY DESCRIPTION

Due to the post-election violence in early 2008, Peace Corps temporarily suspended its program in Kenya and evacuated all Volunteers. Before the temporary suspension, volunteers had been based in more than 135 communities throughout rural Kenya, working in public health; small enterprise development (SED); information and communication technology (ICT); secondary education; deaf education; and the development of HIV/AIDS materials for the deaf community. By July 2008, a group of 26 volunteers, including five PEPFAR-funded Volunteers, had been reinstated. A training group of Education and SED/ICT, including six PEPFAR-funded Deaf Ed and seven PEPFAR-funded SED/ICT Volunteers, is expected in November 2008. Another 27 Public Health Volunteers, including 12 who will be PEPFAR-funded, are expected in May 2009. In FY 2009, Peace Corps Kenya (PC/K) under the PEPFAR program will support efforts to expand prevention of mother-to-child transmission (PMTCT) activities, launch the Community Youth Prevention Initiatives, enlarge the geographic reach of counseling and testing (CT), and address the economic dimension of the HIV/AIDS challenge at a community level. Specific prevention messaging targeting both women and men will be incorporated into CT interventions. Other areas of volunteer activity include working with Most at Risk Populations (MARPS) such as Commercial Sex Workers (CSW) and partners, and alcohol and substance abuse, and improved household food security and nutrition through sustainable agricultural practices at the household level known as "permaculture". Peace Corps' overall focus remains squarely on prevention and community outreach, areas of recognized organizational strength. Peace Corps will continue to focus on increasing collaboration and synergy with other PEPFAR partners to enhance program delivery and reach at the community level. PC/K will expand the reach of its activities, taking into consideration geographic gaps identified by the Government of Kenya, the PEPFAR interagency team, and Peace Corps staff, and facilitating greater cross-sector approaches to the multi-faceted challenges of HIV/AIDS at the community level, particularly related to wrap-around services such as livelihood and income generating activities. Peace Corps Volunteers will be involved in the design and expansion of HIV prevention initiatives targeting youth. Such initiatives will include boys/girls camps focused on strengthening boys and girls' ability to protect themselves against HIV and to act as peer educators among their community peers. PC/K will prioritize the placement of PEPFAR-funded Volunteers into several areas of the country hardest hit by the epidemic as highlighted in the recently released Kenya AIDS Indicator Survey (KAIS), such as Nyanza and the Coast provinces. (Before returning to western Kenya, a security assessment will be conducted to verify it is safe for Volunteers to return to this area.) PC/K will also focus efforts in regions of the country that are underserved in terms of HIV/AIDS prevention activities. In new geographic areas, the plan is to post a group of Volunteers in a "cluster" to include public health, education, and SED Volunteers, as appropriate, to increase their ability to support each other across sectors and expand the reach of wrap-around services. In FY 2009, all Volunteers and their counterparts will participate in expanded, in-service HIV/AIDS training conducted by Peace Corps and PEPFAR partner organizations to increase knowledge and skills in HIV/AIDS community outreach and education, youth prevention activities, income generating activities (including sustainable agricultural practices) and to promote cross-sectoral approaches. Based upon needs within their communities, Volunteers and counterparts will develop HIV/AIDS-related action plans. The effort to develop HIV/AIDS materials for the deaf community will continue in 2009 with the four reinstated volunteers and the arrival in November 2008 of six PEPFAR-supported deaf education volunteers to promote the existing Behavior Change & Communication (BCC) initiative among the deaf community. These volunteers will continue with the development of posters, interactive materials, and video specifically geared to deaf audiences (students, youth and adults) their support systems (families, churches, community groups etc) and service providers (medical, educational, police etc). They will also collaborate with their counterparts and other appropriate NGO partners and engage in deaf community outreach activities and development of youth prevention messaging. All the nine (six PEPFAR-funded) deaf education volunteers will be assigned to primary schools for the deaf and will be involved in HIV/AIDS prevention awareness building with students and teachers at their assigned institutions. In FY 09, two ICT Volunteers will be recruited to work with and strengthen organizations involved in HIV/AIDS prevention, particularly through the use of information and communication technology. As part of their assignments, these volunteers will also work with and provide ICT support to the deaf education/BCC volunteers on behavior change and communications efforts. The Deaf Education Volunteers placed at primary schools for the Deaf will play an integral role in developing content for existing and new materials for the Deaf community. (The above-mentioned ICT volunteers will also assist volunteers in other sectors who are involved in the development of materials for other vulnerable segments of the Kenyan population.) Peace Corps Kenya will continue to support a number of ongoing initiatives: translation of existing HIV/AIDS training materials in local languages; and equipment and material development for the BCC effort. Peace Corps Kenya will also support the third-year extension of

Activity Narrative: up to three volunteers in 2009 for assignments with interested PEPFAR partner organizations to take advantage of the community-level experience they have gained.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities being carried out will contribute directly to USG's Five-Year strategy in support of Kenya's integrated HIV/AIDS programs. Through their involvement with a strong network of organizations at the community level, volunteers will act as catalysts to provide long-term capacity development support to NGOs, CBOs and FBOs. Peace Corps Volunteers serve in rural parts of Kenya for a period of two years which enables them to make comprehensive needs assessments in their communities and to design and implement the appropriate interventions, collectively with their community members.

4. LINKS TO OTHER ACTIVITIES.

These activities link to the Basic Healthcare and Support Activities being undertaken by CDC and USAID and their partners. The Counseling and Testing activities link with the Hope Worldwide (#6894) and Liverpool VCT (#6983) in counseling youth and providing information to young adults, some of whom are deaf and with whom Peace Corps volunteers work. The activities will also link with Condoms and Other Preventions through demonstrations of appropriate condom use. Volunteers will continue to work with Hope Worldwide through youth activities, which target Orphans and Vulnerable Children (#6891).

5. POPULATIONS BEING TARGETED.

These activities will target youth and adults infected and affected by HIV/AIDS and will include caregivers. The number of individuals reached through community outreach that promotes HIV/AIDS prevention through Abstinence and/or Being Faithful (AB) is 27,505 while those reached through Abstinence Only (A) are 15,707. The activities will also train 3,294 individuals in promoting HIV/AIDS prevention through Abstinence and/or Being faithful. Activities under HVOP will target youth and adults and most at Risk Populations (MARPS) such as Commercial Sex Workers (CSW) and partners, alcohol and substance abuse. Other populations will include youth and adults infected and affected by HIV/AIDS. About 1000 individuals will be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and / or Being faithful and about 200 individuals trained.

6. KEY LEGISLATIVE ISSUES ADDRESSED.

Gender is addressed especially ensuring inclusion of both men and women in activities, training community volunteers and teachers to identify, counsel and refer victims of sexual abuse and violence, challenging norms about masculinity and perception of multiple sexual partners. Activities will be designed to reduce stigma associated with HIV/AIDS.

7. EMPHASIS AREAS

Major emphasis will be placed on community mobilization and participation activities. Minor emphasis includes peer education and life skills training and capacity building of teachers and community health workers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15065

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15065	9078.08	Peace Corps	US Peace Corps	7029	247.08		\$227,800
9078	9078.07	Peace Corps	US Peace Corps	4309	247.07		\$670,700

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9776.09

Prime Partner: United Nations High
Commissioner for Refugees

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9215.19998.09

Activity System ID: 19998

Mechanism: N/A

USG Agency: Department of State /
Population, Refugees, and
Migration

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$155,969

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8980), Condoms and Other Prevention (#9235).

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will provide targeted Abstinence/ Be Faithful behavioral interventions to 38,992 young individuals and train 217 people to deliver these interventions at the Dadaab Refugee Camp in North Eastern Province, Kenya. These include 60 reproductive health motivators will be retrained on HIV Prevention education so that this is incorporated into their RH education. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somali. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV seroprevalence among ANC clinic attendees, 1.7% among STI patients, indicating a generalized epidemic and providing estimates of 2300 HIV-infected refugees. UNHCR will build on care activities being provided by its three implementing partners, GTZ, National Council of Churches of Kenya (NCCCK), and CARE Kenya's Emergency and Refugee Operations (ERO). The AB program will be implemented mainly by two partners; CARE and NCCCK. CARE will target youth in schools and will train thirty teachers from both the camp and the host population and support them in delivering interventions in school. This will be further boosted by supporting HIV prevention clubs in schools and training peer educators. NCCCK, the lead agency in community mobilization, education and information on HIV in Dadaab will use multiple approaches to strengthen behavior change among young people in Dadaab. It will develop age-appropriate and culturally sensitive IEC material and distribute these widely. It will also expand access to a two-year World Space radio intervention to increase the number of youth enrolling in listening clubs as well as motivating their sustained participation. Youth involvement will be enhanced through participatory approaches such as Magnet Theater. Humanitarian aid workers will also be targeted through workplace programs. These workers work in isolation from their families for long periods of time and are vulnerable to concurrent and multiple sexual partnerships. In 2000, UNHCR and its three partners initiated HIV prevention, care and support services on a limited scale. These partners depend on UNHCR for 80-95% of their Dadaab program funding. Financial constraints have prevented UNHCR to meet the increasing demand for a comprehensive HIV program, and additional funding and technical support are necessary to expand the scope and quality of existing services. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camp and the slow start up expected in initiating programs in the first year of funding. UNHCR will work in close collaboration with CDC and other USG agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to providing comprehensive AB education and life skills to 38,992 youth and young adults and training 217 people.

4. LINKS TO OTHER ACTIVITIES

These activities will link to condoms and other prevention UNHCR (#9235) and Counseling and Testing UNHCR (#8980). Populations in Dadaab will be segmented for appropriate interventions and served under OP and CT programs as need be. The various implementing partners in Dadaab camp will work collaboratively under UNHCR guidance to offer appropriate interventions to young people including young married persons.

5. POPULATIONS BEING TARGETED

This activity targets the children and youth from the Dadaab refugee and local population of that North Eastern Kenya region including youth in school at primary and secondary levels. It will also target out-of-school youth and refugees in the camp. It also targets community leaders, religious leaders, volunteers and teachers. These populations are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. Program managers and humanitarian aid workers are also targeted for increased training to improve HIV prevention knowledge and improved perceptions on Abstinence and Faithfulness.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to addressing male norms and behavior and increasing gender equity in HIV/AIDS programs. It will focus on reducing violence and coercion especially as it affects young refugee girls and women. It will also contribute to addressing stigma and discrimination, a rampant problem among the refugees and host population.

7. EMPHASIS AREAS

This activity includes major emphasis in community mobilization and participation. It will have a minor emphasis on human resources, information education and communication, quality assurance and supportive supervision as well as training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15014

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15014	9215.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7009	4921.08		\$200,000
9215	9215.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4921	4921.07		\$100,000

Emphasis Areas

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3705.09	Mechanism: N/A
Prime Partner: World Relief Corporation	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 5378.19941.09	Planned Funds: \$624,104
Activity System ID: 19941	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key secondary cross cutting issues in education (\$498,208). The activity will concentrate on improving the quality of AB interventions and expand the program reach through partnership with other local FBOs in Central, Western, Nairobi, Rift Valley and Eastern Provinces.

COP 2008

The only change to the program since approval in the 2007 COP is:

- Geographic coverage has expanded to include Nakuru in the South Rift

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing at local VCT centers not funded with USG dollars.

2. ACTIVITY DESCRIPTION

The focus of World Relief's Mobilizing Youth for Life (MYFL) program for the next 21 months (October 2008 to June 2010) will be building on interventions from the last four years to encourage sustained behaviour change and on preparing to hand over the program to the communities after the project ends. This will be accomplished through: increased follow-up visits to track progress of interventions; refresher trainings that address the gaps identified in the midterm evaluation and through our interactions with the recipients; new trainings in a few select areas that the partners have identified as critical for sustainability of the program in a region; and close-out discussions with the leadership in learning institutions, churches, and community groups and with the implementing partners. Specifically, these activities will focus on 831 schools, 226 churches, 19 universities and colleges, and 60 community-based youth groups. We will engage with the leadership of these 1,136 groups to better prepare for the sustainability of interventions by mobilizing and utilizing all of the community's internal resources. Specifically, the 226 churches and 831 schools will be encouraged to use their existing youth structures and guidance and counselling departments, respectively, to establish intervention sustainability. Further, we will work to strengthen the resolve of flower farms' leadership (who are part of the community-based groups) to see the informal discussions on positive sexuality engrained in the ongoing operations and supported by the utilization of available counselling and testing (CT) services and health centre facilities. For the Maasai Morans (who are part of the community-based groups), in conjunction with their community leaders, we will seek to establish a relevant link between the Morans' cultural training and sexuality using the MYFL strategy that has developed through past interactions. In total, we intend train 5,710 people to provide HIV/AIDS prevention messages and, to sensitize 17,454 adults to create a supportive environment to help 58,080 youth to choose, practice and sustain HIV free behavior. To ensure quality of our interventions, the MYFL staff and volunteers will make monthly follow-up visits to the 831 schools, 19 university/college, 60 community youth clubs and 226 church programs to collect data and support the programs in areas in which they may need help. The MYFL staff will use the existing M&E system to track the program's progress. This includes monthly planning and reporting tools, timesheets, work plans, quarterly partners meetings, and strategic communication between WR and the partners throughout the 21 months. WR will continue to build the capacity of the partners, based on lessons learnt, to help them implement quality AB HIV/AIDS prevention programs and prepare effectively for program close out. While MYFL is an AB-focused program, a considerable number of youth in the target population are sexually active. For these youth, secondary abstinence will be encouraged. Condom use will be discussed and great emphasis will be placed on referring them to CT and STI diagnosis and treatment centres to ensure a comprehensive approach. Our activities are tailored to encourage youth to make positive and lasting behaviour changes and to challenge the adult community to create an enabling environment that supports safer choices and sustained healthy behaviours. We will also spend time explicitly addressing poverty, gender violence, drug and alcohol abuse, multiple concurrent sex partners, cultural taboos on sexuality, which we consider key drivers of the epidemic in our context. We will use multiple messaging (drama, music, facilitation of Choose Life sessions, mass events, art) and a combination of prevention strategies (ABC, linkages with youth-friendly health service providers, etc.) to provide a comprehensive prevention approach to the epidemic.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

WR's AB activities focus on reducing the number of new infections among the youth and subsequently the general population. The project seeks to reduce the number of boys and girls who have sex before age 15 by promoting abstinence only for youth up to age 15 and AB thereafter. MYFL will increase the proportion of men and women 15-24 years who can correctly identify ways of preventing sexually transmitted HIV/AIDS infection from 86% and 77% respectively to 95%.

4. LINKS TO OTHER ACTIVITIES

While MYFL is an AB program, a considerable number of youth in the target population is sexually active. For these youth, secondary abstinence will be encouraged. Condom use would be discussed but great emphasis will be given to referring them to voluntary counseling and testing (VCT) and STI diagnosis and treatment centers for a more comprehensive approach.

5. POPULATIONS BEING TARGETED

MYFL targets youth between ages 10-24. We will expand our reach especially to children ages 10-14 by preparing them to choose abstinence before marriage as the best way to prevent HIV/AIDS and other sexually transmitted diseases by delaying sexual debut. The project also targets influential adults (i.e. parents, teachers, church leaders) to help them understand their role in encouraging youth to make wise choices about their sexual behavior.

6. KEY LEGISLATIVE ISSUES ADDRESSED

WR's structured peer education curriculum for ages 10-14 and 15-24 addresses gender-based violence and sexual coercion. It empowers the youth to resist sexual coercion and equips them with life skills to make wise choices.

Activity Narrative: 7. EMPHASIS AREAS

MYFL's major emphasis is on promoting abstinence and being faithful for youth ages 10-24 through peer education. The structured peer educator's curriculum has been very well received by staff as a tool to help them maintain the quality of training interventions and integrity of the AB messages. In addition, the project is developing the capacity of seven local FBOs serving youth to implement quality AB HIV/AIDS prevention programs. MYFL will also enhance an enabling environment through mass events for promotion of abstinence until marriage and fidelity to one faithful uninfected partner.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15068

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15068	5378.08	U.S. Agency for International Development	World Relief Corporation	7031	3705.08		\$311,775
7131	5378.07	U.S. Agency for International Development	World Relief Corporation	4312	3705.07		\$300,585
5378	5378.06	U.S. Agency for International Development	World Relief Corporation	3705	3705.06		\$0

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$498,208

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4684.09

Mechanism: N/A

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5720.19942.09

Planned Funds: \$798,837

Activity System ID: 19942

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support educational activities (\$639,069) related to life skills training and HIV prevention. The activity will continue to build partnerships with schools, local churches, FBOs, CBOs, NGOs and other affinity groups. This activity will focus on three main themes which are strengthening, saturating and sustaining.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to ADRA's AB program (#6833) and the APHIA II Rift Valley interventions (#9070). Sub-partners include Johns Hopkins University Bloomberg School of Public Health, Center for Communication Programs; Scripture Union; and Kenya Students Christian Fellowship.

2. ACTIVITY DESCRIPTION

In FY09 the World Vision (WV) Abstinence and Risk Avoidance for Youth (ARK) Program will respond to the new Kenya AIDS Indicator Survey 2007 (KAIS) and the ARK mid-term evaluation findings by focusing on three main themes (3S) Strengthening ,saturating and sustaining. - Strengthen already established ARK structures, supportive supervision and refresher training for Peer Educators, Teachers and ToT, linkages/referrals and monitoring system. (a) Compile monitoring handbook for data collection system, and retrain staff, volunteers and district and community representatives.; (b) standardize the operational definition of "reached" vis-à-vis "trained"; (c) disaggregate those receiving multiple ARK exposures from those with one hour of outreach; and (d) enhance assessments of staff and volunteer performance improvement. - Saturate the programme area with "A"&"B" messages by focusing on in-depth repeat exposure for youth and parent groups through small group dialogues and full ARK curriculum with greater emphasis on the 15-25 yr old "B" group. In response to KAIS which revealed higher HIV risk among 25-34 year olds, married, school-leavers, un-circumcised males, people with other STIs and rural people, reach previously under-reached pockets and higher-risk youth such as older, sexually active, out-of-school and OVC, with ARK curriculum. Introduce supplemental materials, messages and skills for these groups, emphasizing personalization of risk, secondary abstinence, fidelity, avoidance of MCP, cross-generational and transactional sex, STI and balanced condom information. - To ensure that interventions will be sustained at the end of the project, ARK will facilitate sustainability/transition workshops in all districts engaging all partners and stakeholders in order to ease the transition process and reduce the shock often felt at the end of project funding. The exercise will engage community and government leaders and ARK groups in review of transition options and issues and will result in detailed sustainability plans including objectives, benchmarks, indicators, persons responsible and timelines. Existing structures such as YAGs, PAGs and DACs will monitor implementation of sustainability plans. ARK will hence slow down rate of new outreach, shift balance to 15-24 year olds, and focus less on large crowd events more on intensity and quality of exposures.

ARK will continue to build upon the expertise and on-the-ground presence of World Vision Area Development Programs (ADPs), relationships with schools, local churches, FBOs, CBOs, NGOs and other affinity groups to mobilize: (i) Trained FBO leaders to incorporate AB messages in their weekly sermons; (ii) Youth Action Groups including health club Peer Educators to foster the adoption of AB behaviors by strengthening their capacity for healthy behaviors; (iii) Parent Groups equipped to communicate and counsel youth about sexual health and healthy choices; (iv) Teachers and other community "influentials" trained to overcome attitudinal barriers to effective communication regarding youth sexuality such that they can facilitate, counsel and reinforce AB messages; and (v) ADP-organized Community Care Coalitions (CCC) who are providing basic health, education, and psychosocial support to OVC and PLHWA to promote/reinforce AB messages. ARK's focused messages and skills development are on risk avoidance/reduction for all youth, regardless of age group. The primary aim is to delay first intercourse among youth 10 to 14 years old, to delay first intercourse and/or increase "secondary abstinence" until marriage among sexually active youth 15 to 24 year olds and to strengthen youth understanding and capacity for mutual fidelity and commitment to a single partner within marriage. Organizations and community structures such as youth serving-facilities, FBOs, CBOs, schools, church and faith communities will continue to be strengthened to support young people in their efforts to abstain and be faithful. ARK strives to create an enabling environment for youth where they receive support and re-enforcement for AB behaviors in order to transform social norms through communities. Capacities of increasing numbers of local village HIV&AIDS committees will be built to support and/or advocate for AB programs in collaboration with Area Advisory Councils. ARK will facilitate dialogue and Common Ground Melting Pot meetings among youth, parents and other stakeholders, particularly challenging harmful norms that present barriers to positive health practices. The ARK Management Team will present briefings and/or progress reports to the governments on ARK AB programs. In addition, ARK will continue to build the capacity of the two implementing partner FBOs to improve the quality of their training and to scale up their AB training and mobilization activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

ARK will generate 1400 youth Peer Educators/Coaches, 700 adult mentors, and 250 community outreach programs that promote "A and/or B" equipping 39,120 youth 10 to 14 years old with life skills that will help them delay age of sexual debut/abstain from sexual activity, 39,140 youth 15 to 24 years to practice primary or secondary abstinence, "A and/or B," and 19,540 parents and responsible adults to support these protective behaviors, thus contributing to a reduction in the rate of HIV transmission. ARK will create a critical mass of groups of parents, community and religious leaders, teachers, youth service providers. It will train 30 masters of Core trainers that will supervise district core trainers. ARK will sensitize and mobilize 200 government leaders at various levels take up some of the interventions carried out by ARK and particularly to continue to defend and promote the rights of youth and to protect them from HIV/AIDS by advocating and supporting the "A and/or B" behaviors. All the above activities support the national strategies of the government of Kenya, as outlined in the Kenya National AIDS Control Strategic Plan 2006-2010) and have the explicit support of government ministries that deal with youth and HIV/AIDS.

Activity Narrative: 4. LINKS TO OTHER ACTIVITIES

ARK activities are linked to ongoing work within the World Vision ADPs, which facilitate advisory and action groups and use the systems that exist in local communities to cultivate supportive family and community environments for youth to practice the A and/or B behaviors. ARK collaborates with the Ministries of Education, youth and Health to mobilize and equip youth, health care providers and teachers with skills to promote A and/or B behaviors. ARK will also collaborate with other development organizations such as ADRA, CARE, FHI and NOPE to increase the range and quality of services to the youth, Links with AB-Track 1-ADRA and AB activity APHIA, Nyanza, Western and Rift Valley. ARK works closely with village and district level leadership as well as FBO leaders to address obstacles in the environment that curtail the adoption of A&B norms.

5. POPULATIONS BEING TARGETED

ARK's primary target audience is girls aged 10-24 years with boys of the same age as a secondary target; this year expanding to adults up to 49 years old (male/female), while parents, caregivers, teachers, religious and community leaders and health care providers are tertiary targets. ARK targets youth aged 10-14 with outreach "A" activities; aged 15-24 years receive "A and/or B" activities inc. including secondary abstinence for those who are already sexually active; 25 to 49 with "B" and condom use messages.

6. KEY LEGISLATIVE ISSUES ADDRESSED

ARK activities address male and female cultural beliefs, norms and stereotypes that predispose both sexes to HIV infection, while empowering males to be defenders of women and girls' rights and to exercise equity in all areas. ARK maintains a deliberate bias towards addressing the needs of girls and young women.

7. EMPHASIS AREAS

This activity emphasizes community mobilization of various types of organizations referred to above. Other emphases include local organization capacity development; quality training and supportive supervision; strengthening the M&E system; mass production of 'extending tools' e.g., ARK passport to enable the youth to stick to the healthy choices they make.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15069

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15069	5720.08	U.S. Agency for International Development	World Vision International	7032	4684.08		\$564,000
7133	5720.07	U.S. Agency for International Development	World Vision International	4684	4684.07		\$1,090,184
5720	5720.06	U.S. Agency for International Development	World Vision Kenya	3220	291.06	Kenya AIDS Treatment and Support for OVCs	\$0

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education**

Estimated amount of funding that is planned for Education \$639,069

Water**Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 7831.09**Prime Partner:** To Be Determined**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 18053.20283.09**Activity System ID:** 20283**Mechanism:** Partnership for an HIV-Free Generation (CDC)**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** ■

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$932,946. CDC's TBD funding for The Partnership for an HIV-Free Generation will be reprogrammed to the USAID TBD HIV-Free funding pool for an AIDSTAR Sector I Task Order. The AIDSTAR Task Order will support administrative costs of HIV-Free's Program Management Center, the national youth media strategy, and public-private partnership agreements.

ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in abstinence/be faithful, and condoms and other prevention.

2. ACTIVITY DESCRIPTION

This funding is earmarked to support a dynamic, new initiative focused on Kenyan youth. Funding will be allocated as TBD across agencies (CDC 50%; USAID 50%) until partners are identified for activity implementation. The healthy youth initiative will utilize the core competencies of private sector partners, the technical expertise of the Kenya PEPFAR team and its partners, and the best ideas of young people themselves to implement novel approaches to imparting skills for healthy living, including a focus on HIV prevention, economic opportunity, and gender equality. It will in part be measured by a goal of a 50% decrease in HIV prevalence in five years among youth (age 10-24) in Nairobi and the surrounding slums and will be brought to national scale as resources and experience allow. Building from private sector expertise, the healthy youth initiative strategies will include traditional behavior change approaches such as media campaigns as well as innovative interpersonal and electronic communications. These will be adapted to match young adults' interests and needs with the recognition that a desire to "belong" and to "be cool," including self-image and peer pressure, are potent determinants of behavior among youth all over the world. The project will incorporate skills training and economic opportunities to lift young people out of cycles of desperation and despair, as well as provide links to education for school dropouts. Programs will be introduced in modules, both physical and technical, at schools, religious centers, business centers, and youth internet cafés / clubs to meet youth "where they are" (and where they want to be), as well as at central sites identified for the establishment and expansion of these interconnected modules. The healthy youth initiative will include monitoring and evaluation to track reduced HIV prevalence among youth, behavior change, increased financial security through job creation, and qualitative markers for positive living. Project evolution and implementation will be thoroughly documented to provide a replicable model. Youth will be engaged at all levels of developing, implementing, and assessing the initiative with appropriate involvement of experts and adults in the various areas. This activity will reach 186,589 youth and train 1,296 during the first year. A Program Management Center (PMC) will be established in Nairobi to manage the development of this initiative and coordinate the financial, in-kind, creative, and other inputs from partners with the needs of program implementers. FY 2009 funding for the healthy youth initiative will support both the PMC and direct program implementation.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This HIV Free Generation project will contribute to the overall youth prevention efforts in Kenya and reduce the number of new infections in Kenyan youth aged 10 to 24 years.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence/be faithful (#8989) and condoms and other prevention (#8942) to promote health seeking behaviors.

5. POPULATIONS BEING TARGETED

This activity targets adolescents aged 10 to 24 years old.

7. EMPHASIS AREAS

This HIV Free activity has a major emphasis on training and community outreach.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18053

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18053	18053.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7831	7831.08	Partnership for an HIV-Free Generation (CDC)	■

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$28,009,658

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7831.09	Mechanism: Partnership for an HIV-Free Generation (CDC)
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 18057.20284.09	Planned Funds: ■

Activity System ID: 20284

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$530,372. CDC's TBD funding for The Partnership for an HIV-Free Generation will be reprogrammed to the USAID TBD HIV-Free funding pool for an AIDSTAR Sector I Task Order. The AIDSTAR Task Order will support administrative costs of HIV-Free's Program Management Center, the national youth media strategy, and public-private partnership agreements.

ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in abstinence/be faithful, and condoms and other prevention.

2. ACTIVITY DESCRIPTION

This funding is earmarked to support a dynamic, new initiative focused on Kenyan youth. Funding will be allocated as TBD across agencies (CDC 50%; USAID 50%) until partners are identified for activity implementation. The healthy youth initiative will utilize the core competencies of private sector partners, the technical expertise of the Kenya PEPFAR team and its partners, and the best ideas of young people themselves to implement novel approaches to imparting skills for healthy living, including a focus on HIV prevention, economic opportunity, and gender equality. It will in part be measured by a goal of a 50% decrease in HIV prevalence in five years among youth (age 10-24) in Nairobi and the surrounding slums and will be brought to national scale as resources and experience allow. Building from private sector expertise, the healthy youth initiative strategies will include traditional behavior change approaches such as media campaigns as well as innovative interpersonal and electronic communications. These will be adapted to match young adults' interests and needs with the recognition that a desire to "belong" and to "be cool," including self-image and peer pressure, are potent determinants of behavior among youth all over the world. The project will incorporate skills training and economic opportunities to lift young people out of cycles of desperation and despair, as well as provide links to education for school dropouts. Programs will be introduced in modules, both physical and technical, at schools, religious centers, business centers, and youth internet cafés / clubs to meet youth "where they are" (and where they want to be), as well as at central sites identified for the establishment and expansion of these interconnected modules. The healthy youth initiative will include monitoring and evaluation to track reduced HIV prevalence among youth, behavior change, increased financial security through job creation, and qualitative markers for positive living. Project evolution and implementation will be thoroughly documented to provide a replicable model. Youth will be engaged at all levels of developing, implementing, and assessing the initiative with appropriate involvement of experts and adults in the various areas. This activity will reach 225,690 youth and train 671 during the first year. A Program Management Center (PMC) will be established in Nairobi to manage the development of this initiative and coordinate the financial, in-kind, creative, and other inputs from partners with the needs of program implementers. FY 2009 funding for the healthy youth initiative will support both the PMC and direct program implementation.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This HIV Free Generation project will contribute to the overall youth prevention efforts in Kenya and reduce the number of new infections in Kenyan youth aged 10 to 24 years.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence/be faithful (#8989) and condoms and other prevention (#8942) to promote health seeking behaviors.

5. POPULATIONS BEING TARGETED

This activity targets adolescents aged 10 to 24 years old.

7. EMPHASIS AREAS

This HIV Free activity has a major emphasis on training and community outreach.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18057

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18057	18057.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7831	7831.08	Partnership for an HIV-Free Generation (CDC)	

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 287.09

Prime Partner: University of Manitoba

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16808.20022.09

Activity System ID: 20022

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$1,500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Prime partner will support the roll out of the Sex Worker Minimum package in collaboration with NASCOP to PHMTs and DHMTs through cascade training.
- +Technical support will be provided to partners providing CSW services to assure an optimal coverage of Nairobi and the greater Nairobi environs, as well as with collaborating agencies of the transport corridor.
- +Clients of CSWs will be targeted with specific interventions that focus on consistent condom use and knowledge of HIV status.
- +Gender-based violence and substance/alcohol abuse will be incorporated as an essential element of the package.

COP 2008

1. LIST OF RELATED ACTIVITIES

N/A

2. ACTIVITY DESCRIPTION

The University of Manitoba will facilitate the development and implementation of a comprehensive sex worker prevention package as well as implement a sex worker outreach program (SWOP) in the Central business district of Nairobi and its environs. This package will be used by other USG partners nation-wide to provide a network of comprehensive coverage for sex workers. The University of Manitoba will also provide technical support to other partners implementing sex worker interventions through providing training, practical attachment and supportive supervision in the set up and quality programming assurance in the delivery of sex worker prevention packages. The University of Manitoba will also organize meetings and forums to share information and best practices across a broad range of partners working in the field. The program will reach 638,298 individuals (630,000 male clients and 8,298 sex workers) and train at least 1,897 counselors, health workers and sex worker peer educators. In addition, 574 condom outlets will be established. In many settings, sex workers are frequently exposed to HIV and other sexually transmitted infections (STIs) due to their high-risk sexual behaviors. Commercial sex workers (CSWs) are among the groups with the highest prevalence of HIV due to their high-risk sex, and their limited access (due to stigma, discrimination, and marginalization) to services for HIV prevention, treatment, and care. The high prevalence of HIV in CSWs is a concern both for members of these subpopulations and for the general population, as sexual mixing can facilitate transmission of HIV from high-prevalence to low-prevalence groups. The SWOP project will develop and implement a comprehensive prevention package for women in sex work settings, employing an intensified approach that will help reduce the number of HIV infections that result from commercial and transactional sex as well as restrict the overall spread of HIV from this high risk transmitter core group to the general population. This prevention intervention package is expected to reach at least 630,000 male customers and their partners in Year I with OP interventions. Currently, the sex worker population in the lower socio-economic section of the Nairobi central district (River Road) is highly characterized by an insecure environment and sex worker harassment, low education on health and HIV prevention, and unfriendly health provision services. These have resulted in limited access to counseling and testing, with only 20% of sex workers tested for HIV. The prices of condoms escalate with demand, rendering them often unaffordable. Service delivery points are also fairly scattered. Incorrect condom use including use of Vaseline jelly and use of two or more condoms and self-treatment of STIs are also chronic problems. SWOP will establish a drop-in center within convenient locations of the sex worker network and provide a package of services. This will include normalizing and creating a demand for HIV counseling, testing and routine STI screening among sex workers and promoting safer sexual behaviors thereby preventing and minimizing HIV/AIDS and other sexually transmissible infections. The project will also provide treatment and care services for sexually transmissible infections and provide linkage to its HIV/AIDS Care and Treatment facility. Condom information, provision, demonstration and promotion as well as Sexual and reproductive health services will be provided. Contraception, pregnancy testing and advice will be provided for HIV-positive individuals. Interventions to reduce alcohol and other drugs abuse in STI infections will be provided to sex workers and their partners through the peer educator networks. Assessment and management of general health issues and referrals will be made to friendly sites. This comprehensive prevention package is based on scientific evidence and from the University of Manitoba's long programmatic experience in this area. The intervention may contribute to the overall evaluation the standard set of tools that could assist Kenya to scale up for comprehensive coverage and perhaps some standardization of programs, and may even be used later used by other countries. University of Manitoba has an extensive history of work in Kenya with vulnerable populations including sex workers and a long standing research collaboration with the University of Nairobi. This long-term association has nurtured and created a very trusting environment for patients to visit. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi and lately, the central business district of Nairobi's River Road area. Extensive community-based services have already been established that involve peers as educators and a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of comprehensive prevention services for sex workers and their clients, strengthened human resource capacity to deliver HIV prevention and STI treatment, and a strengthened referral network for provision of HIV care. The program will reach 638,298 individuals (630,000 male clients and 8,298 sex workers) and train at least 1,897 counselors, health workers and sex worker peer educators. In addition, 574 condom outlets will be established.

4. LINKS TO OTHER ACTIVITIES

These activities link closely to ART services provided by University of Manitoba (#7094), PMTCT services at PMH provided by University of Nairobi (#7097) and to services provided at Kenyatta Hospital, a network center through University of Nairobi.

5. POPULATIONS BEING TARGETED

Patients receiving treatment will include two cohorts of patients identified through US government funded research studies, their families, women seeking antenatal and maternity services, and others in the geographic area. These populations include vulnerable women and children, in particular sex workers and

Activity Narrative: former sex workers who might not otherwise seek/access medical care and who may be high risk to transmission HIV particularly in the absence of appropriate treatment and support. Public health workers will be targeted, mainly doctors, nurses, pharmacists and laboratory workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, information, education, and communication, logistics, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16808

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16808	16808.08	HHS/Centers for Disease Control & Prevention	University of Manitoba	7013	287.08		\$900,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7445.09

Mechanism: TEPD

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 17450.20334.09

Planned Funds: \$100,000

Activity System ID: 20334

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS \$100,000

This activity addresses education as a secondary cross-cutting budgetary attribution. The primary beneficiaries of this activity will be primary school teachers and their pupils. This activity will train teachers to implement HIV and AIDS syllabus in schools. This activity will therefore improve on the quality of basic education which will include skill based training and HIV prevention education. In this activity teachers will be trained on infusing/mainstreaming HIV and AIDS into the curriculum at the pre-service teacher training level.

COP 2008

The only changes to the program since approval in the 2007 COP are:

•Academy for Educational Development has been competitively selected to implement the activity

1. LIST OF RELATED ACTIVITIES

N/A

2. ACTIVITY DESCRIPTION

The Kenya Ministry of Education (MOE) recently completed their fourth year of implementing the Kenya Education Sector Support Program (KESP) in which one of the objectives is to implement the AIDS policy for the education sector including training teachers to implement the HIV/AIDS syllabus in schools. AIDS is a major challenge to all the sectors of Kenyan society. In the education sector, the epidemic has severely affected quality, access, equity, supply and demand for education, thus reversing the gains made in the sector in the last ten years. Every Kenyan household is either affected or infected by the epidemic, and this affects individuals physically and psychologically. Strengthening the sector's capacity to respond to the epidemic will require a review of the policy on HIV/AIDS and curricula for various categories of educational institutions (primary, secondary, vocational/technical and non-formal education) in collaboration with the Kenya Institute for Education. MOE will need to initiate skills-based training relevant to AIDS in pre-service teacher training programs. This activity will fund the development of curricula for pre-service teacher training to be used eventually in all diploma and certificate teacher training colleges as well as the production of the same. First-year students will be targeted, with the expectation of training a total of 12,000 teacher trainees per year (approximately 600 per college), once the curriculum is available and all institutions are participating. In 2007 we trained 6,000 teacher trainees who will take a second-year course in 2008 while the other 6000 will be starting their first-year course. (In 2009 the first 6000 teacher trainees will have graduated and begun to reach students in their assigned schools.) The trained teachers will each be expected to work with seven in-service teachers during their teaching practice sessions, bringing the number reached to 84,000 teachers. As the "Education Sector Policy for HIV and AIDS" will be one of the materials used in the course, the cost of reproduction of this booklet will also be covered. Behavior change sensitization programs for communities, teachers, and personnel will help address HIV/AIDS in the education sector. Using a life skills approach as part of the school health program, sensitization will help build the capacity of teachers to address HIV/AIDS and substance abuse in educational institutions. Guidance and counseling services in educational institutions will be strengthened to help those suffering from stigma and trauma associated with HIV/AIDS.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This is one of the activities that contributes to the promotion of abstinence, being faithful and behavior change practices among youth.

4. LINKS TO OTHER ACTIVITIES

This activity carries forward previously approved activities in the 2007 COP under APHIA II TBD. It will build on the 2007 activity with KIE to update and reproduce the Life Skills curriculum. The program directly responds to the AIDS policy for the education sector which was developed with the Mobile Task Team using 2004 PEPFAR funding, and the development of the District Education Management and Monitoring Information System that is implemented through the APHIA II evaluation. The program will complement the in-service teacher training being carried out by CfBT. With the inclusion of the AIDS policy in the pre-service teaching curriculum, this activity will strengthen the in-service training of teachers at the worksite through all seven APHIA II regional projects.

5. POPULATIONS BEING TARGETED

The populations which will be directly affected include teacher trainees and indirectly their future students.

6. KEY LEGISLATIVE ISSUES

Messages will address gender norms and behaviors as well as stigma and discrimination. This is a wrap around in the education sector.

7. EMPHASIS AREAS

The major emphasis is on human resource development with minor emphases on information, education and communication as well as policy and guidelines.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17450

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17450	17450.08	U.S. Agency for International Development	Academy for Educational Development	7445	7445.08	TEPD	\$100,000

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7858.09	Mechanism: Partnership for an HIV-Free Generation (USAID)
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 17680.20321.09	Planned Funds: [REDACTED]
Activity System ID: 20321	

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$1,030,372. Partnership Framework [\$500,000]: Partnership for an HIV-Free Generation: Gpange Media Follow on Other Reprogramming [\$530,372]: CDC's TBD funding for The Partnership for an HIV-Free Generation will be reprogrammed to the USAID TBD HIV-Free funding pool for an AIDSTAR Sector I Task Order. The AIDSTAR Task Order will support administrative costs of HIV-Free's Program Management Center, the national youth media strategy, and public-private partnership agreements.

ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in abstinence/be faithful, and condoms and other prevention.

2. ACTIVITY DESCRIPTION

This funding is earmarked to support a dynamic, new initiative focused on Kenyan youth. The HIV Free Generation project will utilize the core competencies of private sector partners, the technical expertise of the Kenya PEPFAR team and its partners, and the best ideas of young people themselves to implement novel approaches to imparting skills for healthy living, including a focus on HIV prevention, economic opportunity, and gender equality. It will in part be measured by a goal of a 50% decrease in HIV prevalence in five years among youth (age 10-24) in Nairobi and the surrounding slums and will be brought to national scale as resources and experience allow. Building from private sector expertise, the healthy youth initiative strategies will include traditional behavior change approaches such as media campaigns as well as innovative interpersonal and electronic communications. These will be adapted to match young adults' interests and needs with the recognition that a desire to "belong" and to "be cool," including self-image and peer pressure, are potent determinants of behavior among youth all over the world. The project will incorporate skills training and economic opportunities to lift young people out of cycles of desperation and despair, as well as provide links to education for school dropouts. Programs will be introduced in modules, both physical and technical, at schools, religious centers, business centers, and youth internet cafés / clubs to meet youth "where they are" (and where they want to be), as well as at central sites identified for the establishment and expansion of these interconnected modules. The healthy youth initiative will include monitoring and evaluation to track reduced HIV prevalence among youth, behavior change, increased financial security through job creation, and qualitative markers for positive living. Project evolution and implementation will be thoroughly documented to provide a replicable model. Youth will be engaged at all levels of developing, implementing, and assessing the initiative with appropriate involvement of experts and adults in the various areas. This activity will reach 225,690 youth and train 671 during the first year. A Program Management Center (PMC) will be established in Nairobi to manage the development of this initiative and coordinate the financial, in-kind, creative, and other inputs from partners with the needs of program implementers. FY 2009 funding for the healthy youth initiative will support both the PMC and direct program implementation.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This HIV Free Generation project will contribute to the overall youth prevention efforts in Kenya and reduce the number of new infections in Kenyan youth aged 10 to 24 years.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence/be faithful (#8989) and condoms and other prevention (#8942) to promote health seeking behaviors.

5. POPULATIONS BEING TARGETED

This activity targets adolescents aged 10 to 24 years old.

7. EMPHASIS AREAS

This HIV Free activity has a major emphasis on training and community outreach.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17680

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17680	17680.08	U.S. Agency for International Development	To Be Determined	7858	7858.08	Partnership for an HIV-Free Generation (USAID)	██████████

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 441.09**Prime Partner:** Academy for Educational
Development**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 4940.20337.09**Activity System ID:** 20337**Mechanism:** Capable Partners**USG Agency:** U.S. Agency for International
Development**Program Area:** Sexual Prevention: Other
sexual prevention**Program Budget Code:** 03**Planned Funds:** \$2,008,255

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Specific prevention messaging targeting women, men and discordant couples will be incorporated into CT interventions. Specific messages will be developed for each target group.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Four new partners addressing substance-abuse will be identified during 2008
- 75,000 people reached with community outreach promoting HIV prevention
- 500 individuals will be trained to promote HIV/AIDS prevention through comprehensive programming
- 30 condom outlets will be made available at VCT sites targeting different populations

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HVOP IDUP, and HVCT.

2. ACTIVITY DESCRIPTION

This activity will reach 95,631 people with community outreach promoting HIV prevention. 500 individuals will be trained to promote HIV/AIDS prevention, and 150 condom outlets will be made available. Handicap International (HI) will be sub-granting to a number of organizations working with Persons with Disabilities to promote access to HIV/AIDS information. As in most developing countries, the situation of disabled persons in Kenya is alarming. Many live a life of discrimination, negative attitudes and exclusion from the mainstream community activities with no access to information or other basic necessities. Compounding the problem of vulnerability to HIV exposure is the challenge of communicating messages about HIV/AIDS. Low literacy rates among disabled individuals and disadvantages in accessing radio and/or television messages for the deaf and the blind present real challenges to prevention efforts. Eight organizations working specifically with people with disabilities will reduce their risk of acquiring HIV/AIDS by promoting accessibility to HIV/AIDS information and education, developing appropriate communication materials for the various types of disabilities (formats such as Braille, large print, sign language); and promoting behavior change among youth. 500 peer educators (disabled youth themselves) will be trained in HIV/AIDS issues. The peer educators will be expected to assist others to build self-esteem by enabling them to understand their rights to protect themselves from abuse or unsafe sex and other risky behaviors that could predispose them to HIV/AIDS. A disabled person should have equal access to HIV testing and advice. This will be made possible by training VCT counselors on the needs of persons with disabilities including the deaf. They will develop awareness among family members and the community to the duty of protecting disabled people from sexual exploitation and to ensure perpetrators face legal action. Support continues to the following sub-recipients for activities integral to this program: United Disabled Persons of Kenya, Blind and Low Vision Network, Dandora Deaf Self-Help Group, Kenya Disability Action Network, Kenya Society for the Mentally Handicapped, Nairobi Family Support Services and the Disabled Group of Trans Nzoia. Substance abuse is acknowledged as a major factor contributing to the spread of HIV. There are two main possible associations. First, individuals using drugs and alcohol may lose inhibition, leading them to indulge in risky sexual behavior that exposes them to HIV/AIDS infection. Second, injection drug users (IDUs) expose themselves to HIV/AIDS through direct blood-to-blood transmission. Comprehensive HIV/AIDS-prevention programs may help drug and alcohol users to stop using drugs and alcohol, change their behavior and reduce their risks of acquiring or transmitting HIV/AIDS. In Kenya, there is a growing body of evidence that supports the need to address issues related to drug and alcohol use and HIV prevention. Recent studies have shown that there is increasing use of illicit drugs, including heroin, marijuana, and khat, and according to research by the Kenya Medical Research Institute, alcohol now affects 70 percent of Kenyan families. Despite this, access to substance abuse and HIV/AIDS-prevention services remains limited. Through the Capable Partners Program Kenya (CAP Kenya) this activity will strengthen the organizational and technical capacities of Kenyan organizations implementing programs that prevent the spread of HIV/AIDS among drug and alcohol users. CAP Kenya will continue to provide grant funding and intensive technical assistance to eight organizations who will be implementing programs that decrease specific behaviors associated with drug and alcohol use. 200 members of these organizations will be trained. Organizations that focus on the following types of interventions will be targeted: 1) Outpatient treatment services 2) Transitional services between treatment and the community 3) Prevention/risk reduction services, and 4) Skill-based addictions training for existing and new addictions counselors in both out-patient and in-patient addictions-treatment facilities. Related partners include the following: Reachout Center Trust (Mombasa), Asumbi (Nairobi), The Omari Program (Malindi and Lamu), Kenya Urban Apostolate Program (Kisumu), Tuungane (Impact Research and Development Organisation) (Kisumu), The Redhill Center (Limuru), Family Health Options of Kenya (Kisumu and Nakuru), SAPTA (Support for Addiction Prevention and Treatment for Africa) (Nairobi). This activity will also support a highly successful outreach program focusing on services for street children operated by Wema Center in Mombasa. Street children lifestyles are characterized by continued marginalization from basic services and support such as lack of food, proper shelter, education, health care, parental care and guidance. These children and street youth suffer from a multiplicity of socio-economic problems that inevitably lead to desperation and anti-social behavior. They constantly encounter sexual abuse and drug addiction as the most prevalent problems. These problems are caused by widespread poverty, both in rural and urban areas, domestic violence, retrogressive socio-cultural beliefs and practices and the far-reaching negative impact of HIV/AIDS on poor families. Young girls are particularly sexually vulnerable, while boys are more likely to go into crime and drug abuse. Wema Center will scale up services to reach more children and provide additional services in Mombasa in addition to expanding services in Thika and Kisumu. The focus of activities in 2009 will be to consolidate this expansion. The activity will also support prevention activities carried out by I Choose Life (ICL). In 2008 CAP worked with ICL to develop parameters and pilot Youth Empowerment Centers (YEC) in two tertiary institutions: Kenyatta University and National Youth Service in Nairobi. In 2009 CAP will support ICL to build on the activities in the existing YECs and in two additional tertiary institutions; Eldoret Polytechnic and Egerton University to reach significant numbers of the campus communities with prevention messages.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will address some marginalized populations including the disabled and substance-abusers but will also focus on youth, a primary target population identified in the country strategy.

Activity Narrative: 4. LINKS TO OTHER ACTIVITIES

This activity is linked to the AED/Capable Partners/ Handicap International, WEMA and I Choose Life activities in HVOP, IDUP, and HVCT. These activities will strengthen those described in this narrative by providing additional support in material design, outreach, VCT and IEC activities.

5. POPULATIONS BEING TARGETED

The project expects to target a variety of populations with different interventions, particularly disabled youth, sexually abused young women and substance-abusers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

At the moment, little is being done to provide access for the disabled to services on HIV/AIDS, reproductive health and sexuality. Gender will also be addressed due to a rise in gender-based violence. Almost 90% of violence is sexual in nature. Service providers will be on the look-out for victims of such violence and appropriate services will be offered to them promptly to avoid complications that may arise. In all project activities, equity will also be a key focus. Female youth and disabled women in general will be provided with more access to services. The aim of this will be to provide 'more at risk' segments of the population with adequate information for prevention and also care and support as access may have been compromised because of their condition.

7. EMPHASIS AREAS

The major area of emphasis is capacity building and training. The project will train 500 individuals to promote prevention behaviors. Peer educators (disabled youth themselves) will be trained in HIV/AIDS issues. VCT counselors will be trained on the needs of persons with disabilities and training a deaf person in counseling to be able to provide VCT services to the deaf. A minor emphasis is on community mobilization/participation and policy and guidelines through the development of awareness among family members and the community that they have a duty to protect disabled people from sexual exploitation and to ensure perpetrators face legal action.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14715

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14715	4940.08	U.S. Agency for International Development	Academy for Educational Development	6920	441.08	Capable Partners	\$1,820,000
8880	4940.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$150,000
4940	4940.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$100,000

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4915.09

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8942.20430.09

Activity System ID: 20430

Mechanism: APHIA II - Nyanza

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$1,619,855

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Clients of sex workers will be targeted with specific interventions that focus on consistent condom use and knowing of status
- + Specific prevention messaging targeting women, men and discordant couples will be incorporated into CT interventions. Specific messages will be developed for each target group.
- + This activity will incorporate \$150,000 for HIV Free Generation activities focusing on youth
- + All male circumcision activities described in the FY08 narrative are now incorporated in their own narrative in FY09 under voluntary medical male circumcision.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been revised to include Kuria , Gucha, and Masaba
- An additional prevention component focusing on Male Circumcision (MC) was integrated with FY07 plus-up funds. In FY 08 an additional \$800,000 is provided for MC activities in the Northern districts of Nyanza province.
- \$50,000 of this OP activity is programmed with funds from the \$7 million FY08 plus-up for the Youth Prevention Initiative
- OP funds totaling \$29,000 will contribute to the sensitization of teachers as a worksite population linking with AB and OPHS funds for a \$150,000 activity to reach 750 teachers and train 20 more.
- APHIA II Nyanza will work with police, uniformed services, women, opinion leaders and others on issues of gender-based violence

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8760), Abstinence and Be Faithful Programs (#8989), Prevention of Mother-to-Child Transmission (#8734), Palliative Care: TB/HIV (#9059) and HIV/AIDS Treatment: ARV Services (#8774).

2. ACTIVITY DESCRIPTION

In 2009, APHIA II Nyanza will reach 1,000,000 individuals, 10,000 people will be trained and condoms will be distributed through 619 outlets. The USAID APHIA II Nyanza project implemented by EngenderHealth initiated support to condom promotion and other prevention activities in Nyanza Province in FY 2006. In 2009, this activity will continue to promote the use of condoms in high-risk encounters and support STI prevention and management in Nyanza Province but with a new focus on prevention strategies for HIV-positive persons. In 50 public and faith-based health facilities, 300 health workers will be trained to promote HIV prevention in care and treatment settings. Strengthening and expansion of STI management will include training of health service providers in syndromic management of STIs with appropriate strategies for condom promotion through the MCH, VCT, PMTCT and HIV treatment services. Utilizing the Ministry of Health's Community Strategy, 200 community resource persons (CORPS) especially from women's groups will be trained to promote health behaviors including faithfulness to their partner, knowing one's HIV status, using condoms and seeking health care for management of STI's. This activity will include a component of stigma reduction. In order to reach men, 100 peer educators at informal worksites including beach communities will be trained in HIV-prevention behaviors. The CORPS and peer educators will implement an HIV prevention program to reach 200,000 individuals in the community through community outreach and promotional activities. Community-based organizations and faith-based groups will help to train 200 youth advocates to use various BCC strategies including community radio and magnet theatre to deliver ABC messages to 40,000 youth out of school. This activity must include adequate support to the primary sub-recipient for prevention activities, PATH.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Nyanza project will contribute to the Kenya Five-Year Strategy that focuses on HIV prevention targeting high-risk groups. It will support access to condoms for those at risk for transmitting or becoming infected with HIV. In 2009, it includes a focus on prevention for HIV-positive individuals.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing (#8760), Abstinence/be faithful (#8989) to promote healthy behaviors amongst youth and reduce stigma by encouraging individuals to know their HIV status. It also relates to PMTCT (#8734), Palliative Care: TB/HIV (#9059) and ARV services (#8774) expanding HIV prevention in care and treatment settings.

5. POPULATIONS BEING TARGETED

This activity targets youth, men and women living in rural communities. It targets FP clients and people living with HIV/AIDS through clinical and community interventions. Training activities target public and faith-based health care workers. Community outreach activities will target community-based organizations, faith-based organizations, community leaders, religious leaders and out-of-school youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The behavior change communication activities for STI and HIV prevention will promote gender equity through partnering with women's organizations in the design and implementation of community activities. The activity will address male norms and behavior including multiple sexual partners through community interventions, as well as stigma and discrimination.

7. EMPHASIS AREAS

This APHIA II Nyanza activity has a major emphasis on community mobilization/ participation with minor emphases on training, IEC and local organization capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14779

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14779	8942.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$1,500,000
8942	8942.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$935,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3575.09	Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 4965.20446.09	Planned Funds: \$276,580
Activity System ID: 20446	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Condom messaging targeting both males and females (different direct targeting) will be developed and distributed to 800 peer educators at Kenyatta University. 50,000 students will receive the specific messaging.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- In FY 2008 FHI/CRTU will continue to gather strategic information and identify lessons learned to support integration of the activity with other partners, in particular APHIA II Nairobi;
- Disseminate lessons learned, including providing technical assistance to APHIA II partners to apply those findings within their activities; and
- Begin to develop and implement a transition plan with KU to promote sustainability and scale-up of activities.

1. LIST OF RELATED ACTIVITIES

This activity is related to Condoms and Other Prevention Activities (#8874) and Abstinence and Be Faithful Programs (#6889) and will lay the groundwork to hand over activities to APHIA II Nairobi in 2008.

2. ACTIVITY DESCRIPTION

Findings from the formative assessment (2005 COP) and lessons learned from the pilot intervention (2006 COP) have been rolled out in 2008 through additional communities in Nairobi to reach more housegirls with HIV prevention messages. Therefore, FHI/CRTU proposes in FY 2009 to continue to gather strategic information and identify lessons learned to support integration of the intervention with other partners. The activity scaled-up the intervention beyond Bahati Church to two additional faith-based institutions in Nairobi. 100 trained peer educators will reach an additional 500 housegirls with HIV and unwanted pregnancy prevention messages. The 2008 mass media campaign will continue with existing radio stations which will air HIV and unintended pregnancy prevention messages to reach 50,000 housegirls as well as the communities in which they work to create awareness of their vulnerability. CRTU will work with Kenyatta University (KU)'s Linguistics department to develop communications materials to be channeled through the local radio stations. In order to enhance the quality of the materials, CRTU will continue their sub-contract with a communications agency (possibly University of Nairobi's School of Journalism) to help design the messages. FHI will continue to provide technical assistance to five local faith-based organizations (FBOs) to design interventions to reach housegirls with prevention messages. Kenyatta University will be a sub-recipient (\$135,000) to carry out these activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the 2008 prevention targets by targeting special youth groups, i.e. housegirls. Reaching these hard-to-reach out-of-school youths is consistent with the Kenya Five-Year Strategy targeting young people as full partners in defining and delivering programs and messages.

4. LINKS TO OTHER ACTIVITIES

This activity also relates to OP activities (#8874) and AB activities (#6889).

5. POPULATIONS BEING TARGETED

This activity targets out-of-school youth (girls) and women working as housegirls/women, as well as religious leaders and volunteers working in faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues focus on gender, specifically on increasing gender equity in HIV/AIDS programs while also addressing male norms and behaviors.

7. EMPHASIS AREAS

The major emphasis is on information, education and communication with minor emphases on training, community mobilization, and local organization capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14791

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14791	4965.08	U.S. Agency for International Development	Family Health International	6945	3575.08	Contraceptive Research Technology and Utilization	\$200,000
6887	4965.07	U.S. Agency for International Development	Family Health International	4225	3575.07	Contraceptive Research Technology and Utilization	\$300,000
4965	4965.06	U.S. Agency for International Development	Family Health International	3575	3575.06	Contraceptive Research Technology and Utilization	\$300,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 305.09	Mechanism: N/A
Prime Partner: International Rescue Committee	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 4149.20517.09	Planned Funds: \$183,234
Activity System ID: 20517	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ IRC will continue to expand their AB interventions to include specific messaging targeting adult men and women specifically with the objective to reduce the number of multiple concurrent partners in both the Kakuma Refugee Camp and in the larger host community.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6913), Counseling and Testing (#6912), Prevention of Mother-to-Child Transmission (#6911), Palliative Care: Basic Health Care and Support (#6909) and HIV/AIDS Treatment: ARV Services (#6914).

2. ACTIVITY DESCRIPTION

Founded in 1933, the International Rescue Committee (IRC) is a leading non-sectarian, voluntary organization providing relief, protection and re-settlement services for refugees and victims of oppression or violent conflict. IRC is committed to freedom, human dignity and self-reliance. This commitment is reflected in well-planned resettlement assistance, global emergency relief, rehabilitation and advocacy for refugees in 33 countries around the world 21 offices in America that assist resettling refugees. IRC has been operational in Kenya since 1992, focusing initially on health outreach activities in Kakuma Refugee Camp (KRC); from 1997, IRC became the sole implementing partner for the entire health sector in KRC, under the operational umbrella of UNHCR. With additional support from CDC, IRC started the implementation of an HIV/AIDS prevention and care program in Turkana District in KRC in September 2001 and in Lokichoggio (Loki) in February 2004 and Kalakol July 2005. Turkana district is an arid, vast and remote land where government infrastructure and social services are weak, poverty is high, and local pastoralists exist only with great difficulty. The total population of the target areas (Kakuma, Lokichoggio and Kalakol) for this program is 271,000 people (of which 91,000 are refugees). Currently there are approximately 16,000 individuals infected by HIV in Turkana, of which less than 1% are receiving any form of care and support. IRC is one of the few agencies working to meet these needs. The International Rescue Committee (IRC) will continue a comprehensive HIV prevention and care program for refugees and the host population in the Kakuma refugee camp, and in Lokichoggio and Kalakol in northeastern Kenya. IRC will enhance community involvement and mobilization, capacity building of partners and IRC staff, involvement of PLWHAs to foster a partnership between different players to ensure a sustainable prevention program. Messages promoting condoms and safer sexual behavior will reach 60,000 refugees, nomads, and humanitarian workers. 232 persons will be trained in the delivery of effective HIV prevention services. 70 condom outlets will be established. Young refugees separated from their families will be a special target as there are many unaccompanied youth and young adults in the camp, commonly referred to as the Lost Boys of Sudan. An important focus on the OP activity will be Positive prevention. Targeted interventions such as STI screening and treatment for individuals with HIV and their partners as well as behavioral interventions for individuals with HIV will be provided so that the project puts considerable prevention efforts to persons with HIV. This activity will link closely with counseling and testing that will actively promote knowledge of sero-status as the first step to positive prevention.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

60,000 at risk persons will be reached. 232 people will be trained and 70 condom outlets established.

4. LINKS TO OTHER ACTIVITIES

IRC is implementing a comprehensive program in the Kakuma refugee camp, with links to International Rescue Committee AB activity (#6913); International Rescue Committee CT activity (#6912); International Rescue Committee PMCT activity (#6911); International Rescue Committee ARV Services activity (#6914); and International Rescue Committee HBHC activity (#6909).

5. POPULATIONS BEING TARGETED

The activities implemented by IRC in this program area will work to prevent HIV infection among adult men and women, most at risk populations including refugees, humanitarian aid workers and transport workers transiting to southern Sudan (a form of migrant workers), underserved and nomadic populations of Turkana district, and commercial sex workers and their clients. Many of the young people living in the refugee camp have had their educations disrupted and can be considered out-of-school youth. IRC will work with local community organizations and community, program, religious leaders and refugee counterpart volunteers. It will also target the Turkana host community, a largely rural community. People living with HIV/AIDS will also be targeted as well as varied cadre of public health care workers both within and outside the refugee camps.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is addressing gender equity in HIV/AIDS programs, addressing male norms and behaviors and reducing violence and coercion, particularly sexual violence affecting young refugee girls and women.

7. EMPHASIS AREAS

This activity includes major emphasis on human resources and minor emphasis on community mobilization/participation, development of network systems, information education and communication and training as detailed in the activity description above. The factors that increase project costs include the insecurity, isolation, distance between locations, severe lack of infrastructure in the district, difficulty in recruiting and retaining qualified staff, and higher staff salaries to compensate for the hardship location. Project costs reflect the current lack of local capacity and need to provide trainings and other capacity building support to partners in the district.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14842

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14842	4149.08	HHS/Centers for Disease Control & Prevention	International Rescue Committee	6956	305.08		\$132,500
6910	4149.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$125,000
4149	4149.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$175,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4918.09

Prime Partner: Program for Appropriate Technology in Health

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8927.20071.09

Activity System ID: 20071

Mechanism: APHIA II - Western

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$1,341,045

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Clients of sex workers will be targeted with specific interventions that focus on consistent condom use and knowing of status.
- + Specific prevention messaging targeting women, men and discordant couples will be incorporated into CT interventions. Specific messages will be developed for each target group.
- + This activity will incorporate \$100,000 for HIV Free Generation activities focusing on youth.
- + This activity will target police, uniformed services, women, opinion leaders, and others on issues of gender-based violence.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been revised to all 14 districts in Western Province.
- OP funds totaling \$29,000 will contribute to the sensitization of teachers as a worksite population linking with AB and OPHS funds for a \$150,000 activity to reach 750 teachers and train 20 more.
- APHIA II Western will work with select health facilities, police, uniformed services, opinion leaders and others on issues of gender-based violence.
- APHIA II Western will also expand their activities with CSWs and MSMs in Western.

1. LIST OF RELATED ACTIVITIES

This activity relates to all other program area activities for APHIA II Western-PATH: Abstinence and Be Faithful Programs (#8994), Counseling and Testing (#8777), HIV/AIDS Treatment: ARV Services (#8826), Orphans and Vulnerable Children (#9073), Palliative Care: TB/HIV (#9068), and especially in the areas of Palliative Care: Basic Health Care and Support (#8931) and Prevention of Mother-to-Child Transmission (#8738).

2. ACTIVITY DESCRIPTION

In 2009, APHIA II Western will reach 570,657 individuals with OP messages, train 4,455 people and distribute condoms through 508 condom outlets. Over the past years APHIA II Western has worked in partnership with the community in promoting behavior change beyond abstinence and being faithful as well as demand for HIV/AIDS, RH, TB, MCH, malaria services and gender through multi-prong approaches. In the COP 09 APHIA II Western will continue to promote dialogue and interaction at the community level, including ABC. The approach employs the use of Community Health Workers (CHWs) from the district to the village level. Each CHW conducts a series of dialogue groups in their community. In COP 09 the number of village CHWs will increase to 4520. The sub-locational Community Health Workers with the responsibility of monitoring the Village CHWs will be 188 in number and each will have a maximum of 10 villages linked to them. The project will strengthen and/or form 1760 VHC in COP 09 from the initial 1380 VHC in the previous years. CHWs will make more than 1.5 million contacts with the dialogue groups. In addition, the health facilities and the CORPS are significant outlets for condom distribution and promotion and it is the responsibility for the Public Health Office and the sub-locational CORP to ensure that the condoms are available in the community and during outreaches. The CHWs are recruited within proximity of the imperative sites to create a referral network between the community and health facilities within the sub-locations. The CHWs also play an important role in conducting auxiliary activities via community linkages with health facilities and worksites. Family communication will continue to be enhanced through 250 family discussion groups who will promote HIV/AIDS prevention by utilizing other behavior change beyond abstinence and being faithful. These peer family facilitators will reach out to a father, mother and 2 adolescent children in each family. In tandem with the faith based organizations 800 older married women mentors will continue to conduct dialogue groups with young married adolescent women to provide education on HIV/AIDS, reproductive health, family planning and couple counseling and testing. The capacity of women groups will also be strengthened through support of their livelihood with the aim of reducing gender biases and retrogressive cultural norms to enhance their capacity to negotiate for safer sex. APHIA has expanded its prevention activities to reach out to high risk populations such as low-income community women; commercial sex workers, beach communities and transport workers. Men will continue to be targeted through the formal and informal worksite programs. By COP 09, approximately 10 worksites will be identified with 400 worksite peer educators trained to conduct dialogue groups with employees. In COP 09, this program will expand to include 5 more companies and 200 more worksite motivators. APHIA will attempt to target teachers via the worksite program either via teachers unions or learning institutions. Worksite programs will be complemented with materials for worksites on ABC. Further, 192 youth magnet theatre members from 24 theatre troupes will be trained or re-trained in ABC to reach out-of-school youth. The project will continue to facilitate the integration of HIV/AIDS and RH messages in the music festivals that has reached an estimated number of 120,000 young people in primary and secondary schools. APHIA will also establish a gender-based violence program in COP 09. This may include the following type of activities: training of police and local leaders to sensitize and create an improved environment for women to report GBV or rape; making PEP available at health centers; establishing rape hotlines and ensuring psychosocial counseling services are made available. All community work will be complemented by a series of health newsletters and community radio and used as a mechanism of magnifying behavior change and sharing information. In addition, the continued community work will be supported by a BCC Advisory Committee that meets regularly, as well as change teams throughout the region who help guide and solicit improvements in programs, as well as recognize and utilize success stories.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA Western TBD activity will contribute substantially to the 2007 Emergency Plan risk reduction strategy. This activity also provides significant support to Kenya's 5-year strategy, KNASP 2006-2010, which focuses on primary prevention and calls for attention to the increased vulnerability of women. Through increased access to integrated services with linkages to HIV services, women and other community members will be encouraged to utilize these services. This activity also provides significant support to Kenya Essential Package for Health (KEPH) and National Health Sector Strategic Plan 2005-2010 (NHSSP).

4. LINKS TO OTHER ACTIVITIES

This activity carries forward previously approved 2007 COP activities of APHIA II Western - TBD. The OP

Activity Narrative: activities link to other all other program area activities for APHIA II Western PATH, including AB (#8994), CT (#8777), ARV Services (#8826), OVC (#9073), TB/HIV (#9068), and especially in the areas of HBHC (#8931) and PMTCT (#8738). STI prevention and treatment services form an integral part of PMTCT and palliative care.

5. POPULATIONS BEING TARGETED

This activity targets adults, family planning clients, pregnant women, people living with HIV/AIDS, community leaders, doctors and nurses in both public and private sector, other health care providers namely clinical officers and community-based organizations. It also targets men and women in the work place, male and female sex workers and their partners and clients, and other high-risk populations including truck drivers and out-of-school youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The behavior change communication activities for STI and HIV prevention will promote gender equity through partnering with women's organizations in the design and implementation of community activities. The activity will address male norms and behavior including multiple sexual partners through community interventions. It will also address issues of stigma and discrimination.

7. EMPHASIS AREAS

The actual emphasis of this APHIA II Western activity will be elaborated during the CA award but will include community mobilization/participation, training, development of networks and referral systems, and local organization capacity development. Programs will target 20,000 adults with alternatives to sex work as well as protective barriers to HIV transmission, both with commercial partners and steady boyfriends and husbands. They will train 50 peer educators to work with this target population. This activity will provide support in HIV prevention and supportive services where the incidence of victims of gender-based violence is reportedly high. Through awareness creation, targeted support services integrated with care and support programs, anti-rape campaigns and education and training for the police in Western province, they will train 50 police, community leaders and women's groups to reach 120,000 people including youth. Further activities targeting high-risk youth will be carried out with \$100,000. Building on the KAHRP project which targeted in-school youth, they will utilize a cross-sectoral approach, collaborating with the Ministries of Youth Affairs, of Home Affairs and of Gender, Sports and Culture. They will target sexually active out-of-school youth in particular, utilizing community theatre and other interventions. They will train another 100 peer educators and community leaders to reach 120,000 high-risk youth.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14994

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14994	8927.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$1,100,000
8927	8927.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$1,120,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 303.09

Prime Partner: University of Nairobi

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 19436.19988.09

Activity System ID: 19988

Mechanism: Department of Obstetrics and Gynecology

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$50,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, Condoms and Other Prevention, Palliative care and ARV services.

2. ACTIVITY DESCRIPTION

The Partners in Prevention (PiP) team, based out of the University of Nairobi, has a wealth of experience with discordant couples that uniquely places them in a position to take on the activities highlighted below: With supplemental funds received in FY08, this team was requested to build on their experience and expertise with discordant couples to concretize a standardized set of tools and materials for use in discordant couples' support groups at a national level. They were also charged to leverage a mix of OP and CT funds to link counseling and testing to discordant couples support groups, enabling a smooth connection between a positive test result and support provided by such support groups for both the positive and negative partners. The materials will contain standardized information not only on psychosocial and positive living issues but also on HIV prevention and broader Prevention with Positives (PwP) concepts to benefit both the negative and positive partners in the discordant couple. The materials developed will include curriculum and training manuals, as well as implementation materials including job aids. These tools and resources should be used to promote consistent messages so that any discordant couple may have access to standardized information and resources throughout Kenya. These materials will also feed into the National PwP Working Group's mandate to create a comprehensive PwP Toolkit. The materials created will serve as a toolkit for training peer educators in discordant couples' interventions. Following the development of these materials, funds may be used to print and disseminate them, as well as to provide training to peer educators so that standardized prevention interventions can be rolled out to discordant couples' support groups throughout the country. Materials will be used to train 300 peer educators (from each of PiP's existing discordant couples support groups in Nairobi (120), Eldoret (40), Thika (20) and Kisumu (120)). These peer educators will then create linkages with family testing and home-based counseling and testing (HBCT) interventions, as well as care and treatment sites, to provide standardized peer education services and support to discordant couples. Additionally, technical assistance and support will be provided to existing discordant couples groups to strengthen and standardize their prevention interventions. Peer education and technical assistance sessions will ultimately reach 10,000 individuals. Each of these peer educators will serve as condom outlets regularly supplying condoms to the support groups with which they work, thus resulting in 300 new condom outlets.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The Kenya AIDS Indicator Survey (KAIS) has revealed that among married individuals who are HIV-infected, 45% have a partner who is not currently infected; this amounts to nearly 400,000 discordant couples in Kenya. The uninfected partner in a discordant relationship is at extremely high risk of infection, and both members of the couple face unique needs that are not currently addressed in any systematic manner. This activity enables the provision of quality and standardized prevention services to discordant couples.

4. LINKS TO OTHER ACTIVITIES

These interventions will have a strong link to couples counseling and testing activities, including home-based counseling and testing. OP and CT will leverage funds to ensure an integrated and standardized approach, enabling a smooth linkage between a positive test result and support provided by such support groups. Additionally, this activity will link with care and treatment programs so as to capture identified discordant couples and related support groups. This activity will also link with activities of Discordant Couples of Kenya, a sub-partner of CHF in FY08 and an anticipated sub-partner of the Umbrella TBD.

5. POPULATIONS BEING TARGETED

This activity will specifically target discordant couples in Kenya; this population comprises one of the most highly vulnerable groups in the country. Discordant couples will be reached through existing discordant couples' support groups as well as by identification through linkages with counseling and testing as well as care and treatment sites. Discordant couples will then benefit from targeted prevention messages and interventions designed by the team at University of Nairobi and rolled out through trained peer educators.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue is addressing gender equity, and reduction in stigma and discrimination in HIV/AIDS programs.

7. EMPHASIS AREAS

This activity includes emphasis on quality assurance, curriculum development and training. Other activities include production of information, education and communication.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19436

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19436	19436.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7017	303.08	Department of Obstetrics and Gynecology	\$50,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1501.09	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 25070.09	Planned Funds: \$318,291
Activity System ID: 25070	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + In FY 09 CDC will add an advisor to provide technical assistance on activities related to People Living with HIV/AIDS (PLWHA).

COP 2008
 THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS. THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

The only changes to the program since approval in the 2007 COP are:
 + In FY 08 CDC a new technical advisor FSN position is proposed who can assist the USG team with new approaches to HIV prevention, including male circumcision. This advisor will work with all USG implementing partners across agencies to ensure careful coordination with MOH plans and other donor funding. In line with our '08 OP strategy and our staffing for results approach, CDC technical OP staff will play a lead role in coordinating the multi-agency efforts to develop a comprehensive prevention package for CSWs and for Positive Prevention. CDC Kenya staff will provide an intensive level of technical assistance and programmatic guidance on prevention activities guided by the PEPFAR condoms and other prevention programming. During FY 2008 CDC will reorganize its existing staff in line with staffing for results objectives and to support FY 2008 OP program strategic priorities.

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in Condoms and Other Prevention.

2. ACTIVITY DESCRIPTION In FY 2007

CDC will continue to work with Government of Kenya agencies and non-governmental partners to assist in the implementation of a wide range of HIV prevention services covered under Condoms and Other Prevention. CDC Kenya staff will provide technical assistance and guidance to local partners to ensure the technical soundness of these programs, adherence to Emergency Plan guidelines, and to ensure that these programs receive appropriate monitoring and evaluation. CDC Kenya has a close partnership with the International Rescue Committee to implement OP activities in the Kakuma refugee camp and will provide technical support to the State Department-funded UNHCR for activities in Dadaab refugee camp. The provision of technical guidance is a key element of this partnership. CDC staff will work closely with the Institute of Tropical Medicine (ITM) to ensure the technical and programmatic soundness of the young vulnerable women project in Kisumu. In addition, CDC provides intensive day to day support to over fifteen local FBOs and CBOs through a capacity building project with CHF International. The sub-grantees working in this area serve a broad range of at-risk groups including sugar plantation workers, sex workers, matatu and transport workers and those in the 'jua kali' informal sector. CDC will provide technical guidance in FY 2007 to help partners in this program area focus on Positive Prevention. This important behavioral approach has already been incorporated in the activity narratives for a majority of HVOP CDC partners. A new project to be supported by this mechanism will be one providing behavioral interventions for young men enrolling in the Kisumu male circumcision project (non-PEPFAR funded). The types of activities CDC technical staff engage in include training in workplan development, assistance with monitoring and evaluation plans, training to bring local CBO and NGO staff up to date in technical areas of HIV and AIDS, and other technical services. CDC Kenya staff also provide technical assistance to the non-military uniformed services of Kenya, including the National Youth Service, Kenya Prisons, Kenya Wildlife Service, and the police. The CDC Kenya OP technical team includes one Direct Hire (USDH) who has extensive international experience in implementation of behavioral HIV prevention programs and will provide 5% of time to OP. One locally employed staff works 50% of her time on this program and proposes to add one locally employed technical staff member to share the increasing workload. In addition, CDC Kenya will draw on technical expertise from other CDC prevention experts in Africa and in Atlanta. CDC also supports two local staff through the KEMRI COAG to coordinate the uniformed services project. This OP team will be supported by two locally employed drivers whose work is devoted to supporting HIV prevention interventions.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3588.09	Mechanism: APHIA II - Health Communication & Marketing
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 5006.20096.09	Planned Funds: \$1,875,809
Activity System ID: 20096	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + HCM will implement a mass media campaign addressing self efficacy.
- + HCM will implement a mass media campaign addressing condom use in regular relationships.
- + HCM will implement IPC activities reaching 150,000 high risk groups with self efficacy messages.
- + This activity will incorporate \$300,000 for HIV Free Generation activities focusing on youth.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- HCM will develop at least 2 mass media campaigns that address high risk behavior such as alcohol abuse and trusted partner and condom use. HCM will develop interpersonal communication activities that will reach 500,000 individuals and train 1,000 individuals in HIV prevention activities.
- HCM will continue promotion of male circumcision as an effective preventive intervention.
- HCM will also spend \$200,000 to implement the "Healthy Youth Programs Initiative" also known as Hype.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#8950), (#8725), (#8731), (#9070), (#9074), (#8994), (#8989), Condoms and Other Prevention Activities (#8930), (#8932), (#8874), (#9040), (#8937), (#8927), (#8942), Counseling and Testing (#8781), (#8782), (#8976), (#8776), (#8778), (#8777), (#8760), and Prevention of Mother-to-Child Transmission (#8764), (#8752), (#8729), (#8733), (#7087), (#8738), (#8734). It also relates to HIV/AIDS Treatment: ARV Services (#6899) and HIV/AIDS Treatment: ARV Drugs (#6969).

2. ACTIVITY DESCRIPTION

In 2009 HCM will develop at least 2 mass media campaigns that address self efficacy and condom use in regular relationships. HCM will develop interpersonal communication activities that will reach 150,000 individuals and distribute condoms through 58,619 outlets. Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve health outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. The objectives of this activity in HIV/AIDS are to 1) Improve the preventive behaviors of Kenyans related to HIV/AIDS, in particular increasing the percent of men and women aged 15 to 24 abstaining from sex, promoting fidelity, partner reduction, the correct and consistent use of condoms in high-risk sexual encounters, and the percent of men and women going for voluntary counseling and testing (VCT) and receiving their test results (the "ABC" approach); 2) Improve service utilization rates for VCT, and prevention of mother to child transmission (PMTCT) of HIV. This includes increasing the percentage of pregnant women who access PMTCT services, including VCT, and increasing the number of Kenyans who use VCT services and receive their test results; 3) Build the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, sales, and distribution network that improves availability and access by key populations to products related to HIV/AIDS; develop and manage a communications initiative to increase knowledge and change behavior of Kenyans with respect to HIV/AIDS including interpersonal communication; and develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. This activity will support 58,619 condom outlets nationwide, e.g. in hotels, kiosks, bars and other public places.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2009, in OP, this partner will develop and disseminate communication messages/materials on condoms and other prevention targeting over-14 year old youth and high-risk populations. It will also promote messages on abstinence and the importance of faithfulness within marriage to approximately 500,000 members of the target population. This activity will generate demand for information about condoms and other prevention interventions, however as there will not be outreach activities, these targets do not apply.

4. LINKS TO OTHER ACTIVITIES

The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with projects working at the regional level. These projects will "feed into" the development of population-specific messages which will strengthen peer education interventions implemented on the ground.

5. POPULATIONS BEING TARGETED

OP messages will primarily focus on over 14 year olds, adults and high-risk populations such as substance-abusers and street youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication, make linkages with other sectors for message development (e.g. CT, PMTCT), and train individuals in message development and communication.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14982

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14982	5006.08	U.S. Agency for International Development	Population Services International	6994	3588.08	APHIA II - Health Communication & Marketing	\$2,389,350
7051	5006.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$1,185,000
5006	5006.06	U.S. Agency for International Development	Population Services International	3588	3588.06	APHIA II Health Communication and Marketing	\$1,400,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 448.09

Mechanism: N/A

Prime Partner: Population Council

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 6582.20167.09

Planned Funds: \$488,164

Activity System ID: 20167

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +The project will expand its scope to include targeted interventions addressing cross-generational sex, multiple concurrent partnerships, gender-based violence, working with men, boys and Prevention with Positives
- +The project will develop and scale up appropriate interventions responsive to the public health needs of MSM, based on the findings of the MSM assessment being undertaken in FY08
- +This project will incorporate HIV-free generation youth activities in Nairobi, Central and Eastern province sites. \$100,000 is attributed to this activity.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been revised (or expanded) to include Thika and Nyeri;
- The target population has been revised (or expanded) to include men who have sex with men; extremely vulnerable girls and young women in urban areas;
- Other changes include: 1) programmatic assessments of MSM populations in regional towns of Thika and Nyeri, where HIV prevalence is considerable and where the FOY program has a network of collaborating service providers and outreach workers. 2) a programmatic assessment will be conducted in low income and slum areas of Nairobi, where little MSM work has been undertaken but where transactional same sex interactions are likely. Findings from the assessments will identify patterns of MSM behavior in regional town and cities, inform context-appropriate programs, and provide direction for further surveillance surveys among this population. Based on results from the assessments in three urban sites, the Council will work collaborating service providers to make existing services responsive to the needs of MSM. 3) sensitization of providers to the HIV prevention and RH needs of MSM and working with Liverpool VCT—who have developed MSM services in Nairobi—to train providers. The Council will monitor and document the experience of strengthening existing service providers in urban areas to meet the needs of MSM. Documentation will include monitoring of performance, post training interviews with service providers and interviews with clients. 4)Also, during the coming year, the Friends of Youth program will increase its focus on the most vulnerable subsets of adolescent girls and young women, and will conduct exploratory program assessments on non-formal transactional sex among girls and young women in urban areas, leading to programmatic content addressing transactional sex.
- FY 2007 PLUS UP ADDITIONS: This plus-up will support the expansion of activities currently supported as per the 2007 COP. Population Council's Friends of Youth (FOY) project will expand the scope of working with high-risk youth with prevention interventions in its five major locations - Nyeri, Nyahururu, Thika, Huruma/Mathare and Embu. The FOY project will target high-risk behaviors among youth in the said locations to include working with youth in post-test clubs, youth groups with community education activities, youth living on the streets and other young people engaged in high-risk behavior. This activity will also allow increased support to the Family Health Options Kenya who facilitates increasing access to STI treatment through a coupon referral system to local health providers. This activity will be closely linked with counseling and testing and will target mobilizing young people with high-risk behaviors to improve prevention of HIV transmission through self and partner testing.
- \$100,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#7026) and Counseling and Testing (#8753).

2. ACTIVITY DESCRIPTION

Population Council's (PC) 'Friends of Youth' (FOY) Project working in partnership with the Family Health Options Kenya (FHOK) will reach 97,633 youth with condoms and other prevention education and services. It will train an additional 300 FOYs. It will expand its scope of the Friends of Youth (FOYs) to include using the adult mentors (FOYs) to reach sexually active and at-risk youth education and service that focus on sexual risk reduction. The effectiveness of the FOY activity in achieving behavior change for youth through close adult mentorship has been evaluated for effectiveness and shown to result in adoption of safer sexual behavior and is now being scaled up to previous control sites and other feasible areas. The program links youth with a trained adult mentor at village level. The program will work with the existing 100 FOYs who will use participatory approaches to involve youth in risk-reduction education, including condom promotion and distribution. The project will therefore identify and target sexually active youth and other high-risk groups within their target locations. They will increase support to STI treatment for youth by linking them to service providers through an established coupon system that offers youth a significantly subsidized treatment cost and hence eliminates the cost barrier to treatment. STI screening and treatment for individuals with HIV will be intensified. It will also provide reproductive health information for young women testing positive to prevent unintended pregnancies. Referral systems to HIV care and treatment services, including ART will be improved to reduce viral load and the risk of HIV transmission. In addition, behavioral interventions targeting individuals with HIV will be developed to help reduce the risk of transmission. These and other efforts will ensure that Positive Prevention is a key focus among this high-risk group. Additionally, the FOY project will provide update trainings for 200 youth in participatory theatre to enhance their involvement in community HIV education activities. The project content will be further enriched to include intensified education on alcohol and substance abuse. The project will expand its activities to the Embu municipality, which bears close proximity to Nyeri and shares similar cultural practices upon which the project is developed. Data management will be strengthened through establishing more effective linkages with other service delivery partners. An important addition to the project will be establishing linkages for adolescent care and treatment in both private and public health care facilities. PC has done extensive work on effective youth interventions and this project will scale up a successful youth-adult behavior change model in selected urban areas in Kenya. This activity also includes support to the Family Health Options Kenya for activities integral to the program for an amount of US\$50,000.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the 2009 project period, a total of 97,633 individuals will be reached with an intensive curriculum-based life skills training program through an additional 300 FOYs/ adult mentors trained. 187 condom

Activity Narrative: outlets will be established.

4. LINKS TO OTHER ACTIVITIES

This activity relates to PC-FOY other program areas: FOY AB activities (#7026) will contribute to achievement of targets in this program activity and CT activity (#8753). PC-FOY will continue strengthening the referral system that encourages youth to adopt good health-seeking behavior for STIs and subsequently care as need may be. Linkages will be established with public health care facilities to supplement current linkages that exist with private health service providers.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

Major emphasis will be on human resource. Minor emphasis will be made on community mobilization and participation as well as on Information, Education and Communication. Linkages with other sectors, especially the health sector and the development of referral systems will be enhanced. Training of FOYs and youth will be other minor emphases.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14976

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14976	6582.08	HHS/Centers for Disease Control & Prevention	Population Council	6992	448.08		\$353,000
7027	6582.07	HHS/Centers for Disease Control & Prevention	Population Council	4275	448.07		\$260,000
6582	6582.06	HHS/Centers for Disease Control & Prevention	Population Council	3249	448.06		\$150,000

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 4917.09**Prime Partner:** Pathfinder International**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 8874.20173.09**Activity System ID:** 20173**Mechanism:** APHIA II - Central**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: Other sexual prevention**Program Budget Code:** 03**Planned Funds:** \$649,595

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Clients of sex workers will be targeted with specific interventions that focus on consistent condom use and knowing of status.
- + Specific prevention messaging targeting women, men and discordant couples will be incorporated into CT interventions. Specific messages will be developed for each target group.
- + This activity will incorporate \$100,000 for HIV Free Generation activities focusing on youth.
- + This activity will target police, uniformed services, women, opinion leaders, and others on issues of gender-based violence.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- \$100,000 of this OP activity is programmed with funds from the \$7million FY08 plus-up for the Youth Prevention Initiative.
- OP funds totaling \$58,500 will contribute to the sensitization of teachers as a worksite population linking with AB and OPHS funds for a \$150,000 activity to reach 1,500 teachers and train 40 more.
- APHIA II Nairobi/Central will work with select health facilities, police, uniformed services, opinion leaders and others on issues of gender-based violence.
- The OP activity will include Prevention with Positives (PwP) activities working through PLWA support groups linked to the Comprehensive care Centers.
- APHIA II Nairobi/Central will also expand their activities with CSWs and MSMs.
- APHIA II Nairobi/Central will continue work with select health facilities, police, uniformed services, opinion leaders and others on issues of gender-based violence.

1. LIST OF RELATED ACTIVITIES

This activity is linked to Palliative Care: Basic Health Care and Support (#8936), Counseling and Testing (#8976), and Palliative Care: TB/HIV (#9072).

2. ACTIVITY DESCRIPTION

In 2009, APHIA II Central will reach 276,423 individuals, train 821 people and distribute condoms through 248 outlets. This activity will strengthen HIV prevention programs through other behavior change approaches (i.e. all behavior change approaches that do not focus on abstinence and being faithful) under the APHIA II Central Province Project. In FY 2009, Pathfinder and its prevention partners, including PSI, will target youth and adults with behavior change messages that are appropriately adapted to different target groups. Peer education, informal and formal worksite interventions, community outreach by PLWA, mobile VCT, life skills education for youth, high-risk outreach and transport corridor activities will all serve as means through which messages will be conveyed. In particular, the project will capitalize on PSI's experience in targeting informal worksites, market places, and "hot zones" where high-risk behavior is common. Street theater, interactive games, PLWA testimonials, outreach sessions and community mobilization will be used to convey messages that include consistent and correct use of condoms, knowing one's status and knowing your partner's status. APHIA II community level partner capacity for undertaking prevention and behavior change activities will also be strengthened, such that messages can be conveyed widely through implementing partners and undertaking home and community support activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 PEPFAR OP targets for Kenya. By specifically focusing on men and youth, this activity will significantly contribute to PEPFAR goals for primary prevention through the integration of prevention into all community outreach for treatment and care.

4. LINKS TO OTHER ACTIVITIES

Support to Prevention/Other Behavior Change will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. It is specifically linked to palliative care, basic health care (#8936), counseling and testing (#8976), and palliative care, TB/HIV (#9072).

5. POPULATIONS BEING TARGETED

This activity targets both adults and youth, with additional emphasis on worksites to reach men as well as high-risk groups and persons frequenting/working in "hot spots". It will target special populations such as bar maids to improve their HIV risk awareness, their rights as bar maids and how they can protect themselves from acquiring HIV infection. Implementing-Partner counterparts from NGOs, CBOs, FBOs and schools will be targeted for training to implement prevention programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will be consistent with national policies regarding other prevention and will specifically address gender to improve gender equity in HIV programming as well as address male norms and behavior that often hinder uptake of prevention activities.

7. EMPHASIS AREAS

This activity includes major emphasis on worksites and minor emphases implementing-partner capacity building, linkages with other sectors and initiatives and training. APHIA II Central will expand their activities to target high-risk youth by training peer educators. The activity will focus on HIV prevention with male and female sex workers to promote alternatives to commercial sex work as well as protective barriers to prevent HIV transmission, both with commercial partners and steady boyfriends/girlfriends and husbands/wives. In addition they will use \$100,000 to expand support in HIV prevention and supportive services to 20,000 victims of gender-based violence in central province through the Nairobi Womens Hospital and outreach centers and train 20 health workers and community participants.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14959

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14959	8874.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$600,000
8874	8874.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$1,050,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4919.09	Mechanism: APHIA II - North Eastern
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 8937.20185.09	Planned Funds: \$450,000
Activity System ID: 20185	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Clients of commercial sex workers will be targeted with specific interventions that focus on consistent condom use and knowing HIV status.
- + Specific prevention messaging targeting women, men, and discordant couples will be incorporated into counseling and testing interventions. Specific messages will be developed for each population.
- + Specific AB messages will target both adult men and women with the aim to reduce the number of multiple concurrent partners.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Prime partner Pathfinder International has been competitively selected to implement the activity
- \$100,000 of this allocation will be used to carry out formative evaluation to determine the drivers of the epidemic in "hot spots" of North Eastern province

1. LIST OF RELATED ACTIVITIES

This activity links with other activities in Abstinence and Be Faithful Programs (#9074), Counseling and Testing (#8778), Prevention of Mother-to-Child Transmission (#7087) and Palliative Care: TB/HIV (#9066).

2. ACTIVITY DESCRIPTION

\$100,000 of this allocation will be used to carry out formative evaluation to determine the drivers of the epidemic in "hot spots" of North Eastern province. In FY 08, this activity will reach 7,000 individuals with other prevention interventions and train 60 people. In addition condoms will be distributed through 100 outlets. Kenya's NEP is fortunate to have much lower HIV prevalence rates than other provinces in the country. The KAIS shows rates varying from 0-2% across the province. The primary focus of APHIA II NEP will be to maintain low prevalence rates through reinforcing the attitudes of local religious and societal leaders around abstinence and being faithful and using them as culturally acceptable means for influencing the local population. However, PMTCT data from UNICEF's work in the region shows areas of rapid expansion of the epidemic mainly around Garissa (5%) and other urban centers which are acting as catalysts in fueling the spread of the HIV epidemic. Urban areas within NEP generally feature significant populations of civil servants, uniformed services personnel and commercial traders, most of whom are from other regions of the country and are living in isolated NEP unaccompanied by their spouses or families. Despite the general perception of NEP as an Islamic province with conservative social morals, these urban centers feature "hot spots" for commercial sex and opportunities for the HIV virus to enter the mainstream population through widows and polygamous unions. Condom use as an HIV/AIDS prevention strategy is an extremely sensitive issue among the Muslim community in NEP and must be approached carefully. APHIA II NEP will carefully target segmented components of the NEP population, working primarily with commercial sex workers; bar owners; long-distance truck drivers; commercial traders and civil servants from outside the province; and, members of the uniformed services. The project will collaborate with partners such as the ROADS project and PSI for reaching targeted groups with condoms and will employ proven approaches such as the Men as Partners program for developing healthier behaviors within the uniformed services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By supporting the CORP/TBAs to ensure use of sterile birth equipment the project shall reduce the risk of HIV transmission through the use of contaminated tools. Strengthened referral by the CORP/skilled birth attendant system for pregnancy and pregnancy related issues will increase the number of pregnant mothers accessing essential antenatal services including VCT and PMTCT. Increased use of condoms by clients of CSWs will reduce opportunities for sexual transmission of the virus among high risk groups.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Counseling and Testing (#8778) and Abstinence and be faithful (AB) activities (#9074). These OP services will be complemented by other ongoing health activities, which include community and religious outreach programs for awareness creation and behavior change and prevention among literate and illiterate populations of North Eastern Kenya. The CORP/TBAs shall provide basic health services, disseminate HIV/AIDS AB messages and mobilize the pastoral community for HIV/AIDS services including TB (#9066) and PMTCT (#7087).

5. POPULATIONS BEING TARGETED

These activities target special populations particularly the mobile populations of Northern Kenya. OP information and condoms will be passed to truck drivers who are a risk group as they move from high HIV/AIDS prevalence zones of Kenya in search of animals for international markets. Appropriate HIV/AIDS messages will be disseminated through brochures, billboards, fliers and police road signs. In addition, special populations, particularly commercial sex workers, in the target districts will be equipped with appropriate information and empowered to use HIV/AIDS preventive methods at all times. Altogether, 6,000 people will be reached.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is Gender: working with the women in the project districts who will be empowered to be decision makers on matters of reproductive health and be persuaded to accept the use of condoms in a polygamous Muslim population. The KDHS 2003 study indicates that knowledge about condoms, their acceptability and use is very limited in the project districts of North Eastern Kenya. The OP program will advocate for and promote strategic condom distribution and use while considering religious, cultural and gender sensitivities.

7. EMPHASIS AREAS

The major emphasis area for this component is development of network/linkages/referral systems developing strong referrals through their skilled birth attendants. In addition another major area is Information, Education and Communication with activities that will enhance HIV/AIDS prevention behavior. Knowledge of contraceptive methods in general, and about condoms in particular is low. Acceptability and use of condoms is less prevalent in the project districts. The Supreme Council of Kenya Muslim (SUPKEM)

Activity Narrative: religious leaders have rejected condom use among Muslim populations in the project area. The argument that condoms curtail fertility and save lives is pitted against condoms as a symbol of immorality and uncontrolled sexual activity. The resultant discourse portrays real conflicts faced by Muslims when they have to decide whether or not to use condoms. The project will hence discover ingenious avenues to promote condom use in the project districts and increase both demand and supply to groups at risk.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14699

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14699	8937.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$450,000
8937	8937.07	U.S. Agency for International Development	To Be Determined	4919	4919.07	APHIA II - North Eastern	████████

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3465.09	Mechanism: N/A
Prime Partner: National AIDS & STD Control Program	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 4228.20220.09	Planned Funds: \$224,461
Activity System ID: 20220	

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$100,000. Partnership Framework: Support Prevention with Positives stakeholders/dissemination Meetings at National and Regional level, M&E Activities and Support supervision.

ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#7007), Counseling and Testing (#7009), Prevention of Mother-to-Child Transmission (#7006), Palliative Care: Basic Health Care and Support (#7005), Palliative Care: TB/HIV (#7001), HIV/AIDS Treatment: ARV Services (#7004) and Strategic Information (#7002).

2. ACTIVITY DESCRIPTION

The Kenya National AIDS and STI Control Program (NAS COP) will support, supervise and monitor condoms promotion and prevention activities targeting at-risk youth and vulnerable populations in Kenya. NAS COP will also support the training of 300 individuals in the promotion of HIV/AIDS prevention through OP messages. In addition, STI management will be strengthened to provide a special focus on Positive prevention. This will entail educating health workers on the need to intensify STI screening and treatment for individuals with HIV. Guidelines for health service providers will be developed to assure they focus on important aspects such as positive prevention and the provision of youth-friendly services, a gap highlighted in the 2004 Kenya Service Provision Assessment Survey. Training updates for health workers will be done through the Kenya Medical Training College. NAS COP will also take the lead in developing policies and guidelines as needed to ensure a reasonable standard of practice in delivering prevention programs for vulnerable populations. NAS COP will continue strengthening a coordination mechanism for condom promotion, information and education to vulnerable populations in Kenya. It will continue to explore feasible avenues of strengthening HIV prevention programs such as the integration of alcohol prevention efforts with HIV prevention work. NAS COP will coordinate the development and distribution of print materials as needed in support of condoms and other prevention programs for young people and most-at-risk populations. It will support increased condom access through increasing the number of condom outlets country wide. These will contribute to improved HIV preventive behaviors among young people, changed social and community norms to promote HIV preventive behaviors among youth and young adults as well as reduced HIV/AIDS stigma and discrimination. Significant changes from 2006 to 2007 will be that NAS COP will play a key role in ensuring that epidemiological data is captured, analyzed and presented for use in implementation of prevention programs. NAS COP was established within the Ministry of Health (MOH) to conduct surveillance, develop policies and coordinate activities in HIV/AIDS prevention, care and treatment. Since 2001, the USG has been a major supporter of operational activities of NAS COP through a cooperative agreement with CDC that has resulted in the development of VCT, PMCT, ARV, TB-HIV care, HIV testing in clinical settings and other policies; improved support supervision and field coordination with provincial, district and local facilities; and improved surveillance, monitoring and evaluation. This has resulted in increased capacity for the MOH that serves as a platform for the services necessary to reach Emergency Plan targets.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute towards the achievement of the Emergency Plan prevention targets. It will promote the ability of implementing partners to reach their varied emergency plan targets for the year and will guide the implementation of targeted interventions for greater efficacy in behavior change. NAS COP will also support the training of 300 individuals in the promotion of HIV/AIDS prevention through OP messages.

4. LINKS TO OTHER ACTIVITIES

This project will establish essential linkages with other NAS COP coordinated national programs including NAS COP CT activity (#7009); NAS COP AB activity (#7007), NAS COP PMTCT activity (#7006); NAS COP ARV services activity (#7004); NAS COP palliative care: basic health care and support activity (#7005), NAS COP palliative care: TB/HIV (#7001) and NAS COP strategic information activity (#7002).

5. POPULATIONS BEING TARGETED

Activities implemented by NAS COP in this area will target partners working towards the reduction of HIV prevalence through prevention of new and secondary infections. Efforts in this activity will target out of school and street youth, children and youth, adults, people living with HIV/AIDS and most at risk populations. Community organizations including FBOs, NGOs, implementing organizations and rural communities will be indirectly targeted by NAS COP.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is increasing gender equity in HIV/AIDS programs and reducing stigma and discrimination.

7. EMPHASIS AREAS

This activity includes major emphasis on quality assurance, Quality improvement and supportive supervision. Minor emphasis will be on commodity procurement, development of linkages and referrals and the development of guidelines and information, education and communication.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14933

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14933	4228.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$90,000
7008	4228.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$100,000
4228	4228.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$200,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1246.09

Prime Partner: Program for Appropriate Technology in Health

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 19422.20268.09

Activity System ID: 20268

Mechanism: Uniformed Services Project

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$981,825

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + Prime partner PATH has been competitively selected to implement the activity

COP 2008

1. LIST OF RELATED ACTIVITIES.

This activity relates to activities in Abstinence and Be Faithful Programs, Counseling and Testing, Palliative care: Basic Health Care and Support.

2. ACTIVITY DESCRIPTION

The proposed activities include community outreaches to promote correct and consistent use of condoms among the Non-Military Uniformed Services personnel who are most at risk of HIV infection and who engage in high risk behaviors. Proper condom supply channels will be put in place to ensure availability in all uniformed Services camps, station and parks and colleges countrywide. Regular monitoring of condom utilization and refills will be done. Units will be required to file reports on both male and female condom use on monthly basis. Peer educators will be trained to distribute condoms as they conduct the other peer-led activities. Where applicable, members of the surrounding community who routinely interact with members of uniformed services will be involved. Additional activities will focus on youth entering the uniformed services. Due to the nature of their jobs and age, the uniformed services personnel, in Particular the Kenya Police, Administration Police, Kenya Wildlife service and the National Youth Service are in high risk of acquiring STIs and HIV. Collectively, these services recruit over 20,000 young men and women aged 18-24 annually. Most of these young people are out-of- school youth. They will be targeted in the focused program referred as "Men As Partners" in their training colleges/institutions to strengthen behavior change and address gender norms and stereotypes that put them at risk of HIV acquisition. Uniformed instructors will be trained as Trainers of Trainers (TOT) to educate all recruits on all aspects of comprehensive HIV prevention including risks of cross generational sex, multiple concurrent partnerships, male involvement on gender based violence, benefits and risks of Male circumcision and encouragement to knowing ones HIV status as well as the partners status. Links will be established to promote Prevention with Positives (PWP) activities. These activities will result in reaching 208,900 individuals with HIV prevention information, training of 621 staff as well as establishing 500 condom outlets.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

OP activities within the Uniformed Services will contribute to the overall Emergency Plan for FY 2009 prevention targets for Kenya. This activity contributes to Kenya's strategy of reducing new infections by reducing the risk of HIV acquisition/transmission among young people.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to CT activity targeting to serve uniformed services personnel, since all OP activities will at all times encourage routine counseling and testing among Uniformed Services personnel, their families and the community personnel they routinely interact with. This OP activity is also linked to Uniformed Services AB activity that promotes prevention among the youth of the uniformed community.

5. POPULATION BEING TARGETED

The OP activities will reach the most at risk populations of uniformed personnel, their families and discordant couples. It will also reach the civilian population living and working in the uniformed workplaces and also the host population living in the uniformed services neighborhood. HIV/AIDS affected families PLWHAs will be a target for prevention with positives.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The activity will address the issues of male norms and behaviors, since most of Uniformed services personnel are young men. It will also challenge traditional male norms and stereotypes that have been identified as contributing to sexual coercion, gender based violence and multiple concurrent sexual partnerships. The Uniformed services program will address stigma and discrimination that often is a significant obstacle to adopting behaviors that contribute to HIV prevention.

7. EMPHASIS AREA

The major emphasis area for this activity will be workplace program for the non-military uniformed services. Training will also be an emphasis area to ensure appropriate Human Capacity development capable of ensuring sustainable HIV prevention within uniformed Services. Other emphasis areas will be information, education and communication to promote behavior change. Supervision and quality assurance will be supported.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19422

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19422	19422.08	HHS/Centers for Disease Control & Prevention	Program for Appropriate Technology in Health	12000	12000.08	Uniformed Services Project	\$652,500

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 4916.09**Prime Partner:** Family Health International**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 9040.20454.09**Activity System ID:** 20454**Mechanism:** APHIA II - Rift Valley**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: Other sexual prevention**Program Budget Code:** 03**Planned Funds:** \$1,978,855

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Clients of sex workers will be targeted with specific interventions that focus on consistent condom use and knowing of status.
- + Specific prevention messaging targeting women, men and discordant couples will be incorporated into CT interventions. Specific messages will be developed for each target group.
- + This activity will incorporate \$200,000 for HIV Free Generation activities focusing on youth.
- + This activity will target police, uniformed services, women, opinion leaders, and others on issues of gender-based violence.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been revised to include Pokot West, Pokot East, Trans Nzoia South, Trans Nzoia North, Baringo North, Baringo Central, Turkana North, Turkana South, Marakwet and Keiyo.
- \$100,000 of this OP activity is programmed with funds from the \$7million FY08 plus-up for the Youth Prevention Initiative.
- OP funds totaling \$29,000 will contribute to the sensitization of teachers as a worksite population linking with AB and OPHS funds for a \$150,000 activity to reach 750 teachers and train 20 more.
- APHIA II Rift Valley will work with select health facilities, police, uniformed services, opinion leaders and others on issues of gender-based violence.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in and Testing (#8776), Palliative Care: Basic Health Care and Support (#8929), HIV/AIDS Treatment: ARV Services (#8797), Abstinence and Be Faithful Programs (#9070), Orphans and Vulnerable Children (#9029), Prevention of Mother-to-Child Transmission (#8733) and Palliative Care: TB/HIV (#9065).

2. ACTIVITY DESCRIPTION

In 2009, this activity will build on HIV/AIDS prevention activities implemented under FY 2008 in the area of "other prevention." Additionally the activities will also create linkages with STIs, Malaria, RH/FP, MCH and TB services. The activities will reach 842,066 individuals through multifaceted community outreach programs and train 2,502 people through existing local NGOs, CBOs, FBOs, Professional associations and trade unions and the private sector and distribute condoms through 1017 condom outlets. The activities will reach target populations in Nakuru North, Nakuru South, Molo, Naivasha, Narok North, Narok South, Kajiado, Koibatek, Baringo, Transoia West, Transoia East, Uasin Gishu, Nandi North, Nandi South, Keiyo, West Pokot, Samburu, Laikipia, Turkana, and Samburu districts in Rift Valley Province. Under the leadership of National Organization of Peer Educators (NOPE) the activities will target to reach both men and women in the formal and informal workplaces; their extended families and also most at risk youth-out-of-learning institutions with HIV/AIDS prevention messages. Local NGOs, CBOs, professional associations, trade unions and FBOs will target the other high risk populations including low-income community women, persons with disability, sex workers (with young female sex workers as special focus), long-distance truck drivers and other men in the transport sector such as matatu/ tour van drivers, touts and bicycle taxi (boda-boda and Tuk-Tuk) drivers, cattle traders and cattle drivers and the women who provide them services at cattle markets or en route, street families, uniformed services – the Kenya Police, Armed Forces, NYS, KWS, Prisons Service and their families, discordant couples and women in churches and mosques in Rift Valley Province. Professional associations, trade associations and labour unions will target teachers and health care providers and their families. Kenya National Union of Teachers (KNUT) and Kenya Association of Positive Teachers will reach teachers in primary and secondary schools as well as tertiary training colleges. Technical assistance partners will continue to provide assistance and capacity building to partner organisations to implement strategic behaviour change preventive programs. The activity will work and link with and provide referrals to existing networks of HIV counseling and testing as well as facilitate mobile and home based testing, TB screening, home based care and ART programs in the program areas. Prevention activities will include the following: community theatre targeting both in school and out-of-school and at-risk youth with prevention information leading to behavior change and referral to youth friendly services; supporting peer education and peer counseling interventions with community women in low resource settings, sex workers in Nakuru, Naivasha, Gilgil, Mai-Mahiu, Salgaa, Narok and support the setting up of drop-in-centres; link them to VCT, PMTCT, care and support services; support prevention activities among teachers, health care providers, support prevention efforts among the uniformed services and their family members by supporting peer education among the ranks and working with provincial police Aids Control Units (ACU); support prevention activities among people in confinement e.g. prisons, remand homes, borstal institutions, promote advocacy among cultural gatekeepers and law enforcement agencies leading to greater sensitivity to gender based violence and exploitation, expand the peer education program. This intervention will result in reduced HIV risk in the general population, especially among young adults. They will provide increased access to HIV/AIDS prevention services for high-risk and under-served populations, and increase awareness of HIV/AIDS preventive behaviors through the Ministry of Health (MOH) and other partners. This will also include targeted condom promotion and distribution to high-risk populations and referral for STI services by the MOH and other partners. Local implementing partners will integrate prevention messages into models of care and support for orphans and vulnerable children (OVCs) and people living with AIDS (PLWA). Technical assistance will continue to be provided to partners implementing behavior change communication (BCC) programs in HIV and substance abuse and develop new print materials addressing alcohol abuse, stigma and discrimination.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the overall 2007 Emergency Prevention Plan for Kenya target reaching individuals through other behavior change beyond abstinence and/or being faithful. The activity will seek to integrate prevention with positives into all community outreach for treatment and care with special emphases on youth. It will significantly contribute to PEPFAR's goals for primary prevention.

4. LINKS TO OTHER ACTIVITIES

The activity will link APHIA Rift Valley to other activities in CT (#8776), HBHC (#8929), ART (#8797), AB (#9070), OVC (#9029), PMTCT (#8733), and TB/HIV (#9065) that all seek to provide comprehensive district

Activity Narrative: -based services coordinated at the provincial level. It will also link with the comprehensive cluster projects of the FHI-TCI project along the major Mombasa-Busia highway.

5. POPULATIONS BEING TARGETED

The activity targets special populations particularly the most-at-risk populations of commercial sex workers, military personnel, discordant couples and truck drivers. The activity also targets adult men and women.

6. KEY LEGISLATIVE ISSUE ADDRESSED

The activity addresses both gender and stigma and discrimination.

7. EMPHASIS AREAS

The major emphasis area for this activity is training with minor emphases on information, education and communication and community mobilization/participation. APHIA II Rift Valley will undertake (1) prevention activities with HIV positives (PwP) working through PLWA support groups linked to the Comprehensive Care Centers in Nakuru and Naivasha. \$50,000 of unallocated funds will provide support to patient support groups and post-test clubs in VCT centers to ensure promotion of faithfulness and condom use by HIV-infected persons. This will empower 5 people in each of 10 patient support groups to become peer and advocacy leaders in prevention at the community level and will reach 10,000 PLWAs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14799

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14799	9040.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$1,900,000
9040	9040.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$2,140,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4913.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8930.20467.09

Activity System ID: 20467

Mechanism: APHIA II - Coast

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$2,069,850

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Geographic coverage has been expanded to include Taveta, Tana Delta and Lamu.
- + Clients of sex workers will be targeted with specific interventions that focus on consistent condom use and knowing of status.
- + Specific prevention messaging targeting women, men and discordant couples will be incorporated into CT interventions. Specific messages will be developed for each target group.
- + This activity will incorporate \$300,000 for HIV Free Generation activities focusing on youth.
- + This activity will target police, uniformed services, women, opinion leaders, and others on issues of gender-based violence.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been expanded to include 4 additional districts in the Coast Province: Kaloleni, Kinango, Kilindini and Tana River totaling 10 districts
- \$100,000 of this OP activity is programmed with funds from the \$7 million FY08 plus-up for the Youth Prevention Initiative
- OP funds totaling \$29,000 will contribute to the sensitization of teachers as a worksite population linking with additional AB and OHPS funds for a \$150,000 activity to reach 750 teachers and train 20 more
- APHIA II Coast will work with police, uniformed services, women, opinion leaders and others on issues of gender-based violence

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS Treatment: ARV Services (#8813), Counseling and Testing (#8781), Orphans and Vulnerable Children (#9048), Palliative Care: Basic Health Care and Support (#8934), Palliative Care: TB/HIV (#9062), Abstinence and Be Faithful Programs (#8950), Prevention of Mother-to-Child Transmission (#8764).

2. ACTIVITY DESCRIPTION

In 2009, FHI will implement APHIA II Coast to reach 880,787 individuals through community outreach programs, train 2,617 individuals and distribute condoms through 2282 outlets. The activity will build on HIV/AIDS Other Prevention activities implemented under the 06 COP. It will reach 880,787 individuals through community outreach programs and train 2,617 people through existing local NGOs, FBOs and private sector. The activity will focus on reaching individuals in formal and informal settings. Under the leadership of the National Organization of Peer Educators (NOPE), the activity will target women and men at worksites and youth at risk. The local NGO and FBOs will target other high-risk populations including low-income community women, sex workers, truck drivers, cattle traders, uniformed services, discordant couples and women in churches and mosques in the Coast Province. Technical assistance partners will continue to provide assistance and capacity building to partner organizations to implement behavior change prevention programs. The program will link with and provide referrals to existing networks of HIV/AIDS counseling and testing, home-based care and ART programs in the program areas, creating "comprehensive care centers." This intervention will result in reduced HIV risk in the general population, especially among young adults. They will provide increased access to HIV/AIDS prevention services for high-risk and under-served populations, and increase awareness of HIV/AIDS preventive behaviors through the Ministry of Health and other partners. This will also include targeted condom promotion and distribution to high-risk populations through 2282 condom outlets and improved quality of STI services working through the Ministry of Health and other partners. Prevention activities will include the following: targeting out-of-school and most at risk youth with prevention information and referral to youth friendly services; supporting peer education interventions with sex workers in Malindi, Mombasa, Kilifi and Kwale districts and link them to VCT, PMTCT, care and support services; support prevention efforts among the uniformed services by working with the provincial police AIDS Control Unit (ACU) to expand the police peer education program to four districts in the Coast Province; expand the peer education program targeting truck drivers, loaders, and seafarers and link the activities to the existing ROADS Project; support prevention programs targeting hard-to-reach MARPS such as the MSM and injection drug users and the geographically hidden populations such as Orma and Wadei Somalis in Tana River; provide counseling, information and prevention to HIV-positive individuals through peer and provider education, outreach services and regional mass media. In addition, the activity will target people with disabilities and assist them to gain access to integrated networks for care, treatment and support activities. Local implementing partners will integrate prevention messages into models of care and support for OVC and PLWAs. Technical assistance will continue to be provided to implementing partners implementing behavior change communication programs in HIV and substance abuse and develop new print materials addressing alcohol abuse, stigma and discrimination.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-Year Strategy that focuses on HIV prevention targeting high-risk groups. Targets in this project will contribute to HIV infections averted.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Coast Other Prevention activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), OVC (#9048), HBHC (#8934), TB/HIV care activities (#9062), AB (#8950), PMCT (#8764).

5. POPULATIONS BEING TARGETED

Men and women in the work place, male and female sex workers and their partners and clients, and other high-risk population including truck drivers and out-of-school youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II TBD project will have a strong gender component. Activities will target men in the workplace and low-income women in the community.

7. EMPHASIS AREAS

Community mobilization/participation will be implemented to reach the communities surrounding worksites.

Activity Narrative: Individuals will be referred for other HIV/AIDS related services, especially counseling and testing services. In addition, peer educators in worksites who are also targeting the community will be trained to provide information related to HIV/AIDS including condom distribution. APHIA II Coast will undertake Prevention with Positives (PwP) activities working through PLWA support groups linked to the Comprehensive Care Centers in Coast province. \$50,000 of unallocated funds will provide support to patient support groups in the CCCS and post-test clubs at VCT centers to ensure promotion of faithfulness and condom use by HIV-infected persons. This will empower 5 HIV+ people in each of 10 patient support groups to become peer and advocacy leaders in prevention at the community level and will reach 10,000 PLWAs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14808

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14808	8930.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$1,800,000
8930	8930.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$2,190,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 375.09

Mechanism: N/A

Prime Partner: Hope Worldwide

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other
sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 6579.20485.09

Planned Funds: \$225,000

Activity System ID: 20485

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$50,000. Partnership Framework: Additional funds to Hope WW will continue and expand important aspects of the Partnership for an HIV-Free Generation, including a partnership with Rotarians for Fighting AIDS and a program with AmericaShare for the development and distribution of reusable sanitary products for girls.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Project will expand its scope to include targeted interventions addressing cross-generational sex, multiple concurrent partnerships, gender-based violence and Prevention with Positives.
- +Geographic expansion to areas neighboring the current operational sites to enhance coverage to rural populations.
- +This project will incorporate HIV-free generation youth activities in Nairobi, Central and Eastern province sites. \$28,000 is attributed to this activity.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been revised (or expanded) to include expansion of the workplace program to Kibwezi: Sisal Plantation and Kitengela: EPZ, Mavoko municipality;
- MAP training in Kajiado and Eldoret will focus on Gender and Female Genital Cutting as mitigating factors in the prevention of HIV,
- Prevention with positives to be a main focus of community activities.
- \$28,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6892) and (#6893), Counseling and Testing (#6894), and Orphans and Vulnerable Children (#6891).

2. ACTIVITY DESCRIPTION

Hope Worldwide (HWW) will provide condoms and other behavioral interventions targeting 74,468 high risk individuals and will train 506 people to implement activities focused on sexual risk reduction, and 67 condom outlets will be supported. Hope Worldwide is a faith-based charity founded in 1991 by the International Churches of Christ. Its programs are designed to provide medical treatment, poverty relief and restore hope among those who are downcast as a result of disease, poverty or abandonment. They are directed toward helping people regain their worth and realize their potential. In 2003, CDC funded Hope Worldwide through a locally executed contract to start up youth targeted HIV/AIDS prevention including VCT in slums of Nairobi. With funds from the Presidential Initiative, Hope Worldwide scaled up these highly valued youth targeted activities initiated with funds from CDC. Through this activity, Hope Worldwide will continue working to decrease risk based on gender inequalities by increasing male involvement in HIV prevention, care and support, and parent / youth communication. This will be through implementing the 'Men As Partners' behavior change program. This training especially focuses on increasing male involvement in HIV prevention through increasing awareness of gender biases, domestic violence, rape, drug and alcohol abuse, and crime. It facilitates dialogue and communication among participants and encourages them to be the agents of change in their communities. HWWK mobilizes people and communities for VCT and operates youth friendly centers, several of which are also condom outlets. Work is being implemented in High Transmission Areas and with populations that include truckers, sex workers, "night populations", bar and night club attendants, and people living with HIV/AIDS among others. In FY 2006, HWW initiated an innovative approach to providing VCT services dubbed 'Moonlight VCT' targeting truckers and sex workers at hotspots. An important element of this Moonlight initiative includes providing STI treatment to high-risk groups. Additionally, an emphasis will be placed on STI screening and treatment for individuals with HIV and their partners.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the FY 2008 project period, a total of 74,468 individuals will be reached with community outreach programs that promote safer sexual behavior through promoting condoms and other prevention services. 3,000 STI clients will receive treatment through three project sites. 506 individuals will be trained to provide condoms and other prevention behavior change services to young people and high-risk individuals through peer educator training, magnet theatre training and community leaders training. HWW will continue to implement the Men as Partners (MAP) life skills curriculum in all of its project sites. 70 condom outlets will be supported.

4. LINKS TO OTHER ACTIVITIES

HWW's OP activities relate to PEPFAR-funded counseling and testing activity (#6894) and orphans and vulnerable children activity (#6891). HWW is also funded for additional and separate AB activities (#6893) and under Track 1 (#6892). HWW will further ensure that prevention is sustained as a component under the OVC activities to reduce the vulnerability of OVCs to HIV infection. HWW also implements an active VCT activity and will strengthen access to CT through mobile CT services to underserved populations.

5. POPULATIONS BEING TARGETED

This activity targets the general population with messages on safer sexual behavior including adult men and women. It works closely with out of school youth slum and street youth in the central business district of Nairobi's One-stop Youth Center within its geographic target areas. It will also target HIV/AIDS affected families and People Living with HIV/AIDS. This activity also targets "Most-at-Risk" populations including discordant couples, commercial sex workers at trucking hotspots and their partners. It will also target at-risk youth who are exposed to truck drivers in various hot spots. The Kibwezi and Ongata Rongai sites target young migrant workers working in sisal farms and quarries. Community leaders, program managers and religious leaders will be targeted for training in promotion of HIV/AIDS prevention through their involvement in community-based organizations and faith based organizations. HWW works with community volunteers and those on internship programs from local universities. It will work with public and private health care workers to strengthen STI screening and treatment.

Activity Narrative: 6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 14818

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14818	6579.08	HHS/Centers for Disease Control & Prevention	Hope Worldwide	6950	375.08		\$125,000
6895	6579.07	HHS/Centers for Disease Control & Prevention	Hope Worldwide	4228	375.07		\$150,000
6579	6579.06	HHS/Centers for Disease Control & Prevention	Hope Worldwide	3240	375.06		\$100,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7794.09	Mechanism: New Partners Initiative
Prime Partner: Global Outreach for Addiction Leadership & Learning	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 17668.20479.09	Planned Funds: \$0

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to: Counseling & Testing (#8781) and Condoms and Other Prevention Activities (#8934).

2. ACTIVITY DESCRIPTION

GOAL through SARAH Network will partner with the Ministry of Home Affairs – Probations and After Care Services department in Kilifi and Malindi districts, and local implementing partners (Wema Widows Women Group in Trans-Nzoia district, Wholeness Among People In Society (WAPIS) in Kiambu district, Caring Mothers Development Group in Kilifi district, Vuga Community in Kwale district and Aniga Women Initiative in Kisumu West district) to implement activities focused on HIV prevention among Most-At-Risk Populations (MARPs), including CSWs and their clients. SARAH Network with the use of the OP Training Guide developed by SARAH Network and other reviewed and recommended manuals developed by the government of Kenya and other local USG/PEPFAR partners will train 300 individuals to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful during FY 2010. Individuals to be trained will be selected by the above listed implementing partners.

The 300 trained peer educators will reach an estimated 17,500 people, through the following interventions; community-based peer outreach, referrals for HIV counseling and testing, targeted condom distribution, referrals to a range of substance abuse and treatment services and linkages through referral networks with other health services. The community based peer education outreaches will involve activities such as group, one on one, door to door sessions and information, education, communication (IEC) materials distribution. Trained Probation Officers will reach out to individuals on probation through similar activities

Through the community outreaches, the target population will be taught on the link between substance abuse, addiction and the risk of HIV infection. Individual and community interventions addressing Alcohol-related HIV risks such as venue-based interventions, in which HIV prevention specialists intervene with drinkers closest to the risk situation and interventions addressing unregulated home brewing and drinking establishments, as these are often locations of potentially heavy and high-risk drinking will be incorporated.

Emphasis will be on risk reduction strategies that include; promotion of correct and consistent use of condoms, partner reduction, fidelity and the importance of counseling and testing. HIV/AIDS prevention education will also seek to increase the individual's perception of the risks of having multiple or concurrent sexual partners. SARAH Network will establish 10 additional condom outlets to increase access to condoms for the most at risk populations. Referrals will be made for those in need of care and treatment services.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute towards the PEPFAR 5-year target of preventing 7 million new infections by reducing HIV transmission of the virus in Kenya. Targets in this project will contribute to averted HIV infections among the high-at-risk group. An estimated 17,500 individuals will be reached under the OP program.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing (#8781), Adult and Pediatric care and treatment and the A&B Program (#8950). GOAL through SARAH Network and the local implementing partners will collaborate with the Government of Kenya Ministry of Health and other USG funded partners to promote counseling and testing. Those in need of care, treatment and support services will be referred. HIV positive individuals and those recovering from addiction will be encouraged to form or join existing support groups. The link with other program areas such as abstinence and being faithful, counseling and testing will strengthen this activity.

5. POPULATIONS BEING TARGETED

This activity targets most at risk populations such as commercial sex workers, clients of female sex workers, individuals serving non-custodial sentences and are under supervision of probation officers, injecting drug users, non injecting drug users including alcohol users, mobile populations like public transport drivers and their assistants (matatu drivers and conductors), widows, discordant couples and other persons who engage in sexual relationships with more than one person.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues are included in the emphasis areas described in section 7 below.

7. EMPHASIS AREAS

GOAL through SARAH and its local implementing partners will put emphasis in working towards increasing gender equity in its HIV/AIDS and substance abuse prevention programs. While empowering women through sexual and reproductive health education and addressing cultural issues that propagate the spread of HIV/AIDS; women organizations such as Aniga Women Initiatives, Wema Widows and Caring Mothers will be incorporated in the design and implementation of HIV/AIDS prevention programs. In addition, men will be encouraged to take a lead role in HIV prevention activities.

To help ensure that prevention activities benefit both men and women, the data collected from the field will be disaggregated by sex. HIV/AIDS and substance abuse prevention education will include messages that seek to address norms and behaviors that promote cross generation sex and transactional sex that are contributing factors in HIV spread among women.

In-service trainings (for example, training of probation officers) and organizational capacity building (for GOAL's other implementing partners) in governance, information systems for tracking results and volunteer retention strategies which are areas of emphasis under this activity; will involve activities that impart skills, knowledge and attitudes to individuals, groups and organizations to enhance their ability to provide quality

Activity Narrative: HIV/AIDS prevention services that are responsive to their client's needs. They will in turn provide quality HIV/AIDS and substance abuse prevention education to the above identified target population.

Information, education and communication materials that are linguistically, culturally, and age appropriate, supporting emergency plan goals will be acquired and distributed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17668

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17668	17668.08	U.S. Agency for International Development	Global Outreach for Addiction Leadership & Learning	7794	7794.08	New Partners Initiative	\$0

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 443.09

Mechanism: N/A

Prime Partner: Institute of Tropical Medicine

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 4852.20507.09

Planned Funds: \$510,391

Activity System ID: 20507

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$105,000. Funds moved to IRDO (HVOP).

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + This activity will incorporate \$56,000 to partner with HIV Free Generation activities that focus on youth.
- +Geographic coverage has been revised to include Siaya and Bondo Districts in Nyanza Province.
- +Clients of CSWs will be targeted with specific interventions that focus on consistent and correct use of condoms and knowing their HIV status.

COP 2008

- The only changes to the program since approval in the 2007 COP are:
- Geographic coverage has been revised (or expanded) to include 3-4 other clinics of Family Health Options Kenya (Nakuru, Nairobi and 2 others);
- Other changes include the development of prevention interventions for sex workers living with HIV

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6903) and Counseling and Testing (#8746), (#6941).

2. ACTIVITY DESCRIPTION

This activity is being implemented by the Institute of Tropical Medicine (ITM) in collaboration with Family Health Options Kenya, a local partner. ITM is already implementing a project targeting youth, their families, and the local community in several rural areas of Nyanza province. In June 2006, ITM expanded its activities to Kisumu town to target young vulnerable women, including sex workers, with HIV prevention and care services. Free health services are offered at an integrated clinic, including management of STIs, HIV testing and ART for HIV-positive clients. A network of peer educators is being established to promote safer sex practices. Towards the end of 2006, ITM, in collaboration with CDC and the Kenya Medical Research Institute, plans to conduct a needs assessment and baseline survey of HIV, STI and associated risk behavior. The findings of this assessment will be used to refine the interventions; Nyanza Province is the area of Kenya with the highest HIV incidence and prevalence, and therefore this activity with highly at-risk populations is of great urgency. In this project, 389 people will be trained to deliver the intervention. 130,934 individuals will be reached with targeted HIV prevention messages. ITM will also integrate an alcohol and HIV prevention initiative that will reach 934 men. 235 condom outlets will be established.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya Five-Year Strategy which focuses on HIV prevention in youth, as the primary target group will be young women. Targets in this project will contribute to HIV infections averted among 130,934 at-risk individuals. 389 people will be trained, and 235 condom outlets will be established.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to KEMRI CT activity (#6941) implemented by other CDC partners in Kisumu (KEMRI) and will be linked to the Institute of Tropical Medicine AB activity (#6903) and CT activity (#8746) already being implemented by ITM in Nyanza province.

5. POPULATIONS BEING TARGETED

Young male and female adults, both those already engaged in CSW and out-of-school young girls and women living in the environs of Kisumu who are vulnerable to beginning CSW, will be targeted by these activities. This project will also work with PLWHAs and a mainly most at risk populations including commercial sex workers. Important entry points to this work will be through targeting brothel owners, community leaders and community as well as NGO organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including increasing women's access to income and productive resources as an alternative to engaging in full time or part time commercial sex work. Services will be provided to these women, including detection and treatment of both HIV and other STIs, counseling for behavior change, and services to help these vulnerable young women with alternate sources of employment and income. This will also address gender equity in HIV/AIDS programs and male norms and behavior through targeting at risk men. Stigma and discrimination will be addressed through these efforts.

7. EMPHASIS AREAS

The main emphasis area covered by this activity is Human resources. Minor emphases include the development and implementation of Information, Education and Communication activities, conducting needs assessment, training and providing quality assurance, quality improvement and supportive supervision. This will support an expansion of existing 07 COP activities implemented by the Institute of Tropical Medicine (ITM)'s Pambazuko project. The expansion will cover additional areas of Kisumu hotspots targeting young vulnerable women, including sex workers and their clients. It will also target at-risk men, including MSM. An important addition to this intervention will be provision of lubricant gels alongside condom promotion to increase condom use, efficiency and acceptability. This expanded activity will also provide interventions for Positive Prevention among positive people and their partners including linkages to partner counseling and testing, increased access to treatment of STIs for HIV-positive patients and their partners and an active involvement of PLWHA in spearheading PWP activities. There will also be increased support to the sub-partner, Family Health Options Kenya to allow the project develop an autonomous management structure through co-location with the implementing agency.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14834

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14834	4852.08	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	6954	443.08		\$445,000
6904	4852.07	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	4232	443.07		\$650,000
4852	4852.06	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	3741	3741.06		\$300,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 662.09

Prime Partner: International Medical Corps

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 6610.20511.09

Activity System ID: 20511

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$275,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + This activity will incorporate \$28,000 to partner with HIV Free Generation activities that focus on youth.
- + All Voluntary Medical Male Circumcision (VMMC) activities described in the FY08 narrative are now incorporated in their own narratives in FY09 under VMMC.
- + Specific prevention messages targeting women, men and discordant couples will be incorporated into the Home Based Counseling and Testing interventions. Specific messages will be developed for each group including adults above the age of 55.
- + Specific AB messages will target both adult men and women with the aim to reduce the number of multiple concurrent partners.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been revised (or expanded) to include Migori district.
- FY 2007 PLUS UP ADDITIONS: This plus-up will support expanded activities currently implemented by the International Medical Corp in Suba district, Nyanza as described in the 2007 COP. IMC is currently undertaking a district-wide door-to-door family level testing for all of Suba district. This strategic opportunity will allow for prevention education to be provided at family level as well as at community level as mobilization for the door-to-door testing is carried on. IMC will therefore implement the Families Matter! intervention to help parents discuss HIV prevention matters with their adolescent children, including extended family members who live under their custody. This intervention will cater for the highly vulnerable adolescent orphans who are an increasing population of highly vulnerable youth in Suba district. A related challenge in Suba is gender-based violence, particularly inflicted upon adolescent orphans and other vulnerable children living with hosts, relations and friends. Anti-rape and anti-sexual abuse campaigns will be conducted as part of the general prevention education. (Gender-based violence \$100,000).
- \$28,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6907) and Prevention of Mother-to-Child Transmission (#6906).

2. ACTIVITY DESCRIPTION

The International Medical Corps (IMC) is already working in the areas of PMCT, CT, and TB/HIV in Suba District. IMC has recently begun providing VCT on a number of islands in Lake Victoria with high concentrations of young male fishermen, fish mongers, and informal commercial sex workers. On some of these islands, the ratio of men to women is as high as six men to one woman. Outreach VCT to these islands has been well accepted, with as much as 20% of the populations on some islands accepting testing. HIV rates in VCT clients are very high; on some islands, over 40% of the women and over 20% of the men tested are HIV infected. IMC has also found that there are many concurrent partnerships and sexual networks, factors which may contribute to high HIV incidence. Additionally, the prevalence of other STDs among the sexually active population is very high at 40%. IMC will intensify community outreach and targeted behavioral interventions for high-risk groups in Suba, primarily focusing on the beach community. It will work with the migratory populations to try to interrupt the high HIV incidence on these islands. IMC proposes to reach these fisher folks and commercial sex workers on 45 beach landings on 12 islands on the Suba part of Lake Victoria. IMC will work in close collaboration with CDC and other implementing partners in Suba to ensure synergy and appropriate linkages between the various services available. IMC will train 348 beach workers from amongst the local community to enable them carry out intensive activities aimed at significantly reducing sexual risk behaviors among 100,000 individuals. 350 condom outlets will be established.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The program will reach 100,000 at risk individuals, train 348 people and establish 350 condom outlets.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to activities in Counseling and Testing (#6907) and Prevention of Mother-to-Child Transmission (#6906).

5. POPULATIONS BEING TARGETED

The target population is primarily mobile populations, including business community and community leaders. Commercial sex workers and their partners will be targeted as will public health care workers and traditional healers. Given the high prevalence in Suba district, PLWHAs and HIV/AIDS affected families will be targeted. Adult men and women, out of school youth and discordant couples will be targeted.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will address social norms and behaviors and reducing violence and coercion. This activity will also make a contribution towards reducing stigma and discrimination.

7. EMPHASIS AREAS

Community mobilization is a major emphasis area, while human resources, training and information, education and communication and needs assessment are minor emphases.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14837

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14837	6610.08	HHS/Centers for Disease Control & Prevention	International Medical Corps	6955	662.08		\$275,000
6908	6610.07	HHS/Centers for Disease Control & Prevention	International Medical Corps	4234	662.07		\$175,000
6610	6610.06	HHS/Centers for Disease Control & Prevention	International Medical Corps	3256	662.06		\$50,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 692.09	Mechanism: N/A
Prime Partner: Impact Research and Development Organization	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 6583.20490.09	Planned Funds: \$899,375
Activity System ID: 20490	

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$105,000. Funds moved from ITM (HVOP).

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + IRDO will expand their Positive Prevention program for adolescents and youth to geographic areas outside of Kisumu town.
- + Geographic coverage has been revised (or expanded) for the commercial sex worker intervention in Nyando and in Suba.
- + Clients of CSWs will be targeted with specific interventions that focus on consistent condom use and knowing HIV status.
- + IRDO through their Tuungane project has begun working with MSMs in Kisumu and this peer education intervention will be expanded to include more of a comprehensive prevention approach for this population in Kisumu East as well as through the promotion of CT services and condom distribution networks specific for the MSM community.
- + This activity will incorporate \$50,000 to partner with HIV Free Generation activities that focus on youth.
- + All VMMC (Voluntary Medical Male Circumcision) activities described in the FY08 narrative are now incorporated in their own narratives in FY09 under VMMC.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been revised (or expanded) to include the Sugar Belt region (Miwani, Chemelil, Kibos and Muhoroni), characterized by transactional and commercial sex work and vulnerable mobile populations. Additionally, FY 08 MC funds will allow IRDO's circumcision services to be expanded to multiple areas in Siaya and within the DSS, as well as other health facilities in Suba District.
- The target population has been revised (or expanded) to include sex workers in the Sugar Belt region adjacent to Kisumu, young men in high risk occupations such as transport sector (bus/matatu touts and drivers, bicycle taxis, and beach populations especially in Suba district).
- Other changes include: In collaboration with the MOH, the Nyanza Circumcision Consortium, through IRDO, will work on targeted roll-out of MC services in Nyanza. Service roll-out will initially target areas with high existing demand for MC services and will be integrated into discordant couples services for discordant male partners of women in care and treatment programs. Mobile service provision will be provided by mobile teams consisting of approximately five people (including 2 clinical officer, 2 VCT counselor, 1 surgical nurse, 1 sterilizer/cleaner and 1 driver) targeting high risk groups, such as uniformed services personnel and truck drivers, and areas of very high HIV prevalence. For example, mobile services will be provided in Suba district, Kenya's highest HIV prevalence district, to complement the current door-to-door VCT program that PEPFAR is supporting there. In addition, services will be provided within areas such as the Demographic Surveillance Study area where operational evaluation can be conducted and in other areas where PEPFAR services exist. Service delivery capacity building will be rolled out in district hospitals and some private facilities where providers have been trained and where other USG PEPFAR partners, including KEMRI, are currently working. In addition to training, support will be provided for non-consumable commodities (i.e. autoclaves, instrument packs, surgical lamps, etc...) personnel and other infrastructure that will be necessary for MC service delivery. Additionally, the funds will enable the piloting of provision of circumcision to infants as well as further expansion of training and service provision based on leveraging ability of funds from other sources, including the Ministry of Health and the Gates Foundation.
- \$50,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6896), Counseling and Testing (#8751) and HIV/AIDS Treatment/ARV Services (#7090) and Palliative Care: Basic Health Care and Support (#6870).

2. ACTIVITY DESCRIPTION

Impact Research & Development Organization (IRDO) will reach 338,032 at-risk and vulnerable youth and other persons engaged in risky sexual behavior under the Tuungane behavior change project with condoms and other prevention activities. It will continue to work through the seven youth-friendly centers in six major slum neighborhoods of Kisumu City, in Nyanza Province and a central referral and coordination center at Tuungane central. Tuungane will continue to encourage the involvement of adolescent girls and young mothers through targeted activities for girls. This project will also target various high-risk groups including bodaboda and matatu operators, street youth, out of school youth, partners and clients of sex workers, bar workers and discordant couples identified through their CT services. Most importantly, Tuungane will develop interventions for positive prevention among individuals with HIV. These will include behavioral interventions targeting PLWAs. Given Tuungane's focus on girls and young women, another intervention will entail prevention of unintended pregnancies among girls and young women. In addition to the existing STI prevention services offered by this project, Tuungane will intensify STI screening and treatment for individuals with HIV and their partners. Through its linkage with USCF's FACES project, Tuungane will ensure access to care and treatment, including ART for positive people identified through the project. Overall, this project will promote leadership by individuals with HIV in the positive prevention efforts. An important need identified by the project in the previous year is addressing sexual violence through integrating it into the education for behavior change activities and providing Post Exposure prophylaxis. Education and sensitization on alcohol and substance abuse will be integrated into the condoms and other prevention activities whenever appropriate. Tuungane has demonstrated a remarkable strength in implementing intensive and quality interventions in the community and has useful lessons which will be scaled up to the underserved and highly vulnerable population of Suba district in Nyanza. Tuungane will work with youth in Suba as well as with identified high-risk groups, including the beach community to provide comprehensive OP education. Given IRDO's technical capacity, specific interventions will be evaluated for effectiveness by the Kenyan researchers who are part of the staff of Impact Research and Development Organization. Significant changes from 2006 to 2009 for this activity include the scale up to Suba. Another important addition in FY 2009 is the focus on positive prevention. This project will actively involve existing youth community groups to enable it to rapidly expand behavior change activities for youth in the slums. Service delivery will be improved through mobile integrated services including provision of free

Activity Narrative: counseling services for youth, including street youth and referrals for free STI treatment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Abstinence and faithfulness activities and information on correct and consistent use of condoms targeting youth in the slum areas of Kisumu will significantly contribute to the PEPFAR goals of averting HIV infections. Specifically, this project will train 1005 youth leaders to reach 338,032 individuals with condoms and other prevention services. 304 condom outlets will be established.

4. LINKS TO OTHER ACTIVITIES

Tuungane's OP activities in Kisumu slums relate to activities in CT (#8751), ART (#7090), AB (#6896) and STI treatment. Linkages between existing youth service providers include the Family Health Options of Kenya, the Network for Adolescents and Youth in Africa, local youth groups, and the Municipal Council of Kisumu. A strong referral linkage will be strengthened for individuals with HIV. Currently, referrals for young couples are made to the KEMRI/CDC PEPFAR-supported patient support center of the Nyanza provincial general hospital as well as the FACES project. PLWHAs who are aged 21 years and above are referred for psychosocial support to FACES and most of those aged 21 years or below enroll in Tuungane's support group.

5. POPULATIONS BEING TARGETED

This activity targets the general population including men and women of reproductive age as well as youth. It also targets special populations, mainly most at risk populations such as discordant couples, street youth (many of whom are men who have sex with men) and out-of-school youth. At community level, this program will target community and religious leaders, most of whom will work in a volunteer capacity in their respective areas of work. Through its alcohol intervention, brothel owners and bar workers will be targeted. Existing community structures will be utilized including youth and community organizations as well as faith-based organizations. It will also work with private and public health care providers to strengthen STI screening and treatment and referrals for HIV/AIDS care and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This program will have a major emphasis in Community mobilization/participation. Minor emphasis will be in development of network/linkages/referral systems, Information Education and Communication, training and needs assessment. This is an expansion to the existing COP 2007 activity. Impact Research and Development Organization's Tuungane project will expand its support to at-risk youth in the Kisumu slums and youth/young people involved in alcohol and substance abuse. This expansion will also allow for a minimal start up in a selected location in Suba district, where the Tuungane project has recently set up new project activities focusing on the fisherfolk community of Suba District, Nyanza province. The expansion in Kisumu will allow for an increase in scope to allow coverage of new locations adjacent to the five major Kisumu slums. These will include Mamboleo, Kibos, Nyamasaria and Kisian areas. Additionally, the Tuungane project will intensify its campaigns against sexual violence, which is a rampant practice significantly affecting adolescent girls. These activities will be integrated into the existing broader prevention program, including increasing linkages and referrals to counseling and testing.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14823

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14823	6583.08	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	6952	692.08		\$3,072,500
6897	6583.07	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	4229	692.07		\$930,000
6583	6583.06	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	3259	692.06		\$260,000

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 4076.09**Prime Partner:** US Centers for Disease Control and Prevention**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 18093.20578.09**Activity System ID:** 20578**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Sexual Prevention: Other sexual prevention**Program Budget Code:** 03**Planned Funds:** \$240,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + In FY 09 CDC will add an advisor to provide technical assistance on activities related to People Living with HIV/AIDS (PLWHA).

COP 2008
 THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS. THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

The only changes to the program since approval in the 2007 COP are:
 + In FY 08 CDC a new technical advisor FSN position is proposed who can assist the USG team with new approaches to HIV prevention, including male circumcision. This advisor will work with all USG implementing partners across agencies to ensure careful coordination with MOH plans and other donor funding. In line with our '08 OP strategy and our staffing for results approach, CDC technical OP staff will play a lead role in coordinating the multi-agency efforts to develop a comprehensive prevention package for CSWs and for Positive Prevention. CDC Kenya staff will provide an intensive level of technical assistance and programmatic guidance on prevention activities guided by the PEPFAR condoms and other prevention programming. During FY 2008 CDC will reorganize its existing staff in line with staffing for results objectives and to support FY 2008 OP program strategic priorities.

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in Condoms and Other Prevention.

2. ACTIVITY DESCRIPTION

In FY 2007 CDC will continue to work with Government of Kenya agencies and non-governmental partners to assist in the implementation of a wide range of HIV prevention services covered under Condoms and Other Prevention. CDC Kenya staff will provide technical assistance and guidance to local partners to ensure the technical soundness of these programs, adherence to Emergency Plan guidelines, and to ensure that these programs receive appropriate monitoring and evaluation. CDC Kenya has a close partnership with the International Rescue Committee to implement OP activities in the Kakuma refugee camp and will provide technical support to the State Department-funded UNHCR for activities in Dadaab refugee camp. The provision of technical guidance is a key element of this partnership. CDC staff will work closely with the Institute of Tropical Medicine (ITM) to ensure the technical and programmatic soundness of the young vulnerable women project in Kisumu. In addition, CDC provides intensive day to day support to over fifteen local FBOs and CBOs through a capacity building project with CHF International. The sub-grantees working in this area serve a broad range of at-risk groups including sugar plantation workers, sex workers, matatu and transport workers and those in the 'jua kali' informal sector. CDC will provide technical guidance in FY 2007 to help partners in this program area focus on Positive Prevention. This important behavioral approach has already been incorporated in the activity narratives for a majority of HVOP CDC partners. A new project to be supported by this mechanism will be one providing behavioral interventions for young men enrolling in the Kisumu male circumcision project (non-PEPFAR funded). The types of activities CDC technical staff engage in include training in workplan development, assistance with monitoring and evaluation plans, training to bring local CBO and NGO staff up to date in technical areas of HIV and AIDS, and other technical services. CDC Kenya staff also provide technical assistance to the non-military uniformed services of Kenya, including the National Youth Service, Kenya Prisons, Kenya Wildlife Service, and the police. The CDC Kenya OP technical team includes one Direct Hire (USDH) who has extensive international experience in implementation of behavioral HIV prevention programs and will provide 5% of time to OP. One locally employed staff works 50% of her time on this program and proposes to add one locally employed technical staff member to share the increasing workload. In addition, CDC Kenya will draw on technical expertise from other CDC prevention experts in Africa and in Atlanta. CDC also supports two local staff through the KEMRI COAG to coordinate the uniformed services project. This OP team will be supported by two locally employed drivers whose work is devoted to supporting HIV prevention interventions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18093

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18093	18093.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7024	4076.08		\$105,200

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4914.09

Mechanism: APHIA II - Eastern

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other
sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 8932.20604.09

Planned Funds: \$1,479,335

Activity System ID: 20604

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Clients of sex workers will be targeted with specific interventions that focus on consistent condom use and knowing of status.
- + Specific prevention messaging targeting women, men and discordant couples will be incorporated into CT interventions. Specific messages will be developed for each target group.
- + This activity will incorporate \$100,000 for HIV Free Generation activities focusing on youth.

COP 2008

The only changes to the program since approval in the 2007 COP are

- Geographic coverage has been expanded to include Kitui, Makueni, and Mwingi
- OP funds totaling \$29,000 will contribute to the sensitization of teachers as a worksite population linking with AB and OPHS funds for a \$150,000 activity to reach 750 teachers and train 20 more.
- APHIA II Eastern will work with select health facilities, police, uniformed services, opinion leaders and others on issues of gender-based violence.
- The OP activity will include Prevention with Positives (PwP) activities working through PLWA support groups linked to the Comprehensive Care Centers in Eastern province.
- APHIA II Eastern will also expand their activities with CSWs and MSMs in Eastern province

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8782), Prevention of Mother-to-Child Transmission (#8752), Orphans and Vulnerable Children (#9041), Abstinence and Be Faithful Programs (#8725), HIV/AIDS Treatment: ARV Services (#8792), Palliative Care: TB/HIV (#9069) and Palliative Care: Basic Health Care Support (#8863).

2. ACTIVITY DESCRIPTION

In 2009, APHIA II Eastern will reach 629,504 individuals, train 1,871 people and distribute condoms through 560 outlets. Civil society activities are crucial to promoting healthy behaviors. Significant and sustained behavior change requires not only information transmission, but attitudinal change and sustained reinforcement that increases levels of perceived self-efficacy that ultimately results in normative change. Although messages need to be tailored to specific target groups, all of them, developed in harmony with National AIDS and Sexually Transmitted Infection Control Program (NASCO) and the Division of Reproductive Health (DRH), include reducing stigma associated with HIV/AIDS, the protective effects of abstinence and faithfulness to a partner of known HIV status, and the importance of knowing one's HIV status and taking appropriate action. These actions could be starting and adhering to antiretroviral treatment (ART) if HIV positive, and practicing health behaviors, (including condom use and use of MCH/FP services) regardless of serostatus. In FY 2006, a grant-making process was established through PATH and CLUSA, who have used this approach in other areas of Kenya. A first set of grants was made and activities started up. In FY 2009 this program will be expanded to reach more families and communities. Work will include implementing prevention interventions through civic group partners, and through men's and women's groups. Activities will integrate prevention messages about parent-child communication, gender-based violence, and youth participation. Other avenues used will include working through the Youth Sports Initiative as a means to building life skills. Communities will conduct health self-assessments and develop action plans, assisted by "quick-win" grants to operationalize the necessary structures and enlist widespread support. Village health committees (VHCs) within a facility catchment area will form sub-location health coordination committees, which in turn will serve as forums for sharing among VHCs and for coordinating activities that affect multiple VHCs. Health management committees will receive mentorship and training to introduce transparency into their programmatic and financial operations. This ongoing relationship will include assisting sub-grantees to better access local services, to participate in community mobilization, and to share the results of their work with other local groups. Key messages and strategies developed by National AIDS and Sexually Transmitted Infection (STI) Control Program (NASCO), and local DHMTs will form part of all social mobilization activities. In FY 2007 the program will also be expanded to include identification of workplaces- including those in non-health sectors such as agriculture, banking, transportation, trade, food and hospitality, fuel service and education- for dissemination of information and counseling and testing service delivery. For example, due to the long distance travel associated with commercial trade, truckers often frequent hotels and transient lodges along the highway that runs along the southeast border of Eastern province. These lodgings are excellent settings for information dissemination that will build on and complement programs such as the regional Corridors program. Police posts, hotels, and will also be reached through the program. Peer coordinators will be trained through a cascading trainers program. Informal workplaces will also form part of the program. PATH will work with youth as a cross-cutting population that has access to other groups within families. Youth will function both as advocates during interventions, and as a means of reaching their peers. Using the overall behavior change communication (BCC) strategy and key messages developed in FY 2006, activities this year will include community outreach activities that are youth-centered, including production and distribution of Nuru comic, Magnet theater (a technique already in use elsewhere in Kenya that targets a whole community on a repeated basis), youth murals, and contest of various types. The team will also train faith-based and non-governmental organizations (FBOs and NGOs) to deliver ABC messages to high-risk groups, men's groups to disseminate accurate and appropriate information and promote the use of voluntary counseling and testing (VCT), prevention of mother-to-child HIV transmission (PMTCT) and antiretroviral treatment (ART) services, and will expand message reach through community radio programs. Messages will also aim to reduce stigma. People living with AIDS (PLWAs) will be involved in the design and implementation of outreach programs. To complement the prevention program, JHPIEGO and its partners (particularly the DHMT) will undertake advocacy with groups including religious leaders, elected officials and other opinion leaders.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities being carried out will contribute directly to USG's 5-year strategy in support of Kenya's integrated HIV/AIDS programs, by developing strong networks at the community level for a sustained response. The activity will serve 560 condom service outlets and 629,504 individuals will be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and being faithful. A total of 1,871 individuals will be trained to promote HIV/AIDS prevention programs.

Activity Narrative: 4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in orphans and vulnerable children (#9041), counseling and testing (#8782), abstinence/be faithful to promote health behaviors amongst youth and reduce stigma by encouraging individuals to know their HIV status (#8725). It also relates to PMTCT (#8752), Palliative Care: TB/HIV and HBHC (#9069) and (#8863) and ARV services (#8792) expanding HIV prevention in care and treatment settings.

5. POPULATIONS BEING TARGETED

This activity directly targets the general population as well as youth and their parents, as well as at-risk groups to support increased positive communication and increased use of services. Secondary targets are groups that serve youth, as these groups will be supported to better serve their constituencies using approaches and messages based on state-of-the-art knowledge and approaches. Strategies to improve the use of services will target policy makers as well as the general population, Ministry of Health staff working as program managers in the DRH at provincial and district level, and local community leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma reduction associated with being affected by HIV/AIDS, increase gender equity in programming through the delivery of key messages.

7. EMPHASIS AREAS

Major emphasis addressed in this activity is community mobilization/participation and minor emphasis on development of network/linkages/referral systems, training and linkages with other sectors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14863

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14863	8932.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$1,200,000
8932	8932.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$975,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 353.09

Prime Partner: Internews

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17443.20528.09

Activity System ID: 20528

Mechanism: Voices in Health

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$152,119

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ All male circumcision activities described in the FY08 narrative are now incorporated in their own narrative in FY09 under voluntary medical male circumcision.

COP 2008

1. LIST OF RELATED ACTIVITIES

This INTERNEWS/Local Voices HVAB activity relates to activities in HIV/AIDS Treatment services (#6915), Policy Analysis and Systems Strengthening (#6918), and PMTCT (#6916), Counseling and Testing (#6917), Blood safety(#8705), HKID,CIRC, and HVOP.

2. ACTIVITY DESCRIPTION

In 2009, Internews will carry out GBVactivities:

GENDER-BASED VIOLENCE

Gender-based violence (GBV) has become more than a human rights issue; it is also a national health issue, most especially in regards to the spread of HIV/AIDS. As part of its overall Local Voices media training project that supports mass media to disseminate information about HIV prevention and care, Internews Network in FY09 will bring a special training focus to the issue of GBV and its role in the spread of HIV/AIDS. An Action Aid study released in June 2007 shows increased sexual violence against women and girls is fuelling the spread of HIV/AIDS among females in Kenya: one out of every four girls and young women in Kenya report losing their virginity through force. Vaginal injuries like tears act as sites through which HIV enters into the bloodstream, which partly accounts for why women and girls are experiencing higher rates of HIV infection than men and boys. Violence makes 51% of the population vulnerable, and in turn the risk of passing infection to male partners increases. Women in rural areas appear even more at risk. Internews proposes a five-day journalism training for ten radio professionals and ten print journalists that will focus on basic journalism skills as well as the relationship between gender-based violence and HIV. The journalists will receive intensive follow-up support after the training, which will result in at least 16 radio programs being produced and broadcast on Kenya radio stations. These programs will reach 5 million radio listeners. Internews will also provide the ten best radio trainees with a follow-up field training in the form of a four day "mentoring trip." During this trip the journalists will be accompanied by an Internews trainer that will guide them every step along their way in doing gender-based violence features outside of Nairobi. This will result in at least 8 stories being produced and broadcast. Internews will train 4 television journalists and 4 camera people on the relationship between gender-based violence and HIV resulting in the production of at least eight features for broadcast on prime time television. The training will be five days long. The best student will receive a travel grant to do a gender-based violence story outside of Nairobi. This will result in two more gender based violence stories being broadcast on prime time television, reaching at least 4.5 million viewers. Internews will also host a round table on issues relating to gender-based violence for journalists and NGOs. During this round table stories done during training sessions will be discussed and criticized. The attendants will vote for the best story. The winner will receive a memory stick with a large enough memory to save pictures and sound.

Summary:

- One five-day training on gender-based violence for 10 radio and 20 print journalists that will result in 16 radio features
- One four-day "field training" for four radio journalists in the form of a mentoring trip, resulting in 8 radio stories being produced and broadcast reaching at least 5 million viewers
- One five-day training for 10 television journalists and 10 camera people that will result in 8 television features reaching at least 4.5 million viewers
- One television travel grant that will result in two features on gender-based violence and HIV
- One round table during which stories will be discussed and criticized

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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

4. LINKS TO OTHER ACTIVITIES

The prevention activities of the Internews project relate to all other Internews training activities.

5. POPULATIONS BEING TARGETED

This activity targets the general population and especially adults of reproductive health age, couples, their spouses, the youth and the media. It's hoped that after these targeted messages people who would have otherwise felt uncomfortable to seek treatment and care will do so, thus increasing access for all communities. Behavior Change Communication activities will also involve community leaders and community-based organizations to increase demand for services amongst community members.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

This activity has a major emphasis on local organizational capacity building and a minor emphasis on training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17443

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17443	17443.08	U.S. Agency for International Development	Internews	6957	353.08	TBD	\$110,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1244.09	Mechanism: Kenya Department of Defense
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 4254.20588.09	Planned Funds: \$100,000
Activity System ID: 20588	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Number of targeted condom service outlets changes to 460
- +Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful changes to 10,000
- +Number of individuals trained to promote HIV/AIDS prevention through other behavior change, changes to 50

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key crosscutting attributions in human capacity development through in-service training of doctors and registered clinical officers on diagnosis and management of Sexually Transmitted Infections (STI) in line with MOH guidelines. 40% of the total budgetary allocation will be used to support this activity.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Counseling and Testing (#6957), Abstinence and Being Faithful (#6966), and Prevention of Mother-to-Child Transmission (#6959).

2. ACTIVITY DESCRIPTION

The Kenya military recruits 2,500 young men and women in the age group 18 to 24 years old annually. This group is highly vulnerable to HIV infection and other STIs as well. This activity aims to strengthen HIV prevention in the Kenya Department of Defense (KDOD) and has three components. The first component will include activities geared to promote prevention of HIV and STIs by focusing on training health care workers in integrating HIV prevention in their STI diagnosis and treatment. In addition, in FY 2008, KDOD will train 30 individuals to promote HIV/AIDS prevention through behavior change messages that will be disseminated through seminars and workshops targeting 5,300 military personnel, their dependants and civilian personnel working in the military. Special forums targeting commercial sex workers (CSWs) with condoms and other prevention (COP) messages will be implemented in three geographical areas within Kenya, specifically Gilgil, Nanyuki, Isiolo and Mombasa, all of which are known to have a high concentration of CSWs due to their location on the major transport corridor through the country. Although STI basic care will be offered in all the military medical facilities, the program will concentrate on four military regions with a high population density which includes Thika, Kahawa, Embakasi and Moi Air Base. Liaison will be continued between the KDOD and National AIDS and STI Control Program (NASCOP) to ensure high quality care and training in STI. The second component of the KDOD COP program will involve activities to promote correct and consistent use of condoms among the military personnel. Measures will be put in place to ensure availability of condoms in all the military stations country-wide by maintaining 40 condom outlets throughout the military communities. Regular monitoring of condom uptake by military personnel will be done on a monthly basis. The final component in FY 2008 will focus on the young recruits entering the military. Though this group is being targeted through the youth focused program referred to as "Men as Partners" (MAP) under the ABY program area, this funding will support condom education and promotion as a supplement to the ABY program activities in order to provide a comprehensive prevention program. This activity also intends to continue scaling-up of command involvement and support in promoting behavior change activities by conducting regular trainings, organizing seminars and workshops for the military personnel under their respective commands.

3. CONTRIBUTION TO OVERALL PROGRAM AREA KDOD

This activity contributes to Kenya's 5-year strategy of reducing the risk of HIV transmission among high risk occupational settings by promoting the knowledge on correct and consistent condom use among this high-risk group.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to KEMRI-KDOD counseling and testing (CT) (#6957) and prevention of mother-to-child HIV transmission (PMTCT) (#6959). This OP activity is also linked to KEMRI-KDOD ABY activity (#6966) by partnering with other prevention activities that promote a comprehensive approach to prevention for the military population.

5. POPULATIONS BEING TARGETED

The KDOD OP activity will reach the most at-risk population by targeting the military personnel and their dependants as well as CSWs that live adjacent to the military barracks in Kenya. It will also reach the civilian population working in the barracks and the general population living in the neighborhoods of the barracks. The program intends to capture all STI cases and offer comprehensive treatment to those infected as well as provide them with prevention messages.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the issues of male norms and behaviors which promote HIV risk behavior, especially in this high-risk community of the military. These activities will challenge traditional male norms that have been identified as contributing to sexual coercion and multiple sexual partners. The KDOD OP program will also address stigma and discrimination that often is a significant obstacle to routine CT services and the use of condoms.

7. EMPHASIS AREAS

The major emphasis area for this workplace program will be community mobilization/participation in order to ensure that military personnel receive quality and specific prevention programs. Other emphasis areas will be information, education and communication in order to de-stigmatize treatment for STIs as well as the development of network/linkages/referral systems with other prevention activities. These areas will assist in the systems integration approach that will successfully link information with behavior change. Training will comprise another key emphasis area, and this will all be developed within the military work place program.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14894	4254.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$75,000
6962	4254.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$100,000
4254	4254.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 323.09	Mechanism: N/A
Prime Partner: Kenya AIDS NGO Consortium	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 4153.20616.09	Planned Funds: \$746,125
Activity System ID: 20616	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Project will expand its scope to include targeted interventions addressing cross-generational sex, multiple concurrent partnerships, gender-based violence, MSM, working with men, boys and Prevention with Positives.
- +Clients of CSWs will be targeted with specific interventions that focus on consistent condom use and knowing HIV status.
- +This project will incorporate HIV-free generation youth activities in Ongata Rongai and Mlolongo sites. \$100,000 is attributed to this activity.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- FY07 PLUS UP ADDITIONS: This plus-up will support an expansion of existing 2007 COP activities. The current prevention activities of the Kenya AIDS NGOs Consortium (KANCO)'s Ray Project work among populations at high risk including migrant workers, long-distance truckers, farm and industry workers, khat traders and young people out of school in underserved slum locations. The project will strengthen interventions on CSWs and MSMs within these regions through targeted sexual risk reduction activities including providing prevention education to CSWs and their clients as well as MSMs in these areas. KANCO will train peer educators, provide functional linkages and referrals to both counseling and testing services and to care and treatment provided through its night VCT mobile outreach activities and its regular community education.
- \$100,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6939) and Counseling and Testing (#8748).

2. ACTIVITY DESCRIPTION

The Kenya AIDS NGOs Consortium (KANCO) will target 186,531 high-risk individuals with safer sex interventions including condom promotion and train 472 people to deliver these interventions. 285 condom outlets will be established. It will continue working through a network model of six partners to provide HIV sexual transmission prevention education to youth and young adults. These partners include Kibera Community Self Help Project, the National Organization of Peer Educators, Kenya Medical Association, Maendeleo ya Wanawake Association and Community Capacity Building Initiative who work collaboratively to implement the RAY (Responding to AIDS among youth) project. Each partner will continue implementing program elements in which they have specialized skills based on their best practice to provide HIV prevention education and condom promotion to youth and young adults in potentially high-risk areas of Mlolongo, Ongata Rongai, Thika and selected sites in Embu and Kilifi. The RAY project provides condoms and targeted other prevention services to high risk populations through intensified community education to youth out of schools and in underserved locations such as upcoming slums which host migrant populations. Condoms and other behavioral interventions will be provided at hotspots along the Mombasa highway at Mlolongo near Nairobi and among quarry, transport and jua kali (small scale business) workers in Ongata Rongai. Additional sites for expanded programs will continue to be identified adjacent to existing project sites. Most importantly, KANCO's RAY project will provide targeted interventions for Positive Prevention through multiple behavioral interventions for individuals with HIV. Adolescent girls and women who test positive through the CT activity will be referred for reproductive health services to help prevent unintended pregnancies. RAY will provide linkages to STI treatment and particularly focus on STI screening and treatment for individuals with HIV and their partners. It will promote leadership by individuals with HIV in the positive prevention campaign. The RAY project's monitoring and evaluation system will be improved and targeted information, education and communication materials will be developed and distributed through existing youth resource centers. Significant changes from 2006 to 2007 in this activity will be that RAY will initiate activities that address alcohol and drug abuse as an important determinant in reducing HIV sexual risk behavior. It will undertake to work with the estimated 60 bars in Mlolongo and Ongata Ronagi with targeted alcohol and HIV risk reduction messages. Quarry workers, usually being migrant workers in the building industry and truckers among others will receive targeted risk reduction messages including an intensified campaign on correct and consistent condom use. The project will also ensure referrals and follow up for ART and basic care and treatment for opportunistic infections.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

KANCO's RAY project will reach 186,531 at risk youth and adults, particularly individuals with HIV in its' project sites. It will train 472 peer educators, bar workers on alcohol abuse and other essential gatekeepers in the quarry settlements, transport and small-trade sectors. Youth will be trained in theatre skills particularly among the out of school youth population and linkages will be established with at least 10 health providers to serve youth in STI treatment and referrals for care and treatment. 285 condom outlets will be established. There will be increased access to HIV behavior change information through its existing resource centers. KANCO will target serving high-risk youth populations including among the fishing and beach communities, long-distant truckers' stops, slum population and other urban youth. These efforts will contribute to promoting HIV preventive behaviors among youth as well as increase access to HIV/AIDS prevention services for high risk and underserved populations, including improved provision of STI services particularly among individuals with HIV and their partners.

4. LINKS TO OTHER ACTIVITIES

KANCO's OP activities relate to activities in KANCO AB activity (#6939) and CT (#8748). This project will establish essential linkages with 10 health care providers for specialized and youth friendly STI treatment, opportunistic infections and where necessary ART care. Services will be integrated with existing community structures such as youth groups, faith communities and parents associations. The Kenya Medical Association will particularly develop linkages with health care providers to improve access to adolescent care and treatment services for HIV people identified through the program.

5. POPULATIONS BEING TARGETED

Activity Narrative: This activity will target adult men and women of reproductive age including secondary school and university students. It will also work with people living with HIV/AIDS, HIV/AIDS affected families and widows/widowers. It will involve community based organizations and faith based organizations as well as NGOs. It will target most at risk populations including truckers, commercial sex workers, men who have sex with men, partners, clients of CSWs with a particular focus on trucking hotspots. It will work also with out of school youth in slums an peri-urban locations. It will target bar workers and brothel owners in beer hot spots and mobile populations working in quarries and large agricultural farms and industrial firms. KANCO will continue working with volunteers and community, program and religious leaders. It will work with rural populations in selected sites. Alongside involving teachers in its AB programs, this activity will also work with teachers for other prevention education. Nurses from the private and public sector will be a target especially for STI treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs and will particularly enhance youth participation in its programs. It will address male norms and behaviors and reduction of violence and coercion as well as stigma and discrimination. Out of school youth and CSWs will be assisted to increase their access to income and productive resources through the youth crafts and other initiatives.

7. EMPHASIS AREAS

Major emphasis will be community mobilization/participation. Minor emphasis will include development of network and referral systems particularly youth HIV care referral networks. Through its resource centers, KANCO will provide information, Education and Communication strategies and training to its project partners and community volunteers. KANCO's main role in the partnership is Quality assurance, quality improvement and supportive supervision. Human resource will also be a minor emphasis as KANCO employs a modest number of staff.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14873

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14873	4153.08	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	6963	323.08		\$587,500
6938	4153.07	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	4245	323.07		\$325,000
4153	4153.06	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	3227	323.06		\$150,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5093.09

Mechanism: Prisons Project

Prime Partner: International Medical Corps

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5064.20653.09

Planned Funds: \$205,000

Activity System ID: 20653

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity involves promotion of correct and consistent use of condoms among the Kenya Prison Service Personnel who are most at risk of HIV infection and who engage in high risk behaviors. Proper condom supply channels will be put in place to ensure availability in all the Kenya Prison Services camps; strategically placed for easy access by staff and members of neighborhood communities country-wide. Regular monitoring of condom utilization will be done through a requirement for all units to file reports on both male and female condom use on monthly basis. Since the law doesn't permit provision of condoms to high-risk incarcerated persons, appropriate HIV information and education of acquisition/transmission, and role of condom in prevention of HIV will be provided to prisoners. Education on most efficacious habits/methods of HIV transmission, including IDU and unsafe sexual practices will be done. Another aspect will target the young prison recruits, who number nearly 2000 annually. Most of these young people are out-of-school youth. They will be targeted in the focused program referred as "Men As Partners" in their training colleges/institutions to strengthen behavior change and address gender norms and stereotypes that put them at risk of HIV acquisition. Uniformed instructors/staff will be trained as Trainers of Trainers (TOT) to educate all recruits on all aspects of comprehensive HIV prevention including risks of cross generational sex, multiple concurrent partnerships, male involvement on gender based violence, benefits and risks of Male circumcision and encouragement to knowing ones HIV status as well as the partners status. Links will be established to promote Prevention with Positives (PWP) activities. These activities will result in reaching 87,234 individuals with HIV prevention information, training of 259 staff as well as establishing 235 condom outlets.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

OP activities within the Kenya Prison Services will contribute to the overall Emergency plan for COP 2009 prevention targets for Kenya. This activity contributes to Kenya's Strategic emphasis of reducing the risk of HIV transmission among young people. The Kenya Prisons Service will integrate their OP program with other sexually transmitted infection (STI) clinics and reproductive health clinics at the various health facilities within the prisons.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to CT activity targeting to serve Kenya Prisons services personnel and prisoners since all OP activities will at all times encourage routine counseling and testing among the Kenya Prisons Service community. This OP activity is also linked to Kenya Prisons Service AB activity by partnering with other activities that promote prevention among the youth of the Prisons community. Persons requiring HIV care and treatment will be served under the HBHC and HTXS activity.

4. POPULATION BEING TARGETED

The OP activities will reach the most at risk population by targeting the Kenya Prison Services personnel, discordant couples and prisoners. It will also reach the civilian population living and working in the Kenya Prison Services work places and also the host population living in the Kenya Prison Services neighborhood. Medical personnel working in these Prisons Health services will also be targeted for appropriate training. HIV/AIDS affected families and inmates PLWHA will be a target for positive prevention services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14890

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14890	5064.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6966	5093.08	Prisons Project	\$102,500
9228	5064.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	5093	5093.07	Prisons Project	\$205,000
5064	5064.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3263	1246.06	Uniformed Services Project	\$70,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3476.09	Mechanism: South Rift Valley
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 8808.20779.09	Planned Funds: \$280,475
Activity System ID: 20779	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime Partner Henry Jackson Foundation Medical Research International (HJFMRI) has been competitively selected to implement this activity in the place of KEMRI.
- + The geographical coverage has been expanded to include Nandi North and Nandi South districts and Transmara District within the South Rift Valley province.
- + The target population has been scaled up to include touts, food vendors, and bicycle and motor cycle riders. Based on the lessons learned during the FY07 activity, these groups form a large percentage of sex work clientele otherwise known as the networks of sex workers.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in Economic Strengthening. The activity will facilitate education and awareness on income generation through linkage with experts in the field of micro credit and micro enterprise and entrepreneurship. It will also facilitate registration of the groups with the social welfare in order to access the services. The activity will cost \$3,000.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Geographic coverage has been expanded to include Bomet District, Bureti District, Nandi North and Nandi South;
- The target population has been expanded include discordant couples, personnel of public service vehicles, university students at East Africa Baraton University and people living with HIV;
- \$7,000 of this activity is programmed with funds from the \$7 million FY 2008 plus up for the Healthy Youth Programs Initiative;
- \$137,500 of this activity is programmed with funds for the promotion, education and awareness of male circumcision as a prevention intervention;
- Other changes include the following new interventions in the OP activity:
 - Men as Partners in HIV Prevention
 - Positive Prevention in Community Settings
 - I Choose Life program for University Students

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#6891) and Counseling and Testing (#6968).

2. ACTIVITY DESCRIPTION

KEMRI/Walter Reed/SRV embarked on a new piloted initiative in South Rift Valley in the area of Condoms and Other Prevention in 2007 in order to bring prevention to high-risk populations in two stop-over locations along the Nairobi-Kisumu transport highway corridor within Kericho District. Both sites have been extremely underserved in the area of prevention which has fueled the prevalence rate to increase among core transmitters as well as the surrounding general communities. KEMRI South Rift Valley program has had a comprehensive HIV care program for the residents of south Rift Valley since the 2005 Emergency Plan which includes counseling and testing as well as HIV/AIDS treatment. These activities will be implemented by Henry Jackson Foundation Medical Research International (HJFMRI) South Rift Valley. A significant aspect of the existing HJFMRI/South Rift Valley HIV comprehensive care program which has been missing is in the area of prevention, especially among high-risk populations. The reliance on conventional voluntary counseling and testing (VCT) sites to address this need has not been a sufficient prevention intervention. In FY 2009, Henry Jackson Foundation Medical Research International (HJFMRI) South Rift Valley (SRV) will address this existing gap in HIV/AIDS prevention by targeting 134,883 individuals in South Rift Valley in creating a sustainable prevention program which addresses the specific risk factors of commercial sex workers (CSW), touts, food vendors, as well as other high-risk adults in South Rift Valley. The estimated HIV prevalence rate is 7-8% among the general population, but the targeted group for this activity is estimated to be higher than that. Even after personal knowledge of HIV status, there is a significant gap in prevention activities due to the lack of personal knowledge and skills that assist an individual to change behavior. HJFMRI/SRV will address this issue in South Rift Valley with condom promotion and STI identification and management. HJFMRI/SRV OP Program will also target 343 people to be trained in promoting HIV/AIDS prevention among high-risk adults. In FY09 HJFMRI/SRV OP program will expand the above activities to the rest of the predominantly rural region specifically in the area of condom promotion.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

HJFMRI/SRV's new activity in Condoms and Other Prevention will contribute to the overall objective of reducing high-risk behaviors among high-risk adults. This activity will also empower and train 257 individuals in South Rift Valley in the promotion of routine testing of STIs as well as the promotion of consistent and correct condom use. This activity will target 86,479 individuals with HIV prevention messages as well as behavior change skills that significantly minimize their risk behaviors. 89 condom dispensers will also be set up throughout the South Rift Valley.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to Live with Hope's Abstinence and / or Being Faithful program (#6891) and HJFMRI/SRV AB Program as other prevention activities occurring in South Rift Valley. Through coordination the two programs will work closely together in identifying populations to reach with prevention. Counseling and testing services through HJFMRI/SRV (#6968) will also be linked to this activity in the promotion of gaining personal knowledge of HIV status as a key to prevention and access to care.

5. POPULATIONS BEING TARGETED

This activity will target adults in the general population with prevention messages as well as the most at-risk populations of commercial sex workers and mobile populations; specifically truck drivers. Brothel owners and bar maids will also be a targeted population for this activity. In FY 09, this activity will include touts, food vendors, bicycle and motor cycle riders as well as prison officers and inmates.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Activity Narrative: This activity will address adult men in educating them about the identification of male norms and behaviors which may be risk factors in HIV-AIDS transmission. The project activities with CSWs will increase gender equity in HIV-AIDS programs as well as increasing women's access to income and productive resources. Stigma reduction will also be addressed through information, education and community mobilization.

7. EMPHASIS AREAS

The primary focus of HJFMRI/SRV in this activity will be to mobilize the community in the participation of these prevention activities as well as reduce stigma in specific high-risk populations. This activity will also dedicate part of its time to information, education and communication in the development of material that serves as mass media prevention campaigns as well as in training of individuals to sustain the prevention activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14903

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14903	8808.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$240,000
8808	8808.07	Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$375,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$3,000

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9247.09

Mechanism: APHIA II - Nairobi

Prime Partner: Pathfinder International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 21267.22547.09

Planned Funds: \$829,740

Activity System ID: 22547

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Clients of sex workers will be targeted with specific interventions that focus on consistent condom use and knowing of status.
- + Specific prevention messaging targeting women, men and discordant couples will be incorporated into CT interventions. Specific messages will be developed for each target group.
- + This activity will incorporate \$150,000 for HIV Free Generation activities focusing on youth.
- + This activity will target police, uniformed services, women, opinion leaders, and others on issues of gender-based violence.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is linked to Palliative Care: Basic Health Care and Support (#8936), Counseling and Testing (#8976), and Palliative Care: TB/HIV (#9072).

2. ACTIVITY DESCRIPTION

In 2009, APHIA II Nairobi will reach 500,000 individuals, train 1049 people and distribute condoms through 314 outlets. This activity will strengthen HIV prevention programs through other behavior change approaches (i.e. all behavior change approaches that do not focus on abstinence and being faithful) under the APHIA II Nairobi Project. In FY 2009, Pathfinder and its prevention partners, including PSI, will target youth and adults with behavior change messages that are appropriately adapted to different target groups. Peer education, informal and formal worksite interventions, community outreach by PLWA, mobile VCT, life skills education for youth, high-risk outreach and transport corridor activities will all serve as means through which messages will be conveyed. In particular, the project will capitalize on PSI's experience in targeting informal worksites, market places, and "hot zones" where high-risk behavior is common. Street theater, interactive games, PLWA testimonials, outreach sessions and community mobilization will be used to convey messages that include consistent and correct use of condoms, knowing one's status and knowing your partner's status. APHIA II community level partner capacity for undertaking prevention and behavior change activities will also be strengthened, such that messages can be conveyed widely through implementing partners and undertaking home and community support activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 PEPFAR OP targets for Kenya. By specifically focusing on men and youth, this activity will significantly contribute to PEPFAR goals for primary prevention through the integration of prevention into all community outreach for treatment and care.

4. LINKS TO OTHER ACTIVITIES

Support to Prevention/Other Behavior Change will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. It is specifically linked to palliative care, basic health care (#8936), counseling and testing (#8976), and palliative care, TB/HIV (#9072).

5. POPULATIONS BEING TARGETED

This activity targets both adults and youth, with additional emphasis on worksites to reach men as well as high-risk groups and persons frequenting/working in "hot spots". It will target special populations such as bar maids to improve their HIV risk awareness, their rights as bar maids and how they can protect themselves from acquiring HIV infection. Implementing-Partner counterparts from NGOs, CBOs, FBOs and schools will be targeted for training to implement prevention programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will be consistent with national policies regarding other prevention and will specifically address gender to improve gender equity in HIV programming as well as address male norms and behavior that often hinder uptake of prevention activities.

7. EMPHASIS AREAS

This activity includes major emphasis on worksites and minor emphases implementing-partner capacity building, linkages with other sectors and initiatives and training. APHIA II Nairobi will expand their activities to target high-risk youth by training peer educators. The activity will focus on HIV prevention with male and female sex workers to promote alternatives to commercial sex work as well as protective barriers to prevent HIV transmission, both with commercial partners and steady boyfriends/girlfriends and husbands/wives. In addition they will use \$100,000 to expand support in HIV prevention and supportive services to 20,000 victims of gender-based violence in Nairobi through the Nairobi Womens Hospital and outreach centers and train 20 health workers and community participants.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21267

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21267	21267.08	U.S. Agency for International Development	Pathfinder International	9253	9253.08	APHIA II - Nairobi	\$600,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9776.09

Prime Partner: United Nations High
Commissioner for Refugees

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9235.22726.09

Activity System ID: 22726

Mechanism: N/A

USG Agency: Department of State /
Population, Refugees, and
Migration

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$138,240

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#9215), Counseling and Testing (#8980), Palliative Care: Basic Health Care and Support (#8736) and HIV/AIDS Treatment: ARV Services (#8982).

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will provide condoms and targeted other prevention activities to 58,826 high-risk individuals and train 175 people to deliver these interventions at the Dadaab Refugee Camp in North Eastern Province, Kenya. 53 condom outlets, including community-based distributors and Reproductive health community volunteers will serve as distribution points. This activity will aim to strengthen condom promotion through increasing the number of condom outlets. 60 nurses/midwives drawn from all clinics will receive training on safer sexual behavior including correct and consistent condom use. Community based distributors will enhance social marketing of condoms, increase demand and supply. Information, education and communication targeted specific groups will be adapted to local languages. 90 health care providers will be trained on post exposure prophylaxis owing to the high levels of sexual violence. STI refresher training will also be provided. An important focus of this activity will be Positive Prevention. While general prevention education and campaigns will focus on the general population of mainly uninfected individuals, special efforts will be put to the small segment of the population who have HIV and are therefore potentially very high risk individuals in transmitting HIV. Linking up with the counseling and testing activities, Positive Prevention interventions will ensure that there are targeted behavioral interventions for individuals with HIV, that unintended pregnancies are prevented among women with HIV, that there is active STI screening and treatment for individuals with HIV, that there is significant leadership by individuals with HIV in positive prevention and that most importantly, individuals with HIV access care and ART treatment to reduce viral load and reduce the risk of HIV transmission. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somali. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV sero-prevalence among ANC clinic attendees, 1.7% among STI patients, indicating a generalized epidemic and providing estimates of 2300 HIV-infected refugees. UNHCR will work with its three implementing partners, GTZ, National Council of Churches of Kenya (NCCK), and CARE Kenya's Emergency and Refugee Operations (ERO). These partners depend on UNHCR for 80-95% of their Dadaab program funding. Financial constraints have prevented UNHCR to meet the increasing demand for a comprehensive HIV program, and additional funding and technical support are necessary to expand the scope and quality of existing services. Targets are modest because of the extreme remoteness of these areas, logistical camp challenges and the slow start up expected in initiating programs in the first project period. UNHCR will work in close collaboration with CDC and other USG agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to providing comprehensive AB education and life skills to 58, 826 high risk individuals, including positive prevention among people with HIV. 175 people will be trained to deliver services. 53 condom outlets will be established.

4. LINKS TO OTHER ACTIVITIES

These activities will link to Abstinence and /Be Faithful UNHCR (#9215) and Counseling and Testing UNHCR (#8980) as younger youth will be served under the AB program, while those requiring counseling and testing will be served under CT. Persons needing care and treatment for opportunistic infections or ART care will be referred to Palliative Care: Basic Health Care and Support (#8736) and Treatment: ARV Services (#8982).

5. POPULATIONS BEING TARGETED

This activity targets adult men and women as well as Special populations including refugees and out of school youth. It also targets program, community and religious leaders, volunteers and teachers. These populations are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. This program will also work with community and faith based organizations including NGOs and implementing agencies. It will serve rural host communities of the North Eastern Kenya.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues including increasing gender equity in HIV/AIDS programs, addressing male norms and behavior and reducing violence and coercion, especially among young refugee girls and women. These activities will help address stigma and discrimination among the refugees and host population.

7. EMPHASIS AREAS

This activity includes major emphasis in community mobilization and minor emphases on human resources, information education and communication, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15015

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15015	9235.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7009	4921.08		\$100,000
9235	9235.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4921	4921.07		\$100,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9716.09	Mechanism: ROADS Project
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 22793.09	Planned Funds: \$400,000
Activity System ID: 22793	

Activity Narrative: 1.ACTIVITY DESCRIPTION & EMPHASIS AREAS

The overall goal of the multi-sectoral ROADS Project (branded SafeTStop) is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable people along major East African transport corridors. There is a high HIV transmission rate among members of mobile populations, drivers, and their assistants, and the vulnerable populations of in- and out-of-school youth, OVC and low-income women in these host communities. Especially at cross-border stop-over sites truck drivers can be away from home for 2-3 months at a time and can be held up for days in customs clearance. Given that the poverty of the host communities is exceedingly high, the prevalence of transactional sexual behaviors involving not only community women but youth and orphaned children is also high. ROADS will work in 4 sites: Mariakani, Malaba, Mlolongo and Busia to focus on developing behavior change communication (BCC) messaging targeting truck drivers and communities along the transportation corridor. Specifically, the program will develop BCC AB and OP prevention messages targeted towards truck drivers that promote consistent condom use, knowing their own HIV status, reducing cross generational sex and reducing the number of multiple concurrent partners. The ROADS project will provide the messages and technical assistance to the current US Government partners that provide services at the SafeTStops on the transportation corridor, including APHIA II Coast, APHIA II Eastern, APHIA II Rift Valley, APHIA II Western. The project's aim is to provide consistent and regular messaging and outreach to drivers along the corridor. Furthermore, the program will develop BCC messages that address commercial sex workers that live near the truck stops. The messaging will address condom negotiation skills and knowing their status. Faithfulness messages are delivered to truck drivers and the community men and women and married youth. FHI trains CBOs and FBOs to support AB activities and to reduce stigma and discrimination in their communities. Critically important to encouraging faithfulness is creating recreational alternatives for truck drivers and men that can reduce exposure to alcohol. This includes interactive health discussion groups, entertainment in non-alcohol establishments, and practical adult education sessions on topics identified by the truck drivers including managing alcohol consumption, gender-based violence, managing financial resources and road safety as well as referrals to VCT and other health services. ROADS will also convey HIV risk reduction messages that include but go beyond AB. Peer educators focus on HIV/AIDS skills and knowledge, including condom negotiation skills and correct use. "Other" messages, as well as condoms, are disseminated to truck drivers, commercial sex workers, other men and women, and out-of-school youth through peer education, community mobilization events, pharmacies/drug shops and SafeTStop resource centers established in the sites. and develop focused BCC for older orphans, a key underserved group.

2.CONTRIBUTIONS TO OVERALL PROGRAM AREA

The project will support the targets being reported by current USG partners that operate a long the transportation corridor. ROADS reaches out to those whose sexual activity puts them at significant risk of acquiring or transmitting HIV. Men who are away from home for months at a time will often have sexual partners along the transport route. Unemployed women with no other source of income to feed and shelter their children will often rely on informal financial support from truck drivers and other community men. Given the "regular" nature of these relationships, condom use will be low, creating a major route for HIV infection among mobile and community populations. The high number of youth out of school, many of whom may be economically vulnerable orphaned heads of households, also become involved in transactional sex to sustain themselves and their siblings. Messages and skills encouraging abstinence and partner reduction will accompany skills building in risk reduction through increased condom use, addressing sexually transmitted infections, and promoting CT including PMTCT services. ROADS reaches out to those whose sexual activity puts them at significant risk of acquiring or transmitting HIV. Men who are away from home for months at a time will often have sexual partners along the transport route. Unemployed women with no other source of income to feed and shelter their children will often rely on informal financial support from truck drivers and other community men. Given the "regular" nature of these relationships, condom use will be low, creating a major route for HIV infection among mobile and community populations. The high number of youth out of school, many of whom may be economically vulnerable orphaned heads of households, also become involved in transactional sex to sustain themselves and their siblings. Messages and skills encouraging abstinence and partner reduction will accompany skills building in risk reduction through increased condom use, addressing sexually transmitted infections, and promoting CT including PMTCT services. Support for other low-risk strategies for increasing economic opportunities will also be pursued through the local private sector in terms of job creation and skills building as well as providing limited food support as a strategy for reducing partners.

3. LINKS TO OTHER ACTIVITIES

The project will ensure consistent and regular messages delivered to truck drivers and CSW along the transportation corridor. Through ongoing coordination with other USAID/Kenya PEPFAR partners, ROADS will link with, and create demand for, clinic-based services (CT, PMTCT, STI diagnosis and management) strengthened through PEPFAR programming in these areas.

4. POPULATIONS BEING TARGETED

The project will target truck drivers who stop at the truck stops (SafeTStops) along the transportation corridor. ROADS will work closely with most-at-risk populations including commercial sex workers, truck drivers and their attendants and sexually active older youth. Additionally, ROADS targets low-income women who don't self-identify as sex workers but who may have "regular relationships" with select truckers and community men due to economic vulnerability. A particularly underserved group includes older, head-of-household OVC who may rely on transactional sex to provide for their siblings. ROADS reaches out to those for whom abstinence and be faithful messages can be most effective. Abstinence activities are directed to primary and secondary school students as well as out-of-school youth and to people living with HIV and AIDS. Partner reduction/be faithful strategies will be targeted to truck drivers and their attendants who are away from their families for three months or more and community men and women.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9711.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 19421.22532.09

Activity System ID: 22532

Mechanism: Umbrella

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: [REDACTED]

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will address human capacity development through training lay and community health workers to provide prevention services in their communities.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to Abstinence/Be Faithful and Counseling and Testing.

2. ACTIVITY DESCRIPTION

The role of the TBD is to serve as an umbrella mechanism to build capacity of and provide technical assistance to smaller local indigenous organizations. These organizations will represent a mix of CBOs, FBOs, and other organizations and will enable depth and breadth in reaching Kenyans in community and clinical settings. It will also ensure sustainability as technical and organizational capacity of these indigenous groups is expanded. The TBD will also provide technical leadership in implementing priority interventions which include Men as Partners, Families Matter, GBV prevention and HIV-free generation activities among others. The TBD will work with relevant government departments and NGOs to support Highly-active prevention packages. The TBD will implement a comprehensive range of prevention activities implemented throughout Kenya, with particular emphasis on emerging prevention needs such as a focus on geographic areas identified as most in need based on recent prevalence data as well as an emphasis on most-at-risk populations shown to be driving the epidemic. Vulnerable populations include discordant couples; adult populations, particularly widows/widowers; and rural populations. In addition, most-at-risk populations or MARPS (identified as drivers in the Kenyan HIV/AIDS epidemic through recent studies including the Kenya AIDS Indicator Survey (KAIS) and the Modes of Transmission Study) include commercial sex workers (CSW), men who have sex with men (MSM), injecting drug users (IDUs), and fishermen. The TBD will also reach these populations with targeted interventions based on standardized comprehensive packages of services designed for each of the target populations. Clients of CSWs will be targeted with specific interventions that focus on consistent condom use and knowing HIV status. MARPS-focused activities will specifically tackle gender issues by addressing gender norms and attitudes that result in lack of access to services, gender-based violence, etc. Strategic geographic areas identified as target areas based on highest prevalence in Kenya include Nyanza, Nairobi, and Coast; while prevention activities will be implemented throughout Kenya, the areas listed above will receive particular emphasis. The TBD will also provide leadership in Prevention with Positives (PwP) activities, which have been identified as a critically important prevention intervention for Kenya. The TBD will integrate PwP activities across program areas. It will strive to augment meaningful involvement of people living with HIV/AIDS (MIPA) by, for example, promoting PLHIV as advocates of and leaders in prevention. The TBD will also support activities which target discordant couples with standardized prevention interventions uniquely tailored to this specifically vulnerable group. The TBD may also continue work the CHF began in FY08 in which they play a role in catalyzing an ongoing national process to develop and implement a PwP Toolkit (including training and implementation materials, operational guidelines, and M&E tools to inform the roll-out of PwP interventions across clinical and community settings). This role may include the active and supportive participation in the national PwP TWG, as well as in the roll-out of national PwP training, implementation and monitoring process. The TBD will also target in- and out-of-school youth with comprehensive prevention messages; moreover, the TBD will accelerate prevention initiatives by specifically targeting vulnerable, hard-to-reach and high risk youth. Additionally, this prevention activity will incorporate \$500,000 to partner with HIV Free Generation activities that focus on youth.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In line the USG Sexual Transmission Prevention (STP) team's identified priorities, the TBD will implement comprehensive, highly active prevention activities in an evidence-based approach of targeting those populations shown to be most at risk and drivers of the epidemic. Prevention activities targeting MARPS such as CSW, MSM, discordant couples and widows will be rolled out throughout Kenya, with particular focus on geographic areas of highest need, in both clinical and community settings. These activities will be implemented through the initiatives of a range of indigenous sub-partners that the TBD will result in 923 individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful; 466,100 people reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful; and 1,252 targeted condom service outlets. The umbrella TBD's primary mandate is to build the technical and organizational capacity of local Kenyan organizations. Therefore, the TBD contributes significantly toward PEPFAR's 5-Year Strategy of ensuring sustainability and striving toward increasing Kenyan leadership in the fight against HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

These activities will link to other sub-partners supported through the Umbrella TBD in other program areas to ensure that all partners are integrating prevention into programmed activities across each program area. Strong linkages to counseling & testing will be established so that prevention interventions are based on knowledge of status and that of one's partner. PwP messages will be infused across all clinical and community settings where PLHIV are provided with treatment, care and support. Linkages with OVC programs will also be established to ensure that this group of vulnerable children is provided with comprehensive prevention messages.

5. POPULATIONS BEING TARGETED

Highly active prevention interventions will target vulnerable and most-at-risk populations, especially in geographic areas of highest need. Targeted populations will include MARPS (including CSW, MSM, IDU, discordant couples, widows, and fishermen), PLHIV, and in- and out-of-school youth. CSW and MSM will be reached through standardized packages of comprehensive services designed to meet the prevention needs of these hard-to-reach populations. In areas of high HIV prevalence such as Nyanza, there are concentrated groups of highly vulnerable groups such as widows, discordant couples, fishermen etc. Community-level activities will reach these groups with targeted prevention interventions. PLHIV will be

Activity Narrative: reached through a range of clinical and community PwP interventions through MIPA. In and out of school youth will be targeted through a range of prevention activities including those supported through the HIV-Free Generation.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity helps to increase gender equity in HIV/AIDS programs by ensuring the young women and young men have equal access to services. It will address male norms and behaviors as well as reduction of sexual violence and coercion. PwP activities will particularly address stigma and discrimination. Out of school youth will be assisted to increase their access to income and productive resources through linkages with livelihood and skills training.

7. EMPHASIS AREAS

Major emphasis area will be community mobilization/participation. Minor emphasis will include development of a referral network and referral systems particularly to enable youth access HIV care and treatment services. Information, Education and Communication materials alongside training will be provided to project partners and community volunteers. The Prime partner will assure quality through establishing standard operating procedures and guidelines on minimum package of prevention services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19421

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19421	19421.08	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	12006	12006.08	Umbrella	\$75,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 521.09	Mechanism: USAID-AMPATH Partnership
Prime Partner: Indiana University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03

Activity System ID: 22797**Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS**

The Academic Model for Prevention And Treatment of HIV/AIDS (AMPATH) is a partnership between Moi University's School of Medicine, Moi Teaching & Referral Hospital, Kenya's Ministry of Health and a consortium of US Universities led by Indiana University. The program was established in November 2001 with the goal of creating a comprehensive model for HIV prevention, treatment and care across both rural and urban settings in western Kenya. In March 2006, AMPATH established community mobilization services aimed at enhancing HIV prevention by employing strategies that capture infected individuals early. These strategies also empowered individuals to make informed decisions in regard to HIV prevention, treatment and care. This was achieved through: training and awareness creation in HIV/AIDS targeting community owned persons, health care workers and the youth; HIV/AIDS sensitization in schools; workplace HIV/AIDS programs; Major HIV campaigns targeting entire community members; mobile counseling and testing services targeting specific risk groups e.g. commercial sex workers, truck drivers, inmates and members of uniformed forces, talk shows on local FM radio stations. AMPATH, in collaboration with key stakeholders, will target interventions aimed at intensifying its efforts in HIV prevention. AMPATH will reach 136,632 people with AB messages utilizing 949 trainers. Prevention activities will focus on youth by conducting HIV/AIDS awareness campaigns and school outreach programs. These will be intensified with the aim of reaching more youths by introducing youth friendly programs that will entail regular school outreach visits targeting primary and secondary school children with AB messages; Outreach programs targeting colleges and other training institutions with ABC messages; Condom distribution in colleges and training institutions; integrating prevention messages in mobile CT services targeting colleges and other training institutions; reach out of school youth through community based activities such as sporting events, youth fun days and through other organized youth groups. The program will also develop workplace programs that focus on HIV sensitization workshop to management and employees; training for peer educators; regular mobile CT services to employees; facilitate the development of HIV/AIDS workplace policies; the target will be to establish HIV/AIDS workplace programs by at least 2 companies/industries in each AMPATH site each year. Through OP activities, AMPATH will establish 261 condom outlets; and reach 290,706 people with OP messages by 864 trainers. AMPATH will establish CSW programs in all its sites within the main Nairobi-Uganda highway. This include Eldoret, Turbo, Webuye, Teso/Amukura and Busia, activities will include: moonlight CT which integrates prevention messages; monthly educational meetings for CSW to cover condom use, safe sexual practices, importance of HIV testing and other related topics; and training of CSW as peer educators. The program will target having one (1) moonlight CT one (1) CSW meeting per site each quarter. Clients of CSWs will also be targeted. AMPATH will identify discordant couples through a variety of HIV testing outlets, including home-based CT. These couples will be enrolled into the care program but at the same time counseled on various HIV preventive measures including condom use. Family planning services, through promotion of access to safe family planning methods will also be done, utilizing non PEPFAR funds. AMPATH, in collaboration with the National Prevention with Positives (PwP) working group, will establish PwP programs as outlined in the National PwP Guidelines. While doing this, Regular meeting with infected persons will be conducted to heighten the efforts of prevention among positives. During such meetings, condoms and IEC materials will be distributed.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan STP targets for Kenya. Integrating prevention into all community outreach for treatment and care, MARP outreach, CT outlets and PwP, will significantly contribute to PEPFAR goals for STP.

3. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Counseling and Testing, TB/HIV, and PMTCT.

4. POPULATIONS BEING TARGETED

This activity targets both in- and out-of-school youth for abstinence and both adults and youth for being faithful. Special emphasis will be placed on reaching PLWA with PwP, MAPRS, discordant couples and involvement of community. Counterparts from NGOs, CBOs, FBOs and schools will be targeted for training to implement prevention programs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 247.09**Prime Partner:** US Peace Corps**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 22853.09**Activity System ID:** 22853**Mechanism:** N/A**USG Agency:** Peace Corps**Program Area:** Sexual Prevention: Other
sexual prevention**Program Budget Code:** 03**Planned Funds:** \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Healthy Youth Initiative changed to HIV Free Generation Youth Initiative.
- + "Camp Glow" (Girls Leading Our World) changed to Community Youth Prevention Initiatives.
- + Number of Peace Corps Volunteers to be recruited and posted will increase.
- + Volunteer small grant assistance (known as "VAST") has been removed. Communities hosting Volunteers will have access to grant funding through the PEPFAR community grants program managed by the Country Coordination Office.
- + PEPFAR-funded Information and Communication Technology (ICT) volunteers will support deaf education and other sector volunteers on BCC material development for specified target groups.

COP 2008

1. LIST OF RELATED ACTIVITIES. This activity relates to activities in Counseling and Testing (#6894), (#6983) and Orphans and Vulnerable Children (#6891).

2. ACTIVITY DESCRIPTION

Due to the post-election violence in early 2008, Peace Corps temporarily suspended its program in Kenya and evacuated all Volunteers. Before the temporary suspension, volunteers had been based in more than 135 communities throughout rural Kenya, working in public health; small enterprise development (SED); information and communication technology (ICT); secondary education; deaf education; and the development of HIV/AIDS materials for the deaf community. By July 2008, a group of 26 volunteers, including five PEPFAR-funded Volunteers, had been reinstated. A training group of Education and SED/ICT, including six PEPFAR-funded Deaf Ed and seven PEPFAR-funded SED/ICT Volunteers, is expected in November 2008. Another 27 Public Health Volunteers, including 12 who will be PEPFAR-funded, are expected in May 2009. In FY 2009, Peace Corps Kenya (PC/K) under the PEPFAR program will support efforts to expand prevention of mother-to-child transmission (PMTCT) activities, launch the Community Youth Prevention Initiatives, enlarge the geographic reach of counseling and testing (CT), and address the economic dimension of the HIV/AIDS challenge at a community level. Specific prevention messaging targeting both women and men will be incorporated into CT interventions. Other areas of volunteer activity include working with Most at Risk Populations (MARPS) such as Commercial Sex Workers (CSW) and partners, and alcohol and substance abuse, and improved household food security and nutrition through sustainable agricultural practices at the household level known as "permaculture". Peace Corps' overall focus remains squarely on prevention and community outreach, areas of recognized organizational strength. Peace Corps will continue to focus on increasing collaboration and synergy with other PEPFAR partners to enhance program delivery and reach at the community level. PC/K will expand the reach of its activities, taking into consideration geographic gaps identified by the Government of Kenya, the PEPFAR interagency team, and Peace Corps staff, and facilitating greater cross-sector approaches to the multi-faceted challenges of HIV/AIDS at the community level, particularly related to wrap-around services such as livelihood and income generating activities. Peace Corps Volunteers will be involved in the design and expansion of HIV prevention initiatives targeting youth. Such initiatives will include boys/girls camps focused on strengthening boys and girls' ability to protect themselves against HIV and to act as peer educators among their community peers. PC/K will prioritize the placement of PEPFAR-funded Volunteers into several areas of the country hardest hit by the epidemic as highlighted in the recently released Kenya AIDS Indicator Survey (KAIS), such as Nyanza and the Coast provinces. (Before returning to western Kenya, a security assessment will be conducted to verify it is safe for Volunteers to return to this area.) PC/K will also focus efforts in regions of the country that are underserved in terms of HIV/AIDS prevention activities. In new geographic areas, the plan is to post a group of Volunteers in a "cluster" to include public health, education, and SED Volunteers, as appropriate, to increase their ability to support each other across sectors and expand the reach of wrap-around services. In FY 2009, all Volunteers and their counterparts will participate in expanded, in-service HIV/AIDS training conducted by Peace Corps and PEPFAR partner organizations to increase knowledge and skills in HIV/AIDS community outreach and education, youth prevention activities, income generating activities (including sustainable agricultural practices) and to promote cross-sectoral approaches. Based upon needs within their communities, Volunteers and counterparts will develop HIV/AIDS-related action plans. The effort to develop HIV/AIDS materials for the deaf community will continue in 2009 with the four reinstated volunteers and the arrival in November 2008 of six PEPFAR-supported deaf education volunteers to promote the existing Behavior Change & Communication (BCC) initiative among the deaf community. These volunteers will continue with the development of posters, interactive materials, and video specifically geared to deaf audiences (students, youth and adults) their support systems (families, churches, community groups etc) and service providers (medical, educational, police etc). They will also collaborate with their counterparts and other appropriate NGO partners and engage in deaf community outreach activities and development of youth prevention messaging. All the nine (six PEPFAR-funded) deaf education volunteers will be assigned to primary schools for the deaf and will be involved in HIV/AIDS prevention awareness building with students and teachers at their assigned institutions. In FY 09, two ICT Volunteers will be recruited to work with and strengthen organizations involved in HIV/AIDS prevention, particularly through the use of information and communication technology. As part of their assignments, these volunteers will also work with and provide ICT support to the deaf education/BCC volunteers on behavior change and communications efforts. The Deaf Education Volunteers placed at primary schools for the Deaf will play an integral role in developing content for existing and new materials for the Deaf community. (The above-mentioned ICT volunteers will also assist volunteers in other sectors who are involved in the development of materials for other vulnerable segments of the Kenyan population.) Peace Corps Kenya will continue to support a number of ongoing initiatives: translation of existing HIV/AIDS training materials in local languages; and equipment and material development for the BCC effort. Peace Corps Kenya will also support the third-year extension of up to three volunteers in 2009 for assignments with interested PEPFAR partner organizations to take advantage of the community-level experience they have gained.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities being carried out will contribute directly to USG's Five-Year strategy in support of Kenya's integrated HIV/AIDS programs. Through their involvement with a strong network of organizations at the community level, volunteers will act as catalysts to provide long-term capacity development support to NGOs, CBOs and FBOs. Peace Corps Volunteers serve in rural parts of Kenya for a period of two years

Activity Narrative: which enables them to make comprehensive needs assessments in their communities and to design and implement the appropriate interventions, collectively with their community members.

4. LINKS TO OTHER ACTIVITIES.

These activities link to the Basic Healthcare and Support Activities being undertaken by CDC and USAID and their partners. The Counseling and Testing activities link with the Hope Worldwide (#6894) and Liverpool VCT (#6983) in counseling youth and providing information to young adults, some of whom are deaf and with whom Peace Corps volunteers work. The activities will also link with Condoms and Other Preventions through demonstrations of appropriate condom use. Volunteers will continue to work with Hope Worldwide through youth activities, which target Orphans and Vulnerable Children (#6891).

5. POPULATIONS BEING TARGETED.

These activities will target youth and adults infected and affected by HIV/AIDS and will include caregivers. The number of individuals reached through community outreach that promotes HIV/AIDS prevention through Abstinence and/or Being Faithful (AB) is 27,505 while those reached through Abstinence Only (A) are 15,707. The activities will also train 3,294 individuals in promoting HIV/AIDS prevention through Abstinence and/or Being faithful. Activities under HVOP will target youth and adults and most at Risk Populations (MARPS) such as Commercial Sex Workers (CSW) and partners, alcohol and substance abuse. Other populations will include youth and adults infected and affected by HIV/AIDS. About 1000 individuals will be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and / or Being faithful and about 200 individuals trained.

6. KEY LEGISLATIVE ISSUES ADDRESSED.

Gender is addressed especially ensuring inclusion of both men and women in activities, training community volunteers and teachers to identify, counsel and refer victims of sexual abuse and violence, challenging norms about masculinity and perception of multiple sexual partners. Activities will be designed to reduce stigma associated with HIV/AIDS.

7. EMPHASIS AREAS

Major emphasis will be placed on community mobilization and participation activities. Minor emphasis includes peer education and life skills training and capacity building of teachers and community health workers.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4913.09

Mechanism: APHIA II - Coast

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29200.09

Planned Funds: \$239,882

Activity System ID: 29200

Activity Narrative: This PHE activity, "Alcohol Harm Reduction Intervention Among Female Sex Workers In The Coast Province In Kenya" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.09.0235. This PHE is NEW in COP 09.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$239,882
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4061.09	Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 26468.09	Planned Funds: \$181,083
Activity System ID: 26468	
Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008: +COP 08 funding for this activity was captured only under HVMS. In COP 09 the funding is distributed across the program areas.	
<p>COP 2008 CDC-Kenya, including GAP-Kenya, is co-located with the Kenya Medical Research Institute (KEMRI) in Nairobi and Kisumu, with most PEPFAR-supported staff based in Nairobi, Kenya. Due to the dramatic scaling up of PEPFAR activities in Kenya, and the resulting expansion of staff since the inception of PEPFAR, the capacity of the existing offices has been exceeded. CDC proposes to renovate the existing structure, however, due to site and structural constraints, this will avail only limited additional space. CDC therefore proposes to build a second building to house the expanded CDC-KEMRI HIV program. The proposed building, on the campus of KEMRI, will become part of the KEMRI complex; CDC will not hold title to the building.</p> <p>A total of \$1,200,000 in FY 08 funds was programmed to RPSO for this purpose; however, these funds were allocated in the absence of a fully developed staffing plan, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY 09 funds are sought to meet the funding shortfall resulting from the unplanned-for A& E services contract, as well as the under-estimated cost of construction.</p> <p>Costs for the total CDC-KEMRI project have been allocated across GAP program areas, based on projected space utilization.</p>	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$7,337,716

Program Area Narrative:

1) Blood Safety

Key Result 1: Increase collection of blood units from low-risk volunteer donors to 180,000.

Key Result 2: Increase repeat donations to 40% of all volunteer donations.

Key Result 3: Notify 80,000 blood donors of their HIV test results.

CURRENT PROGRAM CONTEXT

The National Blood Transfusion Service (NBTS) collected 124,000 units in 2007 from low-risk volunteer blood donors, which represented about 80% of the national blood supply. Significant successes include an increase of regular donors from 10% to 25%, and of the proportion of volunteer donors from 20% to 80% since 2004. The NBTS consists of six Regional Blood Transfusion Centers (RBTC), which collect, process, test, and distribute blood, and nine satellite centers, which distribute blood to surrounding health facilities. Over 200 NBTS health care workers were trained through the support of the American Association of Blood Banks (AABB). All blood is screened for HIV, syphilis, hepatitis B and hepatitis C. HIV prevalence among donors declined from about 6% in 2000 to 1.2% in 2007. Safe blood units collected increased from 22,000 in 2003 to 124,000 in 2007.

SERVICES

The NBTS collaborates with the Kenya Red Cross Society (KRCS), Bloodlink Foundation (BLF), and Hope Worldwide for mobilization and retention of volunteer blood donors among high school and college students, community- and faith-based organizations, and adults in the work place. In 2009, the Africa Society for Blood Transfusion will continue support for 20 hospital transfusion committees; blood donor recruiters will deliver messages for HIV prevention to over 600,000 potential blood donors during pre-donation health talks; and two-thirds of all blood donations will be processed for pediatric use. At least 80,000 blood donors will learn their HIV test results. The National Center for Health Marketing's Global Communication and Marketing Team will collaborate with CDC, NBTS, and BLF to increase the number of repeat blood donors by using mobile phone SMS technology to support targeted messaging, particularly when blood stores are critically low.

POLICY

Blood safety receives limited financial support from the Government of Kenya (GoK). Frequent staff transfers and overall staff shortages hamper quality improvements. Many hospitals still collect blood in emergencies from high-risk family members and testing of these units is sub-optimal. Track 1 funding is enabling NBTS to develop as an independently functioning unit within the MOH through improved infrastructure, communications, and management and staffing. Centralized blood testing, facilitated by RPSO extension of the Nairobi RBTC, will further enhance quality and cost-efficiency.

Additional partnerships with community groups are being strengthened through KRCS and Hope Worldwide under their Track 1 cooperative agreement. BLF uses public-private partnerships to identify low-risk repeat donors in the workplace and increase the funding base for NBTS, which has resulted in up to \$100,000 raised annually from local corporations in support of volunteer blood donor recruitment. BLF will collaborate with APHIA II HCM and NBTS to mobilize university students for voluntary, regular blood donation. Policy and plans to inform and counsel blood donors who test HIV-positive will be refined. Procurement hurdles have been addressed by engaging the Supply Chain Management Systems as a partner to NBTS.

While the GoK policy on blood transfusion has outlined the structure of the NBTS, there is a lack of legislative authority for NBTS to become a semi-autonomous agency of the Ministry of Health. The Permanent Secretary has been requested to appoint a Transfusion Service Advisory Committee in the interim. Other development partners contributing to a safe blood supply include the Japan International Cooperation Agency, which is supporting hospital transfusion practice at three hospitals in Rift Valley Province, and the Kenya Red Cross Society, which has supported the creation of a regional blood transfusion center at Garissa Provincial Hospital. Overall, there is excellent development partner coordination through a national committee chaired by the NBTS.

2) Injection Safety

Key Result 1: Scale up injection safety initiatives to Nairobi and Rift Valley provinces.

Key Result 2: Promote documentation of needle-stick injuries and uptake of PEP amongst health care workers.

Key Result 3: Rehabilitate and secure waste management sites at 40 health facilities.

CURRENT PROGRAM CONTEXT

A 2003 study conducted in Kenya by the World Health Organization (WHO) and the Expanded Program for Immunization (EPI) revealed that medical transmission of HIV and other blood borne infections primarily occur through unsafe medical injections resulting from unnecessary therapeutic injections, use of non-sterile injection equipment, needle-stick injuries, and poor disposal of used needles and other medical waste. Inappropriate injection use arises from client demand, prescriber preference, deficient national treatment and procurement policies. Failure to systematically provide sufficient injection supplies is a key contributor to widespread re-use of syringes and needles. A majority of health care facilities previously reported stock-outs of disposable injection supplies, a situation that favored re-use of injection devices. The GoK's syringe procurement in its 2006-07 budget included 60% non-reuse injection devices. The Kenya EPI program, with support from GAVI, has been the leader in injection safety, with 100% procurement of auto-disable, single-use injection equipment.

SERVICES

Basic approaches to achieve national safe injection practices include support for development, dissemination, and implementation of national policies on injection safety and post-exposure prophylaxis (PEP); training of health workers on safe injection practices; proper use of auto-disable or protective injection devices; infection control and medical waste disposal procedures; advocacy to decrease demand for injections; improved logistics management to eliminate stock-out of injection devices; strengthening of facility-level infection prevention committees for monitoring and supervision; and provision of sharps waste containers for appropriate waste management. In 2009, through a private-public partnership with Becton-Dickinson, sharp injuries surveillance will be strengthened to identify practices and procedures that pose risks to health workers and patients. Uptake of PEP by health care workers will be assessed and linkages to care and treatment services established.

National policies on injection safety and medical waste management and National Standards and Guidelines for Safe Injection Practice have been recently published. Health workers in six of seven provincial hospitals have been trained on safe injection practices. Rollout of national policies and training health workers throughout the country will benefit from 2009 EP funding and result in improved practices at over 1,000 health facilities in six provinces. A post-exposure policy will be developed. Linkages to the counseling and testing program to encourage health workers to know their status and to the ART program for PEP will be strengthened to reduce HIV transmission in medical settings. Medical waste management will be emphasized through rehabilitation and securing of waste disposal sites.

POLICY

Advocacy with the GoK aims to secure the required budget for adequate injection/infusion supplies and review of both the essential drug list and various treatment guidelines. To achieve sustainability, local training institutions have been assisted by to review teaching curricula to include safe injection practices. The MOH supports the injection safety initiative but lacks a system to monitor adherence to policies at the facility level. This will be overcome through support of Infection Control Committees at health facilities and the creation of databases to monitor needle-stick injuries and uptake of PEP amongst health care workers. In 2009, focus will be given to improve phlebotomy practice and reduce the risk of needle-stick injuries and exposure to blood for health care workers. Poor medical waste management has been identified as a major weakness in ensuring injection safety. In 2009, waste management sites at 25 health facilities will be secured and rehabilitated. As the GoK now procures significant numbers of re-use prevention injection devices, EP support will shift to meet any arising stock gaps. Continuation of training will be addressed by institutionalizing safe injection practices in medical training colleges' curricula.

3) Injecting and non-Injecting Drug Use

CURRENT PROGRAM CONTEXT

Injection drug users (IDUs), though relatively small in number in Kenya, are at disproportionately high risk for HIV infection. Many share needles and syringes and engage in unprotected, often transactional, sex to support their drug dependency. IDUs are universally recognized as a "bridging" population, hastening the spread of HIV to the general population.

Drug abuse is generally considered to be on the rise in East Africa. The lack of reliable data makes it difficult to engage public and political leaders in recognizing the scope and scale of the problem. Social norms, legal prohibitions, and an unsupportive policy environment impede adequate demand reduction measures. Cannabis and khat are the most widely abused drugs; however, heroin and, to a lesser extent, cocaine, are becoming a serious problem in Kenya. Contrary to popular perceptions, drug abuse is neither solely associated with poverty or an exclusively male issue. Many young girls and women are also drug abusers, and their drug abuse is often correlated with child/sexual abuse and transactional sex. Women are more susceptible to drug-related verbal, physical, and sexual abuse from their drug-taking partners, as well as to poverty and deprivation when limited family income is spent on drugs.

STATISTICS

Kenya has a generalized HIV epidemic with prevalence at 7.8% nationally. A study of 336 heroin users in Nairobi found that 44.9% were currently, or had previously been, injectors. Of 101 current injectors, 52.5% were HIV-positive. This compares with a 13.5% prevalence rate among heroin users who had never injected. Hepatitis C prevalence also varied dramatically, from 61.4% among current injectors to 3.8% for those who had never injected.

SERVICES

The 2008 Modes of Transmission Study (MOT) indicates that most-at-risk populations contribute to more than two-thirds of new HIV infections in Kenya. Targeted interventions for other sub-populations at higher risk of HIV infection, including IDUs, will include a comprehensive package of services, such as HIV prevention messages, counseling and testing, management of STIs, risk reduction counseling, abstinence promotion, and provision/promotion of correct and consistent use of male and female condoms.

REFERRAL AND LINKAGES

EP-supported programs will ensure effective referrals for relevant services, including HIV counseling and testing and HIV care and treatment services.

4) Male Circumcision

CURRENT CONTEXT

Kenya has a generalized HIV epidemic with a prevalence of 7.8% nationally. Though over 80% of Kenyans are circumcised, regional variations exist, with Nyanza Province having the lowest rate of male circumcision (MC) at 46% but highest HIV prevalence of 15.3%. Estimates indicate that about 900,000 males aged 10-50 years are uncircumcised in Nyanza. After observational and 3 randomized controlled studies demonstrated that MC provides partial protection against acquiring HIV among sexually active men by 60%, EP funds have supported voluntary medical male circumcision (VMMC) policy development and service delivery rollout, coupled with critical behavior change communications activities. Such support will continue in 2009, in sustaining rapid expansion of VMMC services in Kenya, focusing significantly on Nyanza province.

SERVICES

In addition to supporting stakeholder meetings and consultations in 2009, partners will continue supporting the health ministries in implementing VMMC policy and guidelines in accordance with national recommendations. VMMC activities will include training of health care providers in district hospitals, health centers and faith-based facilities, community mobilization, and monitoring and evaluation of pre-op and post-op complications. Service rollout will continue to target areas with existing high demand for VMMC services. Providers will be trained in provision of VMMC based on the Clinical Manual for MC under Local Anesthesia in Kenya, including supervision, mentoring, reporting, and follow up services. Other approaches of VMMC service provision will be explored, including mobile outreaches in locations without fixed facilities. Support will be provided for both consumables and non-consumable commodities (i.e. autoclaves, instrument packs, surgical lamps, furniture, etc.), as well as personnel and other infrastructure renovation that will be necessary for service delivery. Mechanisms for ensuring adequate supply and provision of surgical supplies, STI drugs, and HIV testing will be strengthened. Implementation of the national MC Communication Strategy will lead to increase in demand for VMMC services. Specific prevention messaging, where applicable, will address male/gender norms and behaviors that promote safer sexual practices, including addressing any emerging misconceptions that male circumcision alone protects one from HIV infection. Identified youth and young adults eligible for VMMC will be referred to nearest MC sites, while linkages with care and treatment sites will be established to benefit those testing positive for HIV in MC sites, including those identified to be in discordant relationships. VMMC will not be recommended to HIV-positive men at this time. The USG will support the MOH to routinely collect relevant program indicators to monitor outcomes of VMMC scale up.

POLICY

Through the Kenya National MC Taskforce, the MOH and USG agencies will collaborate with other development partners including the Male Circumcision Consortium supported by the Bill and Melinda Gates Foundation and Provincial Health Management Teams (PHMT) to ensure comprehensive coverage, reduce duplication of services, and ensure standardized delivery of MC services in the low MC and high HIV prevalence areas in Kenya. Kenya has already developed a VMMC policy document that emphasizes the promotion of VMMC within a comprehensive HIV prevention package. Meaningful engagement and consultation with key stakeholders, aimed at providing evidence-based information on the benefits and risks of VMMC have been successful in gaining their support for its scale up.

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 10131.09	Mechanism: N/A
Prime Partner: American Association of Blood Banks	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 23424.09	Planned Funds: \$300,000
Activity System ID: 23424	

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity seeks to reduce medical transmission of HIV through technical support from the American Association of Blood Banks (AABB) to the National Blood Transfusion Service (NBTS) for the provision of adequate supplies of safe blood to all health care facilities in Kenya. Through twinning, AABB institutional partners will support the international training of three (3) physicians in blood transfusion science and up to ten (10) technical laboratory technologists in blood bank quality management systems. Seven (7) information technology managers will be trained locally and abroad in electronic blood bank management and data analysis so as to generate information for decision making within the NBTS. This activity will also support the local and regional training of ten (10) donor counselors who will implement the newly initiated notification of blood donors. This will result in better practices in donor recruitment, blood collection, laboratory quality assurance, blood bank management and transfusion practice. Additional support will include mentoring through site visits and performance evaluation. This linkage will strengthen the national blood transfusion service and improve institutional capacity for effective program management. It will result in enhanced sustainability and safety of the blood supply. In service training and continuing education will be delivered through workshops, symposiums, on-the-job training and mentoring. These efforts will contribute to the PEPFAR goal of improving safety and adequacy of the blood supply and in this way avert new cases of HIV infection. Over the last four years six physicians have been trained in blood banking at Emory University, Atlanta GA. Three are now working with the NBTS while the other three are lecturers in Blood Transfusion at leading Medical schools in the country. Training of more physicians will enhance appropriate blood use in the clinical setting as well as strengthen professionalism and leadership within NBTS.

This activity includes major emphasis on local organization capacity development (NBTS), for prevention of HIV transmission. An area of minor emphasis will be training of health care workers to enhance their ability to mobilize safe blood donors and process and use blood appropriately.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

At least 100 health care workers will be trained in blood safety. This activity aims to reduce transmission of HIV through blood transfusion. At the current blood consumption rate in the country this would contribute to the prevention of 4,000 cases of HIV.

3. LINKS TO OTHER ACTIVITIES

This activity relates to NBTS's blood safety program/Track 1 cooperative agreement.

4. POPULATIONS BEING TARGETED

The activity targets blood bank staff and health care workers in transfusing health facilities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 353.09

Mechanism: Voices in Health

Prime Partner: Internews

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 8705.20527.09

Planned Funds: \$150,000

Activity System ID: 20527

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION

According to the National Blood Transfusion Service (NBTS), the country has recently been facing a serious shortfall in safe blood to meet transfusion needs in the country. The dwindling number of willing donors is occurring simultaneously with an increasing demand for blood, and has been attributed to reluctance by donors to come forward and donate blood. The National Blood Transfusion Service (NBTS) says Kenya routinely experiences a shortfall in safe blood.

Media outreach is a critical component of donor mobilization efforts. However relations between blood services and the media have traditionally been limited to occasional press releases or paid advertisements which are expensive and difficult to evaluate in terms of impact.

A 2004 Ministry of Health/Family Health International/USAID survey into knowledge, attitudes and behavioural practices related to blood donation in Kenya found that levels of awareness on blood donation are high, but the quality of the information needed improvement. Most respondents were getting their information from hospital staff with very little information being obtained from the NBTS or mass media. Among major hindrances to blood donation was the fear of being known to be HIV positive. The study clearly suggested a larger role for media in any strategy aimed at galvanizing blood donation in Kenya.

- Acting on the conclusions of this report Internews aims to improve access to information on blood safety with existing and potential blood donors by training journalists to increase the frequency and quality of stories on blood safety issues. Under the Local Voices program Internews in 2008, Internews undertook the following activities: 4 senior TV journalists and 4 camera people were trained, resulting in 4 evening news features on safe blood as well as 4 shorter features.
- Two afternoon roundtables on safe blood issues were held for journalists and NGOs.
- 4 travel grants for TV that result in 8 additional TV features on blood safety being aired.

In 2009, Internews will build on its efforts of 2008, which showed that education efforts should be targeted at rural communities. Training will consist of:

- 1 mentored travel grant will be awarded to a radio journalist, meaning an Inter news trainer will accompany the journalist for close mentoring in the field, where blood safety issues are commonly misunderstood. This will result in news features on safe blood.
- A travel grant will be awarded to a radio journalist, to travel to an outlying area, where blood safety issues are poorly understood. This grant will result in the broadcast of 4 quality radio features on safe blood.

It is believed that the two travel grants will provide in-depth coverage of this complex science and human interest subject area for story-writing.

The focus will be on collaborating with some of the NGOs trained in effective media relations to give journalists access to good human interest stories and accurate information.

The journalists will receive intensive mentoring and support from Internews staff for the writing of the stories.

SUMMARY:

- One field/mentored travel grant for a radio journalist, resulting in four quality feature stories on safe blood.
- One travel grant (unmentored) for a print journalist, resulting in 4 quality stories published in the print media.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Improving the media's coverage of blood safety will help the Government of Kenya reach its goal of increasing the size of the volunteer blood donor pool by 40% a year (i.e., to 100,000 donations/year by the end of 2006). Moreover, through a successful partnership with the media, the Kenya National Blood Transfusion Service will be able to recruit more volunteer, non-remunerated blood donors and be able to reduce its donor mobilization budget. Lower costs will contribute to the overall financial sustainability of the blood supply in Kenya.

Internews blood safety activities country wide will significantly contribute to PEPFAR's goals for both primary prevention and care by reaching about 4.5 million people. Planned activities will raise awareness to increase blood donations.

3. LINKS TO OTHER ACTIVITIES

This INTERNEWS/Voices in Health blood safety activity relates to the organization's activities in HIV treatment services, OVC, PMTCT, Counseling and Testing, and Policy Analysis and Systems Strengthening. The blood safety activities of the Internews project country wide relate to CT, as it will incorporate information on the need to get tested for HIV.

4. POPULATIONS BEING TARGETED

This activity targets the general population both male and female. This activity targets existing and potential blood donors in Kenya. Moreover, as most existing blood donors have been young males, it is hoped that these activities will encourage more women to donate.

5. EMPHASIS AREAS

This activity includes a major emphasis on training and capacity building.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14848

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14848	8705.08	U.S. Agency for International Development	Internews	6957	353.08	TBD	\$150,000
8705	8705.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 4076.09	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 17995.20576.09	Planned Funds: \$211,450
Activity System ID: 20576	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity links to all other activities in blood safety.

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission through blood transfusion in health care settings. The National Blood Transfusion Service (NBTS) was established in the year 2000 with the goal of ensuring safe and sufficient blood supplies for the country. Previously blood was obtained solely from family replacement donors at fragmented hospital-based transfusion units that lacked a standardization of procedures. A national survey in 1994 estimated that 2% of transfusions transmitted HIV. At least 130,000 transfusions take place each year. This activity will avail staff to give technical support to the national blood transfusion service for the establishment of goals and objectives and best practices in donor recruitment, blood collection, processing, storage and use. This will be achieved through regular meetings with the National Blood transfusion service, Ministry of Health, Kenya Red Cross Society and other stakeholders, support supervision of transfusion activities in blood banks and health facilities, preparation of procedural guidelines and data collection tools and the review and analysis of quarterly reports. Support supervision will involve travel to the six regional blood transfusion centres located in Kisumu, Eldoret, Nairobi, Nakuru, Embu and Mombasa and satellite centres in Voi, Naivasha and Kericho as well as international travel for blood safety related workshops, seminars and conferences. These staff will also liaise with and coordinate the various organizations that support blood donor mobilization for the NBTS so as to avoid conflict and achieve synergy in meeting the blood collection target. These organizations include: Kenya Red Cross, Hope Worldwide, Africa Society for Blood transfusion (K) and Bloodlink Foundation. Direct support will be given to the hospital transfusion committees. This activity also includes participation in various Ministry of Health committees that impact on blood transfusion policy and practices in the country. These include: Blood Safety Committee, Blood Safety Interagency Committee, Laboratory Interagency Committee, HIV Lab Committee and World Blood Donor's Day Committee. The staff will additionally give in-country support to international groups supporting blood safety activities in Kenya such as the American Association of Blood banks (AABB), Internews and Community Housing Foundation (CHF).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17995

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17995	17995.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7024	4076.08		\$127,850

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 375.09

Mechanism: N/A

Prime Partner: Hope Worldwide

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 16291.20484.09

Planned Funds: \$40,000

Activity System ID: 20484

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION

Hope World Wide Kenya (HWWK) mobilizes voluntary non remunerated blood donors for the national blood transfusion service from community and faith based organizations. Through this activity HWWK will disseminate messages for HIV prevention through health living, abstinence, faithfulness in sexual relationships and where appropriate condom use (ABC) to potential blood donors. Blood donor mobilizers will deliver ABC these messages to 100,000 potential blood donors aged 16 – 65 years. It is estimated that only one in four potential blood donors approached actually become blood donors. This implies that to obtain 120,000 blood units in 2006, about 480,000 persons may have heard a pre-donation talk. This activity aims to ensure that HIV prevention healthy living / ABC messages are given at all pre-donation talks through the development of appropriate messages and training of blood donor mobilizers in the use of ABC messages for HIV prevention. This will promote awareness of HIV prevention strategies even for persons who do not donate blood. HWWK is a longtime PEPFAR partner for implementation of Prevention, counseling and testing who has exhibited significant success in serving hard to reach populations through innovative approaches such as 'moonlight VCT'. HWWK will build on lessons learnt from the prevention and CT programs to implement HIV prevention amongst blood donors. This funding will be used to provide a standard combined package of donor mobilization and ABC messages for HIV prevention, training, improvement of community mobilization activities, and referral for counseling and testing whenever appropriate. This activity will expand existing blood safety programs by Hope Worldwide Kenya (HWWK) funded as a sub grant of the N BTS Track 1 cooperative agreement. This funding will also enable HWWK to pursue the "Celebrities for Blood Donation Campaign." The campaign draws in youthful blood donors through use of local celebrities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The blood safety program aims to increase its contribution towards averting new HIV infections in Kenya. This will be achieved through delivery of ABC messages during mobilization of blood donors amongst high school students, out-of school youth and workers to encourage abstinence and secondary abstinence until marriage; increase faithfulness in monogamous relationships among both youth and the general population; promote HIV testing to encourage abstinence and fidelity. This activity will train 50 individuals to provide HIV programs that promote abstinence and/or being faithful amongst blood donors. In addition 100,000 individuals will be reached with HIV/AIDS prevention/ blood mobilization programs that will promote abstinence and/or being faithful. These activities are consistent with the Kenya 5-Year Strategy which focuses on HIV prevention.

3. LINKS TO OTHER ACTIVITIES: The ABC activities will be linked to other HIV prevention activities including VCT campaigns and youth HIV prevention programs implemented by HWWK. Volunteer blood donor mobilization promotes HIV prevention by minimizing transfusion-related HIV infections estimated by World Health Organization to be 10% of all HIV cases. All donors will be notified of their test results contributing to number of persons aware of their HIV status and living positively.

4. POPULATIONS BEING TARGETED

Community based organizations, Faith based organizations and out-of-school youth form the main populations that will be reached with ABC messages. Among the 15-24 year olds, the goal is to increase their knowledge on abstinence and secondary abstinence options and to reach them with messages about fidelity and expanded/strengthened "A" and "B" activities. In the younger adults the goal is to increase the practice of abstinence until marriage among unmarried youth and to decrease infidelity and other harmful behaviors among both youth and adults.

5. EMPHASIS AREAS

Major emphasis in this program is HIV prevention with a minor emphasis on training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16291

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16291	16291.08	HHS/Centers for Disease Control & Prevention	Hope Worldwide	6950	375.08		\$20,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1457.09	Mechanism: N/A
Prime Partner: National Blood Transfusion Service, Kenya	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 4273.20213.09	Planned Funds: \$3,000,000
Activity System ID: 20213	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- 1) A prevention component has been integrated into NBTS activities. This will involve implementation of blood donor notification of test results for HIV, hepatitis B and C and Syphilis and referral for appropriate care.
- 2) NBTS will support national training in transfusion sciences of five medical lab technologists for higher national diploma at the Kenya Medical Training College (KMTCC) and two physicians at Emory University and/ or at Sanquin/ Groningen University- Netherlands.
- 3) In collaboration with CDC - National Center for Health Marketing and Bloodlink Foundation, mobile phone messaging will be developed to recall donors for regular blood donation.

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1. LIST OF RELATED ACTIVITIES

This activity relates to the prevention of medical transmission of HIV through mobilization of low-risk volunteer blood donors by the National blood Transfusion Service (NBTS) supported by Kenya Red Cross society (KRCS), Hope Worldwide Kenya, (HWWK), Africa Society for Blood Transfusion- Kenya Chapter (AfSBT-K) and Bloodlink Foundation (BLF), under an umbrella funding and capacity building organization. Internews will help promote voluntary blood donation by training radio and TV journalists in generating blood safety related stories. USAID APHIA II Health and Communication will develop IEC material for blood donor mobilization and appropriate blood use. Supply Chain Management Systems (SCMS) will procure equipment and reagents to facilitate centralized blood testing, preparation of blood components and maintenance of the blood storage cold chain. American association of Blood banks (AABB) will continue to give technical assistance to NBTS through training in donor recruitment, donor care, testing, inventory management and appropriate blood use.

2. ACTIVITY DESCRIPTION

This activity relates to reduction of medical transmission of HIV through blood transfusion by the provision of adequate supplies of safe blood to all health care facilities in Kenya. Fear of HIV/AIDS and weakened health infrastructure led to a 50% drop in blood donation in Kenya over the last 20 years. A national survey in 1994 demonstrated a 2% risk of HIV transmission in all transfusions due to inadequate testing and poor quality control. A study in 2001 found that 83% of blood was obtained from family replacement donors. Kenya is estimated to require 250,000 units of blood for transfusion. Currently only about 120,000 units are collected annually. The foregoing observations indicated that Kenya's blood supply was neither sufficient nor safe. Following the bombing of the US Embassy in Nairobi in 1998, USG supported the Kenya Government in developing a nationally coordinated blood program through establishment of the National Blood Transfusion Service (NBTS). USG assistance has contributed to development of Policy Guidelines on Blood Transfusion, National Strategy on Blood Donor Mobilization, Clinical Guidelines for Appropriate Use of Blood and Blood Products and National Standards for Blood Transfusion Services. While the government of Kenya policy on blood transfusion has outlined the structure of the NBTS, there is still a lack of legislative authority for it to become a semi-autonomous agency of the Ministry of Health. Blood safety receives limited financial support from government resources. In 2004 the NBTS received a PEPFAR grant to support the recruitment of volunteer blood donors, procurement of supplies and equipment for blood testing and processing and to support the training and supervision of staff. This facilitated invigoration of blood donor recruitment drives with a corollary increase in blood collections of over 100% between 2005 and 2006. The NBTS has procured equipment and hired additional staff including nurses, donor recruiters and data personnel, to support blood collection and processing. Contracts with sub partners (HWWK, BLF, AfSBT-K and KRCS) for donor mobilization have continued to operate smoothly. It is estimated that less than 0.5% of Kenyans are blood donors and that 70% of Kenya's blood supply is currently obtained from students. The World Health Organization (WHO) suggests that a country cannot be self- sufficient in blood unless about 2% of the population is donates blood regularly. This funding will expand the partnership between the NBTS and the sub-partners who will recruit for low-risk non-remunerated volunteer blood donors in work places, training institutions, out-of-school youth and among faith and community based organizations. FY09 funding will be used to scale up blood donor recruitment to increase blood collections by 20,000 units while maintaining the prevalence of HIV to below 2%. Repeat donations will be increased by 20 %. This funding will be utilized to increase the number of health care facilities that obtain at least 80% of their blood supply from the NBTS from 162 in FY07 to 190 in FY09. AABB facilitated training in donor recruitment, data management, quality standards and blood processing will be organized nationally. Regional blood transfusion centers in collaboration with Africa society for Blood Transfusion- Kenya Chapter (AfSBT-K) will train 20 hospitals in appropriate blood use. The national Blood transfusion Strategic plan and annual operational plan will be implemented. Higher diploma training in blood Transfusion Science at the Kenya Medical Training College will be supported. Two physicians will also be trained in blood banking either at Emory University and/ or at Sanquin/ Groningen University- Netherlands. FY09 funding will enable two NBTS staff to acquire advanced exposure in Quality Management Systems at institutions in South Africa. As blood collections increased manual and semi-automated testing were identified as a bottlenecks within the blood bank. This was addressed in Y07 by increased automation and centralization of testing. Testing reagents will continue to be procured through SCMS. This funding will also support contractual staff hired for the NBTS head office to facilitate administrative, financial and IT support as the final moves towards semi-autonomy are taken. It has been estimated that \$15 is required to collect and screen a single unit of blood. This excludes salaries and overheads. A business plan will be developed to ensure continuity and growth of the blood safety program in later years. Other donors contributing to a safe blood supply include the Japanese International Cooperation Agency (JICA), which has trained laboratory staff, conducted a national assessment of blood safety and improved laboratory infrastructure. There is excellent donor coordination through a national committee chaired by the NBTS.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity aims to result 190,000 units of blood from low-risk volunteer blood donors. This would meet the current blood consumption in the country and contribute to the prevention of 4,200 cases of HIV. At least 100 health care workers will be trained in blood safety.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to biomedical prevention of HIV and to counseling and testing through notification of

Activity Narrative: test results. It is also linked to sexual prevention of HIV activities through the delivery of ABC messages to all potential blood donors. Increasingly, blood transfusion is required for management of AIDS related anaemia thus creating a link to the Care /ART program. Training and policies developed in this activity contribute to building of sustainable safe blood systems for the Ministry of Health and government of Kenya.

5. POPULATIONS BEING TARGETED NBTS

activities target health care workers within the NBTS who mobilize and recruit, blood donors, test and process blood, counsel donors and manage blood banks as well as health care workers in hospitals and nursing homes who prescribe blood and blood products, group and cross match blood and monitor transfusions. Safe blood benefits the general population including children and pregnant women who consume 30% and 25% respectively of the blood supply. These activities will also benefit the people living with HIV/AIDS.

6. EMPHASIS AREAS COVERED

This activity includes major emphasis on HIV prevention through the provision of safe blood. There is minor emphasis on local organization capacity development (NBTS), procurement of specialized equipment, reagents and lab consumables to ensure safe blood under the PEPFAR program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14943

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14943	4273.08	HHS/Centers for Disease Control & Prevention	National Blood Transfusion Service, Kenya	6982	1457.08		\$3,000,000
7011	4273.07	HHS/Centers for Disease Control & Prevention	National Blood Transfusion Service, Kenya	4267	1457.07		\$3,000,000
4273	4273.06	HHS/Centers for Disease Control & Prevention	National Blood Transfusion Service, Kenya	3273	1457.06		\$2,000,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$573,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 4924.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 16293.20198.09

Planned Funds: \$600,000

Activity System ID: 20198

Activity Narrative: ACTIVITY UNCHANGED FROM 2008

1. ACTIVITY DESCRIPTION

The Partnership for Supply Chain Management (SCMS) will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of HIV/AIDS- related commodities. Under Blood Safety SCMS will procure equipment necessary for safe storage of blood and blood products at hospitals. The National Blood transfusion service (NBTS) has recently trained personnel in several hospitals to form hospital transfusion committees which serve to enforce appropriate blood use. These committees will be guided by the recently released Standards for Transfusion services in Kenya and the Guidelines for Appropriate Blood Use. This activity will support the NBTS to procure equipment to support provision of safe blood and blood products for the Kenya National Blood Transfusion Service for the production of blood and blood products. To improve hospital transfusion practice SCMS will procure essential blood banking equipment such as platelet mixers, hospital blood bank fridges and freezers for storage of blood components.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to prevention of HIV through blood transfusion. Kenya aims to collect 140,000 units of blood from low risk volunteer blood donors. All the blood will be tested for HIV, hepatitis B, Hepatitis C and syphilis. This activity will facilitate blood component preparation through procurement of equipment. Components will increase blood availability through appropriate use and also reduce the occurrence of adverse transfusion events. Blood donors will be notified of their test results and given information to promote healthy positive living so that negative donors become regular repeat blood donors. HIV positive donors will be counseled and referred for evaluation care and treatment as appropriate. Appropriate blood use will minimize unnecessary transfusions which may expose healthy individuals to HIV infection. The World Health organization estimates that 10% of HIV may be attributed to transfusion with infected blood.

3. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities by SCMS which will enhance efficiency by maximizing on economies of scale achieved through mass procurements and timely delivery of commodities. This activity also links to Cooperative agreements with NBTS and American Association of Blood Banks (AABB) for the provision of safe and adequate blood supplies.

4. POPULATIONS BEING TARGETED

This activity will benefit the general population by supporting the acquisition of blood free of HIV infection.

5. EMPHASIS AREAS

The major area of emphasis for this activity is commodity procurement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16293

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16293	16293.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6985	4924.08		\$720,000

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 7427.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 16432.20196.09

Planned Funds: \$1,000,000

Activity System ID: 20196

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION

The Partnership for Supply Chain Management (SCMS) will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of HIV/AIDS- related commodities. Under Blood Safety, SCMS will procure equipment necessary for safe storage of blood and blood products at hospitals. The National Blood Transfusion Service (NBTS) made a decision two years ago for one million USD from its Track 1 allocation to be allocated directly to SCMS. These funds will support centralized testing of blood which will involve pooling of samples from the 6 regional blood banks to one or two facilities. This activity will support the NBTS to procure reagents and equipment for centralized blood testing achieving economies of scale through multicounty procurement. To improve hospital transfusion practice SCMS will procure essential blood banking equipment such as platelet mixers, hospital blood bank fridges and freezers for storage of blood components.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to prevention of HIV through blood transfusion. Kenya aims to collect 180,000 units of blood from low risk volunteer blood donors. All the blood will be tested for HIV, hepatitis B, Hepatitis C and syphilis. This activity will facilitate blood component preparation through procurement of equipment. Components will increase blood availability through appropriate use and also reduce the occurrence of adverse transfusion events. Blood donors will be notified of their test results and given information to promote healthy positive living so that negative donors become regular repeat blood donors. HIV positive donors will be counseled and referred for evaluation care and treatment as appropriate. Appropriate blood use will minimize unnecessary transfusions which may expose healthy individuals to HIV infection. The World Health organization estimates that 10% of HIV may be attributed to transfusion with infected blood.

3. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities by SCMS which will enhance efficiency by maximizing on economies of scale achieved through mass procurements and timely delivery of commodities. This activity also links to Cooperative agreements with NBTS and American Association of Blood Banks (AABB) for the provision of safe and adequate blood supplies.

4. POPULATIONS BEING TARGETED

This activity targets procurement of equipment, laboratory supplies and reagents.

5. EMPHASIS AREAS

The major area of emphasis for this activity is commodity procurement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16432

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16432	16432.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7427	7427.08		\$1,000,000

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 1461.09

Mechanism: N/A

Prime Partner: American Association of Blood Banks

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 4274.20353.09

Planned Funds: \$500,000

Activity System ID: 20353

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

AABB will support the National Blood Transfusion Service (NBTS) in:

1. Rolling out blood component preparation
2. Developing and implementing a quality management systems strategy
3. Training of trainers (TOTs)
4. Establishing an electronic blood bank information management system
5. Evaluating the cost of services
6. Finalization of the Blood Donor Notification policy
7. Train health workers in National Standards for Transfusion services
8. Facilitate training of senior blood bank managers

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

100 blood bank workers will be trained.

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1. LIST OF RELATED ACTIVITIES

This activity relates to the National Blood Transfusion Service's blood safety activity.

2. ACTIVITY DESCRIPTION

This activity seeks to reduce medical transmission of HIV through technical support from the American Association of Blood Banks (AABB) to the National Blood Transfusion Service (NBTS) for the provision of adequate supplies of safe blood to all health care facilities in Kenya. Through twinning, AABB institutional partners will provide expert guidance and technical assistance to the NBTS resulting in better practices in donor recruitment, blood collection, laboratory quality assurance, blood bank management and transfusion practice. This support will include training, monitoring, guidance, oversight and mentoring through site visits and performance evaluation. This linkage will strengthen the NBTS and improve institutional capacity for effective program management. It will result in enhanced sustainability and safety of the blood supply. An AABB/NBTS evaluation of the NBTS, performed in FY 2005 provided information that together with follow-up discussions in FY 2006 and FY 2007 will be used to develop an action plan for further activities in FY 2009. The AABB will also assist in the development of skills in NBTS and volunteer blood donor recruiters for identification and recruitment of potential low risk volunteer donors and their retention as regular donors. Findings of the KAP study performed in 2004 will also be used to support development of IEC materials for donor recruitment. Continuing education of health care workers in donor recruitment, blood banking and appropriate utilization of transfusion will be provided and systems for training strengthened through development of curricula for different cadre of health care professionals as well as the introduction of best practices and evidence-based approaches to transfusion practice in Kenya. In service training and continuing education will be delivered through workshops, symposiums, on-the-job training and mentoring. Standard operating procedures will be revised and staff trained on their utilization so as to institutionalize quality assurance in blood collection, processing, issuing and for monitoring of adverse events. Health care workers at 20 health facilities will be trained on implementation of the recently completed National Standards for Transfusion services. Appropriate methods for donor notification will be implemented in conjunction with NBTS. Reliable record keeping and data management systems will be designed to facilitate program evaluation and monitoring. AABB will continue to guide the process of restructuring of laboratory space and procurement of supplies for centralized blood testing in Kenya. Two physicians will receive advanced training in Blood Bank Management at Emory University or other facility to be identified. These efforts will contribute to the PEPFAR goal of improving safety and adequacy of the blood supply and in this way avert new cases of HIV infection.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

At least 100 health care workers will be trained in blood safety. This activity aims to reduce transmission of HIV through blood transfusion. At the current blood consumption rate in the country this would contribute to the prevention of 4,000 cases of HIV.

4. LINKS TO OTHER ACTIVITIES

This activity relates to NBTS's blood safety program/Track 1 cooperative agreement.

5. POPULATIONS BEING TARGETED

The activity targets blood bank staff and health care workers in transfusing health facilities.

6. EMPHASIS AREAS COVERED

This activity includes major emphasis on local organization capacity development (NBTS), for prevention of HIV transmission. An area of minor emphasis will be training of health care workers to enhance their ability to mobilize safe blood donors and process and use blood appropriately.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14726

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14726	4274.08	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	6923	1461.08		\$500,000
6840	4274.07	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	4202	1461.07		\$400,000
4274	4274.06	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	3274	1461.06		\$676,440

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 7433.09

Mechanism: Donor Notification

Prime Partner: National Blood Transfusion Service, Kenya

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 16267.20294.09

Planned Funds: \$250,000

Activity System ID: 20294

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION

This activity relates to notification of test results including HIV, hepatitis B (HBV), hepatitis C (HCV) and syphilis to blood donors. Each year over 120,000 volunteer blood donors are tested for transfusion transmissible infections by the National Blood Transfusion Services (NBTS). On average, 2-4% of donors are reactive for HIV, 5% for hepatitis B, 1-2% for hepatitis C and 1% for syphilis. Currently blood donors are asked to visit the regional blood transfusion centers if they wish to know their test results. The system is not streamlined and it is estimated that less than 5% of donors ever get to know their test results. Under this activity the NBTS will give results to each blood donor. A blood donor registry/data base will be established, IEC material for donor education, pre-donation and post-donation counseling will be developed. Counselors (15) will be trained to deliver results for HIV, HBV, HCV and syphilis as well as to support donors deferred for various reasons including high blood pressure and anemia. Donor recruiters (30) will be trained to deliver messages and skills for HIV prevention and positive living to promote continued sero-negative status. A consultant has recently completed an evaluation to assess donors' preferences for receiving test results and government of Kenya requirements for donor notification. Based on the findings, several models of donor notification will be piloted including delivery of results to out reach blood donation sites by teams of trained counselors from the NBTS, mail /mobile phone text message (sms) notification with an invitation to visit the blood bank and referral to nearby testing and counseling centers. A referral system will be developed to ensure that HIV positive persons are referred for appropriate clinical attention. Persons identified as negative for all the infections will be entered into a database of regular donors and recalled for repeat donation at intervals of three to four months. Worldwide, it is recognized that the safest blood donors are regular repeat donors. This database will also facilitate detection of HIV incidence amongst blood donors. Regular donors will contribute towards the establishment of a sustainable supply of safe blood for the NBTS thus reducing the risk of HIV transmission through blood transfusions.

This activity will remove from the donor pool apparently healthy donors who have HIV, HBV, HCV or syphilis infections. Knowledge of HIV serostatus may avert spread of the infection to unsuspecting sexual partners and lead to timely life saving care and treatment for the infected persons. Specific elements of this activity include training of staff in blood donor counseling so that each of the six regional blood transfusion centers has at least two counselors, development of counseling and M & E tools and facilitation of an environment that ensures privacy and confidentiality during counseling. Linkages between counseling and ART/care outlets will be strengthened to improve utilization of care opportunities created through the President's Emergency Fund.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Blood donor notification in the blood safety program will contribute to the overall Emergency Plan Counseling and Testing targets for Kenya, and to the HIV Prevention – AB (abstinence and be faithful) targets. Up to 80,000 blood donors will receive their test results for HIV and other transfusion transmissible infections. Organized notification services will improve equity in access to HIV prevention and care services in remote areas and for populations previously unable to access the regional blood banks for their results. This activity contributes to Kenya's 5-Year Strategy that encourages Kenyans to learn their status both for primary prevention and as a strategy for early diagnosis of HIV infection.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to the Blood Safety program for prevention of HIV through blood transfusions and to the general HIV prevention program through the delivery of messages for healthy living, testing and referral to care. Kenya targets 140,000 blood donors in 2008 whose blood will be tested for HIV, hepatitis and syphilis. Blood donors will be informed of their test results and counseled to live in a manner that maintains their negative status. HIV positive donors will be referred to HIV care and treatment programs. This activity will address the requirement in the recently published HIV/AIDS bill that all persons tested for HIV get to know their test results.

4. POPULATIONS BEING TARGETED

This activity targets blood donors aged 16 – 65 years. Majority of blood donors are youth in high schools and colleges. Other donors are out-of-school youth and adults in work places.

5. EMPHASIS AREAS

This activity includes major emphasis on human resources capacity development and a minor emphasis on training as detailed in the activity description above.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16267

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16267	16267.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7433	7433.08	Donor Notification	██████████

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 3588.09	Mechanism: APHIA II - Health Communication & Marketing
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 8804.20095.09	Planned Funds: \$300,000
Activity System ID: 20095	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#7052), Other Prevention (#7051), PMCT (#7050), and Counseling and Testing (#7049).

2. ACTIVITY DESCRIPTION

Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve health outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. The objectives of this activity in the blood Safety program are i) Develop appropriate IEC packages for internal and external customers of the NBTS including blood donors, user hospitals and blood bank personnel. Blood donor mobilization material will be revised to incorporate messages for prevention of HIV through abstinence, faithfulness and where appropriate, condom use. ii) Build the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, sales, and distribution network that improves availability and access by key populations to products related to blood donor mobilization and appropriate blood use and develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. iii) Develop brand identity for the National Blood Transfusion service (NBTS). iv) Develop appropriate donor recognition materials. v) Increase altruistic regular blood donation among Kenyans. This activity will not provide any sub awards.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY07, in Blood safety, this partner will develop and disseminate communication messages/materials targeting the general population and promoting blood donation to save lives. It will also promote messages to encourage blood donors to join blood donor clubs. This activity will contribute indirectly to reduce HIV transmission through blood transfusion.

4. LINKS TO OTHER ACTIVITIES

The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with the National Blood Transfusion Services and regional blood transfusion centers. These projects will "feed into" the development of population-specific messages which will strengthen blood donation and utilization activities implemented on the ground.

5. POPULATIONS BEING TARGETED

Blood Safety messages will primarily focus on the general population, In- and out-of-school youth; youth of reproductive age and teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address stigma and discrimination.

7. EMPHASIS AREAS

HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication, make linkages with other sectors for message development (e.g. CT, PMTCT), and train individuals in message development and communication.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14981

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14981	8804.08	U.S. Agency for International Development	Population Services International	6994	3588.08	APHIA II - Health Communication & Marketing	\$240,000
8804	8804.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$350,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 4061.09

Mechanism: N/A

Prime Partner: Regional Procurement Support
Office/Frankfurt

USG Agency: Department of State / African
Affairs

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood
Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 6446.20082.09

Planned Funds: \$428,188

Activity System ID: 20082

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+COP 08 funding for this activity was captured only under HVMS. In COP 09 the funding is distributed across the program areas.

+this narrative also includes \$370,000 for RPSO to support construction of a central laboratory.

COP 2008

\$58,188: CDC-Kenya, including GAP-Kenya, is co-located with the Kenya Medical Research Institute (KEMRI) in Nairobi and Kisumu, with most PEPFAR-supported staff based in Nairobi, Kenya. Due to the dramatic scaling up of PEPFAR activities in Kenya, and the resulting expansion of staff since the inception of PEPFAR, the capacity of the existing offices has been exceeded. CDC proposes to renovate the existing structure, however, due to site and structural constraints, this will avail only limited additional space. CDC therefore proposes to build a second building to house the expanded CDC-KEMRI HIV program. The proposed building, on the campus of KEMRI, will become part of the KEMRI complex; CDC will not hold title to the building.

A total of \$1,200,000 in FY 08 funds was programmed to RPSO for this purpose; however, these funds were allocated in the absence of a fully developed staffing plan, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY 09 funds are sought to meet the funding shortfall resulting from the unplanned-for A&E services contract, as well as the under-estimated cost of construction.

Costs for the total CDC-KEMRI project have been allocated across GAP program areas, based on projected space utilization.

ACTIVITY UNCHANGED FROM COP 2008

* * *

\$370,000: This activity relates to the prevention of HIV transmission through blood transfusion in health care settings. The National Blood Transfusion Service (NBTS) was established in the year 2000 with the goal of ensuring safe and sufficient blood supplies for the country. Previously blood was obtained solely from family replacement donors at fragmented hospital-based transfusion units that lacked a standardization of procedures. A national survey in 1994 estimated that 2% of transfusions transmitted HIV. At least 140,000 transfusions take place each year. This activity will facilitate testing of blood collected in the six Regional Blood Transfusion Centers located in Nairobi, Mombasa, Embu, Nakuru, Kisumu and Eldoret to be conducted at a centralized laboratory in Nairobi. Centralized testing will help to ensure uniformity and maintenance of quality testing procedures. Blood samples will be received in the central laboratory through a courier service. Results will be relayed to the regional centers electronically. In the long term centralized testing will enhance the testing turn-around-time and cost efficiency of blood processing at the NBTS. The Centralized laboratory will also house the national offices of the blood transfusion service creating a physical and functional separation from the Nairobi regional blood transfusion center. This will contribute to enhanced logistics management, leadership and monitoring of quality testing and services. The national office has hired managers for quality, technical, ICT and donor care. Cold room storage in the new lab will facilitate separation of pre-tested blood from that which is tested as well as that of reagents and other lab supplies from blood and blood products. Additionally, renovations of selected regional and satellite blood transfusion banks will be conducted.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to prevention of HIV through blood transfusion. Kenya aims to collect 140,000 units of blood from low risk volunteer blood donors. All the blood will be tested for HIV, hepatitis B, Hepatitis C and syphilis. This activity will facilitate accurate testing of blood for HIV, hepatitis B, hepatitis C and syphilis and also reduce the occurrence of adverse transfusion events. Blood donors will be notified of their test results and given information to promote healthy positive living so that negative donors become regular repeat blood donors. HIV positive donors will be counseled and referred for evaluation care and treatment as appropriate. Appropriate blood use will minimize unnecessary transfusions which may expose healthy individuals to HIV infection. The World Health organization estimates that 10% of HIV may be attributed to transfusion with infected blood.

4. LINKS TO OTHER ACTIVITIES

This activity relates to the service delivery activities by SCMS which will enhance efficiency by maximizing on economies of scale achieved through mass procurements and timely delivery of commodities. This activity also links to Cooperative agreements with NBTS and American Association of Blood Banks (AABB) for the provision of safe and adequate blood supplies.

5. POPULATIONS BEING TARGETED

This activity will benefit the general population by supporting the acquisition of blood free of HIV infection.

6. EMPHASIS AREAS

The major area of emphasis for this activity is infrastructure development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15001

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15001	6446.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7000	4061.08		\$450,000
7032	6446.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4280	4061.07		\$320,000
6446	6446.06	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	4061	4061.06		\$650,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 9711.09	Mechanism: Umbrella
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 4862.20408.09	Planned Funds: [REDACTED]
Activity System ID: 20408	

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This TBD Umbrella partner will build organizational capacity and provide sub grants to NGOs, FBOs, and CBOs, resulting in the dissemination of messages for HIV prevention through abstinence, faithfulness in sexual relationships and where appropriate condom use (ABC). Blood donor mobilizers will be trained to deliver "healthy life style/ donors love life and safe blood donation" messages to 480,000 potential blood donors aged 16 – 65 years. It is estimated that only one in four potential blood donors approached actually become blood donors. This implies that to obtain 120,000 blood units in 2006, about 480,000 persons may have heard a pre-donation talk. This activity aims to ensure that HIV prevention ABC and healthy living messages are given at all pre-donation talks through the development of appropriate messages and training of blood donor mobilizers in the use of ABC/ healthy living messages for HIV prevention. This will promote awareness of HIV prevention strategies even for persons who do not donate blood. 100 blood donor mobilizers will be trained and IEC material produced for this activity. The primary implementing partner in this activity, TBD Umbrella, will build the organizational and financial management capacity of local and indigenous organizations and provide supportive supervision. Funds granted through TBD Umbrella to sub partners will be used to disseminate a standard package of ABC messages for HIV prevention, improvement of community mobilization activities, and referral for counseling and testing whenever appropriate. This activity includes support to the following sub-recipients for activities integral to the program: Bloodlink Foundation \$250,000; Kenya Red Cross Society \$40,000; Africa Society for Blood Transfusion \$150,000. It will expand existing blood safety programs by (Bloodlink Foundation (BLF), Africa Society of Blood Transfusion, Kenya Chapter (AfsBT) and Kenya Red Cross Society (KRCS), and continue to place emphasis in HIV prevention through provision of safe blood. Bloodlink Foundation has mobilized blood donors in work places and mobilized resources for donor recruitment from business organizations such as Safaricom for the last four years resulting in out – of – school donors increasing from 10% to 40% of all blood donors. In the work place, 25,000 employees will be educated on HIV prevention, healthy living and safe blood donation. BLF will also support the establishment of regular blood donor youth support clubs, similar to Pledge 25 clubs, within the Universities. These clubs will promote HIV prevention amongst the youth. In addition the National Center for Health Marketing's Global Communication and Marketing Team (NCHM/GCM) will collaborate with GAP, the National Blood Transfusion Service (NBTS), and BLF to support a project to increase the number of blood donors who make repeat donations by using mobile phone SMS technology to support targeted messaging. NCHM/GCM will provide guidance and technical support in using appropriate mobile technologies and communication principles in designing a program that utilizes a donor database to send messaging to encourage repeat donations and target donors by blood type when blood stores are critically low or in times of emergency. Through this activity BLF will support the procurement of software necessary for full implementation of the communication system. KRCS and BLF, under guidance from TBD Umbrella will deliver abstinence, be faithful and condom use (ABC) messages for HIV prevention in blood donor mobilization settings. TBD Umbrella will work with local organizations to strengthen implementation of their abstinence curriculum. KRCS is mandated to mobilize voluntary non-remunerated blood donors from high schools and colleges. AfsBT will continue to work with NBTS and AABB to support and mentor 20 hospital transfusion committees (HTC) at eight provincial hospitals, two referral hospitals and ten high blood use district hospitals. Through advocacy with hospital management boards, HTCs will be appointed, trained, and quarterly meetings facilitated for each of the 20 hospitals. The HTCs will serve to review number of transfusions and sources of blood, determine indications for transfusion, investigate transfusion reactions, benefits and outcomes, and monitor blood storage and administration conditions and review policies and procedures regularly. Additionally AfsBT will support NBTS and AABB in dissemination and monitoring of the implementation of the recently introduced National Standards on Blood Transfusion. Major emphasis in this program is local organization capacity development, training and equipping potential blood donors with relevant life skills for HIV prevention and supportive supervision (through at least 3 sub-grants).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The blood safety program aims to increase its contribution towards averting new HIV/AIDS infections in Kenya. This will be achieved through delivery of ABC messages during mobilization of blood donors amongst high school students, out-of school youth and workers to encourage abstinence and secondary abstinence until marriage; increase faithfulness in monogamous relationships among both youth and the general population; promote HIV testing to encourage abstinence and fidelity. This activity will train 100 individuals to provide HIV/AIDS programs that promote abstinence and/or being faithful. In addition 480,000 individuals will be reached with HIV/AIDS prevention/ blood mobilization programs that will promote abstinence and/or being faithful. BLF will mobilize blood donors in work places alleviating blood shortage in the school holiday months. BLF will further its activities of strengthening private public partnerships (PPP) to mobilize additional resources for the NBTS. Functional HTC will enhance appropriate blood utilization and minimize unnecessary transfusions. These activities are consistent with the Kenya 5-Year Strategy which focuses on HIV prevention. This partner has a key role in building capacity of local organizations so that these activities can be sustained over the long term.

3. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Blood Safety implemented by National Blood Transfusion Service (NBTS) American Association of Blood Banks (AABB), Internews and APHIA II HCM. In addition to building the capacity of sub-grant recipients, an important aspect of TBD Umbrella activities is to support development of linkages between the organizations they support to implement a variety of HIV prevention and treatment activities. For example, linkages that have been established during capacity building trainings have led to improved referrals/linkages of patients. The ABC activities will be linked to other HIV prevention activities including VCT campaigns and volunteer blood donor mobilization for the prevention of HIV transmission through blood transfusions.

4. POPULATIONS BEING TARGETED

Training institutions such as schools, universities and colleges; CBOS, FBOs and work places form the main populations that will be reached with ABC messages. Among the 15-24 year olds, the goal is to increase their knowledge on abstinence and secondary abstinence options and to reach them with messages about fidelity and expanded/strengthened "A" and "B" activities. In the younger adults the goal is to increase the practice of abstinence until marriage among unmarried youth and to decrease infidelity and

Activity Narrative: other harmful behaviors among both youth and adults. Among parents, teachers, community leaders, and corporate leaders, the goal is to create a supportive environment for the practice of proven HIV prevention strategies. Health providers will be trained on appropriate blood use.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14762

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14762	4862.08	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	6941	348.08		\$320,000
6877	4862.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$140,000
4862	4862.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$150,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1501.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 4302.19945.09

Planned Funds: \$118,078

Activity System ID: 19945

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity links to all other activities in blood safety.

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission through blood transfusion in health care settings. The National Blood Transfusion Service (NBTS) was established in the year 2000 with the goal of ensuring safe and sufficient blood supplies for the country. Previously blood was obtained solely from family replacement donors at fragmented hospital-based transfusion units that lacked a standardization of procedures. A national survey in 1994 estimated that 2% of transfusions transmitted HIV. At least 130,000 transfusions take place each year. This activity will avail staff to give technical support to the national blood transfusion service for the establishment of goals and objectives and best practices in donor recruitment, blood collection, processing, storage and use. This will be achieved through regular meetings with the National Blood transfusion service, Ministry of Health, Kenya Red Cross Society and other stakeholders, support supervision of transfusion activities in blood banks and health facilities, preparation of procedural guidelines and data collection tools and the review and analysis of quarterly reports. Support supervision will involve travel to the six regional blood transfusion centres located in Kisumu, Eldoret, Nairobi, Nakuru, Embu and Mombasa and satellite centres in Voi, Naivasha and Kericho as well as international travel for blood safety related workshops, seminars and conferences. These staff will also liaise with and coordinate the various organizations that support blood donor mobilization for the NBTS so as to avoid conflict and achieve synergy in meeting the blood collection target. These organizations include: Kenya Red Cross, Hope Worldwide, Africa Society for Blood transfusion (K) and Bloodlink Foundation. Direct support will be given to the hospital transfusion committees. This activity also includes participation in various Ministry of Health committees that impact on blood transfusion policy and practices in the country. These include: Blood Safety Committee, Blood Safety Interagency Committee, Laboratory Interagency Committee, HIV Lab Committee and World Blood Donor's Day Committee. The staff will additionally give in-country support to international groups supporting blood safety activities in Kenya such as the American Association of Blood banks (AABB), Internews and Community Housing Foundation (CHF).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15050

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15050	4302.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7025	1501.08		\$177,150
7108	4302.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$260,000
4302	4302.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$190,000

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$2,970,376

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1501.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 7111.19946.09

Planned Funds: \$72,361

Activity System ID: 19946

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008
THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

A prevention component has been integrated that has a budget of less than \$10,000 and includes the following elements:

- Evaluation of HIV risk through sharps injuries in mortuary personnel (\$9,000). Mortuary staff have not been targeted in Injection Safety program activities, but it is now suspected that they are exposed to HIV infection due to an increasing trend of embalming bodies prior to burial. Embalming is performed by untrained mortuary attendants.

1. LIST OF RELATED ACTIVITIES

This activity relates to all other activities in injection safety.

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. These funding will enable HHS/CDC staff to give technical support to six implementers of injection safety initiatives in Kenya. This will involve joint planning meetings, review of guidelines, standards and training material and support supervision at intervention sites and at training workshops. These staff will participate in the MOH injection safety steering committee and the injection safety stakeholders meetings to influence policy decisions in this arena. Activities are currently being scaled up to achieve national coverage by 2008. Staff will be involved in frequent travel across the country and will attend international conferences for dissemination of latest findings. One staff will dedicate 100% of their time to this activity while another will commit 40% time. The world Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections, 32% of hepatitis B virus infections and 40% of hepatitis C virus infections. A 2004 survey by JSI-MMIS in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings supported those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61% needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred in the process of sharps disposal. A majority of health facilities surveyed reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. This reflected a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment. Track 1 funds were awarded to JSI-MMIS in 2004 to implement injection safety activities in Kenya and other PEPFAR focus countries. The activity aims to: 1) improve training of health workers and managers on safe injection practices, infection control and disposal procedures; 2) institute an advocacy strategy to decrease demand for injections by the population; 3) establish reliable estimates of re-use prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment; 4) institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers; 5) ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators; 6) secure the required budget for injection safety and infection control including safe disposal of used equipment. To date safe injection practices have been implemented in three districts, five of eight provincial hospitals and one of three university teaching hospitals. In FY 2006 the Ministry of Health, through the National AIDS and STD Control Program, received country funds to facilitate development of policy documents and coordinate injection safety initiatives countrywide. In the FY07 COP, additional partners will include the University of Nairobi, Danya International and USAID APHIA II implementing partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15051

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15051	7111.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7025	1501.08		\$100,150

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3465.09

Mechanism: N/A

Prime Partner: National AIDS & STD Control Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention:
Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 7010.20219.09

Planned Funds: \$150,000

Activity System ID: 20219

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to injection safety activities implemented through John Snow, Inc/Making Medical Injections Safer (#8985), Supply Chain Management System (#8817), Danya International (#8824), and JHPIEGO (#8821); NASCOP activities in ART (#7004), CT (#7009), and Palliative Care (#7005); and PEPFAR partners in care, prevention, laboratory and treatment.

2. ACTIVITY DESCRIPTION

The Ministry of Public Health, in conjunction with the Division of Curative Services, Division of Preventive and Promotive Health and National AIDS Control Program (NAS COP), will continue to coordinate and monitor the implementation of the national policy and standards, guidelines and strategic plan for injection safety and health care waste management launched in FY 2006. NASCOP will lead the scale up of injection safety by various partners country-wide and the integration of Injection Safety and infection prevention and Control. In partnership with the private sector, sharp injuries surveillance will be strengthened to identify practices and procedures that pose risks to health workers and patients. Uptake of post exposure prophylaxis by health care workers will be assessed and linkages to Care and Treatment services established. In addition, in FY09 particular emphasis will be given to enhancing safe phlebotomy practice. Every year, close to five million blood draws and finger pricks for blood collection are performed within the public health care sector in Kenya. The expansion of HIV testing and care has resulted in a dramatic increase in blood collection for the purpose of HIV testing and monitoring of those with HIV infection. Policies, guidelines, Standard Operating Procedures (SOPs) for phlebotomy, other blood collection procedures and specimen handling will be developed. Appropriate monitoring tools will be used to assess the success of the program in rationalizing injection use and ensuring continuous availability of commodities for safe injection practice. Transmission of HIV and hepatitis in health care settings can occur through unsafe injections and other unsafe medical practices, including poor disposal of contaminated medical wastes. The persons most at risk of infection through unsafe injection practices are the recipients, health care workers and the wider community through exposure to contaminated sharps waste. Estimates of the global burden of disease from unsafe injections suggests that, in the year 2000, unsafe injections around the world accounted for five percent of HIV infections, 32 percent of hepatitis B virus infections, 40 percent of hepatitis C virus infections, 28 percent of liver cancers, and 24 percent of cirrhosis cases (World Health Organization, 2003). A Health workers survey in 2005 in Kenya reported that 12% of health care workers had experienced needle stick injury in the previous 12 months. The data suggests that injection overuse and unsafe injection practices contribute to contaminated and often unnecessary injections in the formal and informal health sector, and therefore constitute a significant mode of transmission for HIV and hepatitis. NASCOP will coordinate safer injection and waste management activities implemented through other PEPFAR partners including Danya Int., JSI-MMIS, University of Nairobi and JHPIEGO. An increased number of injections are being used in the informal health care sector, where the re-use of injections and the occurrence of needle stick injuries result to HIV transmission and are more highly probable. IEC material will be developed in different languages based on the HIV/AIDS prevalence, population density and population groups affected by the epidemic. NASCOP will monitor injection practices country-wide and give supportive supervision that will strengthen performance at all levels of health delivery. Infection Prevention Committees (IPC) at hospitals will be reactivated to oversee infection control, safe injection and waste management practices. These will be comprised of a core team of a senior nurse, a public health officer, a clinician and a lab technologist. The lessons learned from these initial hospitals will be used to enhance the functions of IPCs at all hospitals in the country. These committees will serve to ensure sustainability of safe injection practices in years to come. Potential partners such as the National Nurses Association of Kenya, National Environmental Management Authority (NEMA), National AIDS Control Council (NACC), WHO and JHPIEGO will be identified to work with NASCOP to improve injection safety. NASCOP will coordinate quarterly meetings to discuss the outcomes and plan for Safe injection practice and sharps waste management. Lastly, the injection safety program will support the Kenya Medical College to integrate safe injection practices into all its pre-service training curricula.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

As the HIV treatment program is scaled up and brings more HIV/AIDS patients to health care facilities, measures are being put in to place to protect health care workers and other patients from nosocomial infections. This program will contribute to averting up to 5% new cases of HIV in the country. The injection safety and waste management program under the Ministry of Health will guide the development of policy and support implementing partners with the aim of achieving national coverage by 2009 and sustainable safe practices thereafter.

4. LINKED ACTIVITIES

This activity relates to injection safety activities implemented through John Snow, Inc/Making Medical Injections Safer (#8985), Supply Chain Management System (#8817), Danya International (#8824), and JHPIEGO (#8821); NASCOP activities in ART (#7004), CT (#7009), and Palliative Care (#7005); and PEPFAR partners in care, prevention, laboratory and treatment. The injection safety initiative is linked to the Kenya Expanded Program for Immunization (KEPI), which already procures non re-use injection devices for its program. Other Kenyan stakeholders in the area of injection safety have been mobilized, including the Ministry of Health Infection Prevention and Control Committee and the Nosocomial TB/HIV Prevention Unit of NASCOP. A National Injection Safety Steering Committee has been established at the Ministry of Health chaired by the Deputy Director of Medical Services and Head of Preventive Health Services. Membership to this committee is drawn from all the programs at the MOH and incorporates the National Environmental Management Authority (NEMA), World Health Organization (WHO), National AIDS Control Council (NACC), CDC and USAID.

5. POPULATIONS BEING TARGETED

This activity targets policy-makers, all health care workers (nurses, doctors, clinical officers, pharmacists, lab personnel, health care waste handlers), medical training institutions, the public, and the community.

6. EMPHASIS AREAS COVERED

Activity Narrative: This activity has a major emphasis on policy and guidelines development, with a minor emphasis on quality assurance, quality improvement and supportive supervision to monitor improved skills, knowledge and attitudes regarding safe injection practices of healthcare workers, waste handlers and the community. This activity will also coordinate the development of policies to ensure adequate supplies of appropriate injection supplies at health care facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14932

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14932	7010.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$120,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4076.09	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 17997.20577.09	Planned Funds: \$29,000
Activity System ID: 20577	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008
THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

A prevention component has been integrated that has a budget of less than \$10,000 and includes the following elements:

- Evaluation of HIV risk through sharps injuries in mortuary personnel (\$9,000). Mortuary staff have not been targeted in Injection Safety program activities, but it is now suspected that they are exposed to HIV infection due to an increasing trend of embalming bodies prior to burial. Embalming is performed by untrained mortuary attendants.

1. LIST OF RELATED ACTIVITIES

This activity relates to all other activities in injection safety.

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. These funding will enable HHS/CDC staff to give technical support to six implementers of injection safety initiatives in Kenya. This will involve joint planning meetings, review of guidelines, standards and training material and support supervision at intervention sites and at training workshops. These staff will participate in the MOH injection safety steering committee and the injection safety stakeholders meetings to influence policy decisions in this arena. Activities are currently being scaled up to achieve national coverage by 2008. Staff will be involved in frequent travel across the country and will attend international conferences for dissemination of latest findings. One staff will dedicate 100% of their time to this activity while another will commit 40% time. The world Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections, 32% of hepatitis B virus infections and 40% of hepatitis C virus infections. A 2004 survey by JSI-MMIS in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings supported those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61% needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred in the process of sharps disposal. A majority of health facilities surveyed reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. This reflected a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment. Track 1 funds were awarded to JSI-MMIS in 2004 to implement injection safety activities in Kenya and other PEPFAR focus countries. The activity aims to: 1) improve training of health workers and managers on safe injection practices, infection control and disposal procedures; 2) institute an advocacy strategy to decrease demand for injections by the population; 3) establish reliable estimates of re-use prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment; 4) institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers; 5) ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators; 6) secure the required budget for injection safety and infection control including safe disposal of used equipment. To date safe injection practices have been implemented in three districts, five of eight provincial hospitals and one of three university teaching hospitals. In FY 2006 the Ministry of Health, through the National AIDS and STD Control Program, received country funds to facilitate development of policy documents and coordinate injection safety initiatives countrywide. In the FY07 COP, additional partners will include the University of Nairobi, Danya International and USAID APHIA II implementing partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17997

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17997	17997.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7024	4076.08		\$204,850

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 11948.09

Mechanism: Injection Safety FOA

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention:
Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 23609.09

Planned Funds: ██████████

Activity System ID: 23609

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. Training of 2,000 health workers in 55 Health Facilities in Nairobi City Council and MOH on safe injection practices and infection prevention/ control so as to significantly reduce or eliminate the transmission of HIV/AIDS and other blood-borne diseases resulting from unsafe injection practices.

Funding is sought in FY 09 to ensure full coverage of Nairobi, a highly populated region with high HIV prevalence. From FY06 - FY 08 training in Injection safety implemented through JSI-MMIS has in covered Nyanza, western, Coast, Eastern, Central Provinces as well as parts of Nairobi (Kenyatta National Hospital) province. With a HIV prevalence of 9.3% Nairobi is second to Nyanza (15.4%) in HIV prevalence. John Snow, Inc. - Making Medical injections Safer, (JSI-MMIS) partners with Academy for Educational Development (AED) and Program for Appropriate Technology in Health (PATH) to implement the three-step strategy recommended by the World Health Organization (WHO) and the Safe Injection Global Network (SIGN) to implement the PEPFAR Injection Safety program in the following countries: Kenya, Botswana, Cote d'Ivoire, Haiti, Rwanda, South Africa, and Tanzania from FY 06. JSI- MMIS funding comes to an end on 30th September 2008. Whereas they have performed an exemplary job, it is necessary to continue the program by training health care workers in Nairobi Province. These funds will enable the TBD- (CHF follow-on) to scale up injection safety interventions through activities that build on internationally accepted strategies to health care facilities in Nairobi province. The world Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections. A 2004 survey by JSI-MMIS in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings supported those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61 % needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred during disposal of sharps. A majority of health facilities surveyed reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. This reflects a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment. Injection safety activities in Kenya commenced in 2004 under PEPFAR. The aim is to: • Improve training of health workers and managers on safe injection practices, infection control and disposal procedures. • Institute an advocacy strategy to decrease demand for injections by the population. • Establish reliable estimates of re-use prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment. • Institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers. • Ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators. • Secure the required budget for injection safety and infection control including safe disposal of used equipment. Significant changes in FY09 include scale up of activities to 55 facilities in Nairobi province and nine districts in eastern Province. Funding is sought in FY 09 to ensure full coverage of Nairobi, a highly populated and high HIV prevalence region. The Ministry of Health has committed to increase procurement of auto- disable injection devices and health care waste disposal containers as well as increased guidance and supervision for injection safety and infection prevention and control at health care facilities. Significant reduction in prescription of injections and regular use of sharps disposal containers has occurred in all health facilities that have benefited from this intervention regions.

This activity has major emphasis on training to impart improved skills, knowledge and attitudes regarding safe injection practices to healthcare workers, waste handlers and the community. This activity will also guide the development of policies to ensure adequate supplies of appropriate injection supplies at health care facilities and their use thereof.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will avert at least 5% of HIV transmission in Kenya. To date over 18,000 health care workers (clinicians, logistical officers and medical waste handlers) have been trained in safe injection practices and medical sharps waste management. Interventions have been implemented in six provinces (Central, Nyanza, Western, Eastern (part), Coast and the Kenyatta National Hospital. In FY09 an additional 8,000 health care workers will be trained in Nairobi (City Council clinics and hospitals) and Eastern provinces.

4. POPULATIONS BEING TARGETED

• Health care workers • Community • Medical Waste handlers • Policy makers

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4924.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 23615.09

Planned Funds: \$307,000

Activity System ID: 23615

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. It is estimated that up to 5% of HIV infections arise from unsafe injections given in health care facilities. Injection safety can be enhanced by rational injection use, improved injection practices and proper disposal of medical sharps. Every year, close to five million blood draws and finger pricks for blood collection are performed within the public health care sector in Kenya. The expansion of HIV testing and care has resulted in a dramatic increase in blood collection for the purpose of HIV testing and monitoring of those with HIV infection. In this activity Supply Chain Management Systems will procure safety boxes for disposal of medical sharps, color coded waste disposal bins, bags and transfer trolleys, safety lancets and safe lock needles. Blood and Intravenous fluid giving sets will also be procured. These will facilitate safe injection practice, segregation of health care waste and its appropriate disposal. These supplies will be distributed to health facilities through various partners in the Kenya Injection safety program. Safe injections and sharps waste management will contribute towards reduction of HIV transmission. A Policy for safe injection practice was launched by the Ministry of Health in 2007. The Ministry of Health has committed to increase procurement of auto-disable injection devices and health care waste disposal containers as well as increased guidance and supervision for injection safety and infection prevention and control at health care facilities. These supplies will only serve to ensure that stock outs do not occur. John Snow, Inc. - Making Medical injections Safer, (JSI-MMIS) partners with Academy for Educational Development (AED) and Program for Appropriate Technology in Health (PATH) to implement the three-step strategy recommended by the World Health Organization (WHO) and the Safe Injection Global Network (SIGN) to implement the PEPFAR Injection Safety program in several countries including Kenya. The world Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections. A 2004 survey in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings supported those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61 % needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred during disposal of sharps. A majority of health facilities surveyed reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. This reflects a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment. Injection safety activities in Kenya commenced in 2004 under PEPFAR. The aim is to:

- Improve training of health workers and managers on safe injection practices, infection control and disposal procedures.
- Institute an advocacy strategy to decrease demand for injections by the population.
- Establish reliable estimates of re-use prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment.
- Institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers.
- Ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators.
- Secure the required budget for injection safety and infection control including safe disposal of used equipment.

Significant reduction in prescription of injections and regular use of sharps disposal containers has occurred in all health facilities that have benefited from this intervention regions. This activity has a major emphasis on procurement.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will avert at least 5% of HIV transmission in Kenya. To date over 18,000 health care workers (clinicians, logistical officers and medical waste handlers) have been trained in safe injection practices and medical sharps waste management. Interventions have been implemented in six provinces (Central, Nyanza, Western, Eastern (part), Coast and the Kenyatta National Hospital. In FY09 an additional 8,000 health care workers will be trained in Nairobi (City Council clinics and hospitals) and Eastern provinces.

3. POPULATIONS BEING TARGETED

• Health care workers • Community • Medical Waste handlers • Policy makers

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 10250.09	Mechanism: N/A
Prime Partner: Danya International, Inc	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 23625.09	Planned Funds: \$150,000
Activity System ID: 23625	

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity relates to the prevention of HIV transmission through unsafe medical injections in health care facilities and in the community through development and implementation of a communication strategy for Injection safety in collaboration with the Ministry of Health and other stakeholders. Surveys on Injection practices worldwide indicate that a significant proportion of injections may be unnecessary and are prescribed due to demand from an uninformed populace or by clinicians for financial gain. Such unsafe practices and re-use of injection devices are estimated to be contributory to five percent of HIV infections, 32 percent of hepatitis B virus infections, 40 percent of hepatitis C virus infections, 28 percent of liver cancers, and 24 percent of cirrhosis cases (World Health Organization, 2003). In FY 09 this activity will pilot the IEC toolkit, 10 messages for reduction of demand for injections and 10 messages to promote the safe disposal of medical waste that were developed in the previous year. Danya will print 500 copies of each of the 20 finalized messages to pilot in three provinces. After revision, 10,000 IEC toolkits and 10,000 copies of each of the 20 messages will be printed for national dissemination of the materials by NASCOP. The outputs will include promotional and campaign materials, such as posters, leaflets, pamphlets, print as well as community mobilization tools such as publications (magazine and newspaper ads). In the subsequent year radio advertisements and outdoor media messages will be developed and disseminated. Information communication and education material produced will reduce demand for unnecessary injections and promote availability of alternative oral and rectal suppository formulations of commonly used medications at health facilities. These messages will aim to reduce unnecessary injections through advocacy and behavior change.

This activity includes a major emphasis on information, education and communication. It is estimated that up to 5% of HIV infections arise from unsafe injections given in health care facilities. Injection safety can be enhanced by rational injection use, improved injection practices and proper disposal of medical sharps. Rational injection use is affected through behaviour change communication. In this activity Danya will develop appropriate messages and engage best strategies/communication channels for a dissemination plan to effect behaviour change in the community for a reduction of demand for injections. The outputs will include promotional and campaign media materials such as posters, leaflets, pamphlets, print as well as community mobilization tools such as publications (magazine and newspaper ads), merchandise and community events that promote reduction in injection demand in the first year. In the subsequent year radio advertisements and outdoor media messages will be developed and disseminated contributing to prevention of HIV through medical injections.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will improve access to information on best injection practices. Improving communication in Injection safety will result in safer injection practice and rationalization of injection use and thus contribute to averting transmission of up to 5% cases of HIV. Reduced transmission of other blood transmissible infections such as hepatitis B and C will also be achieved.

3. LINKS TO OTHER ACTIVITIES

The Injection safety activities of Danya Int. will be linked to Track 1 activities in injection safety by JSI-Making Medical injections Safer (JSI-MMIS), NASCOP, University of Nairobi, Clinical Epidemiology Unit and PEPFAR treatment, care and prevention programs.

4. POPULATIONS BEING TARGETED

This activity targets policy makers, health care workers and the general public.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1499.09	Mechanism: Making Medical Injections Safer
Prime Partner: John Snow, Inc.	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 6926.20614.09

Planned Funds: \$693,516

Activity System ID: 20614

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

1. Supplemental funds to JSI-MMIS from COP will facilitate:
 - a) JSI-MMIS will work with MOH to train health workers and waste handlers/incinerator operators in 25 districts to ensure that the principles of waste segregation, storage, treatment and disposal are adhered to.
 - b) 25 Districts with defective small scale incinerators will be identified and the incinerators rehabilitated in collaboration the District Health management leadership.
 - c) Assessment and renovation of the six National Blood Transfusion Service (NBTS) incinerators will be conducted.
 - d) Advocacy for rational use of injection medication will be intensified through working with professional medical associations.
 - e) NO injection commodities will be procured with COP funds.
2. Using track 1 funds, JSI-MMIS will train 6,000 health workers in seven districts of Eastern Province and provide injection safety commodities to ensure that no stock-out occurs.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Three of six incinerators situated at Regional Blood Transfusion Centers in Nairobi, Mombasa, Kisumu, Embu, Eldoret and Nakuru are non functional. An assessment will be conducted and all six incinerators repaired to full functional status. Incinerator handlers will be trained and the NBTS advised to institute a service maintenance contract. These incinerators will handle huge volumes of sharps waste generated at the provincial /Referral hospitals. Waste management experts in JSI-MMIS will also strengthen practices for the Blood Safety Program.

Working closely with the Ministry of Health, training and provision of safe injection commodities targets health workers in the public, faith-based and private sectors. This ensures that all service delivery points for PEPFAR implementing programs (CT, Care & Treatment, PMTCT) benefit from this activity. JSI-MMIS has introduced safe injection practices to 6 Provinces covering over 48 Districts through training and supply of re-use prevention syringes and safety boxes for sharps waste management. To date approximately 70 percent of the country's population has been covered by the MMIS Project. Training in rational injection use at the Embu Provincial Hospital in 2007 resulted in a dramatic 90% reduction in injection prescription at the maternal child health clinic (MCH) over a six month period.

COP 2008

1. LINKED ACTIVITIES

The injection safety initiative is linked to all PEPFAR HIV Treatment, Care and Prevention programs and to the Ministry of Health's National AIDS and STD Control Program (NASCO) Injection Safety activity. Other Kenyan stakeholders in the area of injection safety have been mobilized including the country World Health Organization (WHO), National AIDS Control Council (NACC) and local training institutions including the University of Nairobi and Kenya Medical Training College. A National Injection Safety Steering Committee has been established at the Ministry of Health chaired by the Deputy Director of Medical services and Head of Preventive health services. Membership to this committee is drawn from all the programs at the MOH (including Expanded program for Immunization – EPI, Laboratory and Public Health) and incorporates the National Environmental Management Authority (NEMA), World Health organization (WHO), National Aids Control Council (NACC), University of Nairobi and Kenya Medical Training College.

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. John Snow, Inc. - Making Medical injections Safer, (JSI-MMIS) partners with Academy for Educational Development (AED) and Program for Appropriate Technology in Health (PATH) to implement the three-step strategy recommended by the World Health Organization (WHO) and the Safe Injection Global Network (SIGN) to implement the PEPFAR Injection Safety program in the following countries: Kenya, Botswana, Cote d'Ivoire, Haiti, Rwanda, South Africa, and Tanzania. These funds will enable JSI-MMIS in Kenya to scale up injection safety interventions through activities that build on internationally accepted strategies to health care facilities in Rift Valley and Nairobi provinces. The world Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections. A 2004 survey by JSI-MMIS in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings supported those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61 % needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred during disposal of sharps. A majority of health facilities surveyed reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. This reflects a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment. The JSI -Making Medical Injections Safe (JSI-MMIS) activity commenced in Kenya in 2004 under PEPFAR. The activity aims to:

- Improve training of health workers and managers on safe injection practices, infection control and disposal procedures.
- Institute an advocacy strategy to decrease demand for injections by the population.
- Establish reliable estimates of re-use prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment.
- Institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers.
- Ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators.
- Secure the required budget for injection safety and infection control including safe disposal of used equipment.

Significant changes in FY09 include scale up of activities to 55 facilities in Nairobi province and nine districts in eastern Province. In FY 06 and FY07 JSI-MMIS received country funds to facilitate faster expansion towards national coverage. It was expected that national coverage would be achieved in FY 08 through this intervention but this will not be possible with current funding levels. In FY09 JSI-MMIS will use

Activity Narrative: Central funds to conduct training in a remaining four districts of Eastern Province. Health workers in Nairobi City Council facilities and MOH beyond Kenyatta National Hospital remain untrained. Prioritization with focus on population density, logistics and HIV prevalence precludes intervention in the North Eastern Province. The Ministry of Health has committed to increase procurement of auto-disable injection devices and health care waste disposal containers as well as increased guidance and supervision for injection safety and infection prevention and control at health care facilities. Significant reduction in prescription of injections and regular use of sharps disposal containers has occurred in all health facilities that have benefited from this intervention regions. Additionally, JSI-MMIS, WHO and other partners will collaborate to develop capacity to address health care waste management (HCWM) issues through the National HCWM Working Group.

Advocacy for rational and safe injection use amongst medical professional associations will reach major policy/ decision makers within the country.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will avert at least 5% of HIV transmission in Kenya. To date over 18,000 health care workers (clinicians, logistical officers and medical waste handlers) have been trained in safe injection practices and medical sharps waste management. Interventions have been implemented in six provinces (Central, Nyanza, Western, Eastern (part), Coast and the Kenyatta National Hospital. In FY09 an additional 6,000 health care workers will be trained in Eastern province.

4. POPULATIONS BEING TARGETED

- Health care workers • Community • Medical Waste handlers • Policy makers.

5. EMPHASIS AREAS COVERED

This activity has major emphasis on training to impart improved skills, knowledge and attitudes regarding safe injection practices to healthcare workers, waste handlers and the community. This activity will also guide the development of policies to ensure adequate supplies of appropriate injection supplies at health care facilities and their use thereof.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14870

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14870	6926.08	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	6961	1499.08	Making Medical Injections Safer	\$2,642,610

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4061.09	Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 26471.09	Planned Funds: \$69,749
Activity System ID: 26471	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 +COP 08 funding for this activity was captured only under HVMS. In COP 09 the funding is distributed across the program areas.

COP 2008

CDC-Kenya, including GAP-Kenya, is co-located with the Kenya Medical Research Institute (KEMRI) in Nairobi and Kisumu, with most PEPFAR-supported staff based in Nairobi, Kenya. Due to the dramatic scaling up of PEPFAR activities in Kenya, and the resulting expansion of staff since the inception of PEPFAR, the capacity of the existing offices has been exceeded. CDC proposes to renovate the existing structure, however, due to site and structural constraints, this will avail only limited additional space. CDC therefore proposes to build a second building to house the expanded CDC-KEMRI HIV program. The proposed building, on the campus of KEMRI, will become part of the KEMRI complex; CDC will not hold title to the building.

A total of \$1,200,000 in FY 08 funds was programmed to RPSO for this purpose; however, these funds were allocated in the absence of a fully developed staffing plan, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY 09 funds are sought to meet the funding shortfall resulting from the unplanned-for A&E services contract, as well as the under-estimated cost of construction.

Costs for the total CDC-KEMRI project have been allocated across GAP program areas, based on projected space utilization.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 303.09

Mechanism: Department of Obstetrics and Gynecology

Prime Partner: University of Nairobi

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 24494.09

Planned Funds: \$100,000

Activity System ID: 24494

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is linked to other IS activities (#7010, #8824, #8821).

2. ACTIVITY DESCRIPTION This activity relates to the prevention of HIV transmission by medical injections through acquisition of strategic information by the generation of a sound evidence base on injection practices in a spectrum of health care facilities across the country including provincial, district and faith-based hospitals, health centers, nursing homes and dispensaries. The University of Nairobi, Clinical Epidemiology Unit (CEU) will implement this activity. CEU was established in 1989 within the College of Health Sciences, University of Nairobi, and is a member of the International Clinical Epidemiology Network (INCLIN), founded in 1980 with support from the Rockefeller Foundation. It is comprised of a team of medical and public health specialists brought together by the common need of creating a pool of experts in health research development. Its multidisciplinary nature permits the provision of a wide range of quality services in health research, training, study design, data collection, data analysis and translation of research findings into health action through policy change and practice. Two targeted evaluations will be conducted by the CEU to determine: 1. Injection practices, factors that influence demand for injections, prescription of injections and reuse of injection equipment in Kenya, injection use in the informal sector and the prevalence of needle stick injuries. The direct and indirect cost of injectable therapy as compared to alternative routes of medication will be determined with a view to advocating for rational injection use and review of national treatment guidelines and Essential Drugs Lists. 2. Attitudes, beliefs and practices related to the use of suppositories in Kenya. Information from this activity will guide the development of information, education and communication material targeting policy makers, health care workers and the community with the aim of changing misconceptions about injections and promoting rational injection use and safe injection practices.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA Strategic information from this activity will guide intervention programs in Injection Safety as well as all HIV/AIDS prevention and treatment and infection prevention and control interventions in the Ministry of Health. Additionally, the strategic information will form a basis for monitoring and evaluating the success of injection safety interventions. As the HIV treatment program is scaled up and brings more HIV/AIDS patients to health care facilities, measures must be put in place to protect health care workers and other patients from nosocomial infections. This program will contribute to the aversion of up to 5% new cases of HIV in the country.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to injection safety initiatives implemented by the Ministry of Health, National AIDS and STI Control Program (NASCO) (#7010), Danya International (#8824) and JHPIEGO (#8821) and to PEPFAR care and treatment programs.

5. POPULATIONS BEING TARGETED

This activity targets all health care workers, nurses, doctors, clinical officers, lab personnel, health care waste handlers, policy makers and the general public.

6. EMPHASIS AREAS

This activity consists of two targeted evaluations and minor emphasis in advocacy, development and dissemination of policies, guidelines and protocols for best practice and evidence-based approaches. This activity will also contribute to local organization capacity development.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Safe Motherhood

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.05: Activities by Funding Mechanism****Mechanism ID:** 7427.09**Mechanism:** N/A**Prime Partner:** Partnership for Supply Chain Management**USG Agency:** U.S. Agency for International Development**Funding Source:** Central GHCS (State)**Program Area:** Biomedical Prevention: Injection Safety**Budget Code:** HMIN**Program Budget Code:** 05**Activity ID:** 24817.09**Planned Funds:** \$138,750**Activity System ID:** 24817

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. It is estimated that up to 5% of HIV infections arise from unsafe injections given in health care facilities. Injection safety can be enhanced by rational injection use, improved injection practices and proper disposal of medical sharps. Every year, close to five million blood draws and finger pricks for blood collection are performed within the public health care sector in Kenya. The expansion of HIV testing and care has resulted in a dramatic increase in blood collection for the purpose of HIV testing and monitoring of those with HIV infection. In this activity Supply Chain Management Systems will procure safety boxes for disposal of medical sharps, color coded waste disposal bins, bags and transfer trolleys, safety lancets and safe lock needles. Blood and Intravenous fluid giving sets will also be procured. These will facilitate safe injection practice, segregation of health care waste and its appropriate disposal. These supplies will be distributed to health facilities through various partners in the Kenya Injection safety program. Safe injections and sharps waste management will contribute towards reduction of HIV transmission. A Policy for safe injection practice was launched by the Ministry of Health in 2007. The Ministry of Health has committed to increase procurement of auto-disable injection devices and health care waste disposal containers as well as increased guidance and supervision for injection safety and infection prevention and control at health care facilities. These supplies will only serve to ensure that stock outs do not occur. John Snow, Inc. - Making Medical injections Safer, (JSI-MMIS) partners with Academy for Educational Development (AED) and Program for Appropriate Technology in Health (PATH) to implement the three-step strategy recommended by the World Health Organization (WHO) and the Safe Injection Global Network (SIGN) to implement the PEPFAR Injection Safety program in several countries including Kenya. The world Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections. A 2004 survey in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings supported those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61 % needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred during disposal of sharps. A majority of health facilities surveyed reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. This reflects a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment. Injection safety activities in Kenya commenced in 2004 under PEPFAR. The aim is to:

- Improve training of health workers and managers on safe injection practices, infection control and disposal procedures.
- Institute an advocacy strategy to decrease demand for injections by the population.
- Establish reliable estimates of re-use prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment.
- Institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers.
- Ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators.
- Secure the required budget for injection safety and infection control including safe disposal of used equipment.

Significant reduction in prescription of injections and regular use of sharps disposal containers has occurred in all health facilities that have benefited from this intervention regions. This activity has a major emphasis on procurement.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will avert at least 5% of HIV transmission in Kenya. To date over 18,000 health care workers (clinicians, logistical officers and medical waste handlers) have been trained in safe injection practices and medical sharps waste management. Interventions have been implemented in six provinces (Central, Nyanza, Western, Eastern (part), Coast and the Kenyatta National Hospital. In FY09 an additional 8,000 health care workers will be trained in Nairobi (City Council clinics and hospitals) and Eastern provinces.

3. POPULATIONS BEING TARGETED

- Health care workers
- Community
- Medical Waste handlers
- Policy makers

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3478.09

Mechanism: ACCESS

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 23612.09

Planned Funds: \$380,000

Activity System ID: 23612

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

In 2009, The ACCESS project implemented by JHPIEGO will disseminate the injection safety and waste management guidelines in all districts in Rift Valley Province and provide orientation to health workers. Subsequently these health workers will give service orientation to 12,000 health workers using a cascade on-the-job approach. This activity will promote awareness of injection safety among health care workers resulting in improved injection safety and waste disposal practices in Ministry of Health facilities, a vital part of HIV prevention. JHPIEGO will support the Ministry of Health and National AIDS and STI Control Program (NAS COP) to develop an orientation package that breaks down the knowledge component of the guidelines and allows continuing education credit for health workers successfully completing this orientation. This orientation for health workers helps to improve the quality of injection safety practice. An additional intent is to develop sustained capacity to continue these programs after the project ends by encouraging "bundling" of injectable vaccines, injectable contraceptives and medicines in donor supported programs with single-use needles and syringes that include re-use prevention features and safety boxes. JHPIEGO will also work closely with other stakeholders in the area of injection safety including the Ministry of Health Infection Prevention and Control Committee, the Nosocomial TB/HIV Prevention Unit of NAS COP and John Snow, Inc./Making Medical Injections Safer (JSI-MMIS). At the planning stage, both central and appropriate peripheral levels of the Ministry of Health will be involved along with other stakeholders.

This activity has major emphasis on training to impart improved skills, knowledge and attitudes regarding safe injection practices to health care workers, waste handlers and the community. The Ministry of Health (MOH) has recently approved the national policy on injection Safety and medical health care waste management. JHPIEGO will work with MOH and the National Aids and STD Control Program (NAS COP) to disseminate this policy to stakeholders. This activity will complement training of health care workers in safe injection practices conducted by JSI-MMIS. Where possible, health delivery facilities will be encouraged to implement this policy with their own training and procurement resources. The MOH has already committed to procuring AD syringes and safety boxes. These however are insufficient to meet the national requirement. This activity will enable the Injection Safety program make a leap towards reduction of HIV transmission through medical injections.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to reduction in HIV transmission in Kenya. In 2009, dissemination of the guidelines will strengthen and improve safe injection and waste disposal practices through training of 1,000 trainers of trainers.

3. LINKED ACTIVITIES

The injection safety initiative is linked to the Kenya Expanded Program for Immunization (KEPI), which already procures non re-use injection devices for its program. Other Kenyan stakeholders in the area of injection safety have been mobilized including the Ministry of Health Infection Prevention and Control Committee and the Nosocomial TB/HIV Prevention Unit of NAS COP. A National Injection Safety Steering Committee has been established at the Ministry of Health chaired by the Deputy Director of Medical services and Head of Preventive Health Services. Membership to this committee is drawn from all the programs at the MOH and incorporates the National Environmental Management Authority (NEMA), World Health Organization (WHO), National AIDS Control Council (NACC), CDC and USAID. The ACCESS/JHPIEGO injection safety activities will relate to all the other injection safety activities under the PEPFAR initiative and coordinated by the Ministry of Health, National AIDS and STI Control Program (NAS COP) and CDC.

4. POPULATIONS BEING TARGETED

This activity targets health care workers, the community, medical waste handlers, and policy-makers.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address GOK and international standards and guidelines for universal precautions. This activity will contribute to the development of Quality Assurance Standards (the Kenya Quality Model – KQM) as outlined in the MOH Second National Health Sector Strategic Plan of Kenya, August 2005. This activity will also contribute to the Kenya National HIV/AIDS Strategic Plan 2005/6 – 2009/10.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 10253.09

Mechanism: Making Medical Injections Safer

Prime Partner: John Snow, Inc.

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 23632.09

Planned Funds: \$380,000

Activity System ID: 23632

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

1. Supplemental funds to JSI-MMIS from COP will facilitate:
 - +JSI-MMIS will work with MOH to train health workers and waste handlers/incinerator operators in 25 districts to ensure that the principles of waste segregation, storage, treatment and disposal are adhered to.
 - +25 Districts with defective small scale incinerators will be identified and the incinerators rehabilitated in collaboration the District Health management leadership.
 - +Assessment and renovation of the six National Blood Transfusion Service (NBTS) incinerators will be conducted.
 - +Advocacy for rational use of injection medication will be intensified through working with professional medical associations.
 - +NO injection commodities will be procured with COP funds.
2. Using Track 1 funds, JSI-MMIS will train 6,000 health workers in seven districts of Eastern Province and provide injection safety commodities to ensure that no stock-out occurs.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Three of six incinerators situated at Regional Blood Transfusion Centers in Nairobi, Mombasa, Kisumu, Embu, Eldoret and Nakuru are non functional. An assessment will be conducted and all six incinerators repaired to full functional status. Incinerator handlers will be trained and the NBTS advised to institute a service maintenance contract. These incinerators will handle huge volumes of sharps waste generated at the provincial /Referral hospitals. Waste management experts in JSI-MMIS will also strengthen practices for the Blood Safety Program.

Working closely with the Ministry of Health, training and provision of safe injection commodities targets health workers in the public, faith-based and private sectors. This ensures that all service delivery points for PEPFAR implementing programs (CT, Care & Treatment, PMTCT) benefit from this activity. JSI-MMIS has introduced safe injection practices to 6 Provinces covering over 48 Districts through training and supply of re-use prevention syringes and safety boxes for sharps waste management. To date approximately 70 percent of the country's population has been covered by the MMIS Project. Training in rational injection use at the Embu Provincial Hospital in 2007 resulted in a dramatic 90% reduction in injection prescription at the maternal child health clinic (MCH) over a six month period.

COP 2008

1. LINKED ACTIVITIES

The injection safety initiative is linked to all PEPFAR HIV Treatment, Care and Prevention programs and to the Ministry of Health's National AIDS and STD Control Program (NAS COP) Injection Safety activity. Other Kenyan stakeholders in the area of injection safety have been mobilized including the country World Health Organization (WHO), National AIDS Control Council (NACC) and local training institutions including the University of Nairobi and Kenya Medical Training College. A National Injection Safety Steering Committee has been established at the Ministry of Health chaired by the Deputy Director of Medical services and Head of Preventive health services. Membership to this committee is drawn from all the programs at the MOH (including Expanded program for Immunization – EPI, Laboratory and Public Health) and incorporates the National Environmental Management Authority (NEMA), World Health organization (WHO), National Aids Control Council (NACC), University of Nairobi and Kenya Medical Training College.

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. John Snow, Inc. - Making Medical injections Safer, (JSI-MMIS) partners with Academy for Educational Development (AED) and Program for Appropriate Technology in Health (PATH) to implement the three-step strategy recommended by the World Health Organization (WHO) and the Safe Injection Global Network (SIGN) to implement the PEPFAR Injection Safety program in the following countries: Kenya, Botswana, Cote d'Ivoire, Haiti, Rwanda, South Africa, and Tanzania. These funds will enable JSI-MMIS in Kenya to scale up injection safety interventions through activities that build on internationally accepted strategies to health care facilities in Rift Valley and Nairobi provinces. The world Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections. A 2004 survey by JSI-MMIS in Kenya revealed that over 70% of respondents received an average of 1.5 injections per year. Needle stick injuries within the previous six months were reported by 58% of health care workers. These findings supported those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61 % needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred during disposal of sharps. A majority of health facilities surveyed reported having experienced a shortage of disposable injection supplies in the 12 months prior to the survey, particularly in the curative sector. This reflects a less than optimal logistics system for forecasting, procurement, distribution and stock monitoring that may contribute to re-use of injections. Analysis of the status of injection logistics in the country revealed that there was no data to support rational forecasting of injection requirements. Procurement was based on previous consumptions. Appropriate product selection was poor due to lack of national standards for injection devices, registered suppliers of injection equipment and an appropriate board to handle non-pharmaceutical equipment. The JSI-Making Medical Injections Safe (JSI-MMIS) activity commenced in Kenya in 2004 under PEPFAR.

The activity aims to:

- +Improve training of health workers and managers on safe injection practices, infection control and disposal procedures.
- +Institute an advocacy strategy to decrease demand for injections by the population.
- +Establish reliable estimates of re-use prevention injection device equipment requirements, minimum stock levels and effective supply and distribution systems for re-use prevention injection device equipment.
- + Institute monitoring and supervision procedures to ensure adequate supplies at all levels and correct practices by health workers.
- +Ensure safe disposal of used injection equipment through the progressive introduction of appropriate incinerators.
- +Secure the required budget for injection safety and infection control including safe disposal of used

Activity Narrative: equipment.

Significant changes in FY09 include scale up of activities to 55 facilities in Nairobi province and nine districts in eastern Province. In FY 06 and FY07 JSI-MMIS received country funds to facilitate faster expansion towards national coverage. It was expected that national coverage would be achieved in FY 08 through this intervention but this will not be possible with current funding levels. In FY09 JSI-MMIS will use Central funds to conduct training in a remaining four districts of Eastern Province. Health workers in Nairobi City Council facilities and MOH beyond Kenyatta National Hospital remain untrained. Prioritization with focus on population density, logistics and HIV prevalence precludes intervention in the North Eastern Province. The Ministry of Health has committed to increase procurement of auto-disable injection devices and health care waste disposal containers as well as increased guidance and supervision for injection safety and infection prevention and control at health care facilities. Significant reduction in prescription of injections and regular use of sharps disposal containers has occurred in all health facilities that have benefited from this intervention regions. Additionally, JSI-MMIS, WHO and other partners will collaborate to develop capacity to address health care waste management (HCWM) issues through the National HCWM Working Group.

Advocacy for rational and safe injection use amongst medical professional associations will reach major policy/ decision makers within the country.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will avert at least 5% of HIV transmission in Kenya. To date over 18,000 health care workers (clinicians, logistical officers and medical waste handlers) have been trained in safe injection practices and medical sharps waste management. Interventions have been implemented in six provinces (Central, Nyanza, Western, Eastern (part), Coast and the Kenyatta National Hospital. In FY09 an additional 6,000 health care workers will be trained in Eastern province.

4. POPULATIONS BEING TARGETED

- Health care workers • Community • Medical Waste handlers • Policy makers

5. EMPHASIS AREAS COVERED

This activity has major emphasis on training to impart improved skills, knowledge and attitudes regarding safe injection practices to healthcare workers, waste handlers and the community. This activity will also guide the development of policies to ensure adequate supplies of appropriate injection supplies at health care facilities and their use thereof.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$500,000

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 4913.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: IDUP

Activity ID: 8950.20466.09

Activity System ID: 20466

Mechanism: APHIA II - Coast

USG Agency: U.S. Agency for International Development

Program Area: Biomedical Prevention:
Injecting and non-Injecting
Drug Use

Program Budget Code: 06

Planned Funds: \$300,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Geographic coverage has been expanded to include three additional districts in the Coast Province: Tana Delta, Lamu and Taveta totaling 13 districts
- + APHIA II will collaborate with community based organizations working with IDUs to integrate HIV prevention among IDUs in the Coast region. This activity will contribute to outreach educational programs targeting IDUs.
- + This activity was previously undertaken through other prevention programs.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS Treatment: ARV Services (#8813), Counseling and Testing (#8781), Orphans and Vulnerable Children (#9048), Palliative Care: Basic Health Care and Support (#8934), Palliative Care: TB/HIV (#9062), Abstinence and Be Faithful Programs (#8950), Prevention of Mother-to-Child Transmission (#8764).

2. ACTIVITY DESCRIPTION

In 2009, FHI will reach 6,000 IDUS through outreach programs, train 500 individuals on IDU and HIV and distribute condoms to IDU through 200 outlets. The activity will build on HIV/AIDS Other Prevention activities implemented under the 08 COP. It will reach IDUs through community outreach programs and train people through existing local NGOs, FBOs and the private sector. The activity will focus on reaching individuals in through their peer Networks in Mombasa, Kwale, Kilifi, Malindi and Lamu and drug rehabilitation centers in Mombasa and Malindi.

FHI will work to improve the capacity of local organizations in the Coast Province working with IDUs to implement effective HIV prevention interventions among IDUs. These include the Muslim Education and Welfare Association (MEWA), Reach Out, Darat, Omari Project and Tawfiq hospital in Malindi. APHIA II Coast will target IDUs in the community and at rehabilitation centres.

APHIA II program will develop comprehensive programs targeting IDUs which will include risk reduction counseling, condom distribution, community based outreach, information and education that will address HIV prevention and risk reduction. IDUs will be referred for other services such as counseling and testing, ART, palliative care services, STI and TB treatment.

Technical assistance partners will continue to provide assistance and capacity building to partner organizations to implement HIV Prevention interventions among IDUs. The program will link with and provide referrals to existing networks of HIV/AIDS counseling and testing, home-based care and ART programs in the program areas, creating "comprehensive care centers." This intervention will result in reduced HIV risk among IDUs and the general population, especially among young adults. The intervention will provide increased access to HIV/AIDS prevention services for high-risk and under-served populations, and increase awareness of HIV/AIDS preventive behaviors through the Ministry of Health and other partners. This will also include targeted condom promotion and distribution to this high-risk populations through 200 condom outlets and improved quality of STI services working through the Ministry of Health and other partners.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-Year Strategy that focuses on HIV prevention targeting high-risk groups. Targets in this project will contribute to HIV infections averted.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Coast Other Prevention activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), OVC (#9048), HBHC (#8934), TB/HIV care activities (#9062), AB (#8950), PMTCT (#8764).

5. POPULATIONS BEING TARGETED

IDUs in the community and rehabilitation centers and their partners and clients.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II project will have a strong gender component. Activities will target both men and women IDUs in the community.

7. EMPHASIS AREAS

Community mobilization/participation will be implemented to reach the IDUs in identified locations in the community. Individuals will be referred for other HIV/AIDS related services, especially counseling and testing services. In addition, peer educators will be trained to provide information related to HIV/AIDS including condom distribution and referral. APHIA II Coast will undertake Prevention with Positives (PwP) among the IDUs through PLWA support groups linked to the Comprehensive Care Centers in Coast province.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14807

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14807	8950.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$2,000,000
8950	8950.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$1,675,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 441.09	Mechanism: Capable Partners
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP	Program Budget Code: 06
Activity ID: 5091.20336.09	Planned Funds: \$200,000
Activity System ID: 20336	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + This activity was previously undertaken through other prevention programs

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, Orphans and Vulnerable Children, Abstinence and Be Faithful Programs, Other Prevention.

2. ACTIVITY DESCRIPTION

In 2009, Capable Partners will complete the comprehensive mapping study that began in 2007 but has not been completed due to funding interruption. In addition this activity will provide HIV outreach services among DU/IDUs directly in the field. This activity will train 500 individuals and reach 4,000 DU/IDUs. There is a great need to develop the capacity of health care professionals and service providers to be better equipped in identifying DU/IDUs, provide addictions and HIV risk reduction interventions and referrals to existing outreach services. Target groups to be trained would be prison staff, police and probation officers, health care professionals and staff at HIV CCC centres.

Limited outreach services for DU/IDUs are provided in Nyanza province at the current time. In light of the high HIV prevalence in Nyanza, it would be important to critically assess and identify DU/IDUs in that region and provide the necessary outreach services. In addition to Nyanza province, it would be important to provide outreach services to DU/IDUs in the more remote areas that are not reached currently.

AED will establish recovery and HIV risk reduction programs within existing CCC service units to provide PwP services with DU/IDUs. This would also include intensive case management services to ensure each DU/IDU is provided with a full array of services, such as ARV adherence, STI treatment or other health needs, provided on site or via the intensive case management referrals. Current providers with DU/IDUs tend to work independently, experiencing multiple challenges in collaboration among the many different providers. Facilitating collaboration among providers is necessary and can occur through joint trainings, problem solving sessions, policy development and intensive case management programming in order to more effectively serve to this hard to reach population to reduce the spread of HIV.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-Year Strategy that focuses on HIV prevention targeting high-risk groups. Targets in this project will contribution to HIV infections averted.

4. LINKS TO OTHER ACTIVITIES

The activity will link to HIV/AIDS treatment services, counseling and testing, TB/HIV care activities, AB, and OP.

5. POPULATIONS BEING TARGETED

IDUs in the community and rehabilitation centers and their partners and clients. Prison staff, police and probation officers, health care professionals and staff at HIV CCC centres.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component. Activities will target both men and women IDUs in the community.

7. EMPHASIS AREAS

Community mobilization/participation will be implemented to reach the IDUs in identified locations in the community. Individuals will be referred for other HIV/AIDS related services, especially counseling and testing services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14714

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14714	5091.08	U.S. Agency for International Development	Academy for Educational Development	6920	441.08	Capable Partners	\$800,000
6832	5091.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$600,000
5091	5091.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$350,000

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$12,345,380

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 441.09	Mechanism: Capable Partners
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Male Circumcision
Budget Code: CIRC	Program Budget Code: 07
Activity ID: 4216.20343.09	Planned Funds: \$200,000
Activity System ID: 20343	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ the activity description has been expanded to include more information on activities.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in AB and OP, counseling and testing, and adult care and treatment.

2. ACTIVITY DESCRIPTION

The CAP Kenya program will continue to make prevention activities a priority in 2009, broadening the scope of activities to include supporting the expansion and uptake of voluntary medical male circumcision (VMMC) as a component of integrated HIV prevention programs. In line with national guidance, the CAP Kenya program will expand the capacity of grantees to integrate relevant and appropriate approaches to VMMC through mobilization/education, service provision or linkages in a manner that is culturally sensitive, is incorporated into multifaceted prevention packages, supports early detection and treatment of STI, and is performed in safe and qualified settings. The CAP Kenya program will also build in monitoring and evaluation structures to track activities across various partners to be able to track progress of program implementation and disseminate findings on the integration of VMMC into a diverse set of community based STP programming.

CAP Kenya will engage SAP grantees (KUAP/Raphaelites/Omari/Reachout) and partners working directly in the provision of HTC services (Handicap International, BoH) to ensure that counselors, case-workers and other providers are trained to support the integration of VMMC activities in the post test counseling of male HIV-negative clients. All CAP Kenya grantees working in Nyanza (Rafiki wa Maendeleo/ RAPADO/ COLIDEF/ Impact-RDO/KUAP) and with culturally relevant communities in Western, Nairobi and Mombassa will be trained on how to integrate VMMC mobilization as part of HTC and prevention campaigns, at individual and community levels. Similarly, in communities where circumcision is already accepted and widespread CAP-Kenya grantees will integrate VMMC messaging into existing STP activities to prevent the misconception that VMMC exists as a stand-alone safe-guard HIV-prevention method. Activities will include: training elders and caregivers on how to integrate appropriate MC messages in the cultural education of young boys during MC rite-of-passage ceremonies and Post-test counseling for HIV-males in HTC settings. At the facility level (St. Camillus Dala Kiye and BoH), CAP Kenya will expand access to safe and qualified VMMC through carefully designed programs that combine education for voluntary candidates of the procedure and guardians where relevant.

HWWK, Wema Centre among other Grantees will adopt the Youth-as-Caregivers model for HIV/AIDS care and support that traditionally utilizes youth as community caregiver for OVC in the community by integrating a mentor relationship between newly circumcised youth with a "big brother" who will provide an ongoing relationship of HIV-prevention in relationship to their recent transition into adulthood. Integration of Monitoring and Evaluation structures will also be facilitated at all levels of the CAP Kenya program to provide ongoing learning on the impact integration of VMMC messages has on perceptions of HIV prevention in relation to behavior and other practices for learning and best practices in packaging comprehensive prevention messages for community-based interventions.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The CAP Kenya project will contribute to the Male Circumcision policy that envisages adoption of MC as one of the HIV prevention strategies.

4. LINKS TO OTHER ACTIVITIES

These will be linked to the Abstinence/be faithful, Condoms and Other prevention to promote health behaviors and CT. HIV-infected persons identified through this program will be linked to Care and Treatment activities.

5. POPULATIONS BEING TARGETED

This activity targets adolescents and adults living in rural and urban settings. It targets those who are HIV negative, discordant couple services or in care and treatment settings. Training activities target public and private based health care workers and other health workers, but with emphasis on public HCWs. Community activities will target community based organizations, faith based organizations, community leaders and religious leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The activity will promote prevention by encouraging males to adopt healthy behavior.

7. EMPHASIS AREAS

This activity has a major emphasis on community sensitization.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14720

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14720	4216.08	U.S. Agency for International Development	Academy for Educational Development	6920	441.08	Capable Partners	\$800,000
6828	4216.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$700,000
4216	4216.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$200,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 4915.09

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: CIRC

Activity ID: 8942.20431.09

Activity System ID: 20431

Mechanism: APHIA II - Nyanza

USG Agency: U.S. Agency for International Development

Program Area: Biomedical Prevention: Male Circumcision

Program Budget Code: 07

Planned Funds: \$2,225,000

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$1,000,000. Partnership Framework: APHIA II Nyanza is currently providing MC service in 12 facilities, but have indicated need to expand to reach 30 facilities in the 3 districts they are operating in.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ the activity description has been expanded to include more information on activities.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in abstinence/be faithful (#8989), condoms and other prevention (#8942), counseling and testing, and adult care and treatment (#9059).

2. ACTIVITY DESCRIPTION

The USAID APHIA II Nyanza project implemented by EngenderHealth initiated support to Male Circumcision services in Nyanza Province in FY 2008. In FY 2009 this activity will continue to expand the geographical coverage of this service to increase access to Male Circumcision (MC) services. A total of 15 new MC procedure sites will be established in public health facilities and 5 new MC procedure sites in faith based health facilities. Training in MC clinical skills will be provided for 100 health care workers. As a result 3,000 individuals will undergo Voluntary Medical Male Circumcision (VMMC). Counseling and Testing will be an integral part of VMMC. Priority will be given to provision of integrated services ensuring effective linkages to treatment, care and support, as well as to family planning and reproductive health services. Activities will focus on decentralization of MC services resulting in initiation of services and follow up sites in health centers. This will involve purchase of equipments, furniture, consumables and other items like patient gowns. VMMC in clinical settings will require support for logistics, creation and renovation of space, supportive supervision, ongoing clinical mentoring and monitoring and mainstreaming VMMC reporting.

This activity will also incorporate preventive messaging at health facilities targeting VMMC clients and their families. It will involve the concept of AB and will promote the use of condoms in high-risk encounters and support STI prevention and management in Nyanza Province. Behavior change communication (BCC) strategies will focus on stigma reduction to increase utilization of services, psychosocial support and promotion of MC services. Linked to condoms and other preventions component, there will be capacity building and strengthening of 1,630 community health workers, and sensitization meetings with 1,200 women groups, 800 Village Health Committees around 24 health facilities in 5 districts to increase knowledge and health benefits on Male Circumcision (MC). In worksites, there will be capacity building of 2000 Workplace Motivators and Peer Educators; men and women in formal and informal workplaces through training on health benefits of male circumcision. They will be reached with BCC information and education to promote the involvement of other workers and surrounding communities in decision making with regard to MC uptake. Community Theatre approach will be employed and will entail capacity building of theatre groups in 7 districts on the use of Magnet Theatre to provoke discussions and dialogue amongst youth and community on the benefits of MC and promote its uptake. The established 100 Magnet theatre groups with a membership of over 2500 will be sensitized on the benefits of MC they will develop skits and reach out to other youths through sporting events and other interpersonal communication channels. Health Action Days, which are integrated community outreach activities will be used to reach the most disadvantaged members of the communities as a means of expanding and promoting MC. Through Community Radio program, radio spots with appropriate BCC messages will be aired and interactive programs that bring in experts to debate the importance of MC while creating awareness and provoking communities to action will be facilitated to reach a large percentage of youth, men and women in 4 districts. Through the schools program APHIA II Nyanza will sensitize 100 teachers and 5000 peer educators in schools to facilitate discussions within existing health clubs and raise awareness on the benefits of MC. Similarly, 100 FBO based youth leaders in supported churches/mosques will be facilitated to promote ABY and MC messages to adolescents and young adults in 4 districts will continue. There will be continued advocacy with community structures such as the Luo Council of elders and other opinion leaders to increase acceptability of MC as a prevention strategy.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Nyanza project will contribute to the Male Circumcision policy that envisages adoption of MC as one of the HIV prevention strategies. It will provide this service to 3,000 individuals in Nyanza province prioritizing adolescents and young adults.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence/be faithful (#8989) and condoms and other prevention (#8942) to promote health behaviors.

5. POPULATIONS BEING TARGETED

This activity targets adolescents and adults living in both rural and small urban settings. It targets unmarried as well as married males, those who are HIV negative. Training activities target public and private based health care workers and other health workers, but with emphasis on public HCWs. Community activities will target community based organizations, faith based organizations, community leaders and religious leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The activity will promote prevention by encouraging males to adopt healthy behavior.

7. EMPHASIS AREAS

This APHIA II Nyanza activity has a major emphasis on training, quality assurance, and supportive supervision. It also has a major emphasis on community sensitization.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14779

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14779	8942.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$1,500,000
8942	8942.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$935,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 288.09	Mechanism: N/A
Prime Partner: University of California at San Francisco	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Male Circumcision
Budget Code: CIRC	Program Budget Code: 07
Activity ID: 17296.20009.09	Planned Funds: \$520,000
Activity System ID: 20009	

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$270,000. Partnership Framework: UCSF is currently in 2 district hospital and 3 health centers. However, with additional support they can scale up outreach MC services to outlying health centers and dispensaries.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+Specific AB messages will target both adult men and women with the aim to reduce multiple concurrent partners.

COP 2008

1. ACTIVITY DESCRIPTION

University of California San Francisco (UCSF) has been supporting palliative care and treatment services in Nairobi and Nyanza provinces, and PMTCT in Nyanza province. The UCSF approach through its FACES program promotes family-centered care for HIV rather than individuals with HIV. This innovative approach has ensured equity and greater disclosure within families. Current PMTCT coverage is 28 out of 68 sites in Migori and 4 sites in Kisumu. In FY 2008, UCSF, in collaboration with the Kenya Ministry of Health (MOH) will implement service delivery of male circumcision (MC) services in Migori and Rongo Districts in accordance with the National and International Male Circumcision guidelines. FACES will roll out an expanded pilot program to circumcise eligible men and boys, as well as neonatal infant boys. In addition to medical service provision, MC services will include, but are not limited to linking with HIV counseling and testing services for young men as a means to identify HIV-uninfected men who might choose male circumcision, promotion of male circumcision at the clinic, and in the community as a means to prevent HIV acquisition, promotion of other preventive methods for men (e.g. male condom, limiting number of sexual partners, etc.), and promotion of infant male circumcision as a long-term strategy to decrease HIV incidence in the population. Pregnant women presenting for ANC services will be counseled on the risk and benefits of infant male circumcision. Printed materials will be given to expectant mothers to be shared with the father. The materials will also outline the risk and benefits of male circumcision for the father. All men who undergo male circumcision will be given information about the risk and benefits of having their sons undergo the procedure, in addition to other risk reduction messages. Additional information will be available post-natal at the MCH clinics where most children come for well-baby check-ups and vaccinations, and male circumcision services will be provided for children whose parents consent. In FY 2008, 90 health care providers will be trained to counsel parents about the risk and benefits of male circumcision, and 20 nurse/clinical officer teams will be trained to perform adult and infant male circumcision. 3,000 individuals will be reached through this intervention. 10 condom outlets will be established.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Community participation and male involvement will significantly contribute to PEPFAR goals for primary prevention, access to care and treatment, and support of those affected and infected. Technical assistance to the Ministry of Health facilities will contribute to improvement of the quality of services. UCSF will facilitate capacity building of DHMTs for improved management of health services and set up of referral networks and linkages to ensure integration of prevention and care services at facilities, within the community and among various related programs within the districts. This activity will contribute to increased awareness, demand creation and stigma reduction leading to increased utilization of services towards the goal of universal access to prevention, care and treatment services.

3. LINKS TO OTHER ACTIVITIES

Linkages to PMTCT and VCT, in particular, and HIV care and treatment services will be strengthened, to increase demand for male circumcision and thus optimize utilization of complementary services created through Emergency Plan funding. This activity relates to activities in HIV/AIDS treatment/ARV services (#6945), PMTCT (#6949) and, TB/HIV (#6944). This activity will also link closely with IMPACT Research programs in HVAB, HVOP, HVCT, HVSI, and OPHS, and will leverage training provided by IMPACT to complement FACES' service delivery interventions.

4. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV-positive pregnant women, HIV affected families, men and boys, with a particular focus on adolescent males, and all male infants. Health care providers including doctors, nurses and other health care workers will be targeted for training on prevention (including male circumcision) counseling and performance of adult and infant male circumcision using the national guidelines.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity in HIV/AIDS programs through improved prevention service delivery at health care facilities including ANC and MCH clinics. Male norms and behaviors will be addressed by encouraging men to take responsibility in their sexual behavior, as well as by encouraging the participation of men in helping to make decisions regarding their infant son's health. Community Health workers will conduct community mobilization activities regarding prevention that will help increase uptake of male circumcision and other prevention methods as well as address issues of stigma and discrimination at community level. Human capacity development will be addressed through training of health workers; and local organization capacity building will occur through technical assistance to the Ministry of Health to strengthen the quality of their service delivery.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17296

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17296	17296.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	7011	288.08		\$200,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 4924.09	Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Male Circumcision
Budget Code: CIRC	Program Budget Code: 07
Activity ID: 12504.20203.09	Planned Funds: \$400,000
Activity System ID: 20203	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + the activity description has been expanded to include specific information on activities.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in health systems strengthening

2. ACTIVITY DESCRIPTION

SCMS will procure voluntary medical male circumcision (VMMC) commodities and supplies. Kits will be procured to support 500,000 VMMC procedures.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This SCMS project will contribute to the VMMC scale up as one of the HIV prevention strategies.

4. LINKS TO OTHER ACTIVITIES

This activity links to activities in systems strengthening and the interventions for comprehensive HIV prevention, care and treatment.

5. POPULATIONS BEING TARGETED

This activity targets 18 to 30 year old men and their family members living in both rural and small urban settings. It targets unmarried as well as married males, those who are HIV negative. It also targets women to change their social norms and to support men during the healing period after undergoing VMMC.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The activity will promote prevention by providing service providers with tools to conduct VMMC procedures.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14955

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14955	12504.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6985	4924.08		\$400,000
12504	12504.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4924	4924.07		\$400,000

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3465.09

Mechanism: N/A

Prime Partner: National AIDS & STD Control Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 12509.20229.09

Planned Funds: \$50,000

Activity System ID: 20229

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ the activity description has been expanded to include specific information on activities.

COP 2008

The only changes to this activity since approval in the 2007 COP are:

+In this program area, the APHIA Health Communication and Marketing activity will work to broaden cultural acceptance of medical male circumcision as a prevention intervention to reduce the risk of HIV transmission. This will be done through media campaigns as well as interpersonal communication.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in abstinence/be faithful (#8989), condoms and other prevention (#8942), counseling and testing, and adult care and treatment (#9059).

2. ACTIVITY DESCRIPTION

Health Communication and Marketing (HCM), in collaboration with the Ministry of Health, APHIA II regional partners, and other non-governmental and private sector stakeholders will, in support of the Ministry's Male Circumcision (MC) strategy, implement communication activities geared towards promoting safe circumcision for uncircumcised males in Kenya. Specifically, PSI will: 1) Support the Division of Health Promotion (DHP) in implementing an advocacy and PR initiative aimed at creating an enabling environment leading to the long term acceptance of MC as a standard practice among those communities who do not practice MC; and 2) In partnership with identified IRDO and APHIA 2 Nyanza implement targeted IEC and BCC campaigns as part of HIV prevention measures in urban and rural communities with special reference to the traditionally non-circumcising communities within Nyanza. These activities will be geared towards increasing demand for MC service sites in the area.

PSI will work within the framework of the MOH's MC communication strategy to implement activities geared towards: creating demand and an enabling environment throughout Nyanza Province; and promoting MC nationally via a Luo-speaking radio program. This will not be tied specifically to generating demand for specific MC service sites, but will create social support, and address disinhibition risk. In line with the Ministry of Health's MC communication strategy, the primary target of these activities will be sexual active 18-30 year old men. This group will be reached primarily through interpersonal communications outreach activities in formal and informal work-based organizations, such as agricultural plantations, boda boda (bicycle taxis) groups and fishing associations. An enabling environment will also be facilitated through established cultural gatherings such as market days and barazas. HCM will train its staff in the necessary technical background and, in collaboration with the DHP, develop or adapt existing IEC materials to be used in outreaches. HCM staff will utilize adult learning techniques to increase awareness and knowledge on MC, its benefits and limitations. It is envisioned that outreach activities will be implemented a number of times at the same sites to disseminate appropriate information and generate social support. Initially, "positive deviants" as early adopters will be encouraged and supported.

When and where appropriate, voluntary medical male circumcision (VMMC) messaging will be incorporated into existing HIV BCC and condom outreach activities for increased efficiency and effectiveness. All communication material will be pre-tested extensively with the target audience and members of the general population to ensure cultural relevance and correct message take out.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II HCM project will contribute to the Male Circumcision policy that envisages adoption of MC as one of the HIV prevention strategies.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence/be faithful (#8989) and condoms and other prevention (#8942) to promote health behaviors.

5. POPULATIONS BEING TARGETED

This activity targets 18 to 30 year old men and their family members living in both rural and small urban settings. It targets unmarried as well as married males, those who are HIV negative. It also targets women to change their social norms and to support men during the healing period after undergoing VMMC.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The activity will promote prevention by encouraging males to adopt healthy behavior.

7. EMPHASIS AREAS

This APHIA II HCM activity has a major emphasis on training, quality assurance, and supportive supervision. It also has a major emphasis on community sensitization.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14986

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14986	12505.08	U.S. Agency for International Development	Population Services International	6994	3588.08	APHIA II - Health Communication & Marketing	\$100,000
12505	12505.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$100,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 692.09

Prime Partner: Impact Research and Development Organization

Funding Source: GHCS (State)

Budget Code: CIRC

Activity ID: 4246.20489.09

Activity System ID: 20489

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Biomedical Prevention: Male Circumcision

Program Budget Code: 07

Planned Funds: \$4,500,000

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$500,000. Partnership Framework: IRDO currently covers most districts in Nyanza, but 3 districts (Bondo, Rarienda and Ugenya) are yet to be covered. With additional funds, they could cover most rural areas and expand to these districts.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + the activity description has been expanded to include more information on activities.
- + In addition to existing 4 youth facilities in Mbita, Mfangano, Central and TYTC, the two youth centers in Nyando and Kisumu West district will be expanded to offer over 500 MCs monthly totaling to 36,000 VMMC in FY 09.
- +Youth sites will be modified to create space for circumcisions i.e. VCT, clinical exam, a surgical minor theatre, recovery and sterilization rooms.
- +Improved rooms will be provided with MC support equipment (Lamps, autoclaves, Couches, Trolleys, trays etc), instruments and consumables.
- +Each facility will be manned by two experienced and trained clinical officers, two scrub/theatre nurses, one cleaner/infection control staff and one nurse assistant/counselor to provide consenting, risk reduction counseling and appropriate health education for MC.
- +Community education and mobilization in the areas covered with FY2008 funds will continue, namely Suba and Kisumu East. Altogether, IRDO will work with 223 youth groups in four districts: Suba, Kisumu East, Kisumu West and Nyando Districts.
- +Training consistent with WHO/UNAIDS guidelines and the WHO Manual for Male Circumcision under Local Anesthesia will be provided to additional staff besides those trained with FY08 funding in Bondo, Suba and Siaya districts. Cadres include Medical officers, Clinical officers, Nurses, Counselors and hygiene staff.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in AB (#6896) and OP (#6897), Counseling and Testing and adult care and treatment.

2. ACTIVITY DESCRIPTION

In collaboration with the MOH, the Nyanza Circumcision Consortium, through IRDO, will work on targeted roll-out of MC services in Nyanza. Service delivery capacity-building will be rolled out in district hospitals and some private facilities where providers have been trained and where other USG PEPFAR partners, including KEMRI, are currently working. In addition to training, support will be provided for non-consumable commodities (i.e. autoclaves, instrument packs, surgical lamps, etc...) personnel and other infrastructure that will be necessary for MC service delivery. Service roll-out will initially target areas with high existing demand for MC services and will be integrated into discordant couples's services for discordant male partners of women in care and treatment programs. Mobile service provision will be provided by mobile teams consisting of approximately five people (including 1 clinical officer, 1 VCT counselor, 1 surgical nurse, 1 sterilizer/cleaner and 1 driver) targeting high risk groups, such as uniformed services personnel and truck drivers, and areas of very high HIV prevalence. For example, mobile services will be provided in Suba District, Kenya's highest HIV prevalence district, to complement the current door-to-door VCT program that PEPFAR is supporting there. In addition, services will be provided within areas such as the Demographic Surveillance Study area where operational evaluation can be conducted and in other areas where PEPFAR services exist. A critical component of this activity will be the provision of VCT services.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This IRDO project will contribute to the Male Circumcision policy that envisages adoption of MC as one of the HIV prevention strategies. It will provide this service to 100,000 individuals in Nyanza province prioritizing adolescents and young adults.

4. LINKS TO OTHER ACTIVITIES.

These will be linked to the Abstinence/be faithful, Condoms and Other prevention to promote health behaviors and CT. HIV-infected persons identified through this program will be linked to Care and Treatment activities.

5. POPULATION BEING TARGETED.

This activity targets adolescents and adults living in rural and urban settings. It targets those who are HIV negative, as identified in home based CT programs or as referred from PMTCT, discordant couple services or in care and treatment settings. Training activities target public and private based health care workers and other health workers, but with emphasis on public HCWs. Community activities will target community based organizations, faith based organizations, community leaders and religious leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED.

The activity will mainly address gender equity concerns as well as stigma and discrimination issues. By focusing on young people in community outreaches, the program will strengthen gender equity and facilitate women's access to HIV/AIDS services.

7. EMPHASIS AREA

This IRDO activity has a major emphasis on training, quality assurance, and supportive supervision. It also has a major emphasis on community sensitization.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14822

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14822	4246.08	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	6952	692.08		\$1,632,500
6896	4246.07	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	4229	692.07		\$845,000
4246	4246.06	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	3259	692.06		\$100,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 353.09

Prime Partner: Internews

Funding Source: GHCS (State)

Budget Code: CIRC

Activity ID: 17537.20526.09

Activity System ID: 20526

Mechanism: Voices in Health

USG Agency: U.S. Agency for International Development

Program Area: Biomedical Prevention: Male Circumcision

Program Budget Code: 07

Planned Funds: \$75,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This INTERNEWS/Local Voices HVAB activity relates to activities in HIV/AIDS Treatment services (#6915), Policy Analysis and Systems Strengthening (#6918), and PMTCT (#6916), Counseling and Testing (#6917), Blood safety(#8705), HKID, and HVOP.

2. ACTIVITY DESCRIPTION

This is a new activity with an existing partner. In FY 08, Internews will carry out the following activities:

MALE CIRCUMCISION

Awareness about new HIV prevention technologies is crucial in order to bolster known prevention methods. Male circumcision is one of the new prevention methods that recent studies have identified as holding startling potential for reducing infection rates. The media can be a powerful force in distributing accurate information about the benefits of male circumcision and the cultural sensitivities around it. Correct communication and messages on male circumcision are critical. About 70% of Kenyan men are circumcised; the new research suggests higher prevalence in populations where circumcision is not practiced, partly due to the absence of this prevention method. The major determinant of circumcision globally is religion, and substantial numbers of males are circumcised for cultural reasons, while others are NOT circumcised, also for cultural reasons. With the confirmed findings of recent studies, the demand for safe circumcision services is expected to increase. The media should however caution that this prevention method does not offer complete protection. In addition, social factors need to be addressed with sensitivity, as culture plays a major role in the acceptability of male circumcision.

In FY08 Internews will hold training on male circumcision for 9 professionals from the major Kenya networks: 3 television producers, 3 video editors and 3 camera people. Each group will work in a team to produce at least two features on male circumcision and its relationship to HIV, ensuring that each aspect of the story (the script, filming and editing of pictures) reflect an accurate and sensitive story. These exercises will result in at least 6 features on male circumcision being aired on prime time television. The best group will receive a travel grant to do a male circumcision story that relates to HIV outside of Nairobi. This will result in an additional two features on male circumcision.

Internews will also provide two senior radio journalists with travel grants for stories on male circumcision and HIV outside of Nairobi. This will result in at least 4 radio programs on male circumcision and HIV.

SUMMARY:

- One television training for 9 television professionals on male circumcision and HIV that will result in at least 6 features being aired on prime time television
- One television travel grant which will result in two male circumcision features being broadcast on prime time television
- Two radio travel grants resulting in four features on male circumcision and HIV.

GENDER-BASED VIOLENCE

Gender-based violence (GBV) has become more than a human rights issue; it is also a national health issue, most especially in regards to the spread of HIV/AIDS. As part of its overall Local Voices media training project that supports mass media to disseminate information about HIV prevention and care, Internews Network in FY08 will bring a special training focus to the issue of GBV and its role in the spread of HIV/AIDS.

An Action Aid study released in June 2007 shows increased sexual violence against women and girls is fuelling the spread of HIV/AIDS among females in Kenya: one out of every four girls and young women in Kenya report losing their virginity through force.

Vaginal injuries like tears act as sites through which HIV enters into the bloodstream, which partly accounts for why women and girls are experiencing higher rates of HIV infection than men and boys. Violence makes 51% of the population vulnerable, and in turn the risk of passing infection to male partners increases. Women in rural areas appear even more at risk.

Internews proposes a five-day journalism training for eight radio professionals that will focus on basic journalism skills as well as the relationship between gender-based violence and HIV. The journalists will receive intensive follow-up support after the training, which will result in at least 16 radio programs being produced and broadcast on Kenya radio stations. These programs will reach 5 million radio listeners.

Internews will also provide the four best radio trainees with a follow-up field training in the form of a four day "mentoring trip." During this trip the journalists will be accompanied by an Internews trainer that will guide them every step along their way in doing gender-based violence features outside of Nairobi. This will result in at least 8 stories being produced and broadcast.

Internews will train 4 television journalists and 4 camera people on the relationship between gender-based violence and HIV resulting in the production of at least eight features for broadcast on prime time television. The training will be five days long. The best student will receive a travel grant to do a gender-based violence story outside of Nairobi. This will result in two more gender based violence stories being broadcast on prime time television, reaching at least 4.5 million viewers.

Internews will also host a round table on issues relating to gender-based violence for journalists and NGOs. During this round table stories done during training sessions will be discussed and criticized. The attendees will vote for the best story. The winner will receive a memory stick with a large enough memory to save pictures and sound.

Summary:

- One five-day training on gender-based violence for 8 radio journalists that will result in 16 radio

Activity Narrative: features

- One four-day "field training" for four radio journalists in the form of a mentoring trip, resulting in 8 radio stories being produced and broadcast reaching at least 5 million viewers
- One five-day training for 4 television journalists and 4 camera people that will result in 8 television features reaching at least 4.5 million viewers
- One television travel grant that will result in two features on gender-based violence and HIV
- One round table during which stories will be discussed and criticized

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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

4. LINKS TO OTHER ACTIVITIES

The prevention activities of the Internews project relate to all other Internews training activities.

5. POPULATIONS BEING TARGETED

This activity targets the general population and especially adults of reproductive health age, couples, their spouses, the youth and the media. It's hoped that after these targeted messages people who would have otherwise felt uncomfortable to seek treatment and care will do so, thus increasing access for all communities. Behavior Change Communication activities will also involve community leaders and community-based organizations to increase demand for services amongst community members.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

This activity has a major emphasis on local organizational capacity building and a minor emphasis on training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17537

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17537	17537.08	U.S. Agency for International Development	Internews	6957	353.08	TBD	\$150,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 9080.09

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources
Services Administration

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male
Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 16836.20557.09

Planned Funds: \$1,700,000

Activity System ID: 20557

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$1,150,000. Partnership Framework: Based on a recent QA assessment on USG MC programs, additional funding will be given to those partners who have low cost per MC performed, long wait lists, smaller pipelines and longer cooperative agreement horizons. Demand in CRS's CMMB sites is overwhelming, and additional funds will be used to meet this demand and expand services to more FBO facilities.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ MC roll out will be scaled up from the current 6 larger faith-based facilities in the 6 districts to smaller faith-based facilities within Luo Nyanza.

COP 2008

1. ACTIVITY DESCRIPTION

In response to the Kenya National AIDS Strategic Plan Priority 1, prevention of new infections including targeted focus on Kenyan youth, AIDSRelief will address adolescent reproductive health through promoting education for the boys and girls through Medical Male Circumcision Plus Model (MMC+). This model provides access to medical male circumcision plus adolescent reproductive health and HIV education focused on Kenyan youth and will be implemented within traditionally non-circumcising communities in Nyanza province. MMC+ aims to delay the onset of sexual debut, while promoting abstinence and/or practice of safe sex. Adolescent boys and girls between the ages of 10-14 and 15-24 will be targeted with structured week-long behavior change education classes focusing on adolescent reproductive health and HIV education. Out of the 1,200 boys, an estimated 900 boys will opt for circumcision during this week-long course. Parents will be also be targeted with voluntary counseling and testing services. This initiative will contribute to the reduction of new HIV infections by circumcising 900 boys, as well as through targeted behavior change communication focused on promoting abstinence and delayed sex debut among the youth. The key objective is to provide access to medical male circumcision plus (MMC+) adolescent reproductive health education. AIDSRelief supports scale-up of quality care and treatment services at 21 faith-based local partner treatment facilities (LPTFs), with 40 decentralized locations, across five provinces of Kenya. The AIDSRelief Consortium led by Catholic Relief Services (CRS) in partnership with Catholic Medical Mission Board (CMMB), the Institute of Human Virology of the University of Maryland (IHV) and Constella Futures brings to the AIDSRelief team years of experience in delivering ART to local faith-based partner treatment facilities, in collaboration with Kenya Episcopal Conference (KEC), Christian Health Association of Kenya (CHAK) and the Ministry of Health through the National AIDS and STI Control Program.

2. CONTRIBUTION TO OVERALL PROGRAM AREA

This initiative will contribute to the reduction of new HIV infections by circumcising 900 boys, as well as through targeted behavior change communication focused on promoting abstinence and delayed sex debut among the youth. The key objective is to provide access to medical male circumcision plus (MMC+) adolescent reproductive health education. Key activities proposed are: 6 AIDSRelief LPTFs providing MMC+ in Nyanza Province; Curriculum developed in collaboration with NASCOP; 1,560 youth participating in MMC+ (1,200 boys and 360 girls [100-300/LPTF]); 900 boys circumcised; 2,400 parents/guardians provided with education on HIV prevention and VCT; 2 community leaders engaged in MMC + activities at each site; 68 individuals will be trained to provide messaging and services, including 6 to 8 clinical officers and/or nurses trained in proper circumcision procedures.

3. LINKS TO OTHER ACTIVITIES

This activity links to comprehensive HIV care and treatment services, facility-based and mobile VCT, and community-based prevention activities provided by government and mission facilities in Nyanza Province. Linkages to other CRS program areas include: PMTCT, Abstinence/Be Faithful, Palliative Care (Basic Health Care and Support), Palliative Care (TB/HIV), HIV/AIDS Treatment (ARV Services), ARV drugs, and Counseling and Testing.

4. POPULATIONS BEING TARGETED

AIDSRelief seeks to roll out Medical Male Circumcision Plus (MMC+) for Nyanza Province at Maseno Mission Hospital, Kendu Adventist Hospital, St Camillus, St Joseph-Nyabondo, St Joseph-Migori, and Tabaka Mission Hospital given that the province has the highest prevalence of HIV/AIDS in Kenya. The general population, including adult men and women of reproductive age are targeted with AB messages. Children and youth, and particularly adolescent boys are targeted with appropriate messages and services. These activities will target parents to help ensure that a supportive adult environment is promoted for a comprehensive youth prevention approach.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses abstinence and being faithful and other prevention strategies through reproductive health education during male circumcision sessions. The activity will address gender, specifically targeting male norms and behaviors and increasing gender equity in HIV/AIDS programs. Additionally, the program will address human capacity development through training and task shifting, and will contribute to local organization capacity building.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16836

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16836	16836.08	HHS/Health Resources Services Administration	Catholic Relief Services	6934	3670.08		\$300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 210.09

Mechanism: N/A

Prime Partner: Kenya Medical Research Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 29199.09

Planned Funds: \$675,380

Activity System ID: 29199

Activity Narrative: This PHE activity, "A Public Health Evaluation of Male Circumcision Service Delivery and Impact on Population Risk Behaviors and HIV Incidence" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.08.0204. This PHE is an FY08 Collaborative with Botswana.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$675,380

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 210.09

Prime Partner: Kenya Medical Research
Institute

Funding Source: GHCS (State)

Budget Code: CIRC

Activity ID: 4087.20774.09

Activity System ID: 20774

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Biomedical Prevention: Male
Circumcision

Program Budget Code: 07

Planned Funds: \$1,500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + The activity description has been expanded to include more information on activities
- + Facility-based service delivery of MC will follow Kenya MOH standards. As part of the preparations KEMRI will enhance the capacity of facilities serving Gem residents to provide MC in response to increased demand for services likely to result from near-universal awareness of HIV status among DSS participants in Gem. Men who are uncircumcised, HIV-uninfected and wish to be circumcised will be referred to their choice of either a facility or community-based MC site. Through this activity, KEMRI will train Health Care workers and provide 2,000 Male Circumcisions.
- + Community-based MC services will involve high-volume, standardized provision at the local level through trained mobile teams and will follow MOH guidance. Adolescent boys and men who are uncircumcised, HIV-uninfected and wish to be circumcised will be referred to their choice of either a facility or community-based MC site. Mobile teams will work at temporary sites including existing buildings and tents that will be equipped for minor surgical procedures and pre- and post-operative services.
- + Mobile MC teams will geographically follow the HBVCT teams as they move through the Gem constituency, relocating approximately every two weeks depending on uptake rates and will provide pre-operative, surgical, and post-operative services. Pre-operative assessment will follow group education about MC and HIV risk reduction, including the information that MC is not 100% protective against HIV acquisition. Standard HIV prevention messages in group educational sessions will include age-appropriate information about delaying sexual debut, abstinence where appropriate, partner risk reduction and use of condoms correctly and consistently.
- + This activity includes major emphasis in training of health care providers on VMMC skills, development and distribution of Information, Education and Communication, renovation of health facilities to provide VMMC services and linkages to appropriate health care services.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + KEMRI will work closely with NASCOP, the Nyanza Circumcision Consortium, IRDO, and other partners to deliver a package of MC services in Nyanza Province. KEMRI's service delivery work will involve both Facility and Mobile approaches to MC service delivery, particularly within the existing Demographic Surveillance Study (DSS) area in Nyanza Province. Services will target consenting HIV-uninfected men at high risk of HIV acquisition, including HIV-negative members of discordant couples, with OP messages. This service delivery of MC complements the PEPFAR PHE evaluating MC uptake and coverage and the added value of mobile approaches to MC Service delivery. Through this activity, KEMRI will add 10 more condom outlets, reach 15,000 people with OP messages and train 40 providers in OP message delivery.
- + in FY 2007 KEMRI received supplementary funds for the expansion of HIV counseling and testing services in Nyanza province. With these additional resources KEMRI was able to establish a home based HIV counseling and testing program in the underserved and very high-prevalence areas of Asembo, Gem and Karemo. These enabled KEMRI to reach an additional 70,000 people with HIV counseling and testing services. Funds were used to employ additional personnel, especially VCT counselors, as well as data personnel. It was also used to improve logistics such as transport for outreach personnel, and for the procurement of essential commodities. A small component was used for community mobilization at various levels, including mass media and employment of community mobilizers.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in AB (#6943), OP (#6948), ART (#6945), PMTCT (#6949), TB/HIV (#6944), and Lab (#6940).

2. ACTIVITY DESCRIPTION

In FY Kenya Medical Research Institute (KEMRI) will strengthen and expand HIV counseling and testing (CT) services in Nyanza province, the region with the highest prevalence in the country. CT services in Nyanza include both client and provider initiated CT approaches, and is provided both in health facilities and in the community. In FY 2008, KEMRI will put more resources into provider-initiated, couple and home-based CT. In provider-initiated CT, KEMRI will support dissemination of policies and guidelines, training and supervision. In the same FY 2008 KEMRI will expand the implementation of home based CT in Asembo, Gem and Karemo, as part a comprehensive community HIV/AIDS program. Other components of the home care program will be PMTCT, ART, Lab and TB-HIV. Proper implementation of the home-based CT program in Nyanza will lead to many previously undiagnosed people knowing their status and being referred to care and treatment. It will also support community and client education about HIV/AIDS. Special efforts will be made to promote couples VCT and to provide prevention services for discordant couples. In FY 2008, KEMRI will provide CT services to at least 250,000 people in the region. In order to achieve this, they will train 300 counselors and health workers. Most of these will be deployed to the home-based CT program. Currently there are 12 health facilities that provide DTC in both out-patient and in-patient services in the whole of Nyanza. In FY 2008, this service will be expanded to cover 120 sites in the province. In FY 2007, KEMRI will also facilitate quality assurance for both counseling and testing.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This KEMRI project will contribute to the Male Circumcision policy that envisages adoption of MC as one of the HIV prevention strategies. It will provide this service to 2,000 individuals in Nyanza province prioritizing adolescents and young adults.

4. LINKS TO OTHER ACTIVITIES

These will be linked to the Abstinence/be faithful, Condoms and Other prevention to promote health behaviors and CT. HIV-infected persons identified through this program will be linked to Care and Treatment activities

5. POPULATIONS BEING TARGETED

This activity targets adolescents and adults living in rural and urban settings. It targets those who are HIV negative, as identified in home based CT programs or as referred from PMTCT, discordant couple services or in care and treatment settings. Training activities target public and private based health care workers and

Activity Narrative: other health workers, but with emphasis on public Health Care Workers (HCWs). Community activities will target community based organizations, faith based organizations, community leaders and religious leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The activity will mainly address gender equity concerns as well as stigma and discrimination issues. This activity will increase gender equity through family approach to CT, during the home based CT program and also facilitate women's access to HIV/AIDS services. The much increased availability of CT services in clinical and community settings will help to reduce stigma and discrimination besides addressing people's right to access the highest standards of CT and care services. In addition, by focusing on young people in community outreaches, the program will strengthen gender equity too.

7. EMPHASIS AREAS

This KEMRI activity has a major emphasis on training, quality assurance, and supportive supervision. It also has a major emphasis on community sensitization

New/Continuing Activity: Continuing Activity

Continuing Activity: 14880

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14880	4087.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$3,300,000
6941	4087.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$2,260,000
4087	4087.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$400,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3476.09

Mechanism: South Rift Valley

Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 16827.20789.09

Planned Funds: \$400,000

Activity System ID: 20789

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of lay and community health workers for task shifting. It will also develop local management and leadership skills for community based groups. Of the allocated budget, at most 20% will be spent on this.

COP 2008

1. ACTIVITY DESCRIPTION

HJFMRI-South Rift Valley (SRV) has provided HIV comprehensive care and support to six districts in the south Rift Valley since 2005. KEMRI- south Rift Valley has been working in targeted divisions among 6 districts in the rural settings within the Southern Rift Valley Province where approximately 80% of men are circumcised, nearly ¾ by 'traditional circumcisers'. In FY08 the HJFMRI- South Rift Valley 'male circumcision program was able to follow up on over 2000 boys aged between 10-17 years who underwent male circumcision through prevention and STI counseling, and ABC Messaging. In FY09, HJFMRI-SRV male circumcision will develop a comprehensive HIV prevention program that will focus on minimizing the risks for young people as well as support the development of healthy relationships that will significantly reduce the risks related to the acquisition of HIV. The HJFMRI-SRV male Circumcision program will focus its efforts in the activity in the development and implementation of WHY WAIT? A Family Enrichment Curriculum, Families Matter! Program (FMP); and Men as Partners in HIV Prevention (MAPP). These are proven interventions designed on evidence based curriculums that will be scaled-up through out the seven districts in the south Rift Valley through partnerships with the local communities, faith based organizations and churches as well as in conjunction with the Ministry of Education. In FY09 the program will target to reach and follow –up 5000 boys between the ages of 11-14 years, an important age group that can easily be influenced by peer pressure; there exists an important window of opportunity before the boys become sexually active and delay sexual debut. The HJFMRI–SRV circumcision program will develop and disseminate Ministry of Health approved trainings and IEC Materials (brochures and Posters) to ensure that Comprehensive HIV prevention messaging and interventions are included in the Circumcision ceremonies while young men are in seclusion following circumcision. The HJFMRI-SRV CIRC program will train a total of 400 people: 20 people in Families Matter! Program, 300 people in MAPP and 100 people in Why Wait? curricula. Together these three programs will reach over 30,000 individuals with HIV/AIDS prevention who are predominantly in the rural populations. In addition, the targeted surveillance will permit the ability to gather information and better understand complications and adverse events associated with the current provision of male circumcision in South Rift Valley and inform the policy making process. The FMP and 'Why Wait' a Family Enrichment Curricula focus on augmenting the family unit and by extension the individual social networks as the major support in reducing the risks of HIV that young people face as well as provides families with the skills and knowledge to discuss issues of HIV and human sexuality in a positive and productive manner with their children with an aim of delaying sexual debut and adoption of healthy sexual behaviors..

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the national Emergency Plan Male Circumcision program by ensuring that all interventions follow evidence-based approach to prevention that is informed by rigorous analysis of Kenya's epidemic. The major focus of this activity will focus on the youth especially those at heightened risk of HIV by strengthening the larger systems that these youth operate in through focusing on family and community structures that will be supportive in evading HIV infection. A major focus will be on young girls that are at a heightened risk of HIV by also focusing on the protection of the girl child from gender based violence or coercion. The HJFMRI-SRV CIRC program will target a total of 30,000 individuals reached through a comprehensive male circumcision HIV prevention package and train an additional 400 individuals in the various HIV/AIDS prevention curricula.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to other prevention activities in the DOD Emergency Plan prevention portfolio such as the HJFMRI-SRV AB, and OP activity and the Live with Hope Center's AB activity. They are also linked to counseling and testing activities in the south Rift Valley. The links to these activities provide a comprehensive approach to prevention from a male circumcision perspective as outlined in the PEPFAR Guidance for ABC programs. The HJFMRI-SRV CIRC activity will also be linked with local Orphans and Vulnerable Children (OVC) partners to ensure that all OVC receive age-appropriate HIV prevention interventions, addressing the heightened risk this population is in to be abused or taken advantage of.

4. POPULATIONS TARGETED

This activity targets the general population from children to adults recognizing that prevention activities are comprehensive and the development process of human sexual development is also an on-going transitional process. Other populations that are targeted for this activity will be teachers, community and religious leaders through the work that HJFMRI-SRV CIRC will do with community-based and faith based organizations as well as the local Ministry of Education schools. This activity will also focus on street youth and orphans and vulnerable children, recognizing the heightened risk that this population is exposed to due to their vulnerable situation.

5. EMPHASIS AREAS/KEY LEGISLATIVE ISSUES ADDRESSED

HJFMRI-SRV CIRC activity will address issues in gender especially in the areas of addressing male norms and behaviors through the MAPP program as well as increasing gender equity in HIV/AIDS programs by focusing interventions at the family level through FMP and Why Wait?- A family enrichment curriculum. Efforts will also be made in protecting OVC and the girl child against violence and coercion. In-service trainings will also be an emphasis area to ensure that the services and interventions are de-centralized and reach the most people.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16827	16827.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$307,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$41,349,738

Program Area Narrative:

Key Result 1: Provide HIV care and support services for 600,000 adults.

Key Result 2: Provide a Basic Care Kit (BCK) to 400,000 HIV-positive persons including a safe water system, cotrimoxazole (CTX) for opportunistic infection (OI) prophylaxis, an insecticide-treated bed net, condoms, educational materials, and multivitamins.

Key Result 3: Provide direct antiretroviral treatment (ART) support for 270,000 HIV-positive adults and indirect support for an additional 10,000.

Key Result 4: Expand integration of prevention education and services in care and treatment programs.

Key Results 5: Expand provider-initiated, family, and couple HIV testing and counseling services in care and treatment settings.

CURRENT PROGRAM CONTEXT

Kenya's HIV care and ART services have significantly expanded in the last four years. The five-year Kenya Emergency Plan (EP) goals were to support 300,000 in care and 250,000 on ART by September 2010. However, by July 2008, >500,000 adult Kenyans had received facility and community HIV care services. The number of ART patients has increased from <5,000 in 2003 to over 200,000 (90% adults) by July 2008, and the number of ART sites has increased from 5 pilot sites to over 500 established sites. Scale-up continues at a rapid pace, with >10,000 initiating care and 5,000 initiating ART monthly. This tremendous expansion is attributed to increased funding and scale-up primarily through the EP with some Global Fund (GF) support. Other five-year plan goals achieved include establishment of a national care and ART task force, revision of policy and guidelines for OI care and ART, and the training of >15,000 health care workers (HCW) on care and ART.

STATISTICS

According to the recently completed Kenya AIDS Indicator Survey (KAIS), there are ~1.4 million HIV-positive adults aged 15-64 in the country, 390,000 of whom require ART. HIV testing and counseling (HTC) have not reached many of these persons, with 83% of adult HIV-positive Kenyans not knowing their status. However, among those who knew their status, KAIS revealed high ART (90%) and CTX (74%) coverage.

Two national surveys conducted in 2007 provided information about care and treatment services. An EP-supported longitudinal national ART survey conducted at 30 ART sites in 2007 indicated that 78% of patients remained alive and on ART one year after initiation; 12% were lost to follow-up, 5% died, 4% transferred care, and 1% discontinued ART. Further, 93% of those in follow-up remained on their first-line regimen at their most recent visit. An HIV basic care service survey at 60 sites revealed that nutritional advice was the most common type of care provided (98%), followed by secondary prevention (97%), HTC (90%), support groups (75%), and adult ART (58%). Over 80% of facilities provided condoms and CTX; over 30% offered safe water and bed nets. Non-opioid pain control was available at 83% of sites, although 5% of sites reported having opioids.

SERVICES

In 2009, the approximate number of HIV-positive Kenyans in EP-supported care and ART will reach 775,000 and 300,000 respectively (55% and 77% of total demand). Decentralization to lower-level health facilities, including health centers and dispensaries, is anticipated to increase the number of care and treatment sites from 500 to 800, of which 700 provide ART. The EP will directly support 90% of patients (including 270,000 on ART) and indirectly support nearly all patients. EP funds will train over 2,000 HCW through classroom training and mentorship, and have already supported Kenyan adaptation of WHO mentorship guidelines for nurses and clinical officers.

A key 2009 program emphasis is HTC expansion in HIV care settings, including provider-initiated testing and counseling (PITC) in clinical facilities, and couple and family testing in facility and community settings. Implementing partners will leverage care and ART program funds to provide HTC within their facilities and expand outreach activities to offer family members home- or facility-based HTC. PITC will also be provided in hospices through support to the Kenya Hospice and Palliative Care Association (KHEPCA).

All HIV-positive persons identified through VCT, PITC, couple, and family testing in facility and community settings will be referred to a nearby health care facility for care and ART evaluation. Patients will have quarterly clinic visits, including CD4 testing twice yearly, to determine ART eligibility or for treatment monitoring as per Kenyan guidelines.

By September 2010, ~600,000 (43%) of HIV-positive adults will receive EP-supported facility, community, and/or home-based basic care services (family and couple HTC, TB screening, and CTX) from over 800 service delivery points; 300,000 will receive both community and facility services. A subset, 400,000 (75%) who are in care but not yet on ART, will be prioritized to receive a BCK; 200,000 (32%) will receive treatment of other OIs and 270,000 (42%) will receive ART. EP support will scale-up the provision of the cryptococcal antigen test. Pain management will include non-opioids, acetaminophen and non-steroidal anti-inflammatory drugs; opioids will be limited to registered palliative care centers. The USG will continue collaboration with KHEPCA to advocate for policy changes to expand access to pain medication. The EP will continue to provide care and ART services to hard-to-reach populations, and involve organizations of persons living with HIV (PLHIV) through psychosocial support groups, PLHIV employment as peer educators, HIV treatment awareness activities, wrap-around food programs, and income-generating activities.

Prevention with Positives (PwP) activities will be expanded in health care facilities and at the community level. A technical working group, chaired by the National AIDS and STI Control Programme (NAS COP), has been established. In 2008, the first national HCW PwP trainings-of-trainers occurred. Core clinical PwP activities include: partner/family member HTC, encouraged/assisted disclosure, condom education and provision, STI screening/treatment, and referral to family planning services. Community PwP materials will be developed and launched in 2009.

Currently, two pilot programs provide cervical cancer screening to a limited number of women through non-EP funding. The USG team is assessing their protocols, financial investment, and site capacity to provide screening and treatment services and that of their tertiary referral sites to provide radiation and/or chemotherapy. Based on the findings, a determination will be made as to how best 2009 EP funds might support limited cervical cancer screening activities in HIV settings.

Over 60 health care facilities receive Food by Prescription (FBP) to distribute to eligible patients, and >50,000 adult patients have benefited. Other nutritional support is provided through leveraging of private funds and food production programs. In 2009, the FBP project will expand to support an additional 40,000 adults, bringing the total ever supported to 100,000. EP funds have supported nutrition guidelines and protocol development, including entry and exit criteria using BMI and other parameters.

The EP will continue supporting 850 contract clinical staff at government and mission facilities, including clinical officers, nurses, lab technologists, and pharmacists. Other implementing partners also employ additional staff. Yet, despite EP efforts and that of other development partners, Kenyan health care facilities remain staffed at ~50% of optimal levels. Various approaches have been suggested to task-shift HCW roles and responsibilities to other cadres and/or community members, and the MOH has embarked upon a Community Strategy to ensure Kenyan communities have the capacity and motivation to take up an essential role in health care delivery. EP funds will promote community ownership of and participation in health care delivery, including HIV care and ART programs, which should help improve the quality of both general health services and HIV programs. Communities will be empowered to contribute to policy setting, resource mobilization and allocation, and program development, implementation, and evaluation.

REFERRALS AND LINKAGES

HIV-positive patients identified through HTC services – including PMTCT, TB/HIV, VCT, PITC, and home-based counseling and testing – will be linked to care and treatment services. HIV-positive pregnant women will be enrolled in care at Maternal and Child Health (MCH) or HIV care clinics where they will start CTX and be evaluated for ART. Currently, ART is only available through HIV care and ART sites; however, a small program will pilot ART in MCH sites. All patients enrolled in clinical HIV care programs will receive TB screening during routine visits. A standardized TB screening tool for use in HIV settings has been developed and will be implemented in collaboration with NASCOP and the TB program. HIV-positive men identified through HTC during voluntary medical male circumcision (VMMC) activities will be linked to care; HIV-negative men in discordant relationships will be referred for VMMC.

POLICY
Kenya has developed and implemented national ART and OI prevention and treatment policies and guidelines. During 2009, ART guidelines will undergo reassessment/revision, including a likely shift to a tenofovir-based first-line regimen. CTX and multivitamins are recommended for all PLHIV. Policy on other HIV care components remains poorly defined, and, in 2009, EP funds will support care policy development.

EP funds have supported development of a decentralization policy and mentorship guidelines to guide multi-tasking and task-shifting to lower level health facilities, and implementation of these policies and guidelines will continue in 2009.

SUSTAINABILITY
Over 80% of Kenya ART and care programs are within MOH facilities. In 2009, the EP will continue to support HCW didactic trainings and mentorship. Implementing partners will be encouraged to integrate care and ART plans into the district annual operations plans. In addition, partners will be encouraged to establish, support, and build the capacity of local, indigenous organizations. Currently, two umbrella agreements support over 70 local indigenous organizations.

The concept paper for Kenya's PEPFAR Partnership Compact commits the Government of Kenya (GoK) to a minimum of 10% annual increases in direct budget support for ARV procurement, which will enhance program sustainability.

MONITORING AND EVALUATION
Data collection and reporting will be strengthened at all levels to increase and improve reporting to NASCOP and PEPFAR. The NASCOP Systems Subcommittee has adapted quality of care indicators to be incorporated into routine M&E reporting. TB indicators will be incorporated into HIV care and ART reporting to capture active TB cases and ART uptake among HIV/TB co-infected patients. The USG team will incorporate customized indicators, including those current, ever, and newly initiated in care, and differentiate between adults and pediatric patients. Indicators to capture those receiving community and/or facility care will be developed to avoid double-counting. In 2009, persons reported as receiving basic care and support will receive at least one clinical service, as well as at least one service in another domain of palliative care.

Currently, implementing partners struggle with the existence of several electronic database systems to capture facility patient-level care and ART data. A data assessment of the most commonly used systems occurred in November 2007, and a WHO-consultant is assisting in data variable harmonization. EP funds will assist further development of patient-level computerized database systems capable of reporting to both NASCOP and PEPFAR, moving toward consensus on a single or limited menu of electronic systems.

A national survey to monitor emergence of HIV drug resistance (HIVDR) among ART patients has been planned using 2008 funds. These data and that of the early warning indicators will assist NASCOP and other national and international partners to design strategies to improve ART outcomes, strengthen recommendations for optimal first- and second-line regimens, and provide indications for time of regimen switch to optimize ART clinical management and minimize the emergence of HIVDR.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS
NASCOP coordinates all care and ART activities and oversees development and implementation of care and ART policy, guidelines, and training curriculums in Kenya. A national care and ART taskforce, chaired by NASCOP and including representation from the USG, WHO, UNAIDS, Medecins Sans Frontieres (MSF) and other development partners, meets quarterly to deliberate on care and ART issues. In 2008, GF resources procured ARVs for ~75,000 and a limited number of OI drugs, and GoK-procured first-line ARVs for ~25,000. MSF directly supports care and ART for over 15,000. The Clinton Foundation (CF) procures second-line ARVs for adults and, in 2006, employed 1,120 nurses for a three-year placement in districts with severe staffing shortages; the GoK is to absorb these nurses after expiry of the contract in 2009. WHO and UNAIDS provide technical support to NASCOP and have assisted with the WHO guideline adaptation on IMAI and mentorship.

OUTSTANDING CHALLENGES/GAPS
Key remaining barriers include insufficient human resources, inadequate space, and inconsistent access to care and ART commodities for further scale up. It is hoped that adoption of the Partnership Compact will help increase HCW staffing, and that implementation of the GoK's Community Strategy, decentralization policy, and mentorship activities will promote multi-tasking and task-shifting to expand ART availability to lower level facilities. Funds allocated to RPSO will permit the construction and renovation of health care physical infrastructure, including laboratories, pharmacies, and care and treatment clinics.

Despite ART scale-up in Kenya, the GoK funding allocations to expand their ARV procurement and other commodities remains low, and the distribution system is weak. In 2008, the GoK has allocated ~\$7 million for ARV procurement to cover 25,000 patients on generic first-line regimens. However, this is insufficient to cover the current rate of scale-up and GoK plans to adopt safer, more efficacious, and more expensive ARV regimens. GF Round 2 Phase 2 only procured ARVs to cover 42,500 patients for a period of three years. Yet, as this target was quickly exceeded (~75,000), it is unclear how these extra patients will continue to be covered. The USG team will continue to encourage the GoK to commit more funds for procurement of ARVs, as well as to assure the security of other commodities.

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5093.09

Mechanism: Prisons Project

Prime Partner: International Medical Corps

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 21406.21557.09

Planned Funds: \$235,000

Activity System ID: 21557

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult ARV Services, Counseling and Testing, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION.

The adult care and treatment activities within the Kenya prisons were formerly implemented by Kenya Medical Research Institute (KEMRI) in collaboration with the Kenya Uniformed Services Program (USP). In 2008 International Medical Corps (IMC) in consortium with Catholic Relief Services (CRS) and Legal Resources Foundation (LRF), will initiate these activities and by September 2010 provide basic health care and support to over 600 HIV-positive service personnel, their dependents, prisoners and surrounding communities at 20 clinic sites all over Kenya. Additionally, 30 individuals will receive training in the provision of HIV care services. Activities will focus upon improving the quality of life of Kenya Prisons Service personnel, their families, prisoners and surrounding communities infected with HIV and needing care. In addition, IMC will provide basic health care, in line with the national guidelines which includes; cotrimoxazole prophylaxis for prevention of opportunistic infections, treatment of opportunistic infections and psychosocial support. Prevention of spread of HIV from those infected will also be emphasized. These centers are already providing HIV/TB clinical care for staff, prisoners and the local populations. Referral systems and networking will be developed to ensure care. IMC will manage data on people served and will report both nationally and through Emergency plan. Over 22,000 people are targeted to receive HIV counseling and testing services within these populations in 2009, with an anticipated 600 (3%) HIV infected individuals to be offered care services. An appropriate referral system will be developed to refer non-prisoners to the Ministry of Health or other approved health facilities for HIV/AIDS care and treatment. A follow-up network system will also be developed to cover transferred staff as well as inmates on drug therapy who get discharged from prison.

3. CONTRIBUTION TO OVERALL PROGRAM AREA.

These activities will contribute to the expansion of care services for HIV infected individuals among special populations, strengthen human resource capacity to deliver care services, and strengthen referral networks for the provision of HIV services.

4. LINKS TO OTHER ACTIVITIES These activities will link closely with counseling and testing services, PMTCT, ARV services and TB/HIV.

5. POPULATIONS BEING TARGETED

The target populations for this activity are HIV-infected prisoners, prison staff, their families, and residents in the neighborhoods where prisons are located. The activity also targets public health workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS This activity include minor emphasis in workplace programs, training, commodity procurement, logistics, development of networks, infrastructure, quality assurance and supportive supervision, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21406

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21406	21406.08	U.S. Agency for International Development	Pathfinder International	9253	9253.08	APHIA II - Nairobi	\$385,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9247.09	Mechanism: APHIA II - Nairobi
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 21523.09	Planned Funds: \$640,000
Activity System ID: 21523	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$30,000).

1. ACTIVITY DESCRIPTION

This activity relates to the strengthening and expansion of adult HIV care services, as well as care and support, for PLHIV and families affected by HIV & AIDS under the APHIA II Nairobi Project. In FY09, APHIA II Nairobi will target 95 sites in Nairobi Province to support adult care and support services. Support at ongoing and new sites will include Ministry of Health supervision and progress review meetings as well as strengthening of quality assurance, especially with regard to integrating HIV services, integrating HIV with RH/FP and TB services and HMIS. At new and ongoing sites, service providers will receive training in adult HIV care management including prevention and treatment of OI, HIV adherence counseling, HIV nutritional assessment and counseling, couple counseling and prevention with positives (PWP) will be given more attention in order to curb the tide of new infections. Treatment at the CCCs will be expanded to link and network with other entry points, such as the out patient departments, inpatient departments, PMTCT, VCT centers. APHIA II Nairobi will continue to strengthen linkages with community services which include patient empowerment on adherence through treatment literacy, strengthened support mechanisms (PTC/support groups, counseling, IGA and legal aid), community based defaulter tracing, home nursing care, prevention and strengthened referral linkages to the health facilities. APHIA II Nairobi will also provide more empowering support to people living with HIV providing more opportunities for Greater Involvement of PLHIV (GIPA) and making the participation of PLHIV more meaningful and sustainable. Efforts will be made to decentralize services so that patients get treatment where they are presenting for care. It is expected that 23,000 adult clients will be receiving OI prophylaxis at the end of this reporting period in the 95 sites. The project will continue to support clinical staff, continuous medical education, mentorship, on site technical assistance, furniture and equipment at health facilities and grantees (Catholic Medical Mission Board, Nairobi Women's Hospital and Gold Star Network) to strengthen provision of HIV services. Regarding training 80 service providers will be trained in adult HIV management (care and treatment), 60 in HIV adherence counseling and 60 in nutritional management in PLHIV. These service providers will also be targeted for periodic orientation on home and community services to strengthen linkages and between the facilities and community sites, and to ensure support for HCS at facility level. Caregivers of PLHIV will be given special attention and will be empowered through formation of support groups, IGAs and PSS sessions to bolster their coping mechanisms. Approximately 690 caregivers, CHWs and service providers will be trained on adult care and support. APHIA II will continue to work with existing and new implementing partners (IPs) with cutting edge approaches to palliative care (basic). Continuous capacity building will be rendered to select IPs to strengthen their technical and institutional capacity to own and implement the planned activities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan HIV Care and Support targets for Kenya.

3. LINKS TO OTHER ACTIVITIES

Community based BCC teams such as drama groups and PLHIV advocates, as well as CHWs will play a pivotal role in mobilization, sensitization, literacy training and advocacy for enhanced adherence. These community BCC teams will also provide much needed information on both community and health facility services while being contact points for various types of referrals such as PMTCT, ART, CT, OVC, TB testing and other basic health services. Clinical supervisors and other health care providers will reinforce clinic to community referrals by being kept up-to-date on local resources for psychosocial, economic, legal and food security support. APHIA II Nairobi will continue to link with local partners such as K-REP, to address economic insecurity through microfinance and business skills training. Implementing partners will collaborate with local programs and agencies to address food insecurity and nutrition needs.

4. POPULATIONS BEING TARGETED

This activity targets PLHIV and families affected by HIV/AIDS. Local implementing partners will be targeted for training and capacity building. Health care providers will be targeted for sensitization and training related to home-based care. Community Health Workers and caregivers will be trained and receive periodic and relevant refresher training. Health care providers including Doctors, Nurses and Other Health care workers will be targeted for training using national curricula.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address issues gender equity and greater involvement of people living with HIV.

6. EMPHASIS AREAS

This activity includes major emphasis on expansion of HIV care, adherence, expansion of quality HCS, quality assurance, training, linkages between community and formal health care sector, development and strengthening of networks and referral systems.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9453.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 21819.09

Activity System ID: 21819

Mechanism: Water Sanitation and Hygiene Program

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: ██████████

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

Kenya has several examples of programming models for WSH and HIV integration especially in Nyanza Province where EP funded programs include promotion of the Safe Water System (SWS) and hand-washing through clinics, schools (with CARE) and community based approaches (e.g., CDC's work with the Safe Water and AIDS Project to train PLWHA support groups to become vendors of hygiene products as a source of income generation). The SWS consists of chlorination of water at the point-of use with Water Guard, Aquatabs or PuR, safe storage and hygiene education (promotion of hand washing with soap). In addition, APHIA II HCM Basic Care Package is being rolled out in Kenya. In FY09, 400,000 kits will be distributed to PLWHA through the clinic system with accompanying education and follow-up in the home. The package will include Water Guard, a water storage container, condoms, multivitamins, cotrimoxazole and a bed net. The distribution of this package of evidence-based interventions has been supported by CDC in Uganda for several years. The Ministry of Public Health and Sanitation's new strategy for delivery of Level One services is being implemented. The cadre in this strategy, including the community health extension workers (e.g., public health technicians) and a community CORPS of volunteers will also be the implementers of WSH at the community and household level. It is with this background that EP funds will be used for this new activity which aims to integrate WSH activities into HIV activities.

In FY09, the TBD partner will integrate WSH in National HIV/AIDS Policy and Guidelines. Strong policy support is essential to integrating WSH into HIV/AIDS planning and implementation. This program approach will include the review of current HIV/AIDS policy and guidelines on PMTCT, OVC, Home-Based Care, ART and Clinical Care for evidence-based water, sanitation and hygiene strategies. The process will identify gaps and make appropriate revisions. During policy development, the program will conduct broad consultation with national and international experts and local stakeholders, service providers, non-governmental organizations, community-based organizations and intended users of the service and their families.

The partner will at a national level develop guidance on best practices for WASH for PLWHA, AIDS exposed and AIDS affected. The program will develop a WSH toolkit with curricula, behavior change communication and counseling tools and materials for targeted interventions. The toolkit will facilitate clear, correct and consistent WSH messages. For community health workers (CHW), the backbone of outreach to the household, the kit would be developed based on a review of the CHW checklist and training curricula. Essential elements would include a WASH household assessment tool (or modification of CHW checklist) to facilitate assessment of existing WSH practices; supplementary curricula on WSH with a special focus on how to "negotiate" small doable actions at the household level that clients are willing to try; counseling cards (e.g., a pictorial tool for CHWs to counsel community and family members on WSH actions). Sample materials are available from the USAID/Hygiene Improvement Project (HIP).

In FY09, It is proposed that some WSH interventions will be piloted in Nyanza, Western and Coast Provinces, building on MCH WSH interventions in FY 08. These activities include:

I. Integration of WSH into all Service Delivery Trainings (e.g., for health providers, CHWs, caregivers, etc.). WSH information will be adapted for different audiences (e.g. for PMTCT, messages will include the importance of safe water, sanitation and hygiene practices for effective maternal nutrition and safe replacement and complementary feeding). This will result to 100 health facility staff receiving comprehensive training in WSH and 300 community health workers will be trained in WSH.

II. Integration of WSH messages through community-based approaches of targeted APHIAs. Examples include the integration of WSH messages into post-test clubs, PLWHA support group discussions, village health committee activities, cultural activities (songs, community theatre, etc.)

III. Integration of WSH into community and Home-Based Care.

Elements of this approach include the following:

- Development of curriculum and training on WSH for HBC providers (CHWs) by reviewing and enhancement of current national curriculum. The partner will share curriculum developed for HBC providers and pictorial counseling card to assist in counseling family members on WSH actions. Checklist on essential WSH actions will further support CHWs.

- A HBC kit including commodities for household WSH- Water Guard, storage vessel, hand washing stations (soap, construction of a tippy-tap or water-saving device made of locally available materials such as a jerrican) and household bleach, rubber sheet and gloves for safe feces handling.

IV. Integration of WSH in Facility-Based setting (e.g. for ART, PMTCT, TB-HIV, etc.) This program approach supports "WASH-friendly" health facilities which include the following elements:

- Presence of a hand washing station and soap for both providers and patients (tippy tap hand washing stations (soap, Jeri cans for tippy-tap construction).

- Safe drinking water for providers and patients (commodities for SWS and storage vessels)

- A hygienic latrine

- In-service training curricula for providers (physicians, nurses, counselors); counseling cards for use in counseling patients on WSH and resource materials for training patients in the waiting room.

- Ongoing technical support, training and supervision for providers.

EP funded programs will continue to implement similar programs in clinics without running water where the SWS and hand washing stations are the only water source for providers and patients. The PEPFAR Care and Support Technical Working Group has contracted with AIDSTAR, a new PEPFAR mechanism, to produce a facility-based care package including curriculum for providers and job aids for use by providers in counseling patients on WSH.

The major area of emphasis is water. Minor area is Training of health facility and community staff including patients and their caregivers on WSH

2. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

Working at 500 sites, this partner will reach at least 15,000 people. 100 health facility staff will receive comprehensive training in WSH while 300 community health workers will be trained in WSH. This TBD WSH activity responds to NACC's priority areas #2 "Improve the quality of life of people infected and affected by HIV/AIDS" and #3 "Mitigation of socio-economic impact". It is expected that the partner will

Activity Narrative: adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

3. LINKS TO OTHER ACTIVITIES

This activity links with other PEPFAR partners that provide HBHC services in health facilities or that support OVCs. These include all of the APHIA II partners and various DOD and CDC-supported service delivery sites.

4. POPULATIONS BEING TARGETED

The target populations include adults and children living with HIV/AIDS, including pregnant and postpartum women, OVCs, and public sector nurses, community health workers, caregivers, and program staff (for training). Some faith-based mission facilities will also be targeted.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS: this activity supports key cross-cutting attributions in water (\$200,000) and human capacity development through its water sanitation and hygiene training program for health workers (\$50,000).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water [REDACTED]

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3476.09

Mechanism: South Rift Valley

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 6922.20780.09

Planned Funds: \$1,050,000

Activity System ID: 20780

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + the prime partner changes from KEMRI to HJF-MRI
- + all sections referring to pediatric care and support have been moved from this narrative to a new program (PDCS Care)
- + emphasis areas will be expanded to include prevention with positives, nutrition management (Food By Prescription) for moderate to severely malnourished clients on care and support, and task shifting and involvement of PLWHA in defaulter tracing and other non-technical aspects of comprehensive ART.
- + number of service outlets providing HIV related palliative care (excluding TB) changes to 100
- + number of individuals provided with HIV related palliative care (excluding TB) changes to 4,800
- + number of individuals trained to provide HIV related palliative care (excluding TB) changes to 150

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in HCD through its on-site CME training for doctors, nurses, clinical officers, pharmacists, nutritionists, and HIV program managers. 2.5% of the budgetary allocation will be attributed to this activity.

It also supports Food & Nutrition tools and service delivery through meeting critical staff gaps and equipping health facilities to be able to offer quality nutrition services. 2.5% of the budgetary allocation will be attributed to this activity. The activity additionally supports nutrition commodities by leveraging on the INSTA Food By Prescription Support program, currently being implemented in four partner hospitals (Longisa District Hospital, AIC Litein Mission Hospital, Kericho District Hospital, & Kapsabet District Hospital). In FY 09, mechanisms will be put in place to expand this support to all the 100 palliative care service outlets in all the 8 districts under the SRV program coverage. 2.5% of the budgetary allocation will be attributed to this activity.

COP 2008

The only change to the program since approval in the 2007 COP is:

+geographic coverage has been expanded to include Kisumu West District in Nyanza Province and Kipkelion District in Rift Valley, therefore increasing the geographic coverage from 6 to 8 districts.

1. LIST OF RELATED ACTIVITIES

This activity relates to HIV/AIDS Treatment/ARV services, Palliative Care: TB/HIV, Counseling and Testing, Prevention, OVC and PMTCT.

2. ACTIVITY DESCRIPTION

The South Rift Valley (SRV) Program is a broad initiative by the Walter Reed/KEMRI-HIV project in collaboration with the Ministry of Health and Faith-based (including a local community based organization) health care programs within 8 districts (2 new districts added to the previous 6 districts) in the South Rift Valley and Nyanza Provinces of Kenya.

The South Rift Valley Program serves a population of approximately 2.7 million people, with a HIV prevalence ranging from 5% to as high as 19% in some congregate settings. In 2006, about 100,000 adults were estimated to be living with HIV. As of March 31, 2007, the South Rift Valley program was providing basic health care and support services to 16,065 HIV infected patients, of whom 6021 were on ARVs. In FY09 the program will reach 4,800 clients with facility based basic care services.

To ensure sustainability the program will work hand in hand with the Ministry of Health and NASCOP in offering basic health care and support services. In FY08, concerted efforts were made to support quality clinical care for HIV infected patients including routine patient follow up, laboratory monitoring, prevention (including Co-trimoxazole Preventive Therapy) and treatment of opportunistic infections (OIs), and treatment literacy and drug adherence. Nutritional (including multi-vitamin supplementation) support; psychosocial care, including support groups to encourage positive living, disclosure counseling, and mental health services; prevention with positives; family planning and STI services were supported. Regular support supervision and technical assistance; and timely, efficient and accurate data collection, analysis and dissemination were further consolidated.

In order to decongest the overcrowded district level facilities and enhance accessibility of basic care services by the rural underserved population, decentralization of basic health care services and follow up of stable patients at lower level facilities (health centers and dispensaries) will continue to be supported in accordance with the network model. In FY09, this model will be expanded to support additional lower level facilities throughout the 8 districts, bringing the number of facilities offering basic health care in the region to 100. By doing so, over 40% of the current patients seeking basic care services will be able to access the services in nearby rural facilities. To support the scale up, 150 additional health workers will be trained on basic health care and support.

In FY 2008, the South Rift Valley basic health care and support program supported Live with Hope Center (LWHC) in their community home based care program which has been receiving Emergency Plan funds since FY 2004. In FY 2009, the program will continue to serve and care for over 1,000 individuals in their homes in the provision of home based basic health care as well as psychological support and counseling through community clinical health workers as well as PLWHA community volunteers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute substantively to Kenya's FY08 goal of providing facility based basic care and support to 460,200 clients, by providing services to 33,000 individuals (7% of the overall FY 2008 Emergency Plan national target). The collaboration with MOH, other GOK offices and major stakeholders will ensure these services are sustainable.

4. LINKS TO OTHER ACTIVITIES

This activity is linked directly to the other KEMRI-SRV HIV/AIDS program initiatives in 8 districts in the SRV and Nyanza provinces of Kenya. It is directly related to KEMRI-South Rift ARV services in the identification and provision of palliative care to all HIV+ patients (including those not on ARVs). It is also linked to the

Activity Narrative: orphans and vulnerable children (OVC) program to ensure those HIV+ children in palliative care that require additional services are adequately linked to receive the support.

5. POPULATION BEING TARGETED

The KEMRI-SRV basic health care and support program serves the civilian population in the SRV region. The program will target primarily those people affected by HIV/AIDS including discordant couples, caregivers as well as children since the main objective is to provide supplemental care to existing ART services. Health care providers (both in public and private institutions) will also be targeted by increased palliative care training to enhance their capacity to provide basic health care services. The work accomplished by LWHC will be a demonstration of palliative care work with a community/faith based group in Kericho district.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address increasing gender equity in HIV/AIDS programs by ensuring that both men and women access basic health care and support services. Traditionally, women are more receptive to the service but efforts will be made through a strong peer support network and counseling services to encourage men to access services as well. Counselors will continue to be used to address psychosocial issues that may contribute to the spread of HIV, including issues of disclosure and discordance among partners. The effort of decentralization of services to lower level facilities through the network model will continue to be strengthened and will help in reducing stigma and discrimination by the delivery of services at the community level.

7. EMPHASIS AREAS

This activity includes emphasis on minor construction/renovation of health facilities to ensure adequate space to offer basic care services; human capacity development including training and empowering the health workers to provide basic health care and support services by supporting necessary commodities; data collection, analysis and dissemination, which will further support program monitoring and evaluation; collaboration with the MOH and NLTP to support family planning, malaria prophylaxis and treatment and commodities for TB diagnosis and treatment; and increasing gender equity in HIV/AIDS programs, by ensuring that equitable number of women, and targeting increased access of services by men.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14904

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14904	6922.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$1,050,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$18,750

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$18,750

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$18,750

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9829.09

Prime Partner: Matibabu Foundation

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 22912.09

Activity System ID: 22912

Mechanism: New Partners Initiative

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$0

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity relates to activities in Adult care and support, Pediatrics care and support, Prevention, and Counseling and Testing. Matibabu Foundation Kenya (MFNGO), an NPI Round 2 awardee, is a non-profit, non-governmental organization that provides medical care, training, and community health programs in Ukwala and Ugunja divisions of Ugenya constituency, Siaya district, Nyanza Province, Kenya. It was founded in 2005 and initially was involved in organizing free medical camps in this region. In 2006, it set up a clinic in Ukwala to be used for patient follow-up and provision of other services such as VCT, laboratory and medical treatment. MFNGO is affiliated to volunteer US-based medical professionals through the Matibabu Foundation (MF), a US-based NGO. MFNGO will provide curative, preventive and promotive care to adults in 10 facilities in this region. Through the New Partner Initiative funding, MFNGO will provide laboratory services, OI treatment and prophylaxis to 3,000 adults including home-based care. HIV infected individuals identified by MFNGO and needing ARVs and TB/HIV services will be referred to KEMRI supported facilities. Those needing PMTCT services will be referred to Care International supported facilities for these services. AMPATH, a local NGO working in the same region will assist in training and mentoring MFNGO staff to develop and strengthen their programs, and also providing consultations with difficult cases. Funds will be used to support staffing, renovations, clinical and laboratory equipment and supplies, drugs for the prevention and treatment of opportunistic infections, supportive supervision and advanced training for 20 health care workers and 30 Field Officers in HIV care. Field officers will provide outreach services like community health education, referrals and follow-up of cases, case management, advocacy and home visits. They act as a bridge between facility-based health services and the community.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of care services for people with HIV/AIDS.

3. LINKS TO OTHER ACTIVITIES

This activity links to ARV services and TB/HIV services supported by KEMRI and coordination of ARV scale-up activities supported through the National AIDS and STD Control Program (NAS COP). Palliative care services will also link to PMTCT services supported through Care International, through the linkage of care to HIV positive women identified through the PMTCT program.

4. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Services for them are being established and expanded at all sites.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 483.09

Mechanism: N/A

Prime Partner: University of Washington

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 29202.09

Planned Funds: \$467,698

Activity System ID: 29202

Activity Narrative: This PHE activity, "Impact of Cryotherapy versus Loop Electrosurgical Excision Procedure (LEEP) on Recurrence of Cervical Intraepithelial Neoplasia and HIV-1 Cervical Shedding among HIV-positive Women" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.09.0238. This PHE is NEW in COP 09.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$467,698
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 521.09	Mechanism: USAID-AMPATH Partnership
Prime Partner: Indiana University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 29205.09	Planned Funds: \$471,698
Activity System ID: 29205	
Activity Narrative: This PHE activity, "Models of Patient Outreach in East Africa: Their Clinical Impact and Cost-Effectiveness" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.09.0240. This PHE is NEW in COP 09.	

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$471,698
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 342.09

Mechanism: Health Policy Initiative

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 23797.09

Planned Funds: ██████████

Activity System ID: 23797

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity is a follow on to activities carried out by the POLICY project in FY 2006 which contributed indirect results to the Palliative care area through activities with the Networks such as the Network of People Living with HIV/AIDS in Kenya (NEPHAK) and the National Muslim Council of Kenya (NMCK). Various problems impinge on service delivery in this area and include the following: a) Ineffective referral linkages particularly between home and communities to institutional services compounded by weak capacities amongst community groups and People Living with HIV/AIDS networks; and b) Gender imbalances that lead to barriers to accessing care and treatment for women and girls because of i) their vulnerability to HIV/AIDS due to poverty and low social status compounded by harmful traditional customs and ii) the burden of care predominantly falling on women that sees them expend enormous costs in time, energy and resources caring for sick parents, orphans and vulnerable children (OVC), running households etc. This activity will seek to expand access to community based non-clinical palliative care and strengthen the referral network for opportunistic infections (OIs) and tuberculosis (TB) treatment services. The activity will train 680 individuals and establish 150 service outlets which will provide HIV-related palliative care and reach 6,000 individuals with HIV related palliative care. This will be achieved through: strengthening the capacity of People Living with HIV/AIDS (PLWHA), faith-based organizations (FBOs), teachers and people with disabilities networks to provide palliative care in their communities through training and mentoring; providing community-based care and support and linking adults and children to antiretroviral therapy (ARVs), opportunistic infections (OIs) and tuberculosis (TB) treatment; providing technical assistance to strengthen the traditional community structures to target the vulnerable and hard to reach women in HIV prevention care and treatment; and, providing technical assistance to build the capacity of community institutions in gender equity in home and community based care focusing on social transformation for increased male involvement.

The main emphasis area for this program is development of network/linkages/referral systems and a minor emphasis on local organization capacity development.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute 2.4% to the overall target area of number of individuals provided with community-based HIV-related palliative care by working with PLWHA and FBO networks.

3. LINKS TO OTHER ACTIVITIES

This activity relates to activities in System Strengthening and Policy Analysis and Orphans and Vulnerable Children. This activity links to HPI's activities in: the program areas of Systems Strengthening and Policy Analysis, that seek to enhance the capacity of local institutions and PLWHA networks; of OVC, working to create a supportive social and policy environment for OVC and care givers to access basic services.

4. POPULATIONS BEING TARGETED

These activities target OVC, PLWHA and caregivers of OVC and PLWHA.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is gender.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 12230.09	Mechanism: Umbrella
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 29794.09	Planned Funds: \$300,000
Activity System ID: 29794	
Activity Narrative: Updated April 2009 Reprogramming. New Umbrella was awarded to Catholic Relief Services and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). Funding has therefore been split between the two partners.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9080.09	Mechanism: N/A
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4924.20558.09	Planned Funds: \$1,130,000
Activity System ID: 20558	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + New activity emphasis on prevention with positives among patients coming for care and treatment services.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult ART Services, Pediatric Care and Support, Pediatric ART Services, and TB/HIV.

2. ACTIVITY DESCRIPTION

Catholic Relief Services (CRS) supported sites are implementing a variety of community-based activities to support the understanding of, enrollment in, and adherence to care and treatment programs. The consortium has provided extensive support for monitoring and evaluation, allowing timely reporting to both PEPFAR and the Kenya National Program. The implementing consortium includes CRS, Catholic Medical Mission Board, Futures Group, the Institute of Human Virology at the University of Maryland, and the Interfaith Medical Alliance. The consortium has established agreements with a number of mission facilities in Kenya, and has supported rapid scale-up of treatment at these facilities. By March 2008, over 45,000 adults were receiving palliative care services. In FY 2009, CRS will expand services currently supported both by Track 1 funds and in country funds to support palliative care for 71,500 adults at 25 service delivery sites and over 65 satellite sites throughout Kenya. There will be 120 individuals trained to provide HIV palliative care. CRS supports mission hospitals in several geographic areas with a standard package that includes funds for staff salaries, training of staff, laboratory evaluation, adherence counseling and monitoring, drugs for prevention and treatment of opportunistic infection, and end of life care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of adult palliative care services for clinically qualified HIV-positive adults, strengthen human resource capacity to deliver HIV care, and an improved referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link to adult ARV treatment, pediatric ART treatment, pediatric care and support, and TB/HIV services supported by CRS, to a variety of services provided by mission facilities in Kenya (including testing and counseling services and prevention of mother to child transmission services), and in many cases to facilities in the Ministry of Health system.

5. POPULATIONS BEING TARGETED

These activities target adults living with HIV/AIDS.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, quality assurance and supportive supervision, strategic information, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14745

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14745	4924.08	HHS/Health Resources Services Administration	Catholic Relief Services	6934	3670.08		\$1,068,000
6855	4924.07	HHS/Health Resources Services Administration	Catholic Relief Services	4213	3670.07		\$250,000
4924	4924.06	HHS/Health Resources Services Administration	Catholic Relief Services	3670	3670.06		\$190,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4914.09

Mechanism: APHIA II - Eastern

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 8863.20605.09

Planned Funds: \$620,000

Activity System ID: 20605

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$40,000).

1. ACTIVITY DESCRIPTION

APHIA II Eastern in partnership with MOH and local implementing partners will build upon the gains in FY 2008 to increase access and improve ADULT HIV care and support services at facility and community levels.

This activity will provide integrated and comprehensive facility and community care and support to 21,000 adult PLWHA. The project will enhance integration and linkages between entry points within facilities, and formal linkages between health facilities and community work will be strengthened to enhance effective care, follow-up, tracking of referrals and patient satisfaction; A HBC desk will be established at the facility to manage referrals to and from the community and facility workers will be trained to use discharge plans, both formal health care workers and community volunteer workers will be trained on effective referral; and the roles of Health Facility Community Linkage Coordinating Committees (HFCLCC) will also be enhanced through trainings and links to community groups; this is expected to result in better health for patients, who are otherwise not bed ridden but are up and about due to adherence to treatment, good nutrition, Psychosocial support and family support (reduced stigma).

In order to ensure quality care for adult HIV patients at facility level health workers will be sensitized on nutritional assessment, psychosocial HIV counseling, and to strengthen prevention and treatment of opportunistic infections including malaria and diarrhoeal diseases, the project will train and sensitize health care workers on the management of opportunistic infections, and will distribute free cotrimoxazole to eligible HIV infected adults. The project will also support the sites with Job Aids to enhance correct protocol use in the management of OIs, and will support the sites with emergency stocks of drugs for both prevention and treatment of opportunistic infections including Cotrimoxazole, fluconazole, antibiotics, anti-diarrhoeal and anti-protozoals. To improve retention and to ensure that initiation of treatment is not delayed, APHIA II Eastern will dedicate specific days for patients on care. This will improve monitoring of patients on care and treatment of opportunistic infections. APHIA II Eastern will also support and strengthen hospital capacity to offer end of life care. In addition, every client on care at the facility will be linked to the APHIA II Eastern Home and community based care component.

The home and community based care component will be expanded to cover around each facility site providing care and treatment and continue to provide small grants and capacity building to local implementing partners, for improving quality and expansion of the following services: community based psychosocial support, food and nutrition support, prevention including home based family counseling and testing and condom use, treatment adherence support, basic management of OIs, home hygiene and nursing care, malaria prevention and treatment sensitization, education and referrals for Family Planning, TB, RH including cervical cancer screening and other related health care issues. All children of PLWHA will be linked and cared for under OVC programme; the local implementing partners will use USAID-APHIA II Eastern tools for assessment to identify the needs for each PLWHA and household.

To ensure quality at community level LIPs and Ministry of Health (MOH) capacity building will continue in the technical areas of comprehensive home and community based care, system strengthening in programming and management, continuous technical mentorship through supportive supervision and quarterly review meetings and sensitization on National program guidelines and policies and equipping them with approved CHWs training curriculum. FY 2009, 30 MOH and LIP staff will be trained as T.O.T in Comprehensive HBC to train 250 community health workers who in turn will train primary care givers at home. This will add to ones already trained in FY 2007 and 2008.

The project will support formation and maintenance of psychosocial support groups in each of the care sites and at community level. These support groups will focus on treatment adherence support, encouraging disclosure, stigma and discrimination reduction, reinforcing prevention of HIV transmission messages and running of IGAs, plus collective responsibility of OVC.

The capacity of PLWHA support groups, CHWs and older OVC will be strengthened so as to enable them to be proactive leaders, advocates and participants in the response to the epidemic and will also be linked to other microfinance institutions operating in the region and or trained on how to run IGAs. They will also receive education on integrated health issues, HIV Prevention and Care and other important topics.

To tackle stigma and discrimination, which is still high among health workers in the province, the APHIA II Eastern project will further train more health workers on stigma and discrimination reduction using curricula specifically produced for this purpose.

APHIA II Eastern will support family HIV counselling and testing approaches so that HIV positive family members of HIV infected enrolled patients are identified and also enrolled into care. The strategy of Prevention with Positives (PWP) will be encompassed.

The project will support the creation of demonstration gardens at facilities and LIP levels. PLWH support groups will be supported to use knowledge and skills acquired to create their own gardens hence increasing their nutritional security, and possibly supplementing their income. The project will also supply insecticide treated bed nets and safe water systems to HIV infected persons and their families.

2. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

These APHIA II Eastern activities will expand on the established care programs in Eastern province. As a result of these activities, 21,000 adult patients will receive care and support contributing to the results of expansion of care and support services and acting as a pool from where those eligible for ART treatment

Activity Narrative: will be drawn from. This will also link well with the other activities targeting prevention with positives. Also 330 individuals, including 80 health care workers and 250 CHWs, will be trained in care and support; 50 sites will provide care.

3. LINKS TO OTHER ACTIVITIES

These APHIA II Eastern activities will be tightly linked to the FY 2009 activities across the spectrum of care including programmes of Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate nutrition for PLWHA.

4. POPULATIONS BEING TARGETED

These APHIA II Eastern activities target people living with HIV/AIDS, HIV/AIDS affected families, and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination associated with people infected and affected by HIV, as well as increasing gender equity in programming through the delivery of key messages, Linkages will be created with systems/groups offering support in health, psychosocial aspects, food, microfinance, and reproductive health. Also to provide access to increased resources in order to address the wide spectrum of problems that is faced by households when dealing with a debilitating disease in an adult family member.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14864

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14864	8863.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$700,000
8863	8863.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$250,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 210.09 **Mechanism:** N/A
Prime Partner: Kenya Medical Research Institute **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 17842.20627.09 **Planned Funds:** \$333,827
Activity System ID: 20627
Activity Narrative: This PHE activity, "A Retrospective Cohort Study Among HIV-infected Pregnant Women to Measure the Effectiveness of Daily Cotrimoxazole on Prevention of Placental Malaria" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0060. A copy of the progress report is included in the Supporting Documents section.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17842

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17842	17842.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$62,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$333,827

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 210.09 **Mechanism:** N/A
Prime Partner: Kenya Medical Research Institute **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 4088.20630.09 **Planned Funds:** \$1,740,000
Activity System ID: 20630

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$850,000. \$450,000 reprogrammed from University of California. Partnership Framework [\$400,000]: OI drugs and supplies. This is for the CDC partner transition that will be taking place after FOA awards. Our experience has been that we need some buffer through those transitions to ensure continuity of service while new partners establish systems.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

COP 2008

• The only change to the program since approval in the 2007 COP is that geographic coverage has been revised to include more health facilities in Siaya, Bondo and Nyando districts while transitioning support to all the other districts to partners highlighted in the activity description below.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services, pediatric ARV, Pediatric care and support, Counseling and Testing, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

This will be an expansion of the existing COP 08 activities. Kenya Medical Research Institute (KEMRI) will expand ongoing treatment activities to cover 56 health facilities (36 in Siaya, 18 in Bondo, and Nairobi districts) in Nyanza and Nairobi provinces. These expanded activities include support for provision of facility based care and support services for 40,000 people with HIV and support for training for 200 health care workers. Laboratory and clinical network centers will be supported at the District hospitals in Siaya, and Bondo. Points of service will include all District and Sub-District Hospitals in the regions served by these referral hospitals, as well as many health centers and dispensaries. Support for PGH will be transitioned to UCSF.

At each site KEMRI provides technical assistance, equipment and supplies, infrastructure improvement, improvement of laboratory capacity, laboratory reagents, adherence counseling, assistance with monitoring and reporting, cotrimoxazole prophylaxis to prevent opportunistic infections, treatment of opportunistic infections, improved access to safe drinking water, establishment of psychosocial support groups linked to each clinic and additional community-based services. KEMRI conducts a number of activities that enhance the development of care services at the national and regional level. These include regular coordination meetings of HIV care providers in the province in collaboration with the Provincial AIDS and STI co-coordinating officer, regional quality assurance programs, and specimen transfer networks to optimize the availability of high quality CD4 cell count determination and national infant diagnostic HIV testing. KEMRI supports facility-based practical training during which health care workers are invited to join the functioning clinics and gain experience in all aspects of HIV treatment and clinic management. This activity's scope includes: identification and treatment of HIV-infected children and adults and provision of care in remote areas. The latter is facilitated by mobile teams that move between rural health centers and dispensaries, particularly those providing PMTCT services or TB treatment, an important step towards decentralization. KEMRI has implemented a data collection system designed to assist health facilities report national and PEPFAR indicators. In FY 2009, KEMRI will continue supporting initiation of HIV care provision to mentally ill patients at Mathari Mental Hospital, the national referral hospital for mentally ill patients in Kenya. This activity will support development of treatment guidelines for the mentally ill patients and training curriculum for the health workers in Mathari Hospital. This facility will act as a referral center for all other mental health facilities in the country.

Kenya Medical Research Institute (KEMRI) will also strengthen linkage between facility HIV care clinics and the community through supporting patient education at the clinics, providing psycho-social support to PLWAs, facilitating community mobilization, advocacy and HIV education, promoting access to safe water, supporting referrals, follow up and defaulter tracing. Community support will entail supporting trainings for PLWHAs, establishing and supporting adult HIV support groups and linkage to microfinance organizations and other social networks.

The long-standing (>25 years) collaboration between KEMRI and CDC in Kenya was initially research-based, and then expanded in 1999 to include HIV prevention and treatment activities. By the end of March 2008, this collaboration was supporting care at more than 56 facilities and was supporting palliative care services for more than 30,000 patients, mainly in Nyanza.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of palliative care services for people with HIV, strengthen human resource capacity to deliver palliative care services, and strengthen the referral network for these services.

4. LINKS TO OTHER ACTIVITIES

These services link to KEMRI-supported adult ARV treatment services, pediatric care and support, pediatric ART as well as other ART and non ART services provided by other Emergency Plan Partners like University of California, San Francisco, Catholic Relief Services and APHIA II in Nyanza Province. They also tie into well-established referral linkages with local VCT and PMTCT programs.

5. POPULATIONS BEING TARGETED

The target population for this activity is people with HIV. The main geographic regions served by these activities are Nyando, Bondo and Siaya districts, Nyanza Province.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

Activity Narrative: This activity includes emphasis on greater involvement of PLWA, community mobilization, development of network/linkages/referral systems, human resources, and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14878

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14878	4088.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$317,944
6942	4088.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$900,000
4088	4088.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$425,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1244.09

Mechanism: Kenya Department of Defense

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 4252.20589.09

Planned Funds: \$160,000

Activity System ID: 20589

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + The prime partner changes from KEMRI to HJF-MRI.
- + All sections referring to pediatric care and support have been moved from this narrative to a new program area Pediatric Care and Support.
- + In FY 09 the KDOD program shifts focus from civil outreach to concentrate on reaching military personnel and their dependants with basic health care and support services within the military setting. Support for civilian focused activities has been transitioned to other USG implementing partners.
- + The number of individuals provided with HIV-related palliative care (excluding TB/HIV) changes to 2,000.
- + The number of individuals trained to provide HIV related palliative care (excluding TB/HIV) changes to 20.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

- + This activity supports key cross-cutting attributions in human capacity development through in service training of health care workers including clinical officers, nurses and doctors in the provision of basic health care and support services. 16.7% of the budgetary allocation will be attributed to this activity.
- + Provision of micronutrient supplementation according to WHO guidelines will be supported. Therapeutic, supplementary and supplemental feeding will be done for severely and moderately malnourished PLWHA. 33% of the budgetary allocation will be attributed to this activity.

COP 2008

The only changes to the program since approval in the 2007 COP are:

+a prevention component has been integrated that is budgeted in this activity and includes the following elements:

>Positive Prevention in Clinical Settings

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, Prevention of Mother-to-Child Transmission, ARV Services and Palliative Care: TB/HIV.

2. ACTIVITY DESCRIPTION

The Kenyan Department of Defense (KDOD) will provide basic health care and support to over 3,500 HIV-positive military personnel, their dependents and civilian population residing near the military barracks at 8 KDOD medical facilities. In FY 2008, KDOD intends to focus upon improving the quality of life of those who are HIV positive by improving on the delivery of care to these individuals. The package of palliative care services will include cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional supplementation, de-worming of children, TB screening, sexually transmitted infection (STI) management and improved access to malaria prevention interventions. Other activities will include support of HIV positive OVCs of the military to ensure they are provided with palliative care and linked to ART services, providing support to post test clubs, strengthening of logistics capacity (particularly pharmacy management), and procurement of commodities such as OI medications and laboratory reagents. In FY 2008, this activity plans to intensify palliative care in 8 existing military palliative care centers to reach a total of 3,500 patients with palliative care services and screen at least 1,750 of them for TB. The treatment centers are well distributed nationally to ensure fair geographical distribution thus ensuring the services are accessible for the population who may require this support. Referral systems and networking among smaller and larger military clinics will be developed to ensure continuity in care. A total of 40 health care workers, 5 for each site, will be trained to offer services in the 8 centers. Adherence to care will be supported through extensive involvement of PLWHA who will be trained as peer counselors to provide psychosocial support, ART and TB adherence support for both clinic patients and at the community/barrack level. Part of the FY 2008 funds will be used to roll out the Prevention with positives (PWP) initiative through procurement of supplies/materials e.g. flow charts, hand outs, posters, counselor support and evaluation. In partnership with the USDOD Walter Reed Project, the KDOD in the last 4 years has been successful in encouraging KDOD military to come forward for testing so that those who need care can be assisted. Over 26,000 people have been tested and as a result 1660 have been registered in an HIV comprehensive care clinic. As per August 2007, 1025 people were on antiretroviral therapy, and the remaining 635 were receiving basic health care and support. FY 2008 activities will build upon the success of this program to ensure that HIV positive patients are directly linked to health care and support services. Even though treatment sites are decentralized from the main military hospital in Nairobi (AFMH) to other military regions, the care and treatment of KDOD HIV/AIDS patients will continue to be closely monitored by staff from the main military hospital in liaison with the Ministry of Health to ensure maintenance of standards of care as per national guidelines. The human resource requirements will be reviewed as necessary. Data on the epidemic will be collected systematically and shared openly to facilitate in monitoring of the epidemic and to assess the services provided.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By providing care and support to over 3500 patients as described, the KDOD basic health care and support program will contribute to the overall number of people under care in Kenya. Capacity building of PLWHA to act as peer educators will contribute to mobilization and strengthening of the KDOD program capacity to plan integrate and evaluate facility and community care support programs. The trainings and guidelines for this activity will be in accordance with the national guidelines as outlined by the National AIDS/STI Control Program.

4. LINKS TO OTHER ACTIVITIES

These activities will link closely with KDOD's counseling and testing, ARV services, and TB/HIV services. Through the KDOD PMTCT program family members of mothers testing positive will be identified and offered opportunity for care and treatment. KDOD's BHCS and ART will constitute a continuum of care for HIV positive individuals as part of a comprehensive approach to care and treatment.

5. POPULATIONS BEING TARGETED

This activity targets most at risk populations consisting of military personnel and their dependants as well as the civilian population residing close to the barracks where treatment is otherwise unavailable (that is the population in the Kenyan administrative location within which the military treatment and care centers are

Activity Narrative: located). Health care providers will also be targeted by increased ARV training, thus increasing the amount of clients able to be served more efficiently.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender equity by ensuring that both males and females are targeted as receiving services if required. This activity will also address stigma and discrimination through community education and mobilization on issues related to living positively with HIV-AIDS.

7. EMPHASIS AREAS

This activity includes major emphasis in commodity procurement (drugs for opportunistic infections, nutritional supplements and pain relief) with minor emphasis in the areas of human resources, training and infrastructure. KDOD will renovate the comprehensive care clinics to create more space in the new sites, purchase diagnostic and medical supplies, hire additional health staff to help manage the increasing workload as more patients are recruited into the comprehensive care clinics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14895

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14895	4252.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$100,000
6960	4252.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$69,119
4252	4252.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* TB

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$30,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 521.09

Mechanism: USAID-AMPATH Partnership

Prime Partner: Indiana University

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5103.20499.09

Planned Funds: \$2,020,000

Activity System ID: 20499

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$50,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counselling and Testing, Paediatric Care and Treatment, TB/HIV and PMTCT.

2. ACTIVITY DESCRIPTION

In COP 2009 supported activities will include: strengthening of the regional referral center (Moi Teaching and Referral Hospital) to serve as a referral centre for HIV/AIDS care, including strengthening of laboratory capacity and management of complicated medical cases, and establishment of quality and best practice standards for HIV care. Patient referrals and linkages with other services such as TB, VCT and PMTCT programs will be supported through this partner and other Emergency Plan partners. During this period, more patients will be enrolled into care in the clinics. In order to ensure quality care for adult HIV patients at facility level health workers will be sensitized on nutritional assessment, psychosocial HIV counselling, and to strengthen prevention and treatment of opportunistic infections including malaria and diarrhoeal diseases, the project will train health care workers on the management of opportunistic infections, and will distribute free cotrimoxazole to eligible HIV infected adults. The project will also support the sites with Job Aids to enhance correct protocol use in the management of OIs, and will support the sites with emergency stocks of drugs for both prevention and treatment of opportunistic infections including Cotrimoxazole, fluconazole, antibiotics, anti-diarrhoeal and anti-Protozoa's. This will improve monitoring of patients on care and treatment of Opportunistic Infections. AMPATH will also support and strengthen hospital capacity to offer end of life care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By September 30, 2010, this activity will have provided care and support to more than 88,000 HIV-infected adult patients, thus contributing significantly to the USG targets for this program area. This activity will support the expansion of palliative care services and the training of key individuals in the provision of HIV-related palliative care services.

4. LINKS TO OTHER ACTIVITIES

These activities support and link to the network centre at Moi Teaching and Referral Hospital, and link to other services such as TB/HIV, PMTCT, CT and Paediatric Care and Treatment programs supported primarily by this partner. There are well-established links with other services supported by this and other partners for example, diagnostic testing for HIV among TB patients, orphan support programs and other community services.

5. POPULATIONS BEING TARGETED

The main populations targeted by this activity are people living with HIV/AIDS, HIV positive pregnant women and their families. Other populations targeted are health workers who will benefit from training in order to enhance service provision.

6. KEY LEGISLATIVE ISSUES

The main legislative issues addressed in this activity are access, stigma and discrimination and gender. The program uses novel approaches to the support of treatment, and provides business skills training and promotes micro-enterprise for HIV infected patients, especially women. These approaches are designed to reduce stigma against persons living with AIDS and increase gender equity.

7. EMPHASIS AREAS

The major emphasis area in this activity is training of health workers, with two minor emphasis areas being infrastructure improvement and community mobilization/ participation by use of PLWHA in care activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14828

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14828	5103.08	U.S. Agency for International Development	Indiana University	6953	521.08	USAID-AMPATH Partnership	\$2,000,000
6901	5103.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$1,400,000
5103	5103.06	U.S. Agency for International Development	Indiana University School of Medicine	3254	521.06		\$500,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 305.09	Mechanism: N/A
Prime Partner: International Rescue Committee	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4148.20518.09	Planned Funds: \$300,000
Activity System ID: 20518	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult ARV Services, Pediatric Care and Support, Pediatric ARV Services, TB/HIV, Counseling and Testing, and PMTCT.

2. ACTIVITY DESCRIPTION

International Rescue Committee (IRC) will maintain and scale-up the provision of palliative care services to 2,000 HIV-infected adults at 5 sites (Kakuma refugee camp, Kakuma Mission hospital, Kalokol, Lokichoggio and Lodwar District Hospital) in Turkana District, Rift Valley Province, targeting both refugees and the local population. Turkana District, the largest district in Kenya, is home to a pastoralist community that is livestock dependent, highly mobile, and has extremely limited access to health services, especially those for HIV/AIDS. The district lies on the main truck route between Mombasa and the relief operations in northwestern Kenya and southern Sudan (via Lodwar, Kakuma, and Lokichoggio). Lokichoggio is the main transit center for refugees from Sudan and a base for provision of refugee services. The area is remote, with a population characterized by high rates of absolute poverty and food poverty. General health services are limited and poorly distributed throughout the district. IRC will support a package of services that includes clinical evaluation and laboratory monitoring, provision of cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional support and improved access to safe drinking water and malaria prevention interventions. Fifty health care workers will also be trained to provide palliative care services. IRC will build on established programs that are currently providing care for people with HIV at health centers within the refugee camps to provide treatment for refugees. It will also build upon existing collaborative relationships with health facilities supported by the Africa Inland Church and Catholic Diocese to provide treatment for the local population. They have a strong relationship with the local mission hospital, relying on the hospital for operating theatres, OB/GYN care, and other services. They are already collaborating with the mission hospital to build capacity related to provision of basic health services for adults living with HIV. IRC will expand care programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation, and providing adherence counseling and monitoring. IRC has been implementing an HIV/AIDS prevention program and outreach to hard-to-reach populations and rural communities in this area since September 2001. The IRC is still uniquely suited to provide care in refugee situations and remote areas. They will continue to build on very substantial existing medical capacity in the camps. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA.

These activities will contribute to expansion of access to IRC-supported palliative care services for adults with HIV, strengthened human resource capacity to deliver adult ARV treatment, and a strengthened referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

These activities will link to adult ARV treatment services, pediatric ARV services, pediatric care and support, Counseling and Testing services, and PMTCT provided by IRC, and ARV scale up supported through National AIDS and STD Control Program.

5. POPULATIONS BEING TARGETED

This activity targets refugee local populations, especially adults living with HIV/AIDS. HIV rates are high among the locals in Turkana. Although the prevalence of HIV is lower in the refugee populations, HIV infection is now the leading cause of adult death in this group. IRC is mindful of concerns related to continuation of care in the event of repatriation and has the appropriate collaborations in place to facilitate access continued care for repatriated refugees.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations and stigma and discrimination.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, human resources, local organization capacity building, community mobilization, quality assurance and supportive supervision, logistics, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14843

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14843	4148.08	HHS/Centers for Disease Control & Prevention	International Rescue Committee	6956	305.08		\$200,000
6909	4148.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$100,000
4148	4148.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$62,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4913.09	Mechanism: APHIA II - Coast
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 8934.20469.09	Planned Funds: \$1,270,000
Activity System ID: 20469	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$80,000).

1. ACTIVITY DESCRIPTION

This activity will provide integrated and comprehensive home and basic health care to 45,000 people with HIV/AIDS linked to 58 comprehensive care centers. Through a training of trainers, primary care facility health workers will be trained to provide comprehensive and integrated care training to home /community based care workers. They in turn will train the primary care givers at home, which will complement the facility based services. At the health facility clinics integrated training following NASCOP/DRH/Malaria/NLTP curricula will be offered to some identified staff so that they may offer services for the prevention, identification and management of OIs, monitoring of the infected adults, children and their families, coupled with appropriate counseling and education. All babies born and children of HIV infected mothers will be followed up at the CCCs or MCHs and appropriately managed. A HBC desk will be established to manage referrals to and from the community. The community based component will include treatment literacy, basic management of OIs, antiretroviral treatment (ART) and TB treatment adherence, adequate nutrition, home hygiene and nursing skills, malaria prevention and treatment, FP and identification and referral of clients suspected of having HIV and TB. Formal linkages between health facilities and the community-based activities will be created to enhance effective care, follow-up, and tracking of referrals and assessment of patient satisfaction with the services. Both formal health care workers and community and home based care volunteer workers will be trained on effective referral. Lay treatment support volunteers will be recruited and trained, using the curricula to provide psychosocial support, adherence support for ART, TB and regular clinic visits. This activity will also lead to the mobilization and strengthening of organizational and institutional capacity of ten District institutions to integrate, plan, lead, monitor and evaluate home and community care support programs. Quality assurance and quality improvement of this activity, for both facility and community interventions will be key in ensuring that standards of care are met. Care providers will be trained on the Ministry of Health SOPs. Through this activity, the organizational capacity of PLWA groups will be strengthened so as enable them to be pro-active leaders, advocates and participants in the response to the epidemic. In addition, this activity will lead to the linkage of 7,000 families with economic support programs. Community members including PLWA and older OVC will be trained on this methodology and also in basic financial management and skills for their projects and also linked to other microfinance institutions operating in the region. To ensure continued support for this effort at the community level, FBOs, CBOs, PLHA groups, women and youth groups will be trained in basic program and financial management skills as part of capacity building. Training of paralegals and child counselors will be expanded to the Districts of Kwale, Taita-Taveta, Lamu and Tana River.

The activity will be implemented by partners such as Catholic Arch Diocese of Mombasa, Catholic Diocese of Malindi as well as Coast people living with AIDS (COPE). With initiation of ART, the number of registered PLHA groups increased. However, in spite of the commitment of members of these groups, the organizations are structurally weak and have not played a key role in HIV/AIDS programming in coast. In order to address this, the activity will work with National empowerment of networks of people living with HIV/AIDS in Kenya (NEPHAK) and women fighting AIDS in Kenya (WOFAK) to build the technical capacity of these organizations and assist them to implement programs in their communities. Social impact will work intensively with these groups to strengthen their organizational capacity.

Provision of safe water supply in the homestead will be supported to reach 20,000 families through the use of approved hypo chloride treatment of water used for drinking and preparation of food. In addition, these families will be linked to a supply of insecticides treated bed nets targeting especially those with pregnant women and children less than five years. Nutritionally deficient bed ridden patients will be supported with food supplements. Vulnerable households will be linked to food security and extension services.

2. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

The APHIA II Coast will reach 45,000 clients through the home based care program and 1,500 individuals will be trained to provide palliative care at home. This APHIA II Coast activity responds to NACC's priority areas #2 "Improve the quality of life of people infected and affected by HIV/AIDS" and #3 "Mitigation of socio-economic impact". It is expected that the APHIA II Coast will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

3. LINKS TO OTHER ACTIVITIES

These APHIA II Coast activities will be tightly linked to the FY 2009 activities across the spectrum of care including programmes of Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate nutrition for PLWHA.

4. POPULATIONS BEING TARGETED

These APHIA II Coast activities target people living with HIV/AIDS, HIV/AIDS affected families, and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination associated with people infected and affected by HIV, as well as increasing gender equity in programming through the delivery of key messages. Linkages will be created with systems/groups offering support in health, psychosocial aspects, food, microfinance, and reproductive health. Also to provide access to increased resources in order to address the wide spectrum of problems that is faced by households when dealing with a debilitating disease in an adult family member.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment

Activity Narrative: programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14809

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14809	8934.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$1,205,000
8934	8934.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$300,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4916.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8929.20455.09

Activity System ID: 20455

Mechanism: APHIA II - Rift Valley

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$790,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$55,000).

1. LIST OF RELATED ACTIVITIES

These APHIA II Rift Valley activities will be tightly linked to the FY 2009 activities across the spectrum of care including programmes of Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate nutrition for PLWHA.

2. ACTIVITY DESCRIPTION

This activity will provide integrated and a comprehensive home and basic health care package to 23,000 people with HIV/AIDS linked to 145 comprehensive care centers and a network of Rural Health Facilities (RHF). Through a cascade training of trainers approach, primary care facility health workers will be trained to provide comprehensive and integrated care training to the home /community based care workers who in turn train the primary care givers at home, to complement the facility based services. At the health facility clinic, integrated training following NASCOP/DRH/Malaria/NLTP curricula will be offered to identified staff to offer services for the prevention, identification and management of OIs, monitoring of the infected adults and their families, coupled with appropriate counseling and education. A case manager will manage referrals to and from the community. The community based component will include treatment literacy, basic management of OIs, antiretroviral treatment (ART) and TB treatment adherence, adequate nutrition, home hygiene and nursing skills, malaria prevention and treatment, FP and identification and referral of clients suspected of having HIV and TB. The main link to and from the health facility will be the CHWs many of whom will be treatment supporters. Formal linkages between health facilities and the community-based activities will be strengthened to enhance effective care, follow-up, and tracking of referrals and assessment of patient response and satisfaction with the services. Both formal health care workers and community and home-based volunteer care workers will be trained on effective referrals. In some instances, lay treatment support volunteers will be recruited and trained, using the CRS training curricula to provide psychosocial support, adherence support for ART, TB and regular clinic visits. This activity will also lead to the mobilization and strengthening of organizational and institutional capacity of 25 APHIA Rift supported districts and relevant DHMTs institutions to integrate, plan, lead, monitor and evaluate home and community care support programs. This activity will lead to the linkage of 871 families with economic support programs using the CRS SILC model. Community members including PLWA and some OVC will be trained on this methodology and also in basic financial and management and skills for their projects and also linked to other microfinance institutions operating in the region. 5,223 PLHA and their family members will receive nutritional and food support and through continued collaboration with AGRI, 3,000 people will be trained on improved agricultural techniques for food production. APHIA will tap into other USAID/FFP program to provide supplementary nutrition to families caring for OVC. To ensure continued support for this effort at the community level, FBOs, CBOs, PLHA groups, women and youth groups will be trained in basic program and financial management skills as part of capacity building. Paralegal and child counselor training will be strengthened and through active monitoring and follow-up to assess its impact to the children and PLWA.

Provision of safe water supply in the homestead will be supported to reach clients households. In addition, these families will be linked to a supply of insecticides treated bed nets targeting especially those with pregnant women and children under five years. Nutritionally deficient bed ridden patients will be supported with food supplements. Vulnerable households will be linked to food security and extension services.

3. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

These APHIA II Rift Valley activities will expand on the established care programs in Rift Valley province. As a result of these activities, 23,000 adult patients will receive care and support contributing to the results of expansion of care and support services and acting as a pool from where those eligible for ART treatment will be drawn from. This will also link well with the other activities targeting prevention with positives. 1,000 individuals will be trained to provide palliative care through 302 service outlets.

4. LINKS TO OTHER ACTIVITIES

These APHIA II Rift Valley activities will be tightly linked to the FY 2009 activities across the spectrum of care including programmes of Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Rift Valley activities target people living with HIV/AIDS, HIV/AIDS affected families, and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination associated with people infected and affected by HIV, as well as increasing gender equity in programming through the delivery of key messages. Linkages will be created with systems/groups offering support in health, psychosocial aspects, food, microfinance, and reproductive health. Also to provide access to increased resources in order to address the wide spectrum of problems that is faced by households when dealing with a debilitating disease in an adult family member.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14800

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14800	8929.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$900,000
8929	8929.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$200,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$55,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3672.09

Prime Partner: Columbia University Mailman School of Public Health

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4922.20394.09

Activity System ID: 20394

Mechanism: Central Province

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$850,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:
Partner will procure nutritional supplementation for approximately 400 patients at \$10,000.

COP 2008
+ The only change to the program since approval in the 2007 COP is that Columbia will use \$500,000 to procure formulary of seven essential OI drugs including CTX, multivitamins, anti-fungals, acyclovir, anti-malarials and other HIV specific treatments/prophylaxis for 50,000 individuals to delay disease progression and reduce morbidity and mortality. This will provide flexibility for contingencies for the national OI drug procurement described under the Mission Competitive Procurement/TBD narrative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV, adult ARV services, Pediatric care and support, Pediatric ARV services and PMTCT.

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP) will increase and strengthen its support from 40 to 45 sites in Central Province in the provision of palliative care services in Central Province. These activities will support palliative care services to 34,000 patients with HIV. CU-ICAP will establish/enhance care and treatment networks centered at the provincial hospitals and larger district hospitals in Central Province. CU-ICAP will continue to work closely with the Provincial AIDS and STI Coordinating Officer (PASCO) for Central Province through activities such as supporting regular meetings of care providers in the area. Funds will continue to be used to support additional staff salaries in accordance with Emergency Plan guidance, renovations and equipment needed to provide treatment, disposable supplies, drugs for prevention and treatment of opportunistic infections, laboratory reagents, and the costs of supportive supervision and advanced training in HIV care and treatment for 60 health care workers.

CU-ICAP supports the development of high quality HIV care and treatment services in low-resource settings. CU-ICAP programs currently support HIV/AIDS activities in 11 African countries. In Kenya, CU-ICAP has established a foundation for HIV/AIDS program activities, including PMTCT-Plus and care and treatment. With regionalized planning for care and treatment services, CU-ICAP-Kenya was designated the primary United States Government (USG) care and treatment partner for Eastern South and Central Province. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of palliative care for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of care services for people with HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

This activity links to adult treatment services, pediatric treatment services, pediatric care and support, TB/HIV services, counseling and testing supported by Columbia University and coordination of ARV scale-up activities supported through the National AIDS and STD Control Program (NASCO). Care and support services will also link to PMTCT services that are supported through Pathfinder International through the linkage of care to HIV positive women identified through the PMTCT program.

5. POPULATIONS BEING TARGETED

These activities target adults living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, human resources, development of networks/linkages/referral systems, human resources, local organization capacity development, quality assurance and supportive supervision, strategic information, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14757

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14757	4922.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6940	3672.08		\$1,250,000
6868	4922.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4220	3672.07		\$2,250,000
4922	4922.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3672	3672.06		\$100,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3618.09	Mechanism: Kenya Pharma Project
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4119.20327.09	Planned Funds: ██████████
Activity System ID: 20327	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Drugs, and all the partners listed in the Pediatric and Adult care and Treatment program areas

2. ACTIVITY DESCRIPTION

This activity deals with the procurement and distribution of drugs for opportunistic infections (OI) for patients supported by the Emergency Plan. The objective of this OI drug procurement contract is to ensure reliable and uninterrupted supplies of essential OI commodities to Emergency Plan supported sites in Kenya. This activity will be a follow-on to the current USAID commodity procurement contract with the Mission for Essential Drugs and Supplies (MEDS). The contractor will be chosen through full and open competitive bidding at the mission level. The solicitation for this activity is nearing completion and a contractor is expected to be awarded in last quarter of the 2008 calendar year. The contractor will forecast, procure, store, and distribute a limited formulary of IO drugs for 300,000 patients but a supply of cotrimoxazole for a total of 600,000 HIV infected patients. Specifically, the contractor will be expected to 1) quantify OI drugs required to meet the set target of 300,000 patients, and cotrimoxazole for 600,000 patients by September 30, 2010, 2) procure the required medicines and maintain communication with suppliers for stock availability, 3) properly store and warehouse the Emergency Plan stocks, 4) distribute them in a timely and efficient manner to ensure continuity in patients' treatment, 5) monitor quality assurance of the items procured and distribution through a recognized quality control laboratory, and 6) maintain appropriate records on supplies for accurate program reporting, monitoring and evaluation. The Government of Kenya has also planned to procure some quantities of OI drugs but these will fall short of the national needs for these commodities, hence the need for the USG to supplement the OI drug procurement. It is important to note, however, that the USG OI procurement will be limited to critical commodities such as cotrimoxazole, some anti-fungals and painkillers. It is the expectation of the USG team that both the Kenyan Government and Global Fund will take their responsibility to procure more OI drugs to meet the country's needs. The key beneficiaries of this contract will include public sector hospitals, faith based health facilities supported by PEPFAR, non-governmental and community based organizations.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The procurement of OI drugs will contribute to supporting 300,000 patients on treatment, therefore USG contribution accounting for 60% of OI care nationally.

4. LINKS TO OTHER ACTIVITIES

This activity will complement and link closely with all activities listed in the ARV services program area, as well as the Management Systems for Health/Strengthening Pharmaceutical Systems (MSH/SPS) project in ARV drugs activity, KEMSA ARV drugs program activity, and CRS/AIDS Relief ARV drugs program activity. These activities will contribute directly to the result of achieving a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.

5. POPULATIONS BEING TARGETED

Populations targeted include PLWHA, private and public health care workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

None

7. EMPHASIS AREAS

The major emphasis area for this activity is Commodity Procurement, with two minor emphasis areas being training, and logistics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14709

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14709	4119.08	U.S. Agency for International Development	To Be Determined	6917	3618.08	Mission Competitive Procurement / OI Drugs	
6998	4119.07	U.S. Agency for International Development	To Be Determined	4291	3618.07	Mission Competitive Procurement / OI Drugs	
4119	4119.06	U.S. Agency for International Development	Mission for Essential Drugs and Supplies	3210	240.06		\$500,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1432.09 **Mechanism:** N/A
Prime Partner: Columbia University Mailman School of Public Health **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 17844.20390.09 **Planned Funds:** \$0
Activity System ID: 20390
Activity Narrative: This PHE activity, "Development, Implementation, and Evaluation of a Comprehensive Prevention Intervention for HIV Care and Treatment Settings" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0064. A copy of the progress report is included in the Supporting Documents section. This is a centrally-directed and funded multi-country PHE with Tanzania and Namibia.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17844

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17844	17844.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6939	1432.08		\$0

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3615.09 **Mechanism:** FAHIDA
Prime Partner: Kenya Rural Enterprise Program **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 5080.20254.09 **Planned Funds:** \$1,100,000
Activity System ID: 20254

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS
Economic Strengthening \$1,100,000

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in HBHC.

2. ACTIVITY DESCRIPTION

This activity seeks to mitigate the adverse socio-economic consequences of the HIV/AIDS epidemic on infected and affected persons by establishing a sustainable savings and credit scheme and disbursing loans to about 650 new borrowers within the existing program area. In January 2001, with funding from USAID, the K-Rep Development Agency (K-REP) started a pilot project to provide financial services to HIV/AIDS infected and affected persons in three districts (Kakamega, Butere-Mumias, and Busia) in Western Kenya. This was preceded by a study which concluded that HIV/AIDS infected and affected persons lacked access to financial services. The three-year pilot phase ended in December 2003. A follow-on expansion and consolidation phase funded out of PEPFAR was approved in February 2005 to include Bungoma and Siaya districts in Western Province. The project is primarily providing savings and credit services to the targeted clients using group lending and village banking approaches. Loans are made to HIV/AIDS infected and affected persons to start or expand existing micro and small businesses. Clients also receive training in basic business management. Through partner organizations, clients receive other services such as counseling, education on health issues related to AIDS.

This activity will include creating a sustainable Savings and Credit Scheme for HIV/AIDS infected and affected persons and also provide basic business management training to clients. The geographic coverage has been expanded to include Coast, Nyanza, Nairobi, Central, Eastern, and Rift Valley provinces in Kenya. K-REP will work closely with the APHIA II integrated service delivery partners in the provinces to expand microfinance services to the populations infected and affected by HIV/AIDS.

3. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

This activity will contribute to the Kenya 5-year strategy and result in 650 new borrowers who are infected or affected by HIV/AIDS. Supporting their income generating activities will directly improve their standard of living and health condition. Currently the program covers five districts in western province with target groups of people living with AIDS (PLWHAs) in the communities, including Commercial Sex Workers (CSWs). This will contribute to behavioral change, improve living standards, provide better planning and organizational abilities for income generating activities (IGAs) productivity through the training provided to them by the project. There will be reduced stigmatization against HIV/AIDS infected and affected persons reduced where non-infected recognize the infected persons doing better economically and socially.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to other palliative care activities that will be implemented by the all HBHC partners. The linking of activities aims to address the mobilization and provision of counseling and psychosocial support to the HIV/AIDS infected and affected and volunteers.

5. POPULATIONS BEING TARGETED

This activity will target people affected and infected by HIV/AIDS, they include PLWAs in the communities, youth, commercial sex workers, who are members of financial services associations (FSA) or other organized groups such as post test clubs or home-based care groups in each district.

6. KEY LEGISLATIVE ISSUES ADDRESSED

By supporting income generating activities for PLWA this activity will directly improve their standard of living and health condition, thereby prolonging their lives as well as reducing stigma and discrimination. Other legislative issues are access to Microfinance and Micro-credit to the various groups, which will boost their income generating activities thereby economically empowering the infected and affected families.

7. EMPHASIS AREAS

The main emphasis will be community mobilization and participation by providing savings and credit services to the target groups that undertake IGAs. Ultimately it is anticipated that the program will improve the living standards and develop a positive living approach of the target group. Minor emphasis will be in training the target groups in basic business management skills.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14914

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14914	5080.08	U.S. Agency for International Development	Kenya Rural Enterprise Program	6972	3615.08	FAHIDA	\$1,100,000
6972	5080.07	U.S. Agency for International Development	Kenya Rural Enterprise Program	4253	3615.07	FAHIDA	\$650,000
5080	5080.06	U.S. Agency for International Development	Kenya Rural Enterprise Program	3615	3615.06	FAHIDA	\$100,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$1,100,000

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1125.09	Mechanism: Nutrition and HIV/AIDS
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4247.20324.09	Planned Funds: \$3,000,000
Activity System ID: 20324	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in food and nutrition commodities supply (\$2,700,000) and human capacity development through its nutrition training program for health workers (\$300,000).

COP 2008

+ This activity will now support all service delivery activities in HTXS, HBHC, and MTCT.

1. LIST OF RELATED ACTIVITIES

This activity relates to ARV Services, including APHIA II partners in all provinces, AMPATH, and various CDC and DOD-supported ARV service delivery sites.

2. ACTIVITY DESCRIPTION

There is a proven role for nutrition in effective drug therapy and palliative care for people with HIV/AIDS. As HIV infection progresses into AIDS disease, hyper-metabolic responses, mal-absorption of nutrients in the gut, diarrhea, and anorexia all contribute to severe challenges to the intake and maintenance of adequate nutrition (e.g., energy, protein, and micro nutrients). The effectiveness of drug response in patients being treated for HIV/AIDS and OI is strongly dependant on their nutritional status, and is increasingly being reported in peer-reviewed journals. It is also known that moderate to severe nutritional status of AIDS patients is a significant independent predictor of mortality. Malnutrition at the start of antiretroviral treatment (ART) is significantly associated with decreased survival and is not mediated by impaired immune reconstitution (drugs alone). Medically-prescribed therapeutic food supplied by service facilities to undernourished patients on ARVs and/or OI drugs will help increase drug response in patients and ensure better nutritional and health outcomes. In addition, a primary reason for non-adherence to ART is the lack of appropriate food to take with ARVs. Adequate food intake, though acknowledged as critical, is rarely offered as a formal component of treatment. Most programs that include nutrition in their HIV/AIDS programs have nutrition counseling only, which does not address the needs of patients who are too ill and poor to access nutritious food. With USAID support, the Ministry of Health's National AIDS and STD Control Program (NAS COP) have adopted a protocol for medical staff and nutritionists for Food by Prescription (FBP), as well as which includes the protocol. The protocol has strict entry and exit criteria for patients which include factors such as HIV status, nutritional status, OVC status, and whether they are pregnant or within 6 months postpartum.

The prior implementing partner trained program and health staff at facilities and in OVC programs on the FBP protocol, anthropometric monitoring of patients, reporting requirements, and storage of food products. This partner will continue to monitor existing sites in their implementation of FBP, and will train staff at additional sites as necessary until the national curriculum is implemented nationwide. At the behest of NAS COP, this partner will assist NAS COP with the implementation of the national curriculum. This project will maintain a comprehensive database of FBP clients to track their progress and inform research on the impact of food in ART programs. Data from the previous partners indicate that within this program most patients will have improved health and nutritional status within six months during which they receive food support. FBP food will be manufactured and distributed to target populations at identified priority sites (based on prevalence of HIV and prevalence of malnutrition). The food will be subject to quality tests at various stages of production, including end-product, and the implementer of this project will have a food certified in quality by the Kenya Bureau of Standards (KBS). This partner will also ensure that FBP clients have clean water with which to prepare or consume their food, and that facilities implementing FBP have the necessary anthropometric measurement tools to qualify and monitor patients (BMI charts, Z-score charts, scales, height measures, MUAC tapes). Food will be packaged to ensure quality, minimize stigma, and reduce the likelihood of household sharing. This project will implement activities in 60 sites, and reach at least 15,000 PLWHA and OVC. Some sites will be PMTCT sites, and focus on reaching malnourished HIV positive pregnant and post-partum women to help with a better outcome for both the mother and the infant.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

This project will contribute to a comprehensive spectrum of palliative care to 15,000 of the 1,250,000 HIV-infected/affected Kenyans. Working at 60 sites, this partner will reach at least 15,000 people. A total of 100 health facility staff will receive comprehensive training in FBP and anthropometrics.

4. LINKS TO OTHER ACTIVITIES

This activity links with other PEPFAR partners that provide ART in health facilities or that support OVCs. These include all of the APHIA II partners, and various DOD and CDC-supported service delivery sites.

5. POPULATIONS BEING TARGETED

The target populations include adults, living with HIV/AIDS, including pregnant and postpartum women, OVC, and public sector nurses, nutritionists, pharmacists, and program staff (for training). Some faith-based mission facilities will also be targeted.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues that will be addressed include Gender and Stigma and Discrimination and the wraparound issue of food. Data will be collected to show the breakdown of women and men receiving therapeutic nutrition and strategies will be developed to ensure that an equitable number of women receive it. Stigma and Discrimination will be addressed by providing nutrition to PLWHAs leading to improvement in their health and nutrition status; this provides an opportunity for clients (particularly heads of households) to improve their economic status by returning to the work force. This activity is directly related to increasing food and nutritional resources for HIV infected and affected individuals.

7. EMPHASIS AREAS

The major area of emphasis is Food/Nutrition. Minor areas include Logistics (distribution to health service sites and OVC program sites), and Training (health facility and OVC program staff).

New/Continuing Activity: Continuing Activity

Continuing Activity: 14707

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14707	4247.08	U.S. Agency for International Development	To Be Determined	6916	1125.08	Nutrition and HIV/AIDS	██████████
6902	4247.07	U.S. Agency for International Development	To Be Determined	4231	1125.07	Nutrition and HIV/AIDS	██████████
4247	4247.06	U.S. Agency for International Development	Insta Products	3260	1125.06		\$700,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,700,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4917.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8755.20174.09

Activity System ID: 20174

Mechanism: APHIA II - Central

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$300,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$20,000).

1. LIST OF RELATED ACTIVITIES

This activity will be linked to PMTCT, VCT (APHIA II Central), Adult Care and Treatment services (APHIA II Central), OVC Care (APHIA II Central), TB/HIV services (APHIA II Central).

2. ACTIVITY DESCRIPTION

This activity relates to the strengthening and expansion of HIV adult care services as well as care and support for PLHIV and families affected by HIV & AIDS under the APHIA II Central Project. In FY09, APHIA II Central will target 42 sites in support of adult care and treatment services and 50 Implementing Partners (IP) working in community home based palliative care. The support will include Ministry of Health supervision, progress review meetings and strengthening of quality assurance, especially with regard to integrating HIV with RH/FP and TB services and HMIS. At new and ongoing sites, service providers will receive training in adult HIV care management including prevention and treatment of OI, HIV adherence counseling, HIV nutritional assessment and counseling, couple counseling and prevention with positives (PWP) will be given more attention in order to curb the tide of new infections. Treatment at the CCCs will be expanded to link and network with other entry points such as the out patient departments, inpatient departments, PMTCT, VCT centers. APHIA II Central will continue to strengthen linkages with community services which include patient empowerment on adherence through treatment literacy, strengthened support mechanisms (PTC/support groups, counseling, IGA and legal aid), community based defaulter tracing, home nursing care, prevention and strengthened referral linkages to the health facilities. APHIA II Central will also provide more empowering support to people living with HIV by providing more opportunities for Greater Involvement of PLHIV (GIPA) and making the participation of PLHIV more meaningful and sustainable. Efforts will be made to decentralize services so that patients get treatment where they are presenting for care. It is expected that 23,000 adult clients will be receiving palliative care at the end of this reporting period in the 42 health facilities, and 5,000 of these will be targeted for home and community support services. The project will continue to support clinical staff, continuous medical education, mentorship, on site technical assistance, furniture and equipment at health facilities and grantees (Catholic Medical Mission Board, CHAK etc) to strengthen provision of HIV services. A total of 120 service providers will be trained in provision of care and support, 60 in HIV adherence counseling and 60 in nutritional management in PLHIV.

These service providers will also be targeted for periodic orientation on home and community services to strengthen linkages and between the facilities and community sites, and to ensure support for HCS at facility level Palliative care (basic) will include a comprehensive package of community home-based care consisting of home nursing, clinical care, nutrition, STI/HIV prevention, education, psychosocial and spiritual support. PI will continue with treatment literacy training via support groups to enhance adherence, establish paralegal clinics, facilitate VHC quarterly meetings and enhance links to income generating activities notably training and facilitating PLHIV on IGA. PI will scale up IGA, VSL and food security through working with the MOA and K_REP Development Agency. The number of adults trained in palliative care will be 2,500. This will include CHW refreshers, treatment literacy, couple counseling, community defaulter tracing, and home nursing care and prevention techniques. The project will also put emphasis on continuous medical education for service providers and continuous community education for IPs personnel. Formation of support groups and working with post-test club members will be enhanced. Cotrimoxazole prophylaxis and where indicated, fluconazole prophylaxis will be the basic standard of care for HIV infected people within the facility and community. APHIA II Central will work with local implementing partners including established NGOs, CBOs, and FBOs. APHIA II Central will strengthen the technical and institutional capacity of partners and build collaborative working relationships with a variety of stakeholders to encourage effective, efficient programming. Elaborate plans will be put in place to improve on data collection and record keeping. Gender and youth issues will be addressed. PLHIV will be involved to ensure expansion and high quality of care and support programming. To promote GIPA, PLHIV will be recruited through implementing partners such as KENWA, African Wildlife Foundation, KENAPOTE WEHMIS, SWAK and Maragua Positive Voices and Community Health Workers, in improving the quality of services but also in combating the serious issue of stigma as well as encouraging prevention with positives.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan Palliative Care targets for Kenya.

4. LINKS TO OTHER ACTIVITIES

BCC teams such as drama groups, Advocates and CHWs will play an important role in community mobilization, sensitization, literacy training and advocacy for enhanced for an increase in the uptake of services. Linkages to clinical services will be established through a two-way referral system and will include PMTCT, ART, OVC, TB testing and other basic health services. Clinical supervisors and other health care providers and CORPs will reinforce clinic to community referrals by being kept up-to-date on local resources for psychosocial, economic, legal and food security support. APHIA II Central will link with local partners such as K-Rep, to address economic insecurity through microfinance and business skills training. Implementing partners will collaborate with local programs and agencies to address food insecurity and nutrition needs. APHIA II Central will continue to expand its close working relationship with FBOs because of their comprehensive community support programs addressing a wide range of needs for those households made vulnerable by HIV and AIDS.

5. POPULATIONS BEING TARGETED

This activity targets people and families affected by HIV & AIDS. Local implementing partners will be targeted for training and capacity building. Health care providers, religious leaders and the administration officials will be targeted for sensitization and training related to home-based care. Community Health

Activity Narrative: Workers and caregivers will be trained and receive periodic refresher training. They will also continue to receive HBC supplies, uniforms gumboots, bicycles and bags. IEC materials on child CT will be developed, produced and distributed.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address issues of gender equity, gender based violence and greater involvement of people living with HIV/AIDS.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14967

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14967	8755.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$385,000
8755	8755.07	U.S. Agency for International Development	Pathfinder International	4926	4926.07	Kenya Heartland Coffee Project/APHIA Nairobi-Central	\$0

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4919.09	Mechanism: APHIA II - North Eastern
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 8867.20186.09	Planned Funds: \$280,000

Activity System ID: 20186

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$20,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, TB/HIV, Adult Treatment Services, Pediatric Care and Treatment services and PMTCT.

2. ACTIVITY DESCRIPTION

This activity relates to care and support for adults affected by HIV/AIDS under the APHIA II North Eastern Project. APHIA II will oversee implementation of both community and facility-based basic health care and support programs in conjunction with the TB/HIV and antiretroviral therapy programs being established and expanded in the North Eastern Province of Kenya. These activities will contribute to the results of expansion of opportunistic infection management and prevention in both clinical and community settings for HIV-positive patients, strengthened human resource capacity to deliver this care, and a strengthened referral network for provision of HIV care services in North Eastern Province. Cotrimoxazole prophylaxis and where indicated, fluconazole prophylaxis, will be the basic standard of care for HIV infected people within the clinical facilities. APHIA II North Eastern's approach is to build capacity among health care workers at the Garissa Provincial Hospital and other high volume facilities to care for HIV+ adults and children. In FY 2009 APHIA II will work closely with NASCOP and key stakeholders to rollout an effective HIV care strategy that utilizes the network approach to HIV care and treatment, where the provincial and district hospitals will be the main HIV care referral centers, and effective referral systems will be established between community outreach, facility-level and CBO-based programs. Due to the predominantly nomadic nature of the populations in this region, and the vast distances involved, basic care packages will be distributed and replenished through outreach campaigns established with local partner agencies and providing comprehensive health and information services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through these programs 1,100 HIV-infected adults will be supported through community outreach, facility-level and CBO-based programs at 80 facilities and surrounding host communities.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to the PMTCT-APHIA II- activity, Pediatric Care and treatment services, adult treatment service TB/HIV and counseling and testing services which are provided by this and other partners in same region. This will ensure optimum utilization of complimentary services created through the Emergency Plan and other partners.

5. POPULATIONS BEING TARGETED

This APHIA II activity mainly targets HIV positive adults living with HIV/AIDS. Health care workers such as doctors, nurses, pharmacists, laboratory workers and clinical officers in public facilities are also targeted for training. The community activity targets to recruit train and retain community health workers that will be the link between clinical and community-based services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is reducing stigma and discrimination at community and facility level in order to ensure that people who would not have otherwise gone for treatment are able to do so.

7. EMPHASIS AREAS

This activity puts major emphasis on training of health care workers with minor emphasis on needs assessment, quality assurance and supportive supervision and development of networks / linkages / referral systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14700

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14700	8867.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$500,000
8867	8867.07	U.S. Agency for International Development	To Be Determined	4919	4919.07	APHIA II - North Eastern	

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7441.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 16418.20298.09

Activity System ID: 20298

Mechanism: Umbrella

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$300,000

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$300,000. Funds moved to EGPAF/Umbrella (HBHC).

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

+ Catholic Relief Services was identified as the new partner

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Partner will support nutrition supplement for approximately 600 HIV+ patients at \$15,000.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services, Counseling and testing, TB/HIV (#), PMTCT, Pediatrics treatment, Pediatrics care and support, and OVC.

2. ACTIVITY DESCRIPTION

Catholic relief Services/Umbrella (CRS Umbrella) will build the organizational and technical capacity of Kenyan organizations and provide sub-grants to NGOs, FBOs, and CBOs, resulting in the provision of palliative care services for 10,000 people in 5-10 facilities and programs. In addition they will also train 30 individuals to provide HIV-related palliative care services. The key activities of CRS Umbrella will be to develop the organizational and technical capacity of local, preferably indigenous, organizations, and provide supportive supervision. Funds granted through CRS Umbrella to sub-partners will be used to provide a standard package of care and support services, including support for health care worker salaries in accordance with Emergency Plan guidance, training, infrastructure improvement, community mobilization activities, HIV counseling and testing, support for laboratory evaluation, prevention and treatment of opportunistic infections, positive prevention activities, and expanded access to safe water, and malaria prevention interventions. This activity will expand existing Kenyan programs and identify and add new sub-partners. Capacity building activities will include both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific technical ability to implement clinical care programs, logistics and commodity forecasting, and routine program monitoring and evaluation activities). This activity will include support to sub-recipients for activities integral to the program.

These activities were previously supported through a cooperative agreement with Cooperative Housing Foundation which will end in March 2009. Catholic Relief services/Umbrella has been awarded a five year cooperative agreement from September 08.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver care for HIV, and an improved referral network for these services. This partner has a key role in building the organizational and technical capacity of local organizations so that these activities can be sustained over the long term.

4. LINKS TO OTHER ACTIVITIES

In addition to building the capacity of sub-grant recipients, an important aspect of the CRS Umbrella's activities is to support development of referrals/linkages between the CRS Umbrella's supported organizations and clients to other HIV prevention and treatment activities.

5. POPULATIONS BEING TARGETED

The primary target populations are people with HIV, including HIV-infected children. Some sub-partners reach remote or vulnerable populations who are otherwise unable to access care services. The activity will also target training and capacity building of public health care workers, mainly doctors, nurses, pharmacists, and laboratory workers. The activity also targets to include community-based and faith-based organizations and NGOs in the area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes emphasis in the areas of local organization capacity development, commodity procurement, development of networks, logistics, human resources, and quality assurance and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16418

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16418	16418.08	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	12006	12006.08	Umbrella	\$195,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$15,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3588.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8849.20097.09

Activity System ID: 20097

Mechanism: APHIA II - Health
Communication & Marketing

USG Agency: U.S. Agency for International
Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$4,000,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in HBHC and PDCS.

2. ACTIVITY DESCRIPTION

Two major obstacles in the provision of HIV care in rural areas are 1) a dispersed population with limited transportation and 2) extreme poverty with lack of electricity, sanitation, clean water. Despite these obstacles, Kenya has experienced a rapid increase in the number of HIV care and treatment providers in most areas of Kenya. Unfortunately comprehensive HIV prevention is rarely included in clinical programs, and prevention-focused programs that provide care vary in quality. Despite the antiretroviral treatment expansion, majority of HIV-infected people do not receive care. In FY 2005, PEPFAR Uganda developed a Basic Care Package (BCP) that provided a means to prevent many of the opportunistic infections (OI) that occur with PLWAs as well as prevention from malaria. By utilizing a 'package' approach they were able to avoid the typical stock outs of primary care facilities and ensure clientele received a complete set of drugs and prophylactic measures that avoid OIs, provide vitamins to improve health and condoms to decrease the dangers of infecting their spouses. A critical part of this package was the inclusion of cotrimoxazole. Studies throughout Africa have demonstrated an almost complete prevention of Pneumocystis jiroveci pneumonia as well as reductions in malaria, bacterial pneumonia, toxoplasmosis, diarrhea, sinusitis through the daily use of this drug. The partner will coordinate with other USG implementing partners to make basic care packages (BCP) available to PLWAs. The BCP will consist of the following components: 1 long lasting insecticide treated net (LLINs), 100 condoms, 4 bottles of WaterGuard safe water system, daily multivitamins, 1 water storage vessel, cloth for filtering water and IEC material on malaria, diarrhea, VCT, PMTCT, cotrimoxazole, nutrition, and mental/social well-being. Re-supply of short term consumable items (condoms, WaterGuard, multivitamins) will be carried out to all PLWAs on a continuing basis. Cotrimoxazole will be provided through the Mission Competitive Procurement/TBD and be available at the local health dispensaries. The goal is that 400,000 BCPs will be distributed to 400,000 patients over the year. The partner will be responsible for procuring, packaging and shipping the BCPs to regional warehouses, as well as re-supply of consumable items. Standardized IEC materials will also be included in the BCP. All USG partners will source the BCPs from the partner for onward distribution to Comprehensive Care Centers, PLWA CBOs and other PLWA targeted distribution points operating in their catchment areas. IPs will be responsible for peer education training and other interpersonal communications to promote the correct use of BCPs. IPs will also be responsible for tracking use and monitoring possible leakage.

3. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

This activity will contribute to the FY 2008 targets by providing 400,000 PLWAs with standardized essential elements of care that will extend and improve their lives. In addition, through the provision of condoms in the basic care package the activity will be supporting prevention particularly among discordant couples. The set of services will be provided regardless of stage of HIV disease or clinical condition in facility-based and in home-based settings. It is consistent with the 5-year strategy by focusing on rapidly scaling up palliative care services.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to all HBHC and PDCS activities.

5. POPULATIONS BEING TARGETED

This activity targets people living with HIV/AIDS and their families by providing essential care services including bed nets, thereby reducing malaria in other family members as well.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue being addressed by this activity is reduction of Stigma and Discrimination by improving the health of PLWAs and allowing them to care for their children and possibly return to work.

7. EMPHASIS AREAS

There are four areas of emphasis. Commodity procurement will be utilized to purchase the materials used in the basic care package. Community Mobilization/Participation will be essential to ensure the basic care packages reach PLWAs. The Development of Network/Linkages/Referral Systems will be needed since many of these kits will be distributed through the regional partners. Logistics will be important for the same reason.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17027

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17027	8849.08	U.S. Agency for International Development	Population Services International	6994	3588.08	APHIA II - Health Communication & Marketing	\$6,000,000
8849	8849.07	U.S. Agency for International Development	To Be Determined	4954	4954.07	Basic Care Package	

Emphasis Areas

Health-related Wraparound Programs

* Family Planning

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4918.09

Prime Partner: Program for Appropriate
Technology in Health

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8931.20072.09

Activity System ID: 20072

Mechanism: APHIA II - Western

USG Agency: U.S. Agency for International
Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$740,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$55,000).

1. ACTIVITY DESCRIPTION

This activity will provide integrated and comprehensive home and basic health care to 19,000 people with HIV/AIDS linked to 51 comprehensive care centers. Through a training of trainers, primary care facility health workers will be trained to provide comprehensive and integrated care training to home /community based care workers. They in turn will train the primary care givers at home, which will to complement the facility based services.

In the FY 2009 COP APHIA II Western will continue and expand care and support to PLWHA activities will include 1) providing PLWHA and their families with a comprehensive package of home-based and community support 2) increase the capacity of public and private health facilities to provide quality services for the management of opportunistic infections 3) upgrade laboratories in several districts to improve treatment for opportunistic infections and referrals to comprehensive care centres 4) provide psychosocial support through facility and community based support groups for PLWHA 5) provide livelihood support skills to PLWHA and their households through establishment of backyard kitchen gardening and dairy farming 6) Reduce stigma and encourage positive living through Ambassador of hope and channel of hope models targeting PLWHA and religious congregations respectively, 7) business skills training for PLWHA and their households through linkages with community based micro finance institutions (MFI) as well as production and marketing organizations, and 8) provide organizational capacity building and sub grant to 27 CBO/FBO to be able to implement community based care and support to the PLWHA. EGPAF will ensure that at the facility level, cotrimoxazole and (where indicated- fluconazole) prophylaxis becomes part of basic standard of care for HIV infected patients. EGPAF and JHPIEGO will also ensure that the procurement of OI drugs is done at the central level as is the case with ARVs. The partner will also ensure that the basic care includes activities that enhance prevention with positives, as well as active TB screening in all HIV infected patients. More clients will be linked to ARV and ARV and DOTS adherence will be stepped up in FY 2009. It is expected that 19,000 HIV positive individuals will be provided with standard basic care and 180 caregivers trained.

2. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

The APHIA II Western will reach 19,000 clients through the home based care program and 500 individuals will be trained to provide palliative care at home. This APHIA II Western activity responds to NACC's priority areas #2 "Improve the quality of life of people infected and affected by HIV/AIDS" and #3 "Mitigation of socio-economic impact". It is expected that the APHIA II Western will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

3. LINKS TO OTHER ACTIVITIES

These APHIA II Western activities will be tightly linked to the FY 2009 activities across the spectrum of care including programmes of Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate nutrition for PLWHA.

4. POPULATIONS BEING TARGETED

These APHIA II Western activities target people living with HIV/AIDS, HIV/AIDS affected families, and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination associated with people infected and affected by HIV, as well as increasing gender equity in programming through the delivery of key messages. Linkages will be created with systems/groups offering support in health, psychosocial aspects, food, microfinance, and reproductive health. Also to provide access to increased resources in order to address the wide spectrum of problems that is faced by households when dealing with a debilitating disease in an adult family member.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14995

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14995	8931.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$900,000
8931	8931.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$200,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$55,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 360.09	Mechanism: N/A
Prime Partner: Liverpool VCT and Care	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4177.20246.09	Planned Funds: \$260,000
Activity System ID: 20246	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This partner will be contributing nutritional commodities for US \$72,000.

COP 2008

The only change to the program since approval in the 2007 COP is:

+geographic coverage has been revised to include expansion in Kitui and Nairobi while transitioning support to Rachuonyo District in Nyanza Province to APHIA.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult ARV Services, Pediatric Care and Support, Pediatric ARV Services, Counseling and Testing, TB/HIV, PMTCT.

2. ACTIVITY DESCRIPTION

Liverpool Voluntary Counseling, Testing and Care Project (LVCT) will expand existing programs to provide palliative care services to 18,000 adults with HIV at 11 sites in Nairobi and Eastern Provinces. The package of palliative care services includes cotrimoxazole prophylaxis for opportunistic infections, treatment of opportunistic infections, multivitamins, improved access to malaria prevention interventions, and end-of-life care. LVCT will also support implementation of regional activities, such as regional quality assurance and coordination meetings in collaboration with the Provincial ART Officer and the APHIA II care and treatment partner for Eastern South. Funds will be used to support salaries for health care providers in accordance with Emergency Plan guidance, train 80 individuals in the provision of HIV-related palliative care services, and to procure commodities such as laboratory reagents. Supported activities will also include sensitization and mobilization of the communities in the areas of the supported facilities and dissemination of informational brochures. Significant changes from FY 2008 to FY 2009 include geographic consolidation of activities, expanded support for coordination activities, and an increased emphasis on support for treatment of adults and quality assurance for care through semi-annual audits.

LVCT is a local, Kenyan organization that started as a project under the Liverpool School of Hygiene and Tropical Medicine. When LVCT became a Kenyan NGO, they retained the name of Liverpool because of its wide recognition in Kenya. LVCT has been a key provider of VCT services in Kenya and since 2003 has been supporting implementation of HIV care and treatment programs. In the specific area of palliative care, Liverpool staff brings substantial medical expertise, and have played a crucial role in development of national policies and training materials and a desk-top referral manual that has now been made available throughout Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services, and a strengthened referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link ARV treatment services supported by LVCT in these sites, LVCT pediatric care and support, and pediatric ART activities, PMTCT, and ART and non ART services supported by other provincial partners, University of Nairobi in Kenyatta National Hospital, and JHPIEGO and ICAP in Eastern.

5. POPULATIONS BEING TARGETED

The primary target group for these activities is adults living with HIV/AIDS. LVCT activities serve high priority, vulnerable, and stigmatized populations, e.g. high risk slum populations, the deaf, and men who have sex with men. Health care workers are also targeted for training in care and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks, human resources, information, education, and communication, local organization capacity building, policy and guideline development, training, quality assurance and supportive supervision, and logistics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14918

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14918	4177.08	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	6974	360.08		\$200,000
6984	4177.07	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	4257	360.07		\$200,000
4177	4177.06	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	3235	360.06		\$200,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$72,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7792.09	Mechanism: New Partners Initiative
Prime Partner: Christian Reformed World Relief Committee	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 17558.20386.09	Planned Funds: \$0
Activity System ID: 20386	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is related to other activities in the HBHC program area.

1. ACTIVITY DESCRIPTION

In partnership with three faith-based organizations in Kenya, such as Western Region Christian Community Services (agency of the Anglican Church of Kenya), the program will be implemented in all eight districts of the Western Province. KAMATAKIMO, which is also an agency of the Anglican Church, will target the districts of Kitui and Mwingi in Eastern Province. MKCCS will focus its interventions in Central province with a focus in Murang'a South district in Maragua ridge location. Christian Reformed World Relief Committee (CRWRC) will improve the well-being of people living with HIV/AIDS and their families. A key strategy is to link with local community-based health care programs and the district-level Ministry of Health to facilitate access to home-based care for PLWA in order to ensure improvement of the quality of these services over time. During the 2009 and 2010 financial year, CRWRC and its partners will provide 720 individuals with HIV-related palliative care and train 530 individuals to provide HIV-related home-based palliative care.

CRWRC and its partners will mobilize and train 530 individuals from the community and church groups to provide home-based care to PLWA using the Training Home-Based Caregivers to Care for People Living with HIV/AIDS at Home curriculum (developed by the National AIDS Control Council). CRWRC has already received a list of certified HBC trainers at district level from NASCOP. Caregivers will be trained by the NASCOP trained HBC givers.

Trained community mentors/volunteers (those trained above) will visit households weekly to problem-solve issues of health, nutrition, and psychosocial care with caregivers; make referrals as needed to clinical care and other support services; provide family-friendly information on disease transmission, prevention, treatment, and locally available services; channel health and livelihood-supportive resources to families; and to develop PLWA caregiver support groups which can provide both spiritual and psychosocial support.

In addition to these services, CRWRC and its partners will raise awareness about health care services available to PLWA through community forums, churches, community centers, and other gatherings.

CRWRC and its partners will also initiate and expand social activities within the community, schools, and churches (drama groups, choir, and poetry) that contain messages that reduce stigmatization of OVC and PLWA. At least 740 church and community leaders will be equipped as TOTs on stigma reduction using existing HIV/AIDS stigma reduction manuals and encouraged to include HIV/AIDS messages in their sermons and public addresses. They, in turn, will train another 14,460 individuals in the community to address HIV-related stigma and discrimination. CRWRC partners will also link adult and children to care and treatment to existing programs e.g. Moi referral Hospital (AMPATH) program and APHIA II sites.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

This activity will contribute toward the 5-year target of providing care to 10 million people infected or affected by HIV/AIDS. CRWRC and its partners will provide palliative care to 720 individuals infected with HIV. The emphasis will be on building local capacity for long-term sustainability of palliative care by establishing community-based groups and training 530 volunteers to provide these services. CRWRC's program builds on and expands the networks of informal caregivers by providing them with training and support they require to be more effective.

3. LINKS TO OTHER ACTIVITIES

Home-based care (HBC) in Kenya is community-based, with most of the care provided by community volunteers operating under the supervision of NGOs and CBOs. In addition to good nutrition, quality HBC includes clinical care, nursing care, counseling and psycho spiritual care, and social support. CRWRC and its partners will use the national curriculum to train their volunteers to provide the multifaceted HBC services. This will be done in close collaboration with NASCOP and other PEPFAR agencies like PATH under APHIA II. In addition, CRWRC and its partners will link PLWA where available, to one mobile clinic per district through the Ministry of Health (MOH).

4. POPULATIONS BEING TARGETED

CRWRC and its partners will scale up care services for PLWA in all eight districts of the Western Province, the districts of Kitui and Mwingi in Eastern Province, and the district of Uasin Gishu in Rift Valley Province.

The program is targeting men and women living with HIV/AIDS aged 15-49. An inventory form has been developed to enroll new PLWA into the program and assess their care needs. The community level committees and volunteers will identify the needy households and provide the needed care and support based on the needs as highlighted during the inventory process.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination associated with people infected and affected by HIV, as well as increasing gender equity in programming through the delivery of key messages. Linkages will be created with systems/groups offering support in health, psychosocial aspects, food, microfinance, and reproductive health. Also to provide access to increased resources in order to address the wide spectrum of problems that is faced by households when dealing with a debilitating disease in an adult family member.

6. EMPHASIS AREAS

The program will address human capacity development through in-service training of health care workers,

Activity Narrative: community and religious leaders and caregivers to provide palliative care to individuals affected by HIV/AIDS. Lessons on volunteer retention will also be drawn from the ongoing OVC and other development programs. Other emphasis areas to be addressed by this program area include CRWRC's on-going local organization capacity building of the three partner organizations and coordination of the health management information system for tracking PLWA reached with HBC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17558

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17558	17558.08	U.S. Agency for International Development	Christian Reformed World Relief Committee	7792	7792.08	New Partners Initiative	\$0

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8673.09	Mechanism: Nyanza Province
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 19412.20262.09	Planned Funds: \$775,000
Activity System ID: 20262	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + New activity emphasis on prevention with positives among patients coming for care and treatment services.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in pediatric treatment, Pediatric care and support, Adult treatment, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP) will strengthen ongoing adult care and support activities in 40 health facilities (25 in Nyando and 15 in Kisii districts) in Nyanza province. The activities include support for provision of facility based care and support services for 30,000 people with HIV and support for training for 120 health care workers. Laboratory and clinical network centers will be supported at the District Hospital in Nyando. Points of service will include dispensaries, health centers, and sub-district and district facilities in the district
 CU-ICAP supports the development of high quality HIV care and treatment services in low-resource settings. CU-ICAP programs currently support HIV/AIDS activities in 11 African countries. In Kenya, CU-ICAP has established a foundation for HIV/AIDS program activities, including PMTCT-Plus and care and treatment. With regionalized planning for care and treatment services, CU- ICAP-Kenya was designated the primary United States Government (USG) care and treatment partner for Eastern South and Central Province and now working in Nyanza. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya.

At each site ICAP Nyanza will provide technical assistance, equipment and supplies, infrastructure improvement, laboratory capacity improvements, laboratory reagents, adherence counseling, assistance with monitoring and reporting, cotrimoxazole prophylaxis to prevent opportunistic infections, treatment of opportunistic infections, improved access to safe drinking water, establishment of psychosocial support groups linked to each clinic and additional community-based services. The activities scope includes identification and treatment of HIV-infected children and adults and the provision of care in remote areas. The latter will be facilitated by mobile teams that move between rural health centers and dispensaries, particularly those providing PMTCT services or TB treatment, an important step towards decentralization.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services, and an improved referral network for these services. In addition, these activities will contribute to the expansion of care for HIV-infected children, in particular by supporting infant testing at sites supported both by this partner and other Emergency Plan partners.

4. LINKS TO OTHER ACTIVITIES

These services link to supported adult care treatment services as well as other ART and non ART services provided by other Emergency Plan Partners, such as the University of California, San Francisco, Catholic Relief Services, and Mildmay in Nyanza Province. They also tie into well-established referral linkages with local VCT and PMTCT programs.

5. POPULATIONS BEING TARGETED

The target population for this activity is people with HIV. The main geographic region served by these activities is Nyanza Province, a priority region because it has the highest prevalence of HIV in Kenya (15.3% compared to 7.4% nationally). Most of the services are provided to the general population with HIV but special services are provided to women through PMTCT-plus services, participants in U.S. government funded research programs and their families, and the mentally ill. Discordant couples are targeted by behavior change counseling and other prevention activities focused on HIV-infected patients.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis on commodity procurement, development of network/linkages/referral systems, human resources, logistics, local organization capacity building, and quality assurance and supportive supervision, training, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19412

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19412	19412.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8673	8673.08	Nyanza Care and Treatment FOA	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3465.09	Mechanism: N/A
Prime Partner: National AIDS & STD Control Program	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4224.20221.09	Planned Funds: \$370,000
Activity System ID: 20221	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Partner will support development /revision of nutrition policy, guidelines and tools at \$100,000.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, PMTCT, ARV Services, Pediatric care and support, Pediatric ARV, services Strategic Information and TB/HIV.

2. ACTIVITY DESCRIPTION

This will be an expansion of 2008 activities as described in the COP. The National AIDS and STD Control Program (NAS COP) is the arm of the Ministry of Health (MOH) that is responsible for implementation of medical interventions related to treatment and prevention of HIV/AIDS. NAS COP will oversee the implementation of all HIV care programs in Kenya. These activities will also result in the training of 240 health care workers. Emphasis will be placed on developing regional trainers who will provide classroom training and mentorship of health care workers at the facility level. Specific NAS COP-supported activities will continue to include the coordination of all partners in the provision of care for people with HIV (through national level meetings such as the National ART task force), and supervision of treatment in MOH and other facilities. Specific guidelines for prevention and treatment of opportunistic infections, including sexually transmitted illness, HIV prevention in care settings, and management of nutrition interventions will be updated, printed, and distributed as needed. The national system for tracking the numbers of people enrolled in patient support centers (i.e., HIV clinics) will continue to be improved. Funds will also be used to provide administrative support and transport for the Provincial/Regional ART coordinators so that they can coordinate, track, and provide supportive supervision to sites in their areas as well as supporting regular regional meetings of care providers.

The supervisory structure at NAS COP includes a core staff at a national level that consists of a small technical and administrative staff and an expanding staff responsible for M&E. A system of regional supervision of HIV/AIDS treatment activities has been established using Provincial AIDS and STI Coordinating Officers (PASCOS) who are responsible for assisting with the establishment of care and treatment services at additional sites, conducting site evaluations and accreditation, and supervision of care programs. NAS COP will distribute HIV prevention materials for health care providers that incorporate consistent messages regarding HIV status disclosure, partner testing, and condom use to prevent sexual transmission. Other activities will include the development of referral systems and care linkages for HIV positive mothers identified through the PMTCT programs, decentralization of care and treatment services to lower level health facilities to increase access and reduce the waiting list at the provincial and district hospitals, and improved coordination with other sources of support such as the Global Fund for AIDS, Tuberculosis, and Malaria.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are essential to the overall implementation and coordination of HIV care and treatment programs in Kenya. NAS COP supported activities are essential to the formation/strengthening of the linkages needed in the network model and to the development of a sustainable system of HIV care in Kenya.

4. LINKS TO OTHER ACTIVITIES

There are strong linkages between these activities and virtually all HIV prevention and treatment activities in Kenya. All Emergency Plan partners have been encouraged to extend efforts to further strengthen these linkages by coordinating with and supporting the activities of the PASCOS and by participating in national efforts such as policy/guideline revision and national stakeholders meetings. Activities are closely linked to the Management Systems of Health (MSH) supported logistics/systems strengthening particularly for the Kenya Medical Supplies Agency. Other linkages include Counseling and Testing, PMTCT, ARV Services, Strategic Information and TB/HIV.

5. POPULATIONS BEING TARGETED

Populations targeted by these activities include people living with HIV/AIDS including health care workers and others providing services to people with HIV.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in quality assurance and supportive supervision, development of networks/linkages/referral systems, logistics, human resources, policy and guidelines, strategic information (M&E, IT, Reporting) and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14934

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14934	4224.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$500,000
7005	4224.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$700,000
4224	4224.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$422,500

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$100,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 295.09	Mechanism: N/A
Prime Partner: African Medical and Research Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4817.20348.09	Planned Funds: \$250,000
Activity System ID: 20348	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Partner will procure nutritional supplementation for approximately 500 patients at \$12,000.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV services, ARV services, pediatric care and treatment, and PMTCT.

2. ACTIVITY DESCRIPTION

The African Medical Research Foundation (AMREF) has extensive experience and expertise in implementing community-based HIV/AIDS prevention and care programs throughout Africa. AMREF will continue the successful HIV treatment program that it operates in 4 sites in Kibera, a very large, informal settlement in Nairobi, Kenya. The HIV treatment program in Kibera has been recognized as a model of community-based care for PLWAs. By April 2008, the program was providing palliative care services to more than 3,000 patients. Rates of adherence to care are very high. The community sensitization activities have already contributed substantially to a reduction in stigma and discrimination in this community and are expected to continue to do so.

In 2009 AMREF will continue activities in the 4 sites, providing a package of basic health services to 5,000 people with HIV. AMREF will support staff salaries, training of 120 health providers, laboratory evaluation, adherence counseling, and monitoring, provide drugs for prevention and treatment of opportunistic infections, and expand access to safe drinking water and malaria prevention interventions. Funding will include provision of HIV care. Patient care is managed by multidisciplinary teams. Care interventions are supported through extensive involvement of community health workers and peer educators, including many people who themselves have HIV/AIDS. The community health workers and peer educators work in both the clinics and communities to support adherence, provide counseling and education about nutrition and other key aspects of care, and assist with the recognition of adverse drug reactions and early referral.

AMREF staff conducts extensive activities in the community that educate and sensitize church, political, and administrative leaders as well as all members of the community. Activities are implemented in collaboration with the Provincial ART officer for Nairobi. This activity will be primarily an expansion of the existing program to increase both the number of sites and number of people reached. The central AMREF laboratory will be strengthened to continue supporting quality assurance for labs at the satellite sites.

3. CONTRIBUTIONS TO OVERALL PROGRAM

These activities will contribute to the expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services for HIV, and an improved referral network for HIV care.

4. LINKS TO OTHER ACTIVITIES

AMREF's palliative care activities link closely to community services supported by CBOs, such as Kibera Community Self Help Program (KICOSHEP), AMREF-supported PMTCT services, adult treatment services, pediatric treatment services, pediatrics care and support and the established network referral center at Kenyatta Hospital through the referral of complicated cases.

5. POPULATIONS BEING TARGETED

The population targeted through this activity include: 1) HIV-infected adults residing in Kibera that will be served by these programs and 2) have a significant need for HIV treatment that relates not only to high HIV prevalence, but also very severe poverty and lack of basic services (e.g., clean water, food, and education). The associated community sensitization activities raise awareness among men and women living in the slums. Other target groups include public health workers and NGOs/private voluntary organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, human resources, quality assurance and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14723

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14723	4817.08	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	6922	295.08		\$250,000
6838	4817.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4201	295.07		\$150,000
4817	4817.06	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	3222	295.06		\$116,667

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$12,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7444.09

Mechanism: FANTA

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17843.20331.09

Planned Funds: \$0

Activity System ID: 20331

Activity Narrative: This PHE activity, "Randomized controlled evaluation of the impact of food supplements on malnourished HIV-infected adult ART clients and malnourished, HIV-infected adult pre-ART adults in Kenya" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0038. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17843

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17843	17843.08	U.S. Agency for International Development	Academy for Educational Development	7444	7444.08	FANTA	\$0

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 288.09	Mechanism: N/A
Prime Partner: University of California at San Francisco	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4137.20010.09	Planned Funds: \$750,000
Activity System ID: 20010	

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$450,000. Funds moved to KEMRI (HBHC).

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services, Counseling and Testing, TB/HIV, ART training, PMTCT, pediatric care and support and pediatric ARV services.

2. ACTIVITY DESCRIPTION

The University of California at San Francisco (UCSF) will increase and strengthen its support at its existing sites in Nairobi and Nyanza, as well as substantially expand services in 4 districts in Nyanza to include 10 sites in Kisumu East, 16 in Suba, 6 in Rongo and 14 in Migori. These activities will support palliative care services for 46,500 people with HIV. Services will include diagnostic testing, ongoing counseling with a particular focus on counseling for couples (including those with discordant HIV results), and prevention, diagnosis, and management of opportunistic infections. Funds will support salaries for health care workers and infrastructure through renovation in accordance with Emergency Plan guidance. In addition 50 individuals will be trained to provide HIV-related palliative care services. An area of emphasis for the UCSF supported program is to manage families rather than individuals with HIV. The programs supported by UCSF make extensive efforts to identify and provide treatment to family members of enrolled patients and have structured care provision to optimize the provision of care to families. UCSF also works closely with partners providing HIV prevention services to youth, and will provide youth-friendly HIV treatment services to individuals referred from those programs. Other areas of focus include identification and provision of care for children; integration of treatment with other services like TB, MCH and family planning, greater involvement of PLWHAs as peer educators and strengthening commodity management system. UCSF is collaborating with the National AIDS and STD Control Program (NAS COP) to develop a system for telephone consultation that will allow care providers in rural areas to access HIV expertise. Additional activities will include community mobilization and dissemination of informational materials to patients. UCSF will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

Because of the geographic foci of the HIV epidemic in the United States, UCSF has vast experience providing HIV care and has long been recognized as one of the premier institutions providing HIV care in the United States (U.S.). The faculty of UCSF also has extensive experience developing training materials and implementing HIV care and treatment programs in resource limited settings, including Kenya. Given that UCSF has a long-standing research presence in Kenya, these activities will capitalize on the resulting knowledge of Kenya as well as technical expertise in care and treatment. By March 2008, the established patient care centers in Nairobi and Nyanza were providing palliative care services to more than 28,703 people with HIV.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of palliative care services for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver care services, and a strengthened referral network for provision of those services. The activities will specifically support improved quality of care, particularly for difficult to manage patients.

4. LINKS TO OTHER ACTIVITIES

This activity relates to Adult treatment, pediatric care and treatment activities, Counseling and Testing, TB/HIV, PMTCT programs, OVC and to ART training.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS, including participants in U.S. government sponsored research programs, couples with HIV, discordant couples, and families. Services for children with HIV are being established or expanded at all sites. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWHAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks, human resources, local organization capacity building, logistics, community mobilization, information, education, and communication, quality assurance and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15021

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15021	4137.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	7011	288.08		\$732,056
7089	4137.07	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	4295	288.07		\$250,000
4137	4137.06	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	3219	288.06		\$105,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9776.09	Mechanism: N/A
Prime Partner: United Nations High Commissioner for Refugees	USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 8736.20000.09	Planned Funds: \$130,000
Activity System ID: 20000	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence / Be Faithful, Condoms and Other Prevention, Counseling and Testing, and ARV Services, and OVC.

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will support expanded palliative care services to 200 HIV-infected individuals at three sites in the Dadaab Refugee Camp in North Eastern Province, Kenya that will target both refugees and the local population. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare) and hosts 140,000 Somali refugees and 20,000 Kenyan Somali. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV sero-prevalence among ANC clinic attendees and 1.7% among STI patients, indicating a generalized epidemic and providing estimates of 2,300 HIV-infected refugees. UNHCR will support a package of services that includes clinical evaluation and laboratory monitoring, provision of cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional support and improved access to safe drinking water and malaria prevention interventions for at least 50 patients. In addition, 10 health care workers will also be trained to provide palliative care services using national guidelines. This will include training in diagnostic counseling and testing to improve/increase provider-initiated testing and subsequently increase patient enrolment into HIV care. UNHCR will build on established care activities currently being provided by its three implementing partners, GTZ, National Council of Churches of Kenya (NCCCK), and CARE Kenya, for people with HIV at refugee camp hospitals and health centers. UNHCR will expand care programs by providing technical support, training staff, supporting staff salaries, conducting laboratory evaluation, and providing adherence counseling and monitoring. In 2000, UNHCR and its three partners initiated HIV prevention, care and support services on a limited scale. These partners depend on UNHCR for 80-95% of their Dadaab program funding. GTZ provides health and nutrition services, the NCCCK supports community-based reproductive health and HIV/AIDS education, and CARE assists with water, sanitation and education services. Financial constraints have prevented UNHCR from meeting the increasing demand for a comprehensive HIV program, and additional funding and technical support are necessary to expand the scope and quality of existing services. UNHCR will work in close collaboration with CDC and other United States government agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to palliative care services for people with HIV, strengthened human resource capacity to deliver care, and a strengthened referral network.

4. LINKS TO OTHER ACTIVITIES

These activities will link to prevention and treatment services provided by UNHCR Abstinence / Be Faithful, Condoms and Other Prevention, Counseling and Testing, and ARV Services, and to coordination of ARV scale up supported through National AIDS and STD Control Program.

5. POPULATIONS BEING TARGETED

This activity targets the refugees and local populations, especially people living with HIV/AIDS. These populations are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. Humanitarian aid workers are also targeted for increased training to improve HIV clinical knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations and stigma and discrimination.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, human resources, local organization capacity building, community mobilization, quality assurance and supportive supervision, logistics, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15016

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15016	8736.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7009	4921.08		\$100,000
8736	8736.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4921	4921.07		\$50,000

Emphasis Areas

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3676.09	Mechanism: Palliative care training
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4131.20234.09	Planned Funds: ██████████
Activity System ID: 20234	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+The only change to this activity since approval in the 2008 COP is that cooperative agreement with Mildmay will end in 2009 and will be competed.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$1,000,000).

COP 2008

1. ACTIVITY DESCRIPTION

The Project goal is to strengthen the capacity of 50% of the Medical Training Colleges (MTCs) in Kenya to provide quality pre-service and in-service training on HIV and AIDS palliative care and HBC in order to support service development that is in line with NASCOP, NACC, Ministry of Health (MOH) and APHIA II partner strategies.

Under the USAID funded Care, Treatment and Support/HBHC, Mildmay International has worked in the past 20 months in partnership with the Ministry of Health and Kenya MTCs in developing the capacity of MOH staff in HIV and AIDS palliative care and management. This has been undertaken through Mildmay providing technical support to the Kenya MTCs to deliver the trainings, which include short courses, diploma and degree programs on Home Based and Palliative Care and Management for PLHA. Training targets have been met and are on schedule. The different training curriculums have also been updated to incorporate the key interventions of the community strategy. All the training curricula have been developed and reviewed with and are approved by the Academic Board of the Kenya Medical Training College.

Mildmay's approach to programming recognizes the demand for services and interventions. Several requests have been received from MOH, PMO's offices and different APHIA's to extend the training programme to other Medical Training Colleges and Provinces in the country.

In FY COP 2009, 500 Ministry of Health staff to be trained on short courses on Home Based and Palliative Care. The trainings have a modular approach and combine theory with practical exercises and action plans. The training takes six weeks in total in the following order: 1 week of class room based training, 1 week of work based assignment, 1 week of clinical placement, 2 weeks of work based assignments and 1 final week of class room based training.

Selection of candidates by MOH, with the involvement of APHIA, is done on strict criteria agreed upon with Ministry of Health and KMTC. Participants are followed up after the training to ensure that action plans developed after qualifying out of the trainings are being implemented. In every province it has been agreed that most of the participants be drawn from level 3 and level 2 of service provision in order to strengthen the community strategy. Based on the requests received the project envisages to work with six Medical Training Colleges in six provinces: Nyanza, Western, Rift Valley, Nairobi, Central and Eastern Provinces.

Since June 2008, Mildmay's training team has trained up to this date 178 participants in Integrated Management of Adult Illnesses (IMAI), drawn from several provinces in Kenya. After the training the team supports the qualified candidates with Continuous Medical Education (CME) and mentorship. All the trainings of Mildmay include peer review, participants/facilitators evaluation and regular evaluation by outside lecturers to ensure continuous quality of trainings provided. The trainers maintain their clinical skills through clinical placements.

The training team consists of a MD, RCO's, nurses and a counselor who are all very skilled training staff. The demand for IMAI training, received via Ministry of Health, is high. In the recent past WHO has recommended competency-Based task shifting concept with a focus on IMAI as a public health approach in the context of rapid scale up of HIV prevention, Care and Treatment in resource-constrained setting.

In FY COP 2009 500 MOH staff to be trained on IMAI, which is a one week training. After the training the participants are followed up with Continuous Medical Education and supported through mentorship by the training team. Selection of candidates is done by Ministry of Health based upon prior agreed criteria.

2. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

This activity will contribute to the FY 2009 targets by training 1,000 government health workers in MTCs in courses to enhance their ability to provide quality HIV/AIDS services that are responsive to clients' needs.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to HBHC APHIA II partner activities as follows: HBHC, HBHC, HBHC and HBHC.

4. POPULATIONS BEING TARGETED

This activity targets public health care workers including doctors, nurses and other health workers by providing training to enhance their ability to provide quality HIV/AIDS services that are responsive to clients' needs.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination associated with people infected and affected by HIV.

6. EMPHASIS AREAS

There are three minor areas of emphasis. First, there will be a Development of Network/ Linkages/ Referral Systems by training and following up students in their places of work and ensuring they are linked to share and exchange experiences. Second, Local Organization Capacity Development will occur by developing the capacity of staff. Third, Quality Assurance, Quality Improvement and Supportive Supervision will occur during the field component of the coursework and continued support will be provided following graduation. Finally, training is the major emphasis of this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14927

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14927	4131.08	U.S. Agency for International Development	Mildmay International	6978	3676.08		\$1,000,000
6992	4131.07	U.S. Agency for International Development	Mildmay International	4262	3676.07		\$700,000
4131	4131.06	U.S. Agency for International Development	Mildmay International	3676	3676.06		\$900,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 11532.09

Mechanism: N/A

Prime Partner: Mildmay International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17846.20236.09

Planned Funds: \$0

Activity System ID: 20236

Activity Narrative: This PHE activity, "The effectiveness of the distribution approach of the basic care package and the suitability of the package for the Kenyan Context" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0040. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17846

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17846	17846.08	U.S. Agency for International Development	Mildmay International	6978	3676.08		\$0

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 286.09	Mechanism: N/A
Prime Partner: New York University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4133.20207.09	Planned Funds: \$330,000
Activity System ID: 20207	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS
The Partner will use \$20,000 to procure nutrition supplements.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult ARV Services, Pediatric care and support, Pediatric ARV Services, TB/HIV and PMTCT.

2. ACTIVITY DESCRIPTION

New York University (NYU) will support palliative care services for 12,000 people with HIV/AIDS, at Bomu Clinic and two satellite sites in Mombasa. This will be accomplished by continuing to offer on-site material and technical support to build the capacity of this local facility to provide the services. The package of palliative care services will include cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional supplementation, TB screening, and sexually transmitted infection (STI) diagnosis and treatment, improved access to malaria prevention interventions, and safe water for pediatric households. Funds will provide salary support for health care workers in accordance with Emergency Plan guidance and training for 25 health care workers to deliver HIV palliative care. Activities will include community mobilization, strengthening of logistics capacity (particularly pharmacy management), and procurement of commodities such as laboratory reagents. Data concerning the numbers of patients receiving services will be collected and reported both nationally and through the Emergency Plan. Activities will be conducted in close collaboration with the Provincial ART coordinating officer for Coast Province. NYU has a long history of providing quality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to provision of care and treatment in resource limited settings like Africa.

The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV tests, basic hematology and chemistry tests, and CD4 counts. The Bomu clinic is a private clinic that provides general medical services to thousands of patients and has recently expanded their capacity to provide specialized HIV services. NYU has supported development of a program that was providing palliative care services for more than 4,000 patients by March 2008, including more than 200 children. Given that NYU has particular expertise in pediatric care and treatment, this site is expected to rapidly expand care and treatment for children. A key barrier to expansion of the program at the moment is space. NYU has received grant funding from other sources to establish an annex to the main clinic building that will allow substantial expansion of pediatric care and treatment, and Emergency Plan funding will be used for renovations and refurbishment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of access to palliative care services for more than 3,000 people with HIV/AIDS, strengthened human resource capacity, and a strengthened referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link closely to adult ART services, pediatric care and support, and pediatric ART services supported by NYU, and through referral to adult and pediatric HIV services provided at Coast Provincial Hospital, a network center supported by FHI.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. A key focus of the family clinic is the provision of services to children with HIV, and the identification of children with HIV as a way of reaching entire families that are affected by HIV. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills. Included among the populations served by these services will be participants in US government funded research programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, logistics, quality assurance and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14946

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14946	4133.08	HHS/Centers for Disease Control & Prevention	New York University	6984	286.08		\$175,000
7014	4133.07	HHS/Centers for Disease Control & Prevention	New York University	4270	286.07		\$175,000
4133	4133.06	HHS/Centers for Disease Control & Prevention	New York University	3217	286.06		\$100,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 483.09

Mechanism: N/A

Prime Partner: University of Washington

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17845.19967.09

Planned Funds: \$426,515

Activity System ID: 19967

Activity Narrative: This PHE activity, "Empiric therapy of helminth co-infection to reduce HIV-1 disease progression," was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0039. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17845

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17845	17845.08	HHS/Centers for Disease Control & Prevention	University of Washington	7020	483.08		\$160,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$426,515

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 483.09	Mechanism: N/A
Prime Partner: University of Washington	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4231.19969.09	Planned Funds: \$370,000
Activity System ID: 19969	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + New activity emphasis on prevention with positives among patients coming for care and treatment services.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV, Pediatric ARV services, Pediatric Care and Support, Prevention, and ARV Services.

2. ACTIVITY DESCRIPTION

The University of Washington (UW) will expand a long standing research collaboration with the University of Nairobi to provide HIV care to 7,000 people with advanced HIV at 3 care sites, and support the training of 30 individuals in the provision of HIV-related palliative care services. UW will support treatment services at Coptic Hospital, a faith-based facility in Nairobi that provides services to both the general population and individuals identified through research programs at the University of Nairobi. In addition, UW will support treatment services to two "daughter" clinics (clinics supported by the Coptic Church at facilities in Nyanza Province and in the industrial area of Nairobi). Other important aspects of the UW/Coptic Hospital program support behavior change and risk reduction for people with HIV/AIDS, with specific emphasis on patients with less advanced HIV, in whom rates of discordant partnerships have been found to be high and also Positive Prevention. Funds will be used to support salaries of health care providers in accordance with Emergency Plan guidance, logistics (primarily pharmacy management), dissemination of informational materials (about ARVs and adherence) to patients, and procurement of commodities such as laboratory reagents. This partner will maintain data concerning the numbers of clients served and will report this information both nationally and through the Emergency Plan.

UW has a long presence in Kenya and extensive experience in HIV prevention and treatment both in the United States (U.S.) and internationally. The University has a long standing research collaboration with the University of Nairobi and has provided extensive capacity building in immunology and epidemiology, including supporting long-term training for University of Nairobi staff in the U.S. University of Nairobi staff have also donated their time to support the establishment of HIV care services at Coptic Hospital.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to palliative care services for people with HIV, strengthened human resource capacity to deliver care services, and an improved referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These services will link closely to adult ARV treatment services provided at Coptic Hospital, Pediatric care and support, Pediatric ARV services, TB/HIV services and also link directly to the Nairobi network center at Kenyatta National Hospital and to other services provided through the expanding partnerships between other US-based Universities and the University of Nairobi.

5. POPULATIONS BEING TARGETED

These programs target adults living with HIV/AIDS.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of network/linkages/referral, human resources, information, education, and communication, local organization capacity building, logistics, strategic information, training, and quality assurance and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15036

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15036	4231.08	HHS/Centers for Disease Control & Prevention	University of Washington	7020	483.08		\$549,769
7099	4231.07	HHS/Centers for Disease Control & Prevention	University of Washington	4301	483.07		\$200,000
4231	4231.06	HHS/Centers for Disease Control & Prevention	University of Washington	3253	483.06		\$100,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 287.09

Mechanism: N/A

Prime Partner: University of Manitoba

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 4135.20023.09

Planned Funds: \$200,000

Activity System ID: 20023

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services, Pediatric ARV services, Pediatric Care and Support, Prevention, and PMTCT.

2. ACTIVITY DESCRIPTION

The University of Manitoba (UoM) will expand provision of palliative care services at 4 sites in Nairobi, providing care for 4,000 adults with HIV. Patients receiving care will include two cohorts of patients identified through United States (U.S.) government funded research studies, their families, and others in the geographic area. Services will be provided at Pumwani Maternity Hospital (PMH) and a clinic in the Pumwani Majengo area of Nairobi, Korogocho and the Sex Workers Outreach Program (SWOP) and clinic in the Nairobi central business district. UoM activities will link with those conducted by other University based groups collaborating with the University of Nairobi and will be conducted in close collaboration with PMH and Nairobi City Council Clinics through the Nairobi Provincial ART Officer. The existing referral networks between the PMTCT program and other care and support centers within Nairobi will also be enhanced. Adherence to care will be supported through extensive involvement of peer groups. Funds will be used to support health care worker salaries in accordance with Emergency Plan guidance, and will support logistics (particularly pharmacy management) and dissemination of informational materials. The activity will support the training of 40 individuals to provide HIV-related palliative care (excluding TB/HIV). UoM also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi. Prior to the availability of Emergency Plan funds, it had not been possible to provide antiretroviral treatment (ART) to the women in this cohort because of lack of resources. Extensive community-based services have already been established that involve peers educators in a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the HIV care expertise of the UoM staff.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for clinically qualified HIV-positive adults, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of HIV care.

4. LINKS TO OTHER ACTIVITIES

These activities link closely to adult ART services provided by UoM, PMTCT services at PMH provided by University of Nairobi and to services provided at Kenyatta Hospital, a network center through University of Nairobi.

5. POPULATIONS BEING TARGETED

Patients receiving treatment will include two cohorts of patients identified through U.S. government funded research studies, their families, women seeking antenatal and maternity services, and others in the geographic area. These populations include vulnerable women, in particular sex workers and former sex workers who might not otherwise seek/access medical care and who may be high risk to transmission HIV particularly in the absence of appropriate treatment and support. Public health workers will also be targeted, including mainly doctors, nurses, pharmacists and laboratory workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, and development of networks/linkages/referral systems, human resources, information, education, and communication, logistics, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15025

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15025	4135.08	HHS/Centers for Disease Control & Prevention	University of Manitoba	7013	287.08		\$100,000
7093	4135.07	HHS/Centers for Disease Control & Prevention	University of Manitoba	4297	287.07		\$100,000
4135	4135.06	HHS/Centers for Disease Control & Prevention	University of Manitoba	3218	287.06		\$48,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4915.09	Mechanism: APHIA II - Nyanza
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 8928.20432.09	Planned Funds: \$1,040,000
Activity System ID: 20432	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS: this activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$50,000)

1. LIST OF RELATED ACTIVITIES

The APHIA II Nyanza HBHC activities relate to Pediatric and adult HIV/AIDS Treatment Services, Counseling and Testing), Other Prevention, TB/HIV Care activities, PMTCT and Strategic Information.

2. ACTIVITY DESCRIPTION

USAID's APHIA II Nyanza project implemented by EngenderHealth began its support of basic health care support services in Nyanza Province in FY 2006 and continued this in FY 2007 and FY 2008. In FY 2009 this activity will continue to provide basic health care support services to 47,000 PLWHA in 150 public sector and faith-based health facilities and communities across fifteen districts in Nyanza Province. During the COP 2009 period this activity will also continue to provide basic health care support services to 17,000 PLWHA in 25 communities across six districts in Nyanza Province out of the targeted 47,000 HIV infected persons. The 1,000 CHWs who were trained in home-based care, nutrition, prevention, social and spiritual support, and end-of-life care will continue to provide on-going support services. These will include basic counseling, adherence counseling, and nutritional support and basic care packages. The project will continue to work with the 25 CBOs to enroll PLWHA who are ready into support groups and networks which will be linked to the national networks of people living with HIV/AIDS. Linkages between health facilities and the community-based activities will be strengthened to ensure effective continuum of care, follow-up, and effective referrals. The CHWs will be the pregnant caregivers to the health facility for PMTCT services and will follow-up on them and encourage them to join the HIV+ mother support groups. The households with HIV+ mothers will receive ITNs and water guard for water purification. The project will continue to work with the CHWs to provide messages on prevention and VCT services in the rural communities 640 home based care workers will be trained in nutrition, prevention, social and spiritual support, and end-of-life care. The quality and availability of palliative services will also be increased in the community by engaging with community support groups around the various comprehensive care centres. Linkages between health facilities and community-based activities will be strengthened for effective care, follow up and tracking of referrals. Both health care workers and community and home based care volunteer workers will be trained on effective referral. This activity will work with community leaders and community based organizations to establish linkages to other sectors to improve the livelihood of people living with HIV/AIDS. This will include microfinance and agricultural organizations to enhance business skills and agricultural skills.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will help to optimize the quality of life for 47,000 PLWHA in Nyanza province and provide critical support to families affected by HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

This activity relates activities relate to Pediatric and adult HIV/AIDS Treatment Services, Counseling and Testing, Other Prevention, OVC, TB/HIV Care activities, AB, PMTCT and Strategic Information through the formation of effective referral networks for HIV prevention, treatment care and support services.

5. POPULATIONS BEING TARGETED

This APHIA Nyanza activity targets adults of reproductive health age, people affected by HIV/AIDS and people living with HIV/AIDS. Linkages to other sectors including agricultural programs and microfinance will involve community leaders and community based organizations. Strategies to improve quality of services will target faith-based and public health doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination by encouraging community support for people living with HIV/AIDS.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14780

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14780	8928.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$900,000
8928	8928.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$350,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 282.09**Mechanism:** N/A**Prime Partner:** Eastern Deanery AIDS Relief Program**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Care: Adult Care and Support**Budget Code:** HBHC**Program Budget Code:** 08**Activity ID:** 4128.20421.09**Planned Funds:** \$530,000**Activity System ID:** 20421

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + New activity emphasis on prevention with positives among patients coming for care and treatment services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:
 This partner will be contributing nutritional commodities for U.S. \$90,000

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services, pediatric ARV services, pediatric care and support TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) is a faith-based organization (FBO) under the Roman Catholic Archdiocese of Nairobi that was established in 1993 in response to the HIV pandemic affecting predominantly poor people living in the eastern slums of Nairobi. Key elements of the program have been expanded in recent years to include HIV counseling and testing that targets entire communities, routine HIV testing among confirmed and suspected TB patients, antiretroviral treatment (ART) and PMTCT services. Through a network of community health workers and clinical sites, EDARP provides both facility and community based palliative care to thousands of PLWHA. Palliative care covers a wide spectrum of both community and facility based interventions that include HIV testing, HIV status disclosure, HIV prevention, clinical monitoring, adherence counseling, monitoring and management of opportunistic infections, psychosocial and spiritual support, pain management, terminal care, and provision of safe water, multivitamins and supplementary food. Other activities include provision of emotional support to health care workers who face enormous emotional challenges in providing services in this poverty-stricken area. In FY 2009/2010, EDARP will expand palliative care services to reach 17,000 adults with HIV through 12 service outlets. Emergency Funds will also be used to provide training in palliative care services for 50 health care workers in a setting characterized by widespread poverty and limited services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will expand access to palliative care services for PLWHA, strengthen human resource capacity to deliver HIV services, and improve the referral network to provide these services.

4. LINKS TO OTHER ACTIVITIES

This activity links to activities in ARV Services, pediatric ARV services, pediatric care and support TB/HIV, and PMTCT.

5. POPULATIONS BEING TARGETED

These activities target all PLWHA- adults, children and infants; MARPS (e.g. sex workers, street youth, and pregnant women).

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

These include renovation of infrastructure, human capacity development, local organization capacity building, TB, safe motherhood, child survival activities, strategic information development and support for food.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14772

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14772	4128.08	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	6943	282.08		\$550,000
6878	4128.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$250,000
4128	4128.06	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	3215	282.06		\$190,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$90,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 217.09

Prime Partner: University of Nairobi

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 4925.19978.09

Activity System ID: 19978

Mechanism: Department of Pediatrics

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$330,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Partner will procure nutrition supplements for approximately 500 patients at \$10,000.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services, pediatric ARV services, pediatric care and support TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

The University of Nairobi, Department of Pediatrics (UNBO) will work to strengthen the palliative care services available at the Kenyatta National Referral Hospital (KNH) and 3 additional sites in order to provide services to 10,000 people with HIV. Their activities will emphasize the management of complicated opportunistic infections among HIV patients and participants in United States (U.S.) government sponsored research. Palliative care services will include cotrimoxazole preventive therapy, management of opportunistic infections, management of malnutrition, and end-of-life care. Activities will strengthen KNH to provide highly skilled and laboratory services, conduct training, and serve in other diagnostic and management capacities. In addition to providing training to 200 health care workers, UNBO will provide technical assistance to the National AIDS and STD Control Program (NAS COP) in the development of HIV care policy and guidelines.

The UNBO has run research clinics for perinatal cohorts of HIV infected women at KNH for more than 13 years studying PMTCT, immune responses, and disease progression in women and children, as well as managing a handful of patients receiving donated antiretroviral treatment (ART). Research physicians have undergone short courses on the topic of HIV management and have now themselves conducted numerous courses about HIV care. The KNH Comprehensive Care Center has been operating for more than 7 years providing psychosocial care. More recently they have provided ambulatory medical care to PLWHA that has included nutrition, opportunistic infection prophylaxis and care, and ART. The center has dedicated staff providing psychosocial, nutritional, and medical care. By April 2008 more than 6,000 patients were receiving care as a result of the activities of this partner.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for people with HIV, strengthened human resource capacity to deliver HIV care services, and a strengthened referral network for provision of these services. These activities will develop the capacity of KNH to serve as a key network center, developing clinical HIV expertise in the management of adults.

4. LINKS TO OTHER ACTIVITIES

This activity relates to ARV services supported by UNBO at these same sites, and TB/HIV, PMTCT activities being implemented by University of Nairobi, OBGYN, ARV services coordinated by and supported through the NAS COP, and training activities supported by the Kenya Pediatric Association, a treatment sub-partner of the TBD Umbrella, and to multiple activities in and around Nairobi that refer to KNH as a network center.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, human resources, policy and guidelines, quality assurance and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15030

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15030	4925.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7016	217.08	Department of Pediatrics	\$250,000
7096	4925.07	HHS/Centers for Disease Control & Prevention	University of Nairobi	4298	217.07	Department of Pediatrics	\$200,000
4925	4925.06	HHS/Centers for Disease Control & Prevention	University of Nairobi	3205	217.06	Department of Pediatrics	\$115,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4925.09	Mechanism: Eastern Province
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 5271.20401.09	Planned Funds: \$540,000
Activity System ID: 20401	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ New activity emphasis on prevention with positives among patients coming for care and treatment services.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:
Partner will support nutritional supplementation for approximately 400 HIV+ at \$10,000.

COP 2008
+ This TBD was awarded to Columbia University only a few days prior to COP submission.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services, Pediatric care and support, Pediatric ARV services, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

Columbia University's Centre for AIDS Care and Treatment Program (CU-ICAP) will continue a collaborative relationship with Machakos District Hospital and 33 health facilities in other neighboring districts to enhance and expand the HIV care programs in the southern region of the Eastern Province of Kenya. Through this funding, CU-ICAP will support HIV care and support to approximately 23,000 people in 34 sites. This region is characterized by moderately high rates of HIV (approximately 4%); high rates of other infectious diseases including malaria, hepatitis, and schistosomiasis; and high rates of food insecurity. Machakos District Hospital is a high-volume district hospital that serves as the referral center for this area. Sites in this area previously received modest support through the Kenya Medical Research Institute. CU-ICAP was awarded a contract in October 2007 and has since expanded the number of sites that provide HIV care from 11 to 33. As of April 2008 these sites have provided services for over 9,000 HIV+ persons. CU-ICAP will support staff salaries, and provide training, laboratory evaluation, adherence counseling, and monitoring. The activity will also support the training of 120 individuals in the provision of HIV-related palliative care services.

The package of services provided to patients will include cotrimoxazole prophylaxis, treatment of opportunistic infections, management of malnutrition, improved access to safe drinking water, and interventions to reduce the risk of malaria. CU-ICAP will work closely with, and support the activities of the Provincial AIDS and STI Coordinating Officer (PASCO) for the region (e.g., supporting regular meetings of area providers). CU-ICAP will also support establishment/ strengthening of other regional activities, including developing a system for quality control at Machakos District Hospital and the development of a regional system for the transfer of blood samples/results to optimize the utilization of CD4 cell count machines. CU-ICAP will also assist with development of a quality improvement program for the region and will assist the National AIDS and STD Control Program (NASCO) with implementation of a similar system at the national level.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of access to quality palliative care services for people with HIV, strengthened human resource capacity to deliver HIV care services, and an improved referral network for the provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link closely to adult treatment, pediatric care and support, pediatrics treatment services and TB/HIV services supported by this same partner, to PMTCT activities being implemented by AMREF, and pediatrics demonstration project and training activities being implemented by Mildmay International.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS (i.e. adult men and women). Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, logistics, quality assurance and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14689

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14689	5271.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6908	4925.08	Eastern Province	\$332,000
7043	5271.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4925	4925.07	Eastern RFA	██████████
5271	5271.06	HHS/Centers for Disease Control & Prevention	To Be Determined	3459	3459.06		██

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 441.09	Mechanism: Capable Partners
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 4214.20339.09	Planned Funds: \$450,000
Activity System ID: 20339	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This relates to Capable Partners activities Other Prevention, OVC, AB and CT.

2. ACTIVITY DESCRIPTION

Capable Partners will continue to support two agencies in Basic Health Care and Support. First, Handicap International will continue to support the Kitale AIDS Program, building on an effective existing program to provide a basic package of treatment services, including diagnosis and management of opportunistic infections. The program will continue to develop referral linkages to programs providing antiretroviral treatment primarily at 4 rural AIDS clinics. Health workers in West Pokot will be trained in the management of opportunistic infections, sensitization workshops will be held for health facility staff, home-based care providers will be trained in adherence counseling and 60 volunteers providing HBC and ART adherence support will be supervised. Handicap will also continue to reinforce the capacity for the management of HIV/AIDS patients in 6 health centers. These activities will contribute to the provision of a basic package of services to people with HIV/AIDS, strengthened integration of prevention and treatment services, and strengthening of networks for HIV care services.

Second, Nazareth Hospital will increase community-based support services to the PLWHA already enlisted for support through the ART program and their families. Family-based caregivers drawn from the clients households will be trained and equipped with information on home-based care, end-of-life care and support, and responding to the needs of the patients. More emphasis will be placed on supporting OVC and their care-takers and 2007 Nazareth will develop a program for more comprehensive community based care for these children. The nutrition support program for PLWHA will be scaled up from the existing 350 patients to 400. Nazareth will address the issue of ART adherence by working with Red-hill Centre and other organizations in the locality to provide rehabilitation and support services for PLWHA who are alcohol abusers.

3. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

In 2009 Handicap International proposes to train: 200 health workers in the management of treatment for HIV/AIDS, sensitization ART adherence procedures. Counseling will be provided to 2,500 individuals with HIV. Nazareth will help a total of 200 PLWHA to form support groups and provide opportunities for its patients on ART to reintegrate into the community. Nazareth Hospital will establish and equip 5 new PLWHA support groups and continue supporting 5 existing support groups in the community for income generating activities. 400 people with HIV/AIDS will receive basic community-based support. In 2006 Nazareth increased the number of people living with HIV/AIDS on ART from 350 to more than 700. In 2009 250 additional households with PLWHA will be targeted in the provision of skills for care, support and psychosocial support of the PLWHA.

4. LINKS TO OTHER ACTIVITIES

This activity will link with Indiana University's program with Kitale District hospital in PMCT.

5. POPULATIONS BEING TARGETED

The populations being targeted include caregivers (of PLWHA and OVC), Orphans and Vulnerable Children and People living with HIV/AIDS. People Living with Disabilities are also a primary target

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed will be stigma and discrimination through the mainstreaming of disability into HIV/AIDS policy in the country. At the moment little is being done to provide access for this category of people to services on HIV/AIDS, reproductive health and sexuality. Gender will also be addressed due to a rise in gender-based violence of which almost 90% are sexual in nature. Service providers will be on the look-out for victims of such violence and appropriate services will be offered to them promptly to avoid complications that may arise. In all the activities of the project, equity will also be a key focus. Female youth, women in general and PWDs will be provided with more access to services and attention will also be given to them in order to bridge the gap between them and the other members of the society on matters related to the project objectives. The aim of this will be to provide these 'more at risk' segments of the population with adequate information for prevention purpose and also care and support as access may have been compromised because of their condition. A final legislative area is a Wrap Around for Microfinance/Micro-credit due to the establishment and equipping of 10 PLWHA support groups in the community for income generating activities

7. EMPHASIS AREAS

The major area of emphasis is training and development of networks, linkages and referrals to the link ART facilities with community and development initiatives. Minor emphasis is in Linkages with Other Sectors and Initiatives (through prevention-based activities like VCT, Behavior Change Communication and community education), Community Mobilization/Participation and Policy and Guidelines (through the mainstreaming of disability into HIV/AIDS policy papers in the country).

New/Continuing Activity: Continuing Activity

Continuing Activity: 14717

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14717	4214.08	U.S. Agency for International Development	Academy for Educational Development	6920	441.08	Capable Partners	\$450,000
6827	4214.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$300,000
4214	4214.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$225,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$92,906,710

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7532.09	Mechanism: ARV Resistance Surveillance
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 17154.20313.09	Planned Funds: [REDACTED]
Activity System ID: 20313	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ The Prime Partner has changed from KEMRI to TBD.

COP 2008

WHO and CDC have developed a method to monitor the emergence of HIV drug resistance (HIVDR) during the first year of antiretroviral treatment (ART) and evaluate potentially associated program factors which could be altered to optimize ART program functioning for HIVDR prevention. A sample size of approximately 100 patients initiating ART is evaluated at baseline and 12 months at 3-5 sentinel sites. At baseline, a genotype and brief ARV history are taken. At 12 months, or at time of switch to a second-line regimen, a viral load (VL), a genotype, and an adherence assessment are performed. Monitoring is defined as the measurement and interpretation of viral suppression in populations taking first-line ART 12 months after commencement of ART and the measurement and interpretation of HIVDR in populations commencing ART and in populations not achieving viral suppression after 12 months of first-line ART. Data will assist the Kenya Ministry of Health National AIDS and STI Control Program (NASCOP) and other national and international partners to design strategies to improve ART outcomes and support recommendations for optimal first- and second-line regimens and indications for time of regimen switch. This strategy will be implemented along with early warning indicators available from routine ART clinical data. The sentinel methodology will be incorporated as a routine evaluation. The completion of surveillance and data collection using COP 08 funding is anticipated. Additional funding is requested in FY09 COP for data analysis and report writing.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17154

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4076.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 25074.09

Planned Funds: \$346,550

Activity System ID: 25074

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHCS.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in the HTXS program area.

2. ACTIVITY DESCRIPTION

Access to treatment with antiretroviral drugs in Kenya has expanded dramatically during the past few years. Established HIV treatment services have improved the quality of life and prolonged the lives of many HIV-infected individuals. During this phase of rapid scale up, there is substantial need for supportive supervision of both partners and local Kenyan health care workers. Although the latter is the mandate of the ministry of health, the responsibility for this important function has been shared with partners and donors, including the technical staff of the US government agencies. CDC staff has contributed by assisting with the development of policies and guidelines, assisting implementing partners to improve the technical quality of their care and treatment programs, and by providing direct technical assistance to sites and geographic areas not yet fully supported by other partners.

During FY 09 CDC will continue to work with government of Kenya agencies and non-governmental partners to initiate, maintain, and decentralize antiretroviral treatment programs. These services will include a broad range of activities including capacity building for health care workers, laboratory and pharmacy management, support for adherence, and for management of advanced HIV disease and toxicities. These services are very closely linked to basic care and support services provided at the same sites. Technical activities of the CDC team include assisting with the development of appropriate monitoring tools, analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved.

The CDC Kenya care and treatment technical team includes one Direct Hire (USDH), five locally employed technical staff and one program assistant. The team is supported by locally employed drivers whose work is devoted to supporting care and treatment activities. In addition to enabling the technical staff to conduct regular field visits and technical supervision, the drivers assist with delivery of equipment and supplies required by the supported programs. The total proposed HTXS management budget for FY 2009 is US \$990,560 and will be distributed across expenditure categories.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 217.09	Mechanism: Department of Pediatrics
Prime Partner: University of Nairobi	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4104.19981.09	Planned Funds: \$2,050,000
Activity System ID: 19981	
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008	

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult Care and Support, Pediatric Care and Support, TB/HIV Pediatric Treatment, and PMTCT.

2. ACTIVITY DESCRIPTION

The University of Nairobi Department of Pediatrics (UNBO) will work to strengthen services of the ongoing antiretroviral therapy (ART) treatment activities at Kenyatta National Referral Hospital (KNH) and 3 additional sites with an emphasis on, management of complicated cases of patients on ART, and participants in U.S. government sponsored research. Treatment, including ART, will be provided to 6,300 people with advanced HIV (3,000 new patients), increasing the number of individuals ever receiving ART to 7,560. Activities will strengthen KNH's ability to provide specialized care for HIV patients on ART who develop complications, conduct trainings, and manage other diagnostic activities. Funds will be used to support salaries for health care workers in accordance with Emergency Plan guidance, improve infrastructure through renovation, purchase commodities including laboratory reagents, and train 300 health workers. UNBO will also provide technical expertise to the National AIDS and STD Control Program (NASCO) in the development of policies, guidelines, and curriculum relating to ART. UNBO has run research clinics on perinatal cohorts at KNH for 12 years studying PMTCT and immune responses and disease progression in women, as well as managing a group of patients receiving donated ART. Research doctors have undergone short trainings about HIV treatment and have conducted numerous courses on ART. The KNH Comprehensive Care Center has been operating for more than 7 years providing psychosocial care. Over the past year it has provided ambulatory medical care to PLWHA including nutrition, opportunistic infection prophylaxis and treatment, and ART. It has dedicated staff providing psychosocial, nutritional, and medical care. By April 2008, more than 4,000 patients were receiving treatment as a result of the activities of this partner. UNBO will continue to develop mechanisms to allow referral of uncomplicated ART patients to lower level health facilities to enable KNH to focus on tertiary care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of antiretroviral (ARV) treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ARV services.

4. LINKS TO OTHER ACTIVITIES

This activity relates to Adult care and support, pediatric care and support, pediatric ARV services, and TB/HIV services supported by UNBO at these same sites, PMTCT activities being implemented by University of Nairobi, OBGYN, ART services coordinated by and supported through the NASCO, and training activities supported by the Kenya Pediatric Association, a treatment sub-partner of the TBD Umbrella organization and to multiple activities in and around Nairobi that refer to KNH as a network center.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of networks/linkages/referral systems, human resources, policy and guidelines, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15032	4104.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7016	217.08	Department of Pediatrics	\$2,300,000
7095	4104.07	HHS/Centers for Disease Control & Prevention	University of Nairobi	4298	217.07	Department of Pediatrics	\$1,700,000
4104	4104.06	HHS/Centers for Disease Control & Prevention	University of Nairobi	3205	217.06	Department of Pediatrics	\$982,154

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 282.09	Mechanism: N/A
Prime Partner: Eastern Deanery AIDS Relief Program	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4130.20426.09	Planned Funds: \$3,850,000
Activity System ID: 20426	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV, Palliative care: HBHC, PDCS, Counseling and Testing, and PMTCT.

2. ACTIVITY DESCRIPTION

The Eastern Deanery Aids Relief Program (EDARP) will expand services at 12 sites in the Eastlands slums of Nairobi to provide ART to 11,700 adults with advanced HIV (2,400 new patients, with the total patients ever provided with services at 14,040). Funds will also be used to provide HIV Care and Treatment training for 50 health care workers. EDARP provides these services in urban slums in eastern Nairobi, an area with relatively few Ministry of Health Medical Facilities and extreme challenges including severe poverty and very limited availability of services such as access to affordable housing, sanitation, and safe drinking water. EDARP provides a package of antiretroviral treatment that includes support for staff salaries, training of staff, laboratory evaluation, adherence counseling, and monitoring. ARVs will be supplied to the sites through the distribution system of the USG central supply network currently done through Mission for Essential Drugs and Supplies (MEDS). The program also includes a very strong component of community-based support for ART adherence, infrastructure improvement (renovations at the facilities), and production and distribution of informational materials to patients. Other activities include the initiation of systems to provide emotional support for health care workers who are facing the enormous challenges of providing services in this area and those focused on reducing the risk of HIV transmission in care and treatment settings. EDARP is a faith-based organization under the Roman Catholic Archdiocese of Nairobi that was established in 1993 as a response to the HIV pandemic affecting the people living in the Eastlands area of Nairobi. A network of community health workers and clinical sites has been established, and now provides a variety of HIV prevention and treatment services to many thousands of people with HIV. Key elements of the program have been expanded in recent years, including establishment of HIV counseling and testing centers and demonstration programs that have successfully introduced routine HIV testing among TB patients and have served as models for scale up of these activities nationally.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will expand access to ARV treatment for clinically qualified HIV-positive patients, strengthen human resource capacity to deliver ARV treatment, and strengthen the referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

This activity links to EDARP supported activities in Palliative Care, TB/HIV, PMTCT and Counseling and Testing services. The services are implemented in collaboration with the ART officer of Nairobi Province and are linked to the network center at Kenyatta National Referral Hospital, supported by university of Nairobi.

5. POPULATIONS BEING TARGETED

The populations targeted with this activity are adults with advanced HIV who are living in slums in Eastern Nairobi. They are a priority because of high rates of HIV and because the population is extremely poor and would otherwise have very limited access to health care services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, training, human resources, information, education, and communication and supportive supervision, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14776

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14776	4130.08	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	6943	282.08		\$4,300,000
6880	4130.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$1,800,000
4130	4130.06	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	3215	282.06		\$1,360,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4915.09

Mechanism: APHIA II - Nyanza

Prime Partner: Engender Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8774.20438.09

Planned Funds: \$2,750,000

Activity System ID: 20438

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

The narrative has been split to reflect adult and pediatric care and support and treatment. References to targets have been updated including emphasis areas and budgets.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$250,000).

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in counseling and testing, PMTCT, orphans and vulnerable children, TB/HIV, adult care and support and Pediatric HIV care and treatment.

2. ACTIVITY DESCRIPTION

The APHIA II Nyanza project implemented by EngenderHealth initiated support to ART services in Nyanza Province in FY2006 and continued in FY2007 and FY2008. This activity will continue in FY2009 to expand adult HIV care and treatment services in 15 districts of Nyanza province. Working in 58 public sector, 2 local sugar company worksites and 20 faith based facilities, HIV treatment will be provided to 8,000 newly initiating individuals. At the end of this COP 2009 period, 18,000 HIV infected adults will have ever received ART, while 15,000 will be actively receiving ART. Activities will focus on decentralization of HIV care and treatment services resulting in initiation of services and follow up sites in health centers, and inclusion of a broad cadre of health staff to provide adherence counseling and support. To improve the technical capacity of health staff, 150 will receive training in Adult ART and facilitative supervision. Infrastructure improvement, logistics strengthening, procurement of supplies and dissemination of materials such as standard treatment protocols, guidelines and pamphlets to address adherence will form part of the support. The project will support networking and establishment of laboratory services to new health centers and facilitate provision of laboratory equipment and reagents including CD4 count facilities in collaboration with other partners. The project will computerize large (more than 250 patients) Comprehensive Care Centers to improve on drug management and patient follow up. The network model of care will be incorporated to strengthen linkages to MCH, PMTCT, TB, and STI services to expand opportunities for ART. A behavior change communication program will be established in the rural communities surrounding the health facilities to address stigma reduction; encourage utilization of treatment services; treatment compliance as part of psychosocial support; and prevention of HIV among HIV positive individuals. Because the issue of stigma and discrimination is still high amongst health workers in Kenya this activity whilst conducting clinical training will also train workers on stigma and discrimination using a curriculum specifically produced for this purpose.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will expand ART services in Nyanza Province providing treatment to 8,000 individuals newly initiating ART, and increase availability of skilled health workers to provide care and treatment. It will enable service providers to identify and refer the large numbers of HIV infected patients who are potential candidates for ART. This activity will increase access to quality treatment services particularly among the underserved. It also contributes to Kenya's 5-year strategy emphases of developing effective linkages between prevention, care and treatment services within an integrated network.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing, PMTCT, orphans and vulnerable children, TB/HIV, adult care and support and Pediatric HIV care and treatment.

5. POPULATIONS BEING TARGETED

This activity targets rural community members, people living with HIV/AIDS, HIV positive infants, and children, HIV affected families, OVCs and caregivers. It also targets health care providers in public and faith based facilities, other health care workers and other MOH staff based in Nyanza Province.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma associated with HIV status and increase gender equity by expanding the availability of comprehensive care.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14785

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14785	8774.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$3,050,000
8774	8774.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$1,400,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4925.09	Mechanism: Eastern Province
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 5274.20404.09	Planned Funds: \$1,400,000
Activity System ID: 20404	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support, Pediatric care and support, Pediatric ARV services, TB/HIV and PMTCT.

2. ACTIVITY DESCRIPTION

Columbia University's Centre for AIDS Care and Treatment Program (CU-ICAP) will continue a collaborative relationship with Machakos District Hospital and health facilities in other neighboring districts to enhance and expand the antiretroviral treatment (ART) program in the southern region of the Eastern Province of Kenya, providing treatment to 7,000 people with HIV (including 3,600 new patients), bringing the total ever treated to 8,400 in 35 sites. Two hundred health care providers will receive ART training. This region is characterized by moderately high rates of HIV (approximately 4%); high rates of other infectious diseases including malaria, hepatitis, and schistosomiasis; and high rates of food insecurity. Machakos District Hospital is a high-volume district hospital that serves as the referral center for this area. Sites in this area previously received modest support through the Kenya Medical Research Institute and have established good care and ART programs. CU-ICAP was awarded a contract in October 2007 and supports staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. Antiretroviral (ARV) drugs will be supplied to the sites through the distribution system of the Mission for Essential Drugs and Supplies (MEDS) and the Kenya Medical Supplies Agency (KEMSA).

CU-ICAP will work closely with and support the activities of the Provincial AIDS and STI coordinating Officer (PASCO) for the region. These activities will include support for regular meetings of providers from sites in the area. CU-ICAP will also support establishment/strengthening of other regional activities, including developing a system for quality control at Machakos District Hospital, a regional system for transfer of blood samples/results to optimize the utilization of the CD4 cell count machines, and a regional quality improvement program.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

These activities will contribute to expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and an improved referral network for provision of ARV treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to adult care and support, pediatric care and support, pediatric treatment and TB/HIV services supported by CU-ICAP at these same sites, PMTCT activities being implemented by AMREF, ART services coordinated by and supported through the National AIDS and STD Control Program, and pediatric and training activities being implemented by Mildmay International.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, logistics, quality assurance and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14691

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14691	5274.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6908	4925.08	Eastern Province	\$1,000,000
8983	5274.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4925	4925.07	Eastern RFA	██████████
5274	5274.06	HHS/Centers for Disease Control & Prevention	To Be Determined	3459	3459.06		██

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 287.09	Mechanism: N/A
Prime Partner: University of Manitoba	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4136.20026.09	Planned Funds: \$720,000
Activity System ID: 20026	
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008	

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult Basic Care and Support Care and PMTCT, Pediatric Basic Care and Support, Pediatric treatment, Counseling and Testing, TB/HIV.

2. ACTIVITY DESCRIPTION

The University of Manitoba (UoM) will expand provision of adult services at 4 sites in Nairobi, providing ART to 2,000 adults with advanced HIV (including 1,200 new patients), bringing the total number ever treated to 2,400. Patients receiving treatment will include two cohorts identified through U.S. government funded research studies, their families, and others in the geographic area. Services will be provided at Pumwani Maternity Hospital (PMH) and clinics in the Pumwani Majengo area of Nairobi, Korogocho, the Sex Workers Outreach Program [SWOP] and a clinic in the Nairobi central business district. UoM activities will link with those conducted by other university based groups that are collaborating with the University of Nairobi. These activities will also be conducted in close collaboration with PMH and Nairobi City Council Clinics through the Nairobi Provincial AIDS and STI Coordinating Officer (PASCO). The existing referral networks between the PMTCT program and other care and support centers within Nairobi will also be enhanced. Adherence to care and to antiretroviral treatment (ART) will be supported through extensive involvement of peer groups. Funds will be used to support health care worker salaries in accordance with Emergency Plan guidance, and the logistics (particularly pharmacy management) and dissemination of informational materials.

UoM has an extensive history of work in Kenya with vulnerable populations, including sex workers, and a long-standing research collaboration with the University of Nairobi with a primary focus on evaluation of risk factors for maternal to child transmission of HIV. Since 1986, they have been the main provider of health care and counseling for over 1,700 mothers and their families. This long-term association has nurtured and created a very trusting environment for patients to visit. Prior to the availability of Emergency Plan funds, it had not been possible to provide ART to the women and children in this cohort because of a lack of resources. UoM also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi. Extensive community-based services have already been established that involve peers educators in a setting that allows this vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the treatment expertise of UoM staff and will provide training for 40 health care workers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the increased availability of ART for clinically qualified HIV-positive adults, strengthened human resource capacity to deliver ART, and an improved referral network for the provision of ART.

4. LINKS TO OTHER ACTIVITIES

This activity relates to adult Palliative Care activities supported by UoM, ARV services supported by the University of Nairobi at Kenyatta National Hospital, a network center, and relates closely to University of Nairobi supported PMTCT services at Pumwani Maternity Hospital.

5. POPULATIONS BEING TARGETED

The populations targeted in this activity include two cohorts of patients identified through U.S. government funded research studies, their families, and women seeking antenatal and maternity services, and others in the geographic area. These populations include vulnerable women, in particular sex workers and former sex workers, who might not otherwise seek/access medical care. Members of these populations may be at high risk to transmit HIV, particularly in the absence of appropriate treatment and support.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, information, education and communication, logistics, targeted evaluation, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15027

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15027	4136.08	HHS/Centers for Disease Control & Prevention	University of Manitoba	7013	287.08		\$800,000
7094	4136.07	HHS/Centers for Disease Control & Prevention	University of Manitoba	4297	287.07		\$547,200
4136	4136.06	HHS/Centers for Disease Control & Prevention	University of Manitoba	3218	287.06		\$157,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4919.09

Mechanism: APHIA II - North Eastern

Prime Partner: Pathfinder International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8805.20191.09

Planned Funds: \$500,000

Activity System ID: 20191

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
The narrative has been split to reflect adult and pediatric care and support and treatment. References to targets have been updated including emphasis areas and budgets.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$50,000).

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, TB/HIV, Pediatric Care and treatment, Adult Care and Support and PMTCT.

2. ACTIVITY DESCRIPTION

This activity relates to treatment for adults affected by HIV/AIDS under the APHIA II North Eastern Project. APHIA II will oversee implementation of both community and facility-based treatment programs, including infrastructure, training clinicians and other providers, clinical monitoring, related laboratory services, and community-adherence activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through these programs 400 adults will newly initiate ART; 960 adults will have ever received ART by the end of FY 2009; and, 800 adults will be receiving ART by the end of FY 2009 at 20 facilities in NEP.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to the PMTCT activity, Palliative Care: TB/HIV and counseling and testing services which are provided by this and other partners in same region. This will ensure optimum utilization of complimentary services created through the Emergency Plan and other partners.

5. POPULATIONS BEING TARGETED

This APHIA II activity mainly targets HIV positive adults living with HIV- AIDS. Health care workers such as doctors, nurses, pharmacists, laboratory workers and clinical officers in public facilities are also targeted for training. The community activity targets to recruit train and retain community health workers that will be the link between clinical and community-based services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is reducing stigma and discrimination at community and facility level in order to ensure that people who would not have otherwise gone for treatment are able to do so.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14704

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14704	8805.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$600,000
8805	8805.07	U.S. Agency for International Development	To Be Determined	4919	4919.07	APHIA II - North Eastern	

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 483.09	Mechanism: N/A
Prime Partner: University of Washington	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4232.19973.09	Planned Funds: \$2,750,000
Activity System ID: 19973	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: HBHC, PDCS, TB/HIV, Counseling and Testing and PMTCT.

2. ACTIVITY DESCRIPTION

University of Washington (UW) will expand a long-standing research collaboration with the University of Nairobi to provide HIV care, including antiretroviral therapy to 8,600 adults with advanced HIV (3,000 new), bringing the total ever treated to 10,320. UW will support treatment services at Coptic Hospital, a faith-based facility in Nairobi that provides services to both the general population and to individuals identified through research programs at the University of Nairobi. Funding will also support the training of 30 individuals. In addition, UW will support treatment services to two "daughter" clinics (clinics supported by the Coptic Church at facilities in Nyanza Province and in the industrial area of Nairobi). Other important aspects of the UW/Coptic Hospital program support behavior change and risk reduction for people with HIV/AIDS, with specific emphasis on patients with less advanced HIV, in whom rates of discordant partnerships have been found to be high. Funds will be used to support salaries of health care providers in accordance with Emergency Plan guidance, logistics (primarily pharmacy management), dissemination of informational materials (about ARVs and adherence) to patients, and procurement of commodities such as laboratory reagents. This partner will maintain data concerning the numbers of clients served and will report this information both nationally and through the Emergency Plan. UW has an established presence in Kenya and extensive experience in HIV prevention and treatment both in the United States and internationally. The University has long-standing research collaboration with the University of Nairobi, and has provided extensive capacity building in immunology and epidemiology, including supporting long-term training for University of Nairobi staff in the United States. University of Nairobi staff has also donated their time to support the establishment of care services at Coptic Hospital.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthen human resource capacity to deliver adult ARV treatment, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

4. LINKS TO OTHER ACTIVITIES

This activity relates to testing and treatment activities at the Nairobi network center at Kenyatta National Hospital currently supported by and University of Nairobi, and to other services provided through the expanding treatment partnerships between other US-based universities such as University of Manitoba, University of California at San Francisco, and the University of Nairobi.

5. POPULATIONS BEING TARGETED

These programs target adults living with HIV. Included among the populations served by these services will be participants in US government funded research programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of network/links/referral systems, human resources, local organization capacity building, logistics, information, education, and communication, and quality assurance and supportive supervision, targeted evaluation, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15039

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15039	4232.08	HHS/Centers for Disease Control & Prevention	University of Washington	7020	483.08		\$3,100,000
7100	4232.07	HHS/Centers for Disease Control & Prevention	University of Washington	4301	483.07		\$2,883,938
4232	4232.06	HHS/Centers for Disease Control & Prevention	University of Washington	3253	483.06		\$1,270,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 286.09

Mechanism: N/A

Prime Partner: New York University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 4134.20211.09

Planned Funds: \$1,600,000

Activity System ID: 20211

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care, PMTCT, pediatric care and support, Pediatric treatment and OVC.

2. ACTIVITY DESCRIPTION

This will be a continuation of the 2008 activity. New York University (NYU) will support treatment at the Bomu Clinic and one satellite sites in Mombasa, resulting in 8,000 (new 3,500) individuals receiving antiretroviral treatment (ART) services. This will be accomplished by providing on-site material and technical support, which will increase the capacity of this local facility to sustain treatment services for people with HIV. Funds will provide salary support for health care workers in accordance with Emergency Plan guidance and training for 25 health care workers. Activities will include community mobilization, strengthening of logistics capacity (particularly pharmacy management), procurement of commodities such as laboratory reagents, and infrastructure improvement (e.g., renovations of the facilities). Data concerning the numbers of patients receiving services will be collected and reported both nationally and through the Emergency Plan. "Treatment activities will be conducted in close collaboration with the coastal Provincial Aids and STI Coordinating Officer. NYU has a long history of providing quality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to the provision of treatment in resource limited settings like Africa. The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV confirmatory testing, basic hematology and chemistry tests, and CD4 counts. The Bomu clinic is a private clinic that provides general medical services to thousands of patients and has recently expanded their capacity to provide specialized HIV services for adults and children. NYU has supported development of a program that was providing treatment to over 2,000 patients by April 2008, including 384 children. NYU brings particular expertise in pediatric treatment, and this site is expected to rapidly expand treatment for children. A key barrier to expansion of the program at the moment is space. NYU has received grant funding from other sources to establish an annex to the main clinic building that will facilitate a significant expansion in pediatric treatment, and Emergency Plan funding will be used for substantial renovations and refurbishment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ART for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver adult and pediatric ART, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

4. LINKS TO OTHER ACTIVITIES

These activities link to non-ART services supported by NYU and FHI, referral to adult and pediatric HIV services provided at Coast Provincial Hospital through FHI, a network center, and ART services coordinated by and supported through the National AIDS and STD Control Program (NAS COP). There are also further links to area VCT and community-based activities currently supported by FHI, advanced training in HIV care supported through FHI, and network strengthening activities being implemented by the Kenya Pediatric Association, a sub-partner of the Umbrella TBD.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. A key focus of the family clinic is the provision of services to children with HIV, and the identification of children with HIV as a way of reaching entire families that are affected by HIV. Treatment services for diagnosis and treatment of very young children will be established through a relationship with Kenya Medical Research Institute (KEMRI), whereby filter paper samples are transported to the KEMRI lab for polymerase chain reaction (PCR) infant testing. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills. Included among the populations served by these services will be participants in U.S. government funded research programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, infrastructure, logistics, quality assurance and supportive supervision, strategic information, targeted evaluation, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14949

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14949	4134.08	HHS/Centers for Disease Control & Prevention	New York University	6984	286.08		\$1,340,000
7015	4134.07	HHS/Centers for Disease Control & Prevention	New York University	4270	286.07		\$1,425,000
4134	4134.06	HHS/Centers for Disease Control & Prevention	New York University	3217	286.06		\$560,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 287.09

Mechanism: N/A

Prime Partner: University of Manitoba

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17881.20028.09

Planned Funds: \$300,000

Activity System ID: 20028

Activity Narrative: This PHE activity, "A Targeted Cell Phone Intervention to Improve Patient Access to Care and Drug Adherence in Patients Taking Antiretroviral (ARV) Medications in Kenya" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0045. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17881

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17881	17881.08	HHS/Centers for Disease Control & Prevention	University of Manitoba	7013	287.08		\$269,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$300,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4930.09

Mechanism: Child and Family Wellness Shops

Prime Partner: Sustainable Health Enterprise Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8820.19993.09

Planned Funds: \$100,000

Activity System ID: 19993

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Since approval there has been expansion of scope to include counseling and testing and provision of HIV care and treatment services including art. SHF will improve its hmis for better data collection, analysis and reporting.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to all other ARV Services and OI service delivery activities.

2. ACTIVITY DESCRIPTION

This is a public private partnership between USAID and 14 private sector partners and foundations to develop the Child and Family Wellness Shops (CFWS) in Kenya. CFWS is a franchise of 64 independently owned and operated health care shops that offer primary health care services at low cost. CFWS is the local subsidiary of the Sustainable Health Enterprise Foundation, a US 501(3) c. CFWS is a Kenyan-registered not-for-profit NGO. The goal of CFWS is sustainable expansion of accessibility of services. Shop owners are licensed by CFWS, whose goal is to ensure they have a living income from their business. They key goals of CFWS are to 1) Improve access to essential medicines in communities where supplies are scarce, over-priced, or of poor quality; 2) Reduce mortality and morbidity rates especially for children under five; and 3) Encourage the replication of the health franchising model in the developing world by demonstrating that the model is a secure and highly cost-effective means to improve public health. With PEPFAR funding, CFWS will provide increased access to high-quality generic home based care commodities and OI drugs, will serve as a referral link for clients in need of testing and more advanced HIV/AIDS care, and will disseminate prevention messages. In its second year of PEPFAR funding and third year of implementation, CFWS will 1) Improve the impact and sustainability of the outlets by increasing the number of patients treated and growing outlet sales. CFWS aims to increase average patient visits per outlet by 30% and the average sales per outlet by 25%, 2) Grow the number of outlets from 64 to 225. The combined increase in outlet productivity and growth in outlets will more than quadruple annual patient visits from 177,000 in 2004 to over 1,500,000 in 2008, 3) Develop and test a mobile clinic model for serving more remote sparsely populated areas, and 4) Expand services and products offered to include HIV/AIDS referrals and supporting treatment of opportunistic infections. Improve linkages with hospitals and clinics. In addition, at least half of the shops will be converted into clinics, meaning they are staffed by a nurse, and can provide a slightly higher level of care. Most new locations will be staffed by a nurse. Nurses and shop owners are typically from the town or area that they serve and have a sustainable and vested interest in that community. CFWS provides oversight to the clinics to ensure quality of services, compliance with MOH policy and guidelines, and sustainable business practices. Each shop is performance-based, and is expected to achieve certain outcomes to maintain its CFWS license.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will expand access to antiretroviral treatment services for 200 HIV infected individuals, and expand referral links nationwide to higher-level health care facilities for HIV/AIDS testing and treatment.

4. LINKS TO OTHER ACTIVITIES

This activity links to CFWS HBHC, and many other service delivery activities.

5. POPULATIONS BEING TARGETED

General population (adults, youth and children), people living with HIV/AIDS, and private sector nurses and shop owners.

6. KEY LEGISLATIVE ISSUES

A key legislative issue addressed falls under "Other" for public private partnerships.

7. EMPHASIS AREAS

The major area of emphasis is Development of Network/Linkages/Referral Systems. Minor areas of emphasis are health care financing, making each facility sustainable from its operation, local organization capacity development, both of CFWS as non-profit franchise NGO and its independent franchisees, and Linkages with Other Sectors and Initiatives, as this links with the private sector.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15006

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15006	8820.08	U.S. Agency for International Development	Sustainable Health Enterprise Foundation	7004	4930.08	Child and Family Wellness Shops	\$0
8820	8820.07	U.S. Agency for International Development	Sustainable Health Enterprise Foundation	4930	4930.07	Child and Family Wellness Shops	\$386,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9776.09

Mechanism: N/A

Prime Partner: United Nations High
Commissioner for Refugees

USG Agency: Department of State /
Population, Refugees, and
Migration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8982.20004.09

Planned Funds: \$50,000

Activity System ID: 20004

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult Care and Support, Pediatric Care and Support, TB/HIV Pediatric Treatment, PMTCT and OVC.

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will support treatment services for 100 HIV-infected individuals (including 60 new patients resulting in a 120 ever) at Dadaab Refugee Camp in North Eastern Province, Kenya and will target both refugees and the local population. Dadaab, which was established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somalis. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV seroprevalence among ANC clinic attendees, and 1.7% among STI patients, indicating a generalized epidemic and providing an estimate of 2,300 HIV-infected refugees. UNHCR will support a package of services that includes clinical evaluation and laboratory monitoring and provision of treatment services. Training related to treatment services will be provided for 10 health care workers using national guidelines. This will include about adult antiretroviral treatment (ART) that will subsequently increase patient enrolment into HIV treatment. UNHCR will build on established care activities currently being provided by its three implementing partners, GTZ, National Council of Churches of Kenya (NCCCK), and CARE Kenya, for people with HIV at refugee camp hospitals and health centers. UNHCR will expand care programs by providing technical support, training staff, supporting staff salaries, conducting laboratory evaluation, and providing adherence counseling and monitoring. In 2000, UNHCR and its three partners initiated HIV prevention, care and support services on a limited scale. These partners depend on UNHCR for 80-95% of their Dadaab program funding. GTZ provides health and nutrition services, the NCCCK supports community-based reproductive health and HIV/AIDS education, and CARE assists with water, sanitation and education services. Financial constraints have prevented UNHCR meeting increasing demand for a comprehensive HIV program. Additional funding and technical support are necessary to expand the scope and quality of existing services. UNHCR will work in close collaboration with CDC and other U.S. government agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of access to palliative care services for people with HIV, strengthened human resource capacity to deliver care, and an improved referral network.

4. LINKS TO OTHER ACTIVITIES

These activities will link to Adult Care and Support, Pediatric Care and Support, TB/HIV Pediatric Treatment, PMTCT and OVC.

5. POPULATIONS BEING TARGETED

This activity targets the refugees and local populations, especially people living with HIV/AIDS. These populations are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. Humanitarian aid workers are also targeted for increased training to improve HIV clinical knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations and stigma and discrimination.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, human resources, local organization capacity building, community mobilization, quality assurance and supportive supervision, logistics, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15018

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15018	8982.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7009	4921.08		\$50,000
8982	8982.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4921	4921.07		\$50,000

Emphasis Areas

Refugees/Internally Displaced Persons

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 288.09**Prime Partner:** University of California at San Francisco**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 4138.20014.09**Activity System ID:** 20014**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Treatment: Adult Treatment**Program Budget Code:** 09**Planned Funds:** \$4,500,000

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$300,000. Funds moved to KEMRI (HTXS).

ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Basic Care and Support, Counseling and Testing, TB/HIV, pediatric care and support, pediatric ARV services, and PMTCT.

2. ACTIVITY DESCRIPTION

The University of California at San Francisco (UCSF) will increase and strengthen its support at its existing sites in Nairobi and Nyanza Province. It will also substantially expand services within 4 districts in Nyanza to include 10 sites in Kisumu East, 6 in Rongo, 16 in Suba and 14 in Migori. These activities and expansion will support adult treatment services for 20,000 people with HIV (10,000 new patients). Services will include diagnostic testing, ongoing counseling with a focus on counseling for couples (including those with discordant HIV results), prevention, diagnosis, management of opportunistic infections and community activities that strengthen the linkage between community care and treatment facilities. Funds will support salaries for health care workers in accordance with Emergency Plan guidance, and will improve infrastructure through renovation. An area of emphasis for the UCSF supported program is to manage families rather than individuals with HIV. The programs supported by UCSF make extensive efforts to identify and provide treatment to family members of enrolled patients, and are structured to optimize the provision of care to families. UCSF also works closely with partners providing HIV prevention services to youth and will provide youth-friendly HIV treatment services to individuals referred from those programs. Other areas of focus include integration of treatment with other facility services like TB and OPD, decentralization of services, greater involvement of PLWAs as peer educators, and strengthening the commodity management system. In addition, UCSF will provide high-level technical assistance to sites in Nyanza Province and will collaborate with the National AIDS and STD Control Program (NAS COP) in the development of a system for telephone consultation that will allow care providers in rural areas to access HIV expertise. Funding will be used to provide 50 health care workers with antiretroviral treatment (ART) training. Additional activities will include community mobilization and dissemination of educational materials to patients. UCSF will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

Because of the geographic distribution of the HIV epidemic in the United States (U.S.), UCSF has vast experience in providing HIV care and has long been recognized as one of the premier institutions providing HIV care in the U.S. The faculty of UCSF also has extensive experience in developing training materials and implementing HIV treatment programs in resource limited settings, including Kenya. UCSF has a long-standing research presence in Kenya and these activities will capitalize on their technical expertise in treatment. By March 2008, the established centers in Nairobi and Nyanza were providing ARV treatment to more than 9,000 people.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of ART for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ART, and an improved referral network for the provision of ART. The activities will specifically support improved quality of care, particularly for difficult to manage patients.

4. LINKS TO OTHER ACTIVITIES

This activity relates to other UCSF, KEMRI and International Medical Corps activities in Palliative Care, Counseling and Testing, TB/HIV and PMTCT Pediatric care and support and Pediatric ARV services.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS, including participants in U.S. government sponsored research programs, couples with HIV, discordant couples, and families. Services for children with HIV are being established or expanded at all sites. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks, human resources, local organization capacity building, logistics, quality assurance and supportive supervision and targeted evaluation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15023

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15023	4138.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	7011	288.08		\$4,500,006
7090	4138.07	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	4295	288.07		\$2,572,607
4138	4138.06	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	3219	288.06		\$1,680,825

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1501.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 4297.19950.09

Planned Funds: \$471,051

Activity System ID: 19950

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ This year's CDC M&S funds are split between GAP and GHCS.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in the HTXS program area.

2. ACTIVITY DESCRIPTION

Access to treatment with antiretroviral drugs in Kenya has expanded dramatically during the past few years. Established HIV treatment services have improved the quality of life and prolonged the lives of many HIV-infected individuals. During this phase of rapid scale up, there is substantial need for supportive supervision of both partners and local Kenyan health care workers. Although the latter is the mandate of the ministry of health, the responsibility for this important function has been shared with partners and donors, including the technical staff of the US government agencies. CDC staff has contributed by assisting with the development of policies and guidelines, assisting implementing partners to improve the technical quality of their care and treatment programs, and by providing direct technical assistance to sites and geographic areas not yet fully supported by other partners.

During FY 09 CDC will continue to work with government of Kenya agencies and non-governmental partners to initiate, maintain, and decentralize antiretroviral treatment programs. These services will include a broad range of activities including capacity building for health care workers, laboratory and pharmacy management, support for adherence, and for management of advanced HIV disease and toxicities. These services are very closely linked to basic care and support services provided at the same sites. Technical activities of the CDC team include assisting with the development of appropriate monitoring tools, analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved.

The CDC Kenya care and treatment technical team includes one Direct Hire (USDH), five locally employed technical staff and one program assistant. The team is supported by locally employed drivers whose work is devoted to supporting care and treatment activities. In addition to enabling the technical staff to conduct regular field visits and technical supervision, the drivers assist with delivery of equipment and supplies required by the supported programs. The total proposed HTXS management budget for FY 2009 is US \$990,560 and will be distributed across expenditure categories.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15055

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15055	4297.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7025	1501.08		\$725,550
7104	4297.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$900,000
4297	4297.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$555,895

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 295.09	Mechanism: N/A
Prime Partner: African Medical and Research Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4144.20351.09	Planned Funds: \$710,000
Activity System ID: 20351	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support, ARV Services, Pediatrics ARV services, Pediatric care and support, and Prevention of Mother to Child Transmission.

2. ACTIVITY DESCRIPTION

The African Medical Research Foundation (AMREF) will continue a successful HIV treatment program operating in 4 sites in Langata district in Nairobi including: Kibera, Langata, Ushirika, and Karen health Centers, providing antiretroviral treatment (ART) to 1,700 people with HIV (390 new), bringing the total ever treated to 2,040. AMREF implements ART by supporting staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. Funding will include provision of ART and training to 60 health care workers. ARVs are supplied to the sites through the current distribution system of the Mission for Essential Drugs and Supplies (MEDS) / USAID Mission Competitive Procurement. Treatment is provided by multidisciplinary teams, and these treatment services are supported through extensive involvement of community health workers and peer educators, including many people who themselves have HIV/AIDS. The community health workers and peer educators work in both the clinics and communities to support adherence, provide counseling and education about nutrition and other key aspects of care, and assist with recognition of adverse drug reactions and early referral. AMREF staff conducts extensive activities in the community that educate and sensitize church, political, and administrative leaders, as well as all members of the community.

This activity will primarily be an expansion of the existing program to increase both the number of sites and number of people reached. The central AMREF laboratory will be strengthened to continue supporting quality assurance for labs at the satellite sites. Activities are implemented in collaboration with the Provincial ART officer for Nairobi. AMREF has extensive experience and expertise implementing community-based HIV/AIDS prevention and care programs throughout Africa. The HIV treatment program in Kibera has been recognized as a model of community-based ART. By April 2008 the program was providing ART to more than 1,200 patients. Rates of drug adherence are very high, and rates of complete viral load suppression are comparable to those seen in research settings in the U.S. and Europe. The community sensitization activities have already contributed substantially to a reduction in stigma and discrimination in this community and are expected to continue to do so.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ARV treatment for clinically qualified, HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

This activity relates to community services supported by KICOSHEP, a sub-partner of the TBD Umbrella, to Adult care and support, pediatric care and support, pediatric treatment, PMTCT services supported by AMREF, and to the established network referral center established at Kenyatta National Hospital, supported by the University of Nairobi and other partners.

5. POPULATIONS BEING TARGETED

The populations targeted with this activity are HIV-infected adult and pediatric Kibera slum residents that will be served by these programs and have great need for HIV treatment that relates not only to high HIV prevalence, but also very severe poverty and lack of basic services such as clean water, food, and education. The associated community sensitization activities raise awareness among men, women and children living in the slums.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, human resources, training, quality assurance and supportive supervision, training, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14725

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14725	4144.08	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	6922	295.08		\$850,000
6836	4144.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4201	295.07		\$700,000
4144	4144.06	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	3222	295.06		\$552,157

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7286.09	Mechanism: Phones for Health
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 17153.20306.09	Planned Funds: [REDACTED]
Activity System ID: 20306	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + During the COP 2009 funding period, the P4H infrastructure will be extended to cover all health facilities in Nyanza and South Rift Valley provinces as well as making an entry into two other provinces. Additional modules to cover logistics (drugs and commodities supply) will be included.
- + A training partner will be competitively selected to work with P4H in full expansion of health worker training.

COP 2008

1. ACTIVITY DESCRIPTION

In FY2008, Kenya will strengthen national HIV/AIDS strategic information capacity through participation in the Phones for Health public-private partnership. Phones for Health will leverage human, financial and physical resources from its partners – including O/GAC, the GSM Association Development Fund, Accenture Development Partners, Motorola, MTN and Voxiva – to establish a sustainable national information system for HIV/AIDS and related diseases in Kenya. The Phones for Health model builds on local telecommunications infrastructure and utilizes multiple user interfaces, allowing workers at health facilities to record data locally and transmit it to regional and central-level program managers by phone, PDA or computer. The system also provides multiple channels for communication and feedback between levels of the health care system. The Phones for Health architecture consists of a series of core modules, each of which supports a key care and treatment function, such as patient registration, communication between facilities and central authorities, or program indicators reporting. Kenya is committed to advancing national strategic information capacity and will devote substantial staff and resources to the oversight of data collection, quality assurance and training in support of this activity. Specific activities that will be undertaken by the Phones for Health partnership in Kenya in FY2008 include:

(i) Outreach and Needs Assessment: A small Phones-for-Health team will meet with key stakeholders in Kenya, including Ministry of Health (MOH) representatives, USG, WHO, World Bank, GTZ, DANIDA, Aga Khan Health Services and other stakeholders to document Kenya's HIV/AIDS information needs and how Phones for Health will address those needs. In collaboration with these stakeholders, the team will conduct a rapid assessment including but not limited to: stakeholder analysis, health system mapping, resource capacity assessment (i.e. both number of people and capacity to conduct activities), baseline information gathering, work flow analysis, and review of existing HMIS. Accenture Development Partners and Voxiva will jointly lead this activity, which will be funded centrally by O/GAC and GSMA.

(ii) Planning and Requirements Gathering: The Phones for Health team will work closely with MOH, USG and other donors to determine how the system will be customized to support Kenya's health operations. This will involve defining custom modules, user roles, governance and management structures, business practices and work flows. The roles and contributions of participating Phones for Health consortium members will also be defined and documented, and a phased implementation plan and budget (including ongoing communications and support) will be put in place. Once these items are agreed upon, Voxiva will gather system requirements, such as language options and user permission levels. The Ministry of Health/NASCOP will provide essential information like national ARV drug regimens, facility profiles and locations, and HIV program indicators.

(iii) System adaptation and configuration: Voxiva and other consortium members will work with MOH and USG technical staff to adapt the Phones for Health system to Kenya's administrative divisions, health reporting hierarchy, management structure, HIV/AIDS services and program indicators. For example, user roles will be created to control which types of data are accessible to different users of the system, such as national HIV/AIDS program managers, district health officers, facility-based health workers, USG agencies and implementing partners. Each user will then be assigned a user role that is linked to the appropriate facility ID/IDs and to a unique user ID and password.

(iv) Staffing, management and training: Sustainable staffing and local capacity building (both human and institutional) are critical to the success of Phones for Health in Kenya. The Phones for Health team will recruit a full-time technical advisor to provide long-term training and technical assistance to the local management unit, which will be located within the Ministry of Health's Division of HMIS or NASCOP. The local management unit will be responsible for system administration, ongoing training of Phones for Health users, analysis and dissemination of Phones for Health program data, and feedback to districts and facilities on data quality and performance. Accenture/GSMA will provide medium-term technical assistance in the form of in-country consultants with specialized knowledge in HMIS, planning and project management. Together, the technical advisor and Accenture/GSMA consultants will support the local management unit in these functions for the first 18-24 months of deployment, with the goal of transferring the knowledge and skills necessary for day-to-day management of the system to the management unit in the second year of deployment.

The Phones for Health team will adapt its role-based training curriculum to the logistical and linguistic needs of Kenya. All users, irrespective of their role(s), will receive training in modes of data entry and transmission, data retrieval and display options (including customization of reports and data dashboards), feedback and alert mechanisms, and security features.

(v) Phase One Deployment: Voxiva's experience implementing TRACnet in Rwanda has demonstrated that it is possible to achieve nationwide deployment of the Phones for Health system in a relatively short period of time, though it is anticipated that deployment will take longer in larger countries. In FY2008, Phones for Health will be initially piloted in 2 provinces, with the expectation that national deployment will be achieved by Year 2 or 3 of the project. Motorola will provide subsidized GPRS-enabled phones loaded with J2ME software (donated by Voxiva) to support rapid implementation and expansion. Safaricom will provide subsidized hosting, software maintenance and support services on an ongoing basis.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will strengthen the flow of patient/client data directly from health facilities to a central database in a timely and secure manner. It will also ensure that feedback can be generated and sent to facilities to

Activity Narrative: enhance better decision making and improved program management. National, sub-national reports will be available to program managers for better planning. Information on commodities and general supplies will be available on time hence minimizing stock-outs.

3. LINKS TO OTHER ACTIVITIES

This activity relates to activities in HVTB, HTXS, HBHC, HVCT, HVSI and HLAB.

4. POPULATIONS BEING TARGETED

Although this activity will benefit the general population, 425 individuals drawn from 30 institutions will be trained. These include health workers from district hospitals, sub-district hospitals, health centers and dispensaries.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK personnel in use of mobile phone technology to improve reporting and data use.

6. EMPHASIS AREAS:

The major emphasis area is Strategic information (M&E, HMIS, reporting).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17153

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17153	17153.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7286	7286.08	Phones for Health	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4924.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 18815.20200.09

Planned Funds: \$2,450,000

Activity System ID: 20200

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to SCMS activities in the following program areas: HLAB, PMTCT, HVTB, PDTX and Blood Safety. It also supports all PEPFAR service-delivery activities.

2. ACTIVITY DESCRIPTION

Supplies Chain Management System (SCMS) will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of HIV/AIDS- related laboratory commodities based on procurement plan agreed upon between USG agencies and GOK counterparts. To facilitate this, SCMS will conduct an assessment of the existing lab supply chain management system (KEMSA and MEDS) and develop options for the comprehensive logistics system(s) capable of supporting the national HIV/AIDS program. This will cascade into an assessment of the existing provincial and district level infrastructure and HR capacity for lab supplies consumption, tracking and monitoring pipelines and provision of quality data for quantification and supply planning. A stakeholder forum to select parameters and agree on the proposed laboratory logistics systems will be required; SCMS will lead this activity to ensure arrival at a consensus at country level. SCMS will also offer technical assistance in develop comprehensive logistics related SOPs for the lab system, in addition to offering related training and implementation support on maintaining lab logistics system. SCMS will also support the development of a transparent national laboratory procurement planning process to support lab at the facility level to quantify lab commodity needs in support of ART. Regular laboratory commodities quantification and supply plans review/sanitization workshops will be conducted to ensure uninterrupted supply and minimal losses due to expiry of the lab commodities that are characterized by a generally short shelf life. SCMS will also be required to conduct relevant training and implementation of lab logistics system, as well as training stakeholders in forecasting and quantification for lab reagents and supplies. SCMS will also regularly review and address the outcomes of the provincial and district level assessment for the quantification data and supply planning system .This will culminate in SCMS setting up a national system for quantification and pipeline monitoring. This activity will also liaise and strengthen local procurement and distribution partner/central warehouse identified through the initial assessment by SCMS. In this 12-month period, SCMS will procure CD4 reagents, hematology and biochemistry reagents to support the treatment monitoring needs of 300,000 patients. The list and quantities of required for the 12 month period, with a clear delivery schedule per quarter will be presented to SCMS at the last quarter of COP 2008. Commodities will come directly through the central warehouse for distribution to health facilities and/or network sites. Buffer stocks will be maintained in the central warehouse and a third of this corresponding buffer at facility level to ensure uninterrupted supply. SCMS will be asked to procure commodities with a focus on results – ensuring not only that the product is delivered, but that there are the required equipment maintenance, inputs and upgrades so that the target number of tests are achieved. Required record management for equipment service and maintenance, inputs and upgrades will be maintained and updated by SCMS so that the target number of patients is served.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to provision of Adult HIV Treatment services by ensuring adequate supplies of needed commodities.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities offering counseling and testing to all HIV positive patients, as well as the SPS/MSH ARV Drugs activity in logistics information management, distribution support, and forecasting and quantification, the USAID ARV procurement contract, KEMSA logistics and information management and distribution systems and SCMS procurements in Laboratory Infrastructure and PMTCT.

5. POPULATIONS BEING TARGETED

HIV positive populations

6. EMPHASIS AREAS

The area of emphasis for this activity is commodity procurement with minor emphasis on asset management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18815

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18815	18815.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6985	4924.08		\$2,450,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3730.09

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources
Services Administration

Funding Source: Central GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5483.20361.09

Planned Funds: \$5,851,680

Activity System ID: 20361

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support, Palliative Care: TB/HIV, and Orphans and Vulnerable Children.

2. ACTIVITY DESCRIPTION

Catholic Relief Services (CRS), within AIDS Relief (a consortium of the Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland), will continue providing services currently supported with Track 1 funds. This includes providing HIV treatment to approximately 14,500 patients (including 1450 children) at 25 primary service delivery sites throughout Kenya. This brings the total ever treated by CRS to 37800 and is in addition to the over 23,300 patients currently supported by in country funding for this partner).

CRS provides on-site preceptorship that builds clinical, adherence counseling, and laboratory skills. Institutional capacity is also strengthened through support for strategic information systems, commodities management, and finance and administrative management capacities. Leveraging of other resources through wrap-around programs will increase access to clean water, provide insecticide treated bed nets, and support improved nutrition for patients. CRS partners with various in-country organizations (government, FBO, NGO) for additional training resources. By working with faith-based CBO's firmly embedded in communities, CRS ensures that the community supports the health facility by reducing HIV/AIDS stigma, which contributes to the continuity of care.

CRS supports salaries for comprehensive teams providing HIV treatment, ensuring that each point of service has at least the minimum amount of staffing required by the National AIDS and STD control Program (NAS COP) for an Antiretroviral Treatment (ART) program. 120 health care workers will be trained as part of this activity. In line with the national dialogue regarding an increased role of nurses in HIV/AIDS treatment, CRS is focusing on mentoring and training nurses at all of their treatment sites. CRS also funds the costs of laboratory examinations for all patients on ART at supported sites, including CD4 counts as necessary for monitoring patients on treatment. Antiretroviral (ARV) drugs are supplied to the sites primarily through the distribution system of the Mission for Essential Drugs and Supplies (MEDS). In addition, CRS has established agreements with a number of Mission facilities in Kenya, and has supported rapid scale up of treatment at these facilities. By June 2008, more than 23,300 patients were accessing ART as a result of Track 1 and in-country funding awarded to this partner.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CRS activities will contribute to the expansion of ARV treatment for clinically qualified HIV-positive patients at faith-based facilities. CRS will strengthen human resource and community capacity to deliver adult and pediatric ARV treatment, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to non-ART and TB/HIV services currently supported by CRS, as well as ARV treatment services supported by this partner through in-country funding, and ART services coordinated by and supported through the National AIDS and STD Control Program [NAS COP]. Specific facilities have also developed linkages, such as Nazareth that has established treatment referral linkages with Nyeri District Hospital, which is supported by Columbia University (#6867, #6866). There are also linkages to OVC programs (e.g., CRS-supported and USAID-funded OVC activities in Rift Valley, #6857, #9029).

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. Treatment services for children with HIV are being established or expanded at all sites. Treatment services for diagnosis and treatment of very young children are being established through a relationship with the Kenya Medical Research Institute (KEMRI), which involves filter paper samples being transported to the KEMRI lab for polymerase chain reaction (PCR) infant testing. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased training related to HIV care and treatment. Activities also target community and other faith-based organizations Kenya Episcopal Conference (KEC), Christian Health Association of Kenya, (CHAK), and community and religious leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma of HIV/AIDS and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, quality assurance and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14743

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14743	5483.08	HHS/Health Resources Services Administration	Catholic Relief Services	6932	3730.08		\$5,851,680
6853	5483.07	HHS/Health Resources Services Administration	Catholic Relief Services	4212	3730.07		\$2,170,974
5483	5483.06	HHS/Health Resources Services Administration	Catholic Relief Services	3730	3730.06		\$93,628

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 360.09

Prime Partner: Liverpool VCT and Care

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4178.20250.09

Activity System ID: 20250

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$900,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support, Counseling and Testing, HBHC, PDCS, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

Liverpool Voluntary Counseling, Testing and Care Project (LVCT) will expand existing programs to provide antiretroviral therapy (ART) to 10,300 people (3,600 new resulting in a total of 12,360 ever), with advanced HIV at 11 sites in Nairobi and Eastern Provinces. Support for ART in Rachuonyo District in Nyanza has been transitioned to APHIA. LVCT will also support implementation of regional activities such as regional quality assurance and coordination meetings in collaboration with the provincial ART officer. Funds will be used to support salaries for health care providers in accordance with Emergency Plan guidance, to train 50 health care workers, and to procure commodities such as laboratory reagents. Supported activities will also include sensitization and mobilization of the communities in the areas of the supported facilities and dissemination of informational brochures, for example information about antiretroviral (ARV) drugs and the importance of adherence and psychosocial support to PLWAs. Significant changes from 2008 to 2009 include geographic consolidation of activities. VCT is a local, Kenyan organization that started as a project under the Liverpool School of Hygiene and Tropical Medicine. When LVCT became a Kenyan NGO, they retained the name of Liverpool because of its wide recognition in Kenya. LVCT has been a key provider of VCT services in Kenya and since 2003 has been supporting implementation of HIV treatment programs. In the specific area of HIV treatment, Liverpool staff brings substantial medical expertise, and have played a crucial role in development of national policies and training materials and a desk-top referral manual that has now been made available throughout Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

This activity relates to LVCT-supported non-ART care and CT services, CT, PMTCT, ART, and non-ART Services by other Emergency Plan partners (University of Nairobi and Pathfinder in Nairobi, Columbia University and JHPIEGO for Eastern Province, and KEMRI in Nyanza).

5. POPULATIONS BEING TARGETED

The primary target group for these activities is people living with HIV/AIDS. LVCT activities serve high priority, vulnerable, and stigmatized populations (e.g., high risk slum populations, the deaf, and men who have sex with men). Health care workers are also targeted for training in care and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks, human resources, information, education, and communication, local organization capacity building, policy and guideline development, quality assurance and supportive supervision, training, and logistics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14921

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14921	4178.08	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	6974	360.08		\$1,000,000
6985	4178.07	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	4257	360.07		\$1,250,000
4178	4178.06	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	3235	360.06		\$700,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8673.09

Mechanism: Nyanza Province

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 19414.20265.09

Planned Funds: \$2,850,000

Activity System ID: 20265

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Pediatrics treatment, Adult care and support, Pediatrics care and support, and TB/HIV.

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP) in Nyanza will provide treatment activities to cover 25 health facilities (11 in Kisii and 13 in Nyando) in Nyanza province. CU-ICAP Nyanza will be transitioning the PGH activities to another partner in collaborating with KEMRI. The activities include provision of antiretroviral treatment (ART) to 15,000 HIV-positive individuals (10,000 new patients) and support for training for 200 health care workers. Laboratory and clinical network centers will be supported at the District Hospitals in Kisii, and Nyando. Points of service will include all districts and sub-district Hospitals in the regions served by these referral hospitals, as well as many health centers and dispensaries.

CU-ICAP supports the development of high quality HIV care and treatment services in low-resource settings. CU-ICAP programs currently support HIV/AIDS activities in 11 African countries. In Kenya, CU-ICAP has established a foundation for HIV/AIDS program activities, including PMTCT-Plus and care and treatment. With regionalized planning for care and treatment services, CU-ICAP-Kenya was designated the primary United States Government (USG) care and treatment partner for Eastern South and Central Province and now working in Nyanza. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya.

CU-ICAP Nyanza key focus areas will include: identification and treatment of HIV-infected children and adults, identification and treatment of infected patients in the in-patient setting, and provision of care in remote areas. Because the PMTCT and TB treatment programs have been effectively decentralized, the support for services at these sites is an important step toward decentralization of treatment services for people with HIV.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, strengthened referral networks for provision of ART, and expansion of treatment services for children.

4. LINKS TO OTHER ACTIVITIES

This activity links to CT, pediatric care and treatment, PMTCT and training services supported by other Emergency Plan partners (e.g. APHIA II, UCSF, KEMRI, and Mildmay).

5. POPULATIONS BEING TARGETED

The target population for this activity is people with HIV. Nyanza is high priority because of the very high prevalence of HIV (15.3%). Most of the services are provided to the general population with HIV, but special services are provided to women and children through pediatric and PMTCT-plus services, to participants in US government funded research programs and their families, and to mentally ill patients. Discordant couples are targeted by behavior change counseling and other prevention activities focused on HIV-infected patients.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases on commodity procurement, development of network/linkages/referral systems, human resources, logistics, training, targeted evaluations, and quality assurance and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19414

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19414	19414.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8673	8673.08	Nyanza Care and Treatment FOA	

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3465.09	Mechanism: N/A
Prime Partner: National AIDS & STD Control Program	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4223.20225.09	Planned Funds: \$1,340,000
Activity System ID: 20225	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

The only change to this activity since approval in the 2008 COP is that the partner will support the development and implementation of a TB screening tool in HIV settings.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, PMTCT, Palliative Care, Strategic Information and TB/HIV.

2. ACTIVITY DESCRIPTION

The National AIDS and STD Control Program (NAS COP) is the arm of the Ministry of Health (MOH) that is responsible for implementation of medical interventions related to treatment and prevention of HIV/AIDS. NAS COP will oversee the implementation of all HIV care and antiretroviral treatment (ART) programs in Kenya. These activities will also result in the training of 240 health care workers not included in other targets. Specific activities supported by NAS COP will include the coordination of all partners in the area of ART provision (through national level meetings such as the National ART task force), and supervision of treatment in MOH supported and other facilities. NAS COP will also continue to coordinate with other sources of support such as Global fund for AIDS, Tuberculosis and Malaria, and Clinton Foundation. NAS COP will improve the national system for tracking the number of people receiving ART, and provide financial and administrative support to the Provincial AIDS and STI coordinating Officer (PASCO) so that they can coordinate, track and provide supportive supervision to area sites. Funds will also be used to support regular regional meetings of care providers. The supervisory structure at NAS COP includes a core staff at a national level that consists of a small technical and administrative staff, and an expanding staff responsible for monitoring and evaluation activities. A system of regional supervision of HIV/AIDS treatment activities has been established, with Provincial ART Coordinators (PARTOs) that are responsible for assisting with the establishment of services at additional sites, conducting site evaluations and accreditations, and the supervision for ART programs. All activities are closely linked to other MOH and PEPFAR supported HIV treatment and prevention activities, the networks of care in the Private and Mission sectors, and Management System for Health (MSH) supported logistics/systems strengthening (particularly for the Kenya Medical Supplies Association). Emphasis will be placed on developing regional trainers who will provide classroom training and mentorship of health care workers at the facility level.

NAS COP will continue to support implementation of HIV prevention activities in clinical care settings, the development of referral systems and care linkages for HIV positive mothers and infants identified through the PMTCT programs, decentralization of care and treatment services to lower level health facilities to increase access and reduce the waiting list at the provincial and district hospitals, and improved coordination with other sources of support such as the Global Fund for AIDS, Tuberculosis, and Malaria. A significant change from 2008 is the development and implementation of a national TB screening tool for use in HIV clinical settings.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are essential to the overall implementation and coordination of HIV treatment programs in Kenya. NAS COP supported activities are essential to the formation/strengthening of the linkages needed in the network model and to the development of a sustainable system to provide HIV treatment in Kenya.

4. LINKS TO OTHER ACTIVITIES

Since NAS COP coordinates HIV prevention and treatment activities throughout Kenya, there are strong linkages between these activities and virtually all HIV prevention and treatment activities in Kenya. All Emergency Plan partners have been encouraged to extend efforts to further strengthen these linkages by coordinating with and supporting the activities of the Provincial ART coordinators and by participating in national efforts such as policy/guideline revision and national stakeholders meetings.

5. POPULATIONS BEING TARGETED

Populations targeted by these activities include people living with HIV/AIDS, health care workers and others providing services to people with HIV.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in development of networks, human resources, policy and guidance development, quality assurance and supportive supervision, training, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14937

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14937	4223.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$1,600,000
7004	4223.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$1,300,000
4223	4223.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$1,594,042

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4918.09	Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 8826.20077.09	Planned Funds: \$2,950,000
Activity System ID: 20077	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

The narrative has been split to reflect adult and pediatric care and support and treatment. References to targets have been updated including emphasis areas and budgets.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$400,000).

COP 2008

1. LIST OF RELATED ACTIVITIES

These APHIA II Western activities will be tightly linked to the FY 2008 activities and across the continuum of care with other services supported by APHIA II Western in basic HIV care and support, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

2. ACTIVITY DESCRIPTION

These COP 2009 activities will build on the 2008 COP activities and other past support in order to scale up antiretroviral treatment (ART) services and improve the quality of service delivery in Western province. In FY 2009 USAID'S APHIA II Western project in extending and optimizing quality of life for HIV infected clients will continue to build the capacity of health care workers in Western province through: training of 60 health care workers on ART commodity management; 30 on the use of the ART dispensing tool; 60 health care workers on adherence counseling and 120 on the Integrated Management of Adult/Adolescent Illness (total trained will be 270). The NASCOP curricula will be used throughout and these trainings will be supported with follow up supervision and mentorship in 51 treatment sites to reach 4,000 new ART patients and 9,000 patients currently on treatment at the end of FY 2009.

The APHIA II Western project will continue to improve laboratory capacity and networking in all 19 districts of the province. HIV treatment will continue to be integrated in the TB clinics to continue to strengthen the integrated management of TB and HIV/AIDS in the 51 health facilities. APHIA II Western will continue to support the implementation of Quality Improvement of HIV treatment including institutionalizing site-specific work plans as part of the annual work plans. The project will enhance quality of care through improved case management and Electronic Medical Records (EMR) to ensure patients needing second line ARVs are identified early and transferred to appropriate treatment.

In FY 2009, The APHIA II Western project will also continue with improvements in infrastructure through renovations to the existing 51 treatment sites to better enable them to provide quality and comprehensive HIV care and treatment, and to enhance decentralization and downward referral of HIV patients in accordance to the Ministry of Health/NASCOP strategy. APHIA II Western will capacity build and create systems to strengthen facility-community linkages, by implementing best practices and lessons learnt from the Zingatia Maisha project. COP 2009 will continue to support youth friendly services to ensure that HIV treatment service provision in the health facilities are not intimidating and increase the uptake of HIV treatment among youths.

The APHIA II Western project will continue to support and strengthen workplace ART sites and build the capacity of faith-based and private service providers. This will involve offering ART site support, procurement and distribution of laboratory, pharmaceutical and other commodities as per the needs for these sites and build the capacity of health care workers to provide HIV treatment. Because the issue of stigma and discrimination is still high among health workers in Kenya, the APHIA II western project, while conducting clinical training, will also train health workers on stigma and discrimination using curricula specifically produced for this purpose.

The Project will continue to offer technical support to the sites, continue salary support of those staff supported in FY 2008 and will continue to support the DHMTs for both supervision and planning. As part of the exit strategy, we will build on the successes of the stress management and team building initiatives among the health workers, and will train more of the PHMT and DHMT members on the same, in order to enhance leadership skills.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

These APHIA II Western activities will greatly contribute to USG's 5-year strategy in support of Kenya's integrated HIV/AIDS programs by expanding established ART programs to include new areas in Western province. As a result of these activities, 4,000 new patients will receive ARVs, contribute to the results of expansion of ART treatment for clinically qualified HIV positive patients, strengthen human resource capacity to deliver ART treatment, and strengthen referral network for provision of ART. The number of individuals who ever received ARVs by the end of reporting period will be 10,800.

4. LINKS TO OTHER ACTIVITIES

These APHIA II Western activities will be tightly linked to the FY 2008 activities and across the continuum of care with other services supported by APHIA II Western in basic HIV care and support, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Western activities target people affected by HIV/AIDS, people living with HIV/AIDS, HIV/AIDS affected families, and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment

Activity Narrative: programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14999

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14999	8826.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$3,300,000
8826	8826.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$2,470,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4061.09

Mechanism: N/A

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 19415.20084.09

Planned Funds: \$1,472,959

Activity System ID: 20084

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 +COP 08 funding for this activity was captured only under HVMS. In COP 09 the funding is distributed across the program areas.
 +This activity includes \$1,300,000 for health facility infrastructure development

\$172,959:

CDC-Kenya, including GAP-Kenya, is co-located with the Kenya Medical Research Institute (KEMRI) in Nairobi and Kisumu, with most PEPFAR-supported staff based in Nairobi, Kenya. Due to the dramatic scaling up of PEPFAR activities in Kenya, and the resulting expansion of staff since the inception of PEPFAR, the capacity of the existing offices has been exceeded. CDC proposes to renovate the existing structure, however, due to site and structural constraints, this will avail only limited additional space. CDC therefore proposes to build a second building to house the expanded CDC-KEMRI HIV program. The proposed building, on the campus of KEMRI, will become part of the KEMRI complex; CDC will not hold title to the building.

A total of \$1,200,000 in FY 08 funds was programmed to RPSO for this purpose; however, these funds were allocated in the absence of a fully developed staffing plan, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY 09 funds are sought to meet the funding shortfall resulting from the unplanned-for A&E services contract, as well as the under-estimated cost of construction.

Costs for the total CDC-KEMRI project have been allocated across GAP program areas, based on projected space utilization.

* * *

\$1,300,000:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Basic Care and Support Care and ARV services.

2. ACTIVITY DESCRIPTION

With the increasing number of the people enrolled in HIV care and treatment services since 2004, the clinic space at health care facilities have been stretched to capacity. Currently there are > 500,000 people on care compare to < 5,000 in 2004.

Regional Procurement Support Office (RPSO) will perform construction and renovation services for 3-10 care and treatment facilities in Central, Nyanza, Eastern, and Nairobi Provinces. The purpose of this activity is to improve the physical health care infrastructure in Kenya by renovating the existing infrastructure and constructing new facilities in the 4 provinces. It is anticipated that RPSO will work with provincial health management teams, the Ministry of Public Works, and medical superintendents during the assessment and construction with a view to establishing a strong Ministry of Health/stakeholder collaboration. It is anticipated that RPSO will ensure that the renovations/constructions undertaken are appropriate for each level or type of health facility.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the continued implementation of the care and treatment activities in Kenya. The expansion of the existing facilities will enable health care workers to provide quality services to expanding patient populations.

4. LINKS TO OTHER ACTIVITIES

This activity will link to the ARV services, Basic care and support services in Central, Nyanza and Nairobi.

5. POPULATIONS BEING TARGETED

This activity aims at improving the quality of care and treatment services provided to HIV positive people in Kenya by improving access to the services.

6. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity is construction/renovation seeking to rehabilitate and expand the care and treatment facilities in the country.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19415

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19415	19415.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7000	4061.08		\$2,550,000

Emphasis Areas

Construction/Renovation

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 7441.09**Prime Partner:** Catholic Relief Services**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 17132.20302.09**Activity System ID:** 20302**Mechanism:** Umbrella**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Treatment: Adult Treatment**Program Budget Code:** 09**Planned Funds:** \$658,000

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$657,000. New Umbrella was awarded to Catholic Relief Services and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). Funding has therefore been split between the two partners. \$657,000 moved from CRS Umbrella to EGPAF Umbrella. EGPAF will continue to support treatment activities for Community of St. Egidio in Eastern Province previously funded under CHF Umbrella. This funding will also be used to identify and fund indigenous organizations in Nyanza Province and other districts as agreed by the country team.

ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to TBD/Umbrella activities in Counseling and Testing, TB/HIV, Adult Care and Support, Pediatric Care and Support, Pediatric ARV Services, and PMTCT.

2. ACTIVITY DESCRIPTION

Catholic relief services (CRS) Umbrella will build organizational capacity and provide sub-grants to NGOs, FBOs, and CBOs, resulting in the provision of antiretroviral treatment (ART) to 1,500 (new 1,200) resulting in 1,800 ever on treatment to HIV-infected people in seven health care facilities, and the training of 50 health care providers in the provision of ART. The key activities of the primary partner will be to develop capacity of local organizations and provide assistance with supervision duties as needed. Funds granted through TBD to sub-partners will be used to provide a standard package of ART including support for health care worker salaries in accordance with Emergency Plan guidance, training, infrastructure improvement (e.g., renovation of clinic spaces), community mobilization activities, support for laboratory evaluation, and adherence counseling and monitoring. Antiretroviral (ARV) drugs are supplied to the sites through the distribution system of the Mission for Essential Drugs and Supplies (MEDS) and the Kenya Medical Supplies Agency (KEMSA). This activity will expand existing programs and continue to place emphasis on providing treatment for children.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART. This partner has a key role in building capacity of local organizations so that these activities can be sustained over the long term.

4. LINKS TO OTHER ACTIVITIES

This activity relates to TBD/Umbrella activities in pediatric care and support, pediatric, treatment, OVC, Counseling and Testing, TB/HIV, and PMTCT.

5. POPULATIONS BEING TARGETED

The primary target populations for these activities are people with HIV, including HIV-infected children.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes major emphasis in the area of local organization capacity development, and minor emphases in commodity procurement, human resources, logistics, development of linkages and quality assurance and supportive supervision through sub-grants.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17132

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17132	17132.08	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	12006	12006.08	Umbrella	\$389,455

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4917.09 **Mechanism:** APHIA II - Central
Prime Partner: Pathfinder International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 8765.20179.09 **Planned Funds:** \$1,500,000

Activity System ID: 20179

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

The narrative has been split to reflect adult and pediatric care and support and treatment. References to targets have been updated including emphasis areas and budgets.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$150,000).

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity will specifically be linked to other APHIA II Central supported activities in PMTCT (APHIA II Central), OVC (APHIA II Central) and TB/HIV (APHIA II Central), home based care and other prevention activities (APHIA II Central) ensuring successful referral of individuals that require ART care and support.

2. ACTIVITY DESCRIPTION

This activity relates to support to be provided to strengthen and expand ART services in Central Province under the APHIA II Central Province Project. In FY09, Pathfinder International (PI), the lead partner and its partners will target 35 sites in Central Province for support to ARV services, GOK, FBO and private organizations. These sites include 15 Year 1 and 2 sites; the remainder will be new to the project. Additional sites will be specified in coordinated planning with district and provincial counterparts as well as the USG, for a total of 35 service outlets providing ART by the end of the period. Support at ongoing and new sites will enable Ministry of Health supervision and progress review meetings as well as strengthen quality assurance, especially with regard to integrating HIV services, integrating HIV with RH/FP and TB services and HMIS. At the new sites 150 service providers will receive training in adult HIV care including PEP. Emphasis will be laid on the integrated Management of Adult Illness in support of lower level facilities to establish Comprehensive care services. Prevention with positives will be given more attention in order to curb the tide of new infections. Treatment at the CCC will be expanded to link and network other entry points such as the out patient departments, inpatient department community services, PMTCT and VCT centers. Efforts will be made to decentralize services so that patients get treatment where they present for care. Laboratory costs are often a hindrance to uptake of services and efforts will be made to facilitate laboratory networks that improve uptake of ARV services. The laboratory will get equipment for basic tests that support CCC services. It is expected that 1000 clients will be newly initiated on ART with 3,600 ever received ART and 3,000 as currently on ART. Nyeri Provincial General Hospital will be supported to establish and strengthen a Gender Violence recovery Centre as service providers will continue being trained on GBV. Small renovations/ upgrades of infrastructure and furniture procurement will be carried out with focus on adult HIV services. Psychosocial support groups will be supported at facility level to improve community linkages, adherence to ART and stigma reduction among the PLWHA. APHIA II Central will also support both paper based and electronic versions of record keeping at the CCC in line with the NASCOP guidelines.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan ART targets for Kenya by ensuring that all adults who require treatment are getting it.

4. LINKS TO OTHER ACTIVITIES

Coordination will take place with other USG partners supporting ART services in Central, including Columbia University, among others. Support to ART services will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. This activity will specifically be linked to other APHIA II Nairobi and Central supported activities in PMTCT, OVC and TB/HIV, home based care and other prevention activities ensuring successful referral of individuals that require ART care and support.

5. POPULATIONS BEING TARGETED

This activity targets HIV+ adults. Health care providers including Doctors, Nurses and Other Health care workers will be targeted for training using national curricula.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address issues of expanding access and decentralization of services.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14965

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14965	8765.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$1,950,000
8765	8765.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$2,610,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 182.09

Mechanism: Horizons

Prime Partner: Population Council

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17879.20162.09

Planned Funds: \$0

Activity System ID: 20162

Activity Narrative: This PHE activity, "Prevention with Positives: A community-based approach" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0065. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17879

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17879	17879.08	U.S. Agency for International Development	Population Council	6990	182.08	Horizons	\$50,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1432.09	Mechanism: N/A
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 5481.20392.09	Planned Funds: \$4,554,000
Activity System ID: 20392	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Pediatrics treatment, Adult care and support, Pediatrics care and support, TB/HIV, and Orphans and Vulnerable Children.

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment Program (CU-ICAP) will continue to support implementation and expansion of a successful HIV treatment program in Central Province. Through the Track 1 funding, CU- ICAP will support HIV treatment activities for approximately 13,000 patients (including 1,300 children) in 30 sites in Central Province. These patients are in addition to the 2,500 that will be supported by in-country funding for this partner. CU-ICAP will establish/enhance treatment networks centered at the provincial hospital and large district hospitals. In addition, CU-ICAP will extend a collaborative relationship with Jomo Kenyatta University of Agriculture and Technology (JKUAT) to develop quality assurance capacity on all levels (laboratory, pharmacy, and clinical management), guide the planning for effective care and treatment programs, and using their experience to help develop strategic planning activities. CU-ICAP will work closely with the Central Provincial ART Officer (PARTO) in the planning of provider meetings, technical assistance, and clinician trainings. Funds will be used to support staffing, renovations, clinical and laboratory equipment and supplies, drugs for the prevention and treatment of opportunistic infections, and supportive supervision and advanced training for 120 health care workers in HIV care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of antiretroviral (ARV) treatment for clinically qualified HIV-positive patients at health care facilities. CU-ICAP will strengthen human resource capacity to deliver adult and pediatric ARV treatment, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for antiretroviral treatment (ART) provision and other HIV/AIDS services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to non-ART and TB/HIV services and ARV treatment services that are supported by Columbia University through in-country funding, as well as ART services coordinated by and supported through the National AIDS and STD Control Program (NASCO). Specific facilities have also developed linkages. For example Nyeri District Hospital, which is supported by Columbia University, has established treatment referral linkages with Nazareth Hospital, which is supported by Catholic Relief Services.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. Treatment services for children with HIV are being established or expanded at all sites. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased training related to HIV care and treatment. The program will also continue to support treatment for HIV-infected students at JKUAT. These youth are among an important focus population that was identified in Kenya's 5-year strategic plan for Emergency Plan Implementation.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, development of networks/linkages/referral systems, local organization capacity development, quality assurance and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14756

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14756	5481.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6939	1432.08		\$4,554,000
6866	5481.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4219	1432.07		\$4,554,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3545.09

Mechanism: Gold Star

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17254.20450.09

Planned Funds: \$200,000

Activity System ID: 20450

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for private sector health workers (\$200,000).

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in the ARV Services (HTXS) program area.

2. ACTIVITY DESCRIPTION

This activity aims to improve and standardize HIV treatment services in the private sector, and will leverage private sector resources already available through the Goldstar Network implemented by Family Health International (FHI) that started work in Kenya in FY2008. In COP 2009 period Goldstar scale up the delivery of their clinical mentorship training for comprehensive management of HIV infection for adults, adolescents and children to multidisciplinary mentors based in private sector health facilities. NASCOP's clinical mentorship training package (including ART job aids, orientation packages and relevant health education materials on ART, PMTCT, TB, STIs, FP, etc.) will be used by well-functioning private sector mentorship teams for training carefully selected multi-disciplinary mentorship teams from 30 target health facilities. Subsequently all facility-level mentors will be encouraged to regularly provide on-the-job orientation and support to 200 health workers using a cascade on-the-job (OJT) approach already implemented by JHPIEGO locally. This practical facility mentorship model will be introduced in all provinces while focusing additional implementation support to Coast, Nairobi and Rift Valley provinces. FHI/Goldstar will continue to participate in the MOH's Technical Working Group to ensure coordination of activities and compliance with MOH guidelines for service delivery. Goldstar will also collaborate with local support groups to involve people living with HIV/AIDS as part of the clinical team for comprehensive HIV care.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute to the 2009 Emergency Plan result for improved quality of ART services for adults, adolescents and children through training of multidisciplinary private sector teams. A total of 200 health workers will be trained in comprehensive ART service provision and a total of 500 new patients are expected to initiate ART in this period, cumulatively 4000 clients will have ever started ART, while 3600 clients will be receiving ARVs at the end of the reporting period.

4. LINKS TO OTHER ACTIVITIES

This activity is related to activities in the ARV Services (HTXS) program area and expands on the private-public-partnerships already initiated by this partner in Coast and Rift valley Provinces

5. POPULATIONS BEING TARGETED

Private sector health workers, persons living with HIV/AIDS

6. KEY LEGISLATIVE ISSUES ADDRESSED

None

7. EMPHASIS AREAS

Human capacity development and training are the main emphasis areas.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17254	17254.08	U.S. Agency for International Development	Family Health International	6946	3545.08	Gold Star	\$0

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3672.09

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4272.20399.09

Activity System ID: 20399

Mechanism: Central Province

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$600,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ The only change to this activity since approval in the 2008 COP is that partner will support training of 100 health workers on prevention with positives in collaboration with the National AIDS and STD control Program (NAS COP).

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV, ARV services, Palliative care, and PMTCT.

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment programs (CU-ICAP) will provide support in 15 sites in Central Province in the implementation and expansion of antiretroviral treatment (ART) programs. The collaborative activities will support treatment of 2,500 adults with HIV. These patients are in addition to the 13,000 patients that will be supported through Track 1 funding. This will bring the total number ever treated to 16,200 including those supported through track 1 funding CU-ICAP will establish/enhance treatment networks centered at the provincial hospital and larger district hospitals in Central Province. CU-ICAP will work closely with the Provincial AIDS and STI Coordinating Officer (PASCO) for Central Province, for example supporting regular meetings of care providers in the area. Funds will be used to support staff salaries in accordance with Emergency Plan guidance, renovations and equipment needed to provide treatment, disposable supplies, drugs for prevention and treatment of opportunistic infections, and laboratory reagents, and the costs of supportive supervision and advanced training for 200 health care workers in HIV care and treatment. CU-ICAP supports the development of high quality HIV care and treatment services in low-resource settings. CU-ICAP programs currently support HIV/AIDS activities in 11 African countries. In Kenya, CU- ICAP has established a foundation for HIV/AIDS program activities, including PMTCT-Plus and care and treatment. With regionalized planning for care and treatment services, CU-ICAP-Kenya was designated the primary United States Government (USG) care and treatment partner for the Central Province. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya. Significant changes from 2008 to 2009 include support for the training of 100 health workers on prevention with positives in collaboration with NAS COP.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

This activity links to adult care and support, pediatric care and support, pediatric treatment and TB/HIV services, supported by Columbia University and coordination of ARV scale-up activities supported through the National AIDS and STD Control Program (NAS COP). ARV services will also link to PMTCT services supported through Pathfinder International, through provision of ART to HIV positive mothers identified through the PMTCT program.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. Treatment services for children with HIV are being established or expanded at all sites. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, human resources, development of networks/linkages/referral systems, local organization capacity development, quality assurance and supportive supervision, strategic information, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14759

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14759	4272.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6940	3672.08		\$4,100,000
6867	4272.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4220	3672.07		\$1,250,000
4272	4272.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3672	3672.06		\$600,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4916.09	Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 8797.20460.09	Planned Funds: \$2,050,000
Activity System ID: 20460	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

The narrative has been split to reflect adult and pediatric care and support and treatment. References to targets have been updated including emphasis areas and budgets.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$200,000).

COP 2008

1. LIST OF RELATED ACTIVITIES

These APHIA II Rift valley activities will be tightly linked to the FY 2008 activities and across the continuum of care with other services supported by APHIA II Rift Valley in basic HIV care and support, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

2. ACTIVITY DESCRIPTION

This activity will be carried in APHIA II Rift Valley (across the entire South Rift Valley and parts of North Rift Valley), which means consolidating established programs and expanding the activities to include new areas. As a result of these activities, a total of 14,000 people with HIV will receive antiretroviral therapy (ART) (including 3,000 patients that will initiate treatment) at 145 CC/ARTs and Rural Health facilities for treatment follow-up by nurse health workers. This brings total number ever receiving ART to 16,800. A total of 245 health care workers will be trained in the provision of antiretroviral therapy (145 trained on rational use of ART and 100 trained on IMAI – Integrated Management of Adulthood Illness for the Rural health facility based health care workers). Activities will include infrastructure improvements for laboratories and service delivery areas, supply of equipments and commodities such as laboratory reagents and pharmaceuticals, production and dissemination of informational materials such as pamphlets addressing adherence to antiretroviral, training of health workers for adult ART, and institutionalization of QA/QI and supervision systems.

In addition to supporting outpatient provision of ARVs, specific activities will increase the opportunities to detect eligible patients for ART in the in-patient wards and from key service areas of the health facilities like TB clinics, MCH/FP services. The laboratory networks for CD4 count tests will be strengthened and improved to ensure that all patients are screened to assess eligibility for ART, all health facilities offering HIV care and treatment will be linked to the laboratory with CD4 count machines. All services will be tightly linked across the spectrum of care with other services in basic home-based care and community support in conjunction with systems strengthening. For the lower level facilities (Rural health facilities) the providers will be mentored by a selected team of experienced service providers from the district level through a theoretical and on-job practicum training sessions to ensure sufficient confidence is build by the provider to be able to effectively assess and initiate eligible patients on treatment and effectively monitor the patient on treatment thereafter. Health care workers and PLWA who have openly disclosed their HIV status will be trained to advocate for ART adherence at health facility and community level. Equipped with the necessary skills and relevant IEC materials they will educate with the patients attending ART clinics to enhance adherence to the ARTs. The above activity will also target the private sector approach through the Gold Star Network initiative working with private practitioners, private hospitals and nursing homes and workplace clinics; the scope has been increases to also include not only medical doctors but also clinical officers and Nurses. Additional 50 providers in the private sector will be recruited in Rift Valley through the GSN, and 50 private providers will be trained to offer Comprehensive HIV care and treatment. The providers within the network will be linked with the public sector through the GSN support centers to access laboratory facilities and PEPFAR drugs for patients who can not afford to purchase the ARTs.

Other activities will involve strengthening referrals from all entry points of HIV care and support to the centers offering ART, which will optimize access to treatment. Also strengthened human resource capacity to deliver ARV treatment at all levels of care will further improve service delivery.

3. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

These APHIA II Rift Valley activities will greatly contribute to USG's 5-year strategy in support of Kenya's integrated HIV/AIDS programs by expanding established ART programs to include new areas in Rift valley province. As a result of these activities, 3,000 new patients will receive ARVs, contribute to the results of expansion of ART treatment for clinically qualified HIV positive patients, strengthen human resource capacity to deliver ART treatment, and strengthen referral network for provision of ART. The total number of individuals who ever received ARVs by the end of reporting period will be 16,800.

4. LINKS TO OTHER ACTIVITIES

These APHIA II Rift valley activities will be tightly linked to the FY 2008 activities and across the continuum of care with other services supported by APHIA II Rift Valley in basic HIV care and support, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Rift valley activities target people affected by HIV/AIDS, people living with HIV/AIDS, HIV/AIDS affected families, and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14804

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14804	8797.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$2,400,000
8797	8797.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$2,200,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 521.09

Prime Partner: Indiana University

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4234.20504.09

Activity System ID: 20504

Mechanism: USAID-AMPATH Partnership

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$6,100,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$250,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counselling and Testing, Palliative Care: Basic Health Care and Support, Paediatric Care and Treatment, TB/HIV and PMTCT.

2. ACTIVITY DESCRIPTION

The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by Moi University School of Medicine, Moi Teaching and Referral Hospital, Indiana University School of Medicine and other US academic medical centres. Moi University Faculty of Health Sciences (MUFHS) is one of two schools of medicine, nursing and public health in Kenya. Indiana University School of Medicine (IUSM) has collaborated with MUFHS since MUFHS' inception in 1990. AMPATH is one of the most successful HIV treatment programs in Kenya. AMPATH is currently supporting a total of 18 HIV/AIDS care clinics and screening programs, plus another 8 satellite facilities that are associated with these centers. In the 2009 COP period, supported activities will include strengthening of the regional referral center to serve as a referral centre for HIV/AIDS care, including improving of laboratory capacity and management of complicated medical cases such as those failing first line ART. AMPATH encompasses a balance of HIV prevention and treatment within a framework of education, research, and clinical service to ensure its relevance and sustainability in Kenya. In addition 150 health care workers will receive training.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AMPATH will provide antiretroviral treatment to more than 6,000 newly initiating adult patients, those who will have ever been on ART will be 51,120, while 42,600 adult patients will be actively receiving ART. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

These activities support and link to the network centre at Moi Teaching and Referral Hospital, and link to Indiana University/ AMPATH's program in Counselling and Testing, Palliative Care: Basic Health Care and Support, Paediatric Care and Treatment TB/HIV, and PMTCT. There are well-established links with other services supported by this and other partners for example; provider initiated counselling and testing for HIV among TB patients as well as long-term ART follow-up for HIV infected mothers and their infants.

5. POPULATIONS BEING TARGETED

The main populations targeted by this activity are people living with HIV/ AIDS, HIV positive pregnant women and their families. Other populations targeted are health workers who will benefit from training in order to enhance service provision.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The main legislative issues addressed in this activity are stigma and discrimination and gender. These issues are addressed through a program called the "Family Preservation Initiative" that provides business skills training and promotes micro enterprises for HIV infected patients, especially women. 7. EMPHASIS AREAS The major emphasis area in this activity is training of health workers, with two minor emphasis areas in infrastructure improvement and community mobilization/ participation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14832

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14832	4234.08	U.S. Agency for International Development	Indiana University	6953	521.08	USAID-AMPATH Partnership	\$6,800,000
6899	4234.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$11,200,000
4234	4234.06	U.S. Agency for International Development	Indiana University School of Medicine	3254	521.06		\$7,845,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4913.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 8813.20474.09

Activity System ID: 20474

Mechanism: APHIA II - Coast

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$4,400,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

The narrative has been split to reflect adult and pediatric care and support and treatment. References to targets have been updated including emphasis areas and budgets.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$400,000).

COP 2008

1. LIST OF RELATED ACTIVITIES

These APHIA II Coast activities will be tightly linked to the FY 2008 activities and across the continuum of care with other services supported by APHIA II Coast in basic HIV care and support, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling.

2. ACTIVITY DESCRIPTION

This APHIA II Coast activity will be carried in all the districts through consolidating established HIV treatment programs and expanding the activities to include all health centers and high volume dispensaries (both private and GOK facilities). As a result of these activities, 10,000 people with HIV will initiate antiretroviral therapy and 20,000 will be receiving antiretroviral therapy and follow-up at 130 central and satellite ART sites at the end of the period. A total of 300 health care workers will be trained in the provision of antiretroviral therapy (ART). This includes 120 staff being trained on rational use of ART and 180 trained on IMAI – Integrated Management of Adult and adolescent illness for the rural health facility based health care workers). Other activities will include infrastructure improvements for the service delivery areas and laboratories, supply of equipments and commodities such as laboratory reagents and pharmaceuticals, production and dissemination of patient education materials addressing adherence to antiretroviral therapy, prevention among positives, strengthening the clinical mentorship, QA/QI and supervision structure.

In addition to supporting outpatient provision of ARVs specific activities will increase the opportunities to identify eligible patients for ART in key areas, such as the in-patient wards, TB clinics (TB-HIV co-infected patients) and from MCH-FP services. The laboratory networks for CD4 count tests, involving all health facilities offering HIV care & treatment, will be strengthened and improved to ensure that all HIV-infected patients have access to CD4 tests and are evaluated for eligibility for ART. All services will be tightly linked across the spectrum of care with other services in basic home-based care and community support in conjunction with systems strengthening. District based mentorship teams will support the effective decentralization of quality HIV care and treatment services. Health care workers and PLHIV who have openly disclosed their HIV status will be trained and appropriately deployed at the ART sites to advocate for ART adherence at health facility and community level.

The above activity will also target the private sector through the Gold Star Network (GSN) initiative, which involves working with private medical practitioners (medical doctors, clinical officers, nurses), private hospitals and nursing homes and workplace clinics. An additional 45 providers in the private sector will be recruited and trained to offer comprehensive HIV care and treatment in the Coast through GSN. The providers within the network will be linked with the public sector through the GSN support centers to access laboratory facilities and PEPFAR drugs for patients who can not afford to purchase the ARV.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

These APHIA II Coast activities will greatly contribute to USG's 5-year strategy in support of Kenya's integrated HIV/AIDS programs by expanding established ART programs to include new areas in Coast province. As a result of these activities, 10,000 new patients will receive ARVs, contribute to the results of expansion of ART treatment for clinically qualified HIV positive patients, strengthen human resource capacity to deliver ART treatment, and strengthen referral network for provision of ART. The number of individuals who ever received ARVs by the end of reporting period will be 24,000.

4. LINKS TO OTHER ACTIVITIES

These APHIA II Coast activities will be tightly linked to the FY 2008 activities and across the continuum of care with other services supported by APHIA II Coast in basic HIV care and support, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Coast activities target people affected by HIV/AIDS, people living with HIV/AIDS, HIV/AIDS affected families, and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults

New/Continuing Activity: Continuing Activity

Continuing Activity: 14813

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14813	8813.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$4,900,000
8813	8813.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$2,960,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 210.09	Mechanism: N/A
Prime Partner: Kenya Medical Research Institute	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4091.20640.09	Planned Funds: \$3,600,000
Activity System ID: 20640	

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$300,000. Reprogrammed from University of California.

ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult Care and Support, Pediatric Care and Support, Pediatric Treatment, Counseling and Testing, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

Kenya Medical Research Institute (KEMRI) will focus on further improvement in 39 sites (21 in Siaya, 16 in Bondo, and 2 in Nairobi) to provide HIV treatment for 18600 patients (including 12,000 new patients) in Nairobi and Nyanza Provinces. This results in a total of 22,300 ever being treated. This will be accomplished through decentralization and task shifting, ensuring continuous supply of drugs for treatment of opportunistic infections (OIs) and antiretroviral (ARV) drugs, support for capacity building and hiring of the health care workers, commodity management, facility renovation, and purchase of equipment and furniture. KEMRI will strengthen linkages between the provider initiated testing and counseling services, family and couple counseling and testing. In addition KEMRI will support implementation of prevention with positives (PwP).

To enhance collaboration, coordination and supervision, KEMRI will support provincial and district ART stakeholder meetings and participate in joint district health management visits. In addition, linkages between the different projects and between the various HIV testing points in a facility (PMTCT, TB, and VCT) will be strengthened. KEMRI will support the district CD4 network to increase access to basic laboratory tests for HIV positive clients. KEMRI lab will have primary role of ensuring quality HIV testing, CD4 count and biochemistry tests are maintained. As the number of treatment experienced patients increases the number of patients requiring viral load testing will also increase. PEPFAR funds will be used to support the KEMRI lab to ensure the viral load testing is available to the clients who need the service.

In Nyanza Province KEMRI will support community involvement in HIV care through support of a community team utilizing liaison officers and peer educators, use of volunteer PLWAs in defaulter tracing and other nonclinical work. KEMRI will also provide guidance and capacity building to members of the HIV post test support groups. Laboratory and clinical network centers will be supported in Siaya, Bondo and Nyando. Point of service will include district and sub-district hospitals in the regions served by these referral hospitals, as well as many health centers and dispensaries.

At each site KEMRI provides technical assistance, equipment and supplies, infrastructure improvement, laboratory capacity improvement and reagents, adherence counseling, assistance with monitoring and reporting, cotrimoxazole prophylaxis to prevent opportunistic infections, treatment of opportunistic infections, improved access to safe drinking water, establishment of psychosocial support groups linked to each clinic and additional community-based services. KEMRI conducts a number of activities that enhance the development of care services at the national and regional level. These include regular coordination meetings of HIV care providers in the province in collaboration with the Provincial ART Officer, joint supervision with the district health management teams, regional quality assurance programs, and specimen transfer networks to optimize the availability of high quality CD4 cell count determination and national infant diagnostic HIV testing. KEMRI supports facility-based practical training during which health care workers are invited to join the functioning clinics and gain experience in all aspects of HIV treatment and clinic management. This activity's scope includes: identification and treatment of HIV-infected children and adults and provision of care in remote areas. The latter is facilitated by mobile teams that move between rural health centers and dispensaries, particularly those providing PMTCT services or TB treatment, an important step towards decentralization.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services, and a strengthened referral network for these services. In addition, these activities will contribute to expansion of care for HIV-infected children, in particular by supporting infant testing at sites supported both by this partner and other Emergency Plan partners.

4. LINKS TO OTHER ACTIVITIES

These services link to KEMRI-supported ARV treatment services as well as other ART and non ART services provided by other Emergency Plan Partners like University of California, San Francisco, Catholic Relief Services and Columbia University in Nyanza Province. They also tie into well-established referral linkages with local VCT and PMTCT programs. Practical training supported by KEMRI is linked directly to classroom training supported by Mild May International.

5. POPULATIONS BEING TARGETED

The target population for this activity is people with HIV. The main geographic regions served by these activities are Nyando, Siaya and Bondo districts, Nyanza Province. Discordant couples are targeted by behavior change counseling and other prevention activities focused on HIV-infected patients.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis on commodity procurement, development of network/linkages/referral systems, human resources, logistics, local organization capacity building, and quality assurance and supportive supervision, training, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14882

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14882	4091.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$3,709,994
6945	4091.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$6,290,265
4091	4091.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$2,404,845

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3478.09

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 12493.20600.09

Activity System ID: 20600

Mechanism: ACCESS

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$500,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$500,000).

COP 2008

1. LIST OF RELATED ACTIVITIES

The training activities in Eastern, Nairobi and Central Province will link to health workers in JHPIEGO APHIA II Eastern program in ART, as well as other partners funded in the HTXS and PDTX program areas.

2. ACTIVITY DESCRIPTION

In FY09 USAID'S ACCESS project (implemented by JHPIEGO) will continue to build the capacity of health workers in Ministry of Health (MOH) facilities in Eastern, Central and Nairobi Provinces in order to initiate and provide comprehensive HIV/AIDS treatment and care services. In collaboration with National AIDS and STD Control Program (NASCO) JHPIEGO will disseminate, train and mentor health workers on the already developed competency-based orientation materials for comprehensive care, based on MOH National Guidelines for HIV/AIDS treatment. In FY2006-2007, ACCESS supported the MOH to adapt the World Health Organization's Integrated Management of Adult and Adolescent Illness (IMAI) training approach in Kenya. IMAI builds the knowledge and skills of nurses and clinical officers to provide HIV prevention, care and treatment in first-level health facilities. This highly successful training approach utilizes people living with HIV as 'expert patient trainers'. ACCESS assisted the MOH to develop training materials, developed over 100 trainers at national and provincial level, trained over 500 service providers, trained 56 people living with HIV as Expert Trainers, helped initiate ART services in 92 new sites including pediatric HIV care and treatment. In FY 2008, ACCESS is building the capacity of providers caring for HIV-infected persons to integrate family planning (FP) services and management of sexually transmitted infections (STI) into HIV care and treatment. Additionally, ACCESS reprinted and disseminated Prevention with Positives (PwP) training materials, and trained PwP TOTs at national, provincial and community level; developed national Mentorship Implementation Guidelines and trained a first batch of Mentor TOTs.

Reproductive health choices and the unmet need for family planning for people living with HIV remain largely unaddressed. An integrated approach for ART/FP/STI services will reduce missed opportunities and narrow the gap for unmet FP needs.

In FY2009, it is envisioned that JHPIEGO will continue to strengthen these services by building on FY2008 activities, completing the ACCESS steps for capacity building in PwP and clinical mentorship in ART. In addition, capacity building in advanced IMAI for second level service providers (targeting clinical officers and medical officers to enable them to offer ARV drug substitutions, drug failure, and manage side effects and opportunistic infections) is now thought to be a priority intervention

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2009 Emergency Plan result for increased availability of skilled health workers to provide care and treatment. It will enable service providers to identify and initiate HIV infected patients on ART. This activity will increase access to quality treatment services particularly among underserved. It also contributes to Kenya's 5-year strategy emphasizes of developing effective linkages between prevention, care and treatment services within an integrated network.

4. LINKS TO OTHER ACTIVITIES

The training activities in Eastern, Nairobi and Central Province will link to health workers in JHPIEGO APHIA II Eastern program in ART, as well as other partners funded in the HTXS and PDTX program areas.

5. POPULATIONS BEING TARGETED

This activity targets people living with HIV/AIDS, HIV positive infants, HIV positive children. It also targets other MOH staff including program managers in the NASCO, and public health care doctors and nurses.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma associated with HIV status by increasing the availability of comprehensive care.

7. EMPHASIS AREAS This activity includes major emphasis on training and development of network/linkages/referral systems as detailed in the activity description in Section 1 above.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14860

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14860	12493.08	U.S. Agency for International Development	JHPIEGO	6959	3478.08	ACCESS	\$500,000
12493	12493.07	U.S. Agency for International Development	JHPIEGO	4239	3478.07	ACCESS	\$1,000,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4914.09	Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 8792.20610.09	Planned Funds: \$1,550,000
Activity System ID: 20610	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

The narrative has been split to reflect adult and pediatric care and support and treatment. References to targets have been updated including emphasis areas and budgets.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$150,000).

COP 2008

1. LIST OF RELATED ACTIVITIES

These APHIA II Eastern activities will be tightly linked to the FY 2008 activities and across the continuum of care with other services supported by APHIA II Eastern in basic HIV care and support, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

2. ACTIVITY DESCRIPTION

In FY 2009 USAID'S APHIA II Eastern project will continue to build on and consolidate gains made from the start of the project. In FY 2009 APHIA II will continue to build the capacity of health workers in Eastern province to further scale up provision of ARVs. The capacity building will also cover for staff attrition due to multiple factors. APHIA II will train 50 health care workers on Adult ART, 25 on ART commodity management and 25 on IMAI and adherence counseling. In these trainings, APHIA II Eastern will use the TOT pool created in FY 2007 and 2008 and will use NASCOP curricula. The trainees will be followed up with facilitative supervision and mentorship using the capacity built within the region.

The APHIA II Eastern project will consolidate the laboratory networks' capacity to serve the 17 districts (New) namely Moyale, Sololo, North Horr, Marsabit, Laisamis, Garbatulla, Isiolo, Igembe, Tigania, Imenti North, Imenti Central, Imenti South, Maara, Meru South, Embu, Mbeere and Tharaka to provide ART to 3,600 new adult patients and maintain the 7,300 patients on ART and the end of COP 2009 period. The 4 laboratory networks- Embu PGH, Meru DH and Isiolo DH and the Moyale DH lab will be supported with reagents, other consumables and logistics to enable them to effectively serve their respective networks.

In FY 2009, The APHIA II Eastern project will focus on decentralization and downward referrals of HIV patients to 50 ART sites in accordance to the Ministry of Health (MOH)/NASCOP current strategy to enable sites to provide quality HIV care. This activity will be closely linked to the capacity building one above. The project will enhance quality of care through improved clinical monitoring; improved case management and use of Electronic Medical Records (EMR) which is being introduced by NASCOP. Using lessons learnt from the Zingatia Maisha project, adherence counseling will be further strengthened and supported through the psychosocial support groups. The use of EMR will ensure patients needing second line ARVs are identified early and put on appropriate treatment. The EMR will also ensure prompt identification of treatment defaulters who shall then be quickly traced through the network of support groups and brought back to treatment.

APHIA II Eastern will capacity build and create systems to strengthen facility-community linkages, building on the best practices and lessons learnt from the Zingatia Maisha project. The APHIA II Eastern project will enhance integration and linkages within facilities and from one facility to another in order to strengthen the continuum of care, and continue to institutionalize the Quality of care improvement strategies that will have been established in FY2008. Stigma reduction strategies started in COP 08 shall also be continued.

The APHIA II Eastern project will continue to support linkages and referrals from workplaces to ART sites and continue to build capacity of faith based and private providers. The APHIA II Eastern project will offer ART site support, which in addition to supply of pharmaceuticals, laboratory commodities and capacity building of health care workers, will also conduct some site renovations.

As part of the exit strategy, APHIA II Eastern will build on capacity within the MOH (PHMT/DHMT) and continue to support leadership and ownership of activities by the health care workers in HIV treatment services.

3. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

These APHIA II Eastern activities will greatly contribute to USG's 5-year strategy in support of Kenya's integrated HIV/AIDS programs by expanding established ART programs to include new areas in Eastern province. As a result of these activities, 3,600 new patients will receive ARVs, contribute to the results of expansion of ART treatment for clinically qualified HIV positive patients, strengthen human resource capacity to deliver ART treatment, and strengthen referral network for provision of ART. The number of individuals who ever received ARVs by the end of reporting period will be 8,760.

4. LINKS TO OTHER ACTIVITIES

These APHIA II Eastern activities will be tightly linked to the FY 2008 activities and across the continuum of care with other services supported by APHIA II Eastern in basic HIV care and support, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and Counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Eastern activities target people affected by HIV/AIDS, people living with HIV/AIDS, HIV/AIDS affected families, and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The major emphasis area is training of health workers with minor emphasis development of networks/linkages/referrals systems, information, education and communication and workplace programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14868

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14868	8792.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$1,700,000
8792	8792.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$1,792,474

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 353.09

Prime Partner: Internews

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4172.20531.09

Activity System ID: 20531

Mechanism: Voices in Health

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$400,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for journalists on HIV/AIDS reporting skills (\$400,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to all other activities in ARV services program area.

2. ACTIVITY DESCRIPTION

ARV treatment is rapidly has become widely available at many sites across Kenya. Information and education for communities and society on the realities of ART use needs to increase in tandem with program scale-up. Since FY2005 Internews has been supporting the dissemination of accurate information on the effectiveness and need for ARVs through innovative communications and encouraging reporting on the subject on radio and television. The primary strategy has been training journalists and talk show hosts to equip them with the skills to accurately report on complex ARV related issues, which could otherwise be common sources of rumors, misconceptions, and public misinformation. In FY 2009 Internews will continue to focus on the need for pediatric ARVs. Internews will specifically train six additional senior radio professionals in reporting accurately and effectively on the science of ARVs, as well as ten senior radio journalists on reporting on the need for pediatric ARVs. This training will result in at least 24 ARV programs being broadcast on the radio. Internews will also train 4 senior TV journalists on the science of ARVs. This will result in the broadcast of 8 feature ARV TV features. From experience over the past five years, Internews has found that training a small number of journalists intensively is far more effective than training a large number. When trained in small numbers and closely supported after the training, journalists tend to do considerably more follow-up reporting on ARV issues. This training will result in trainees obtaining the knowledge and skills to engage the media effectively in their advocacy campaigns and will put them in close contact with various experienced Kenyan journalists who serve as co-trainers in our workshops. There has been a significant improvement in the quality of programs and diversity of topics discussed on air, with the voices of PLWHA being heard far more often. Internews efforts to date to prepare radio journalists and talk show hosts to effectively report on ART issues has resulted in 50 radio features and talk shows aired on Kenyan radio since 2004, far exceeding our original goal. Internews Network, Inc. is an international non-profit organization that supports open media worldwide

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will increase accurate media reporting on ART issues and improve knowledge among the general public on HIV care and treatment issues. This will also increase demand for HIV care services and increase the numbers on ART in Kenya thus contribute to reaching the treatment targets.

4. LINKS TO OTHER ACTIVITIES

This activity supports initiatives by other donors targeting media communications on ARV treatment. This activity is linked to the ARV Services Communication Campaign in the 2008 COP and also supports initiatives by other donors targeting media communications on ARV treatment.

5. POPULATIONS BEING TARGETED

People living with HIV/AIDS, General Public, Business Community/private sector, in particular media owners.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination against PLWHA.

7. EMPHASIS AREAS

Training is the major emphasis area, with minor emphases in local organization capacity development community participation and information, education and communication.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14851

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14851	4172.08	U.S. Agency for International Development	Internews	6957	353.08	TBD	\$400,000
6915	4172.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$300,000
4172	4172.06	U.S. Agency for International Development	Internews	3234	353.06	Local Voices	\$311,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 2328.09**Prime Partner:** IntraHealth International, Inc**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 4316.20536.09**Activity System ID:** 20536**Mechanism:** Capacity Project**USG Agency:** U.S. Agency for International
Development**Program Area:** Treatment: Adult Treatment**Program Budget Code:** 09**Planned Funds:** \$4,900,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- Activity includes the following new activities:
 - + Accredited CPD system with laboratory professional associations in support of the National Lab Training Plan
 - + Improved laboratory worker retention in demonstration project sites
 - + Short-term management and supervisory skills training for lab personnel

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS
HCD \$4,900,000

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HLAB, System Strengthening and Prevention of Mother to Child Transmission. And all activities in the HTXS, PDTX, PDCS and HBHC program areas.

2. ACTIVITY DESCRIPTION

This activity supports the management, supervision, and administration of the 830 health workers hired by Capacity to primarily government facilities. In addition to filling critical gaps in HIV/AIDS laboratory services, the new hires support anti-retroviral therapy (ART) screening and monitoring, HIV care and prevention services. This project assists in providing critical human resource management support to ensure increased service delivery for better health outcomes, specifically in HIV/AIDS at recipient sites. The availability and retention of trained Health care workers (nurses and clinical officers), particularly in the public health sector, is the cornerstone of Kenya's response to the health needs of the country and its response to the HIV/AIDS epidemic. Currently, Kenya's public health sector and not-for-profit health organizations are overwhelmed by the strain of coping with HIV/AIDS prevention, treatment, care and support in addition to other priority health services. Their human resource systems are also unable to keep up with requirements for HIV/AIDS program planning, management and implementation. This ground breaking emergency hiring and training program seeks to increase resources in qualified human capital that will be made available to Kenya's public health sector. In areas where the bulk of health care services including ARVs are provided by facilities managed by faith-based organizations and where they are clearly faced with staffing shortages, the program has attracted and deployed health workers in such facilities. Specifically, this initiative will enhance the capacity of the public health sector in Kenya to initially expand access to treatment and care for HIV/AIDS patients and also strengthen the provision of quality health programs especially in rural priority posts. The project shall consider various approaches that hold promise for enhancing and sustaining the local health workforce both in the short and long term. As such, this initiative should be envisioned as a strategic and humanitarian intervention in a setting that currently lacks sufficient and adequately qualified health workers to mount an effective counterattack on HIV/AIDS and continue to provide other essential health services at the same time. All the available evidence seems to suggest that without such reinforcement of critical cadres of human resources for health, PEPFAR as well as the Ministry of Health's ambitious coverage and treatment targets for Kenya will be difficult if not impossible to achieve. 1) to develop and implement training programs that will rapidly address the gaps in skills and competencies for the laboratory workers; and 3) to design and implement a monitoring, quality assurance and support system that will enable the laboratory workers at sites to increase their efficiency and effectiveness. In 2007 and 2008, the Emergency Hiring Plan (EHP) strengthened the health sector systems to improve and sustain the new hires and facility performance to deliver the essential services. Capacity will document and develop tools and initiatives that will improve job satisfaction, supervision systems and retention for the new hires. The new hires salaries have been matched with the Ministry of Health salaries according to position and qualifications and will be paid on time at the end of each month. At the same time, Capacity will implement long-term human resource planning with the Ministry of Health. The EHP can only generate sustainable results if its lessons and promising practices are taken up, applied and combined with existing effective measures to address all the components of the Human Resources in Health (HRH) Framework. It will be important to ensure appropriate skills amongst health workers to meet the health needs of the Kenyan population, which means expansion of educational opportunities and curricula reforms. With donor support, the MOH recently completed a three year Human Resource Strategic Plan and implementation plan. The MOH will need to be encouraged and supported to take this strategic initiative forward. This project will work with health sector leaders and primary stakeholders to strengthen HRH within the national health system, assist the ministry to develop core technical capacity in HRH planning, management and offer support by a) providing targeted technical assistance to assist the MOH with the implementation of the 3 year HR strategic plan b) introducing an integrated human resource information system (HR IS), c) streamlining and strengthening HR management processes and practices especially recruitment, deployment, transfers, supervision and performance management and linking HR and payroll data, d) enrolling selected HRH leaders and managers in a leadership development course, and e) working with the MOH divisions to standardize curricula as needed, and e) expanding the Work Climate Improvement Initiative that seeks to improve job satisfaction and aid retention, to sites with new hires.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Capacity will support the 830 Health care workers (nurses and clinical officers) who will provide HIV and AIDS services to selected sites across the country.

4. LINKS TO OTHER ACTIVITIES

Health care providers will be deployed to sites around Kenya with the greatest need in order to meet PEPFAR targets in those areas. Most of these facilities are GOK facilities, and many are supported by PEPFAR partners. This activity relates to activities in HLAB, System Strengthening and Prevention of Mother to Child Transmission. And all activities in the HTXS, PDTX, PDCS and HBHC program areas.

5. POPULATIONS BEING TARGETED

This project targets health care workers primarily in the public sector, and MOH policymakers, HR administrators, and hospital supervisors.

6. EMPHASIS AREAS

Activity Narrative: The major emphasis area for this project is human resources as it manages and seeks to retain 830 Health care workers (nurses and clinical officers) to scale up HIV/AIDS services. Capacity will work with the MOH on implementation of its Human Resource in Health policy, and seeks to improve on-site supervision through its Workforce Mobilization Program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14854

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14854	4316.08	U.S. Agency for International Development	IntraHealth International, Inc	6958	2328.08	Capacity Project	\$5,500,000
6919	4316.07	U.S. Agency for International Development	IntraHealth International, Inc	4237	2328.07	Capacity Project	\$4,100,000
4316	4316.06	U.S. Agency for International Development	IntraHealth International, Inc	3300	2328.06	Capacity Project	\$4,607,274

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$4,900,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 305.09

Mechanism: N/A

Prime Partner: International Rescue Committee

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 4809.20522.09

Planned Funds: \$320,000

Activity System ID: 20522

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support, Counseling and Testing, and PMTCT.

2. ACTIVITY DESCRIPTION

International Rescue Committee (IRC) will maintain and scale-up existing HIV prevention, care, and antiretroviral treatment services serving both refugee and local populations in Turkana District, Rift Valley Province, Kenya. ARV services will be offered at 5 sites in Kakuma refugee camp, Kakuma Mission hospital, Kalokol, Lokichogio and Lodwar District Hospital in Turkana District, Rift Valley to 1,300 adults with advanced HIV infection, including 500 new patients (bringing the total ever provided with services to 1,560); additionally, 50 health care workers will be trained. Turkana District, located in Rift Valley Province, is the largest district of Kenya, and is home to a pastoralist community which is livestock dependent, highly mobile, and has extremely limited access to health services, especially HIV/AIDS services. The district lies on the main truck route between Mombasa and the relief operations in northwestern Kenya and southern Sudan via Lodwar, Kakuma, and Lokichogio. Lokichogio is the main transit center for Sudanese refugees and a base for provision of refugee services. The area is remote, with a population characterized by high rates of absolute poverty (74%) and food poverty (81%). General health services are limited and poorly distributed throughout the district. IRC will build on established care programs for HIV-infected refugees and others at refugee health center camps, and will build on existing collaborative relationships with health facilities supported by Africa Inland Church to provide local treatment. Activities will be conducted in close collaboration with the Provincial ART Officer responsible for the northern part of Rift Valley Province. IRC will establish ART programs by providing technical support, supporting staff salaries, staff training, laboratory evaluation, and adherence counseling and monitoring. ARVs will be supplied to the sites through the USG central distribution system currently done through the Mission for Essential Drugs.

IRC has been implementing an HIV/AIDS prevention program and outreach to hard-to-reach populations and rural communities in this area since September 2001. They are uniquely suited to provision of care in refugee situations/remote areas and will build on very substantial existing medical capacity in the camps. They have a strong relationship with the local mission hospital, relying on the hospital for operating theatres, OB/GYN services, and other services, and have previously worked with the mission hospital to build capacity related to provision of basic health services for people with HIV. By March 2008, IRC had 583 adults on ART. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to; expansion of access to adult ARV treatment for clinically qualified HIV-positive adult, strengthened human resource capacity and a referral network for provision of adult ARV treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to adult HIV prevention and non-ART treatment services supported by IRC: Palliative Care: Basic Health Care and Support, Counseling and Testing, and PMTCT and coordination of adult ARV scale up supported through NASCOP.

5. POPULATIONS BEING TARGETED

The target populations for this activity are the refugees and the local populations in the areas noted above. HIV rates are high among the local Turkana. Although the prevalence of HIV is lower in the refugee populations, HIV infection is now the leading cause of adult death in this group.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations and stigma and discrimination.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, human resources, local organization capacity building, community mobilization, quality assurance, and supportive supervision, logistics, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14846

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14846	4809.08	HHS/Centers for Disease Control & Prevention	International Rescue Committee	6956	305.08		\$350,000
6914	4809.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$280,000
4809	4809.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$220,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9080.09	Mechanism: N/A
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4271.20564.09	Planned Funds: \$8,400,000
Activity System ID: 20564	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative care: Basic Health Care and Support, ARV Services, TB/HIV, and OVC.

2. ACTIVITY DESCRIPTION

Catholic Relief Services (CRS), within AIDSRelief, (a consortium of, Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland) will continue provision of ART services to approximately 33,200 patients, (total of 15,040 new patient and 39,840 ever) at 25 service delivery sites and over 65 satellite sites throughout Kenya. These patients are in addition to the 14,500 that will be supported through Track 1 funding for this partner. CRS provides on-site preceptorship that builds clinical, adherence counseling, and laboratory skills. Institutional capacity is also strengthened through support for strategic information systems, commodities management, and finance and administrative management capacities. CRS collaborates with various in-country organizations (government, FBO, NGO) for additional training resources. Leveraging of other resources through wrap-around programs will increase access to clean water, provide insecticide treated bed-nets, and support improved nutrition. By working with faith-based CBO's firmly embedded in communities, CRS ensures that the community supports the health facility by reducing HIV/AIDS stigma, contributing to continuity of care. 120 health care workers will be trained. CRS supports salaries for comprehensive teams providing HIV treatment, ensuring that each point of service has at least the minimum amount of staffing required by the National AIDS and STD Control Program (NAS COP) for an ART program. In line with the national dialogue regarding an increased role of nurses in AIDS treatment, CRS is focusing on mentoring and training nurses. CRS also funds the costs of laboratory examinations for all patients on ART at supported sites including CD4 counts as necessary for monitoring patients on treatment. ARVs are supplied to the sites through the distribution system of the Mission for Essential Drugs and Supplies (MEDS). The CRS consortium has established agreements with a number of Mission facilities in Kenya, and has supported rapid scale up of treatment at these facilities. By June 2008, more than 20,000 adults were accessing ART as a result of Track 1 and in-country funding awarded to this partner.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CRS activities will contribute to expansion of adult ARV treatment for clinically qualified HIV-positive patients at faith-based facilities. CRS will strengthen human resource capacity to deliver adult ARV treatment, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to adult Palliative care and TB/HIV services currently supported by CRS, adult ART services supported by this partner through in-country funding, and ART services coordinated by and supported through the National AIDS and STD Control Program (NAS COP). Specific facilities have also developed linkages, for example Nazareth has established treatment referral linkages with Nyeri District Hospital (supported by). There are also linkages to CRS-supported OVC programs as part of the USAID-supported APHIA II.

5. POPULATIONS BEING TARGETED

These activities target adults living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers are targeted with increased HIV care and treatment knowledge and skills. Activities also target community- and other faith-based organizations (Kenya Episcopal Conference, Christian Health Association of Kenya) and community and religious leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14747

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14747	4271.08	HHS/Health Resources Services Administration	Catholic Relief Services	6934	3670.08		\$7,732,000
6854	4271.07	HHS/Health Resources Services Administration	Catholic Relief Services	4213	3670.07		\$3,900,000
4271	4271.06	HHS/Health Resources Services Administration	Catholic Relief Services	3670	3670.06		\$2,810,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 285.09	Mechanism: ART Training
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4132.20570.09	Planned Funds: ██████████
Activity System ID: 20570	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+The only change to this activity since approval in the 2008 COP is that cooperative agreement with Mildmay will end in 2009 and will be competed.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity related to activities in ARV services, Adult Care and Support, Pediatric ARV Services, Pediatric Care and Support.

2. ACTIVITY DESCRIPTION

TBD Partner will continue to support the mobile teams that provide training in HIV treatment. This training uses material developed and approved by the National AIDS and STD Control Program (NAS COP) and provides trainings for health care workers in Nairobi, Central, and Eastern provinces although the focus is on the heavily affected Nyanza province. The Adult antiretroviral treatment (ART) trainings will be conducted using the new NAS COP curriculum on Integrated Management of Adolescent and Adult Illness (IMAI). The initial Adult ART curriculum will still continue to be used for health workers from higher level facilities depending on NAS COP's and MOH need's and on how soon the 2nd level advanced curriculum is released. The same curricula will also be used to train health workers from the Department of Defense (DOD) on IMAI and Adult ART in Nyanza and South Rift Valley. These activities will result in classroom and practical training of 360 health care workers in antiretroviral (ARV) drug management. These will be part of training on comprehensive care of people with HIV/AIDS and will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. An additional 1,200 health care providers will receive continuing medical education (CME). TBD partner will support this activity by maintaining two teams of specially trained trainers. Members of these training teams will also provide patient care at supported sites. This on-site participation helps to maintain the clinical skills of the trainers, ensures that the trainers are teaching from recent and relevant experience, and assist with meeting critical staffing needs. Funds will support salaries for the trainers, office costs related to coordinating the trainings and preparing and conducting the CME sessions, accommodation costs for the training participants, and travel costs for participants and trainers

This activity has been previously supported through Mildmay International. The cooperative agreement with Mildmay will end in mid 2009 and will be competed with COP 09 funds. By April 2008, two multidisciplinary teams have provided ART classroom training to over 135 health care professionals and had reached over 1,200 health care workers through CME sessions addressing care of pediatric patients and management of patients co-infected with TB and HIV. The teams have undergone trainings in teaching methodology as well as advanced training in adult and pediatric HIV management.

3. OVERALL PROGRAM AREA

These activities will contribute to the results of expanded provision of a basic package of health services for patients with HIV, improved integration of prevention and treatment services, and strengthened networks of treatment. These activities will also increase the number of health care workers in Kenya who can provide adult ART services.

4. LINKS TO OTHER ACTIVITIES

This activity relates to care and ART services supported through other U.S. government funded partners in Nyanza, Eastern, Nairobi, Central and South Rift provinces and Mildmay's home-based care activities. In addition, through USAID funding Mildmay will also assist six Kenya Medical Training Colleges build their capacity to design, develop, and deliver quality short courses on integrated adult and pediatric HIV care and ART as well as incorporate ART and HIV care into their curricula.

5. POPULATIONS TARGETED

These activities directly target health care workers, and indirectly target people living with HIV/AIDS. The geographic area where activities are focused is a high priority because of high rates of HIV (overall rates of HIV in Nyanza Province are the highest in Kenya).

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through training activities.

7. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphases on human resources, local organization capacity development, quality assurance, and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14926

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14926	4132.08	HHS/Centers for Disease Control & Prevention	Mildmay International	6977	285.08		\$1,000,000
6991	4132.07	HHS/Centers for Disease Control & Prevention	Mildmay International	4261	285.07		\$900,000
4132	4132.06	HHS/Centers for Disease Control & Prevention	Mildmay International	3216	285.06		\$437,500

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7455.09

Mechanism: Lab Renovations

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 19425.24032.09

Planned Funds: [REDACTED]

Activity System ID: 24032

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION

Kenya's laboratory infrastructure has long been a source of concern for providers of care particularly when initiating and continuing ARV treatment. A Kenya Service Provision Assessment (KSPA) done in 2004 indicated that only 15% of hospitals had the five tests necessary to manage STIs. It is also recognized that a modest investment in laboratory upgrading community health centers and district level facilities can conduct most laboratory tests needed for ART monitoring. The purpose of this activity is to improve the laboratory infrastructure in Kenya renovating and strengthening the existing laboratory infrastructure nationally. It is anticipated that the implementer will work with provincial health management teams and other USG partners in identifying the laboratories that need improvement with a view to establishing a provincial laboratory network. It is anticipated that the implementer will categorize the various laboratories (particularly as concerns the services the facilities provide) and ensure that the renovations undertaken are appropriate for each category of laboratory. Thus this activity will help standardize renovations and equipment across the laboratory networks in the country.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the continued implementation of the Medical Laboratory Services of Kenya National Policy guidelines and the 2005-2010 strategic plan helping to provide standardized quality laboratory services and ensure that laboratories have adequate and appropriate infrastructure.

3. LINKS TO OTHER ACTIVITIES

This activity will link to the USAID-HTXS-APHIA (Central/Nairobi, Coast, Eastern, North-Eastern, Nyanza, Rift Valley, and Western).

4. POPULATIONS BEING TARGETED

This activity aims at improving the quality of laboratory services provided to HIV positive people in Kenya by improving access to needed laboratory services.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity is renovation seeking to rehabilitate the laboratory network in the country.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19425

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$194,650
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4076.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29204.09

Planned Funds: \$371,500

Activity System ID: 29204

Activity Narrative: This PHE activity, "The impact of widespread provision of HIV diagnosis, care and treatment on population level morbidity and mortality in Nyanza Province, Kenya" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.09.0244. This PHE is NEW in COP 09.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$371,500
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7888.09

Mechanism: Measure III DHS

Prime Partner: Macro International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 22935.09

Planned Funds: \$200,000

Activity System ID: 22935

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

This activity has two main components. The first component will be the carrying out of 2009 Kenya Service Provision Assessment. This activity will jointly be funded by 5 program areas (PMTCT, CT, Care and Support, Systems Strengthening and Strategic Information. SI funding (\$450,000) will cover technical assistance including questionnaire adaptation, sampling and data processing, training, report writing, hiring of data dissemination specialist, editorial support and travels; while contributions from other program areas (\$750,000) will cover local costs such as interviewer training and supervision, data collection and analysis, local consultants, accounting firm, printing final reports, and other dissemination products. UNICEF and DFID will be approached to provide additional funding to the tune of \$500,000 to support local costs. The second component (\$150,000) will support the development of a 5-day curriculum, introducing the KDHS to graduate and undergraduate students from the University of Nairobi, and other public health programmers, planners and researchers. Targeted audience will be taken through a process of capacity building in further analysis of DHS data, data presentation and communication skills for policy makers. In overall, 2009 KSPA will help USG Kenya team to monitor changes over time in terms of the quality of services being provided to clients and build capacity of Kenyans on the KSPA survey methodology.

The emphasis area for this activity will be health-related wrap around programs. KSPA will provide national and sub-national information on the availability and quality of services on child health, family planning, maternal health (antenatal and delivery care), STIs, TB and HIV/AIDS. The findings will help in identifying areas that require immediate remedy in all service delivery areas if the health sector were to continue offering quality health services to clients.

2. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will provide technical assistance to 4 local organizations and community based structures in strategic information in addition to supporting the training of 100 public health programmers, planners, researchers and others like M&E/HMIS Officers, and program managers in health facility assessment methodology and other SI related topics.

3. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by NASCOP, where NASCOP will be rolling out Form 711 and program specific client registers for data collection and reporting at health facilities. It is also related to Macro International/APHIA II Evaluation that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities. It is related to strategic information activity to be carried out SCI Koimhuri/USAID National M&E Support Program which will support the development of data management infrastructure and supportive field supervision of COBPAR activities by the M&E Coordinator. It is also related to the strategic information activities implemented by KDOD, APHIA II projects and CDC/KEMRI.

4. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG personnel in KSPA survey methodology, data processing including analysis, interpretation, report writing and different information dissemination strategies at national and regional levels.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 9247.09**Prime Partner:** Pathfinder International**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 21434.22586.09**Activity System ID:** 22586**Mechanism:** APHIA II - Nairobi**USG Agency:** U.S. Agency for International Development**Program Area:** Treatment: Adult Treatment**Program Budget Code:** 09**Planned Funds:** \$2,400,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

The narrative has been split to reflect adult and pediatric care and support and treatment. References to targets have been updated including emphasis areas and budgets.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$250,000).

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1. LIST OF RELATED ACTIVITIES

This activity will specifically be linked to other APHIA II Nairobi supported activities in PMTCT (APHIA II Nairobi), OVC (APHIA II Nairobi) and TB/HIV (APHIA II Nairobi), home based care and other prevention activities (APHIA II Nairobi) ensuring successful referral of individuals that require ART care and support.

2. ACTIVITY DESCRIPTION

This activity relates to support to be provided to strengthen and expand ART services in Nairobi Province under the APHIA II Nairobi Province Project. In FY09, Pathfinder International (PI), which is the lead partner, in collaboration with other partners will target 60 sites in Nairobi Province for support in adult treatment services. Support at ongoing and new sites will include Ministry of Health supervision and progress review meetings as well as strengthen quality assurance, especially with regard to integrating HIV services, integrating HIV with RH/FP and TB services and HMIS. At new sites, service providers will receive training in adult HIV treatment. Prevention with positives will be given more attention in order to curb the tide of new infections. Treatment at the CCCs will be expanded to link and network other entry points such as the out patient departments, inpatient departments, PMTCT, VCT centers and community services. Efforts will be made to decentralize services so that patients get treatment where they are presenting for care. Laboratory costs are often a hindrance to uptake of services and efforts will be made to facilitate laboratory networks, support laboratory reagents and equipment that improve uptake of ARV services. It is expected that 3,000 adult clients will be newly initiated on ART, with 8,400 as the cumulative number of ART adults clients and 7,000 adult clients will be receiving antiretroviral therapy at the end of this reporting period at these sites. The project will continue to support clinical staff, continuous medical education, mentorship, on site technical assistance, furniture and equipment at health facilities and grantees (Catholic Medical Mission Board, Nairobi Women's Hospital and Gold Star Network) to strengthen provision of HIV services. 80 service providers will be trained in adult HIV management (care and treatment), 60 in ART commodity management and 15 in ART laboratory monitoring.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan ART targets for Kenya. It will also ensure that more adults are identified through the various treatment entry points and linkages in order to increase the number of adults on treatment.

4. LINKS TO OTHER ACTIVITIES

Coordination will take place with other USG partners and non USG partners supporting HIV treatment services in Nairobi. Support to ART services will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. This activity will specifically be linked to other APHIA II Nairobi supported activities in PMTCT, OVC and TB/HIV, home based care and other prevention activities ensuring successful referral of individuals that require ART care and support.

5. POPULATIONS BEING TARGETED

This activity targets HIV+ adults. Health care providers including Doctors, Nurses and Other Health care workers will be targeted for training using national curricula.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21434

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21434	21434.08	U.S. Agency for International Development	Pathfinder International	9253	9253.08	APHIA II - Nairobi	\$2,050,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
 - * Safe Motherhood
- Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1244.09

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4250.20594.09

Activity System ID: 20594

Mechanism: Kenya Department of Defense

USG Agency: Department of Defense

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$1,000,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +The prime partner changes from KEMRI to HJF-MRI
- + All sections referring to pediatric ART have been moved from this narrative to a new program area (PDX Treatment)
- + In FY 09 the KDOD program shifts focus from civil outreach to concentrate on reaching military personnel and their dependants within the military settings with ART services. Support for civilian focused activities has been transitioned to other USG implementing partners.
- + The number of individuals newly initiating therapy during the reporting period changes to 250.
- + The number of individuals receiving antiretroviral therapy by the end of the reporting period changes to 1,600
- + The number of health workers trained to deliver ART services, according to national and / or international standards changes to 20.
- + The number of individuals who ever received antiretroviral therapy by the end of the reporting period changes to 2000
- + Funds under this activity will be used to support related laboratory services and barrack based adherence activities.
- + Prevention with Positives interventions will be a component of routine adult treatment activities within the clinic setting.
- + Creation of strong linkages and referral mechanisms between the lower level medical care provision centers (Medical Reception Stations, Sick Bays and Base Medical Centers) and the higher level medical facilities will be supported.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through in service training of health care workers including clinical officers, nurses and doctors in the management of patients on ART. Training of volunteer PLWHA on adherence counseling and patient follow up will be supported for task shifting. 1.4% of the budgetary allocation will be attributed to this activity.

The activity will additionally supports nutrition commodities by leveraging on the INSTA Food By Prescription Support program, which is to be implemented in five clinics as follows: Armed Forces Memorial Hospital, Gilgil Regional Hospital, 3KR Lanet Clinic, Laikipia Air Base Hospital and Kenya Naval Base hospital.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Counseling and Testing, Palliative Care: TB/HIV, Palliative Care: Basic Health Care and Support, Prevention of Mother-to-Child Transmission, Laboratory infrastructure and Strategic Information.

2. ACTIVITY DESCRIPTION

Under FY 2008 Emergency Plan funding, the Kenyan Department of Defense (KDOD) will continue to support eight military Antiretroviral Therapy (ART) in Kenya (Armed Forces Memorial Hospital (AFMH) and its satellite at KEMRI Campus in Nairobi, The Air Force Medical Centre in Laikipia and its annex at the 4th Brigade, Kenyatta barracks - Gilgil, Lanet barracks and its satellite at 81 Tank in Nakuru, Naval Medical centre and its satellite at Mtongwe municipal clinic in Mombasa, Thika, Eldoret and the Air Force Medical centre in Nairobi at Moi Air Base). In FY 08, funds will continue to be used to provide ART to soldiers, their dependants, KDOD civilian employees and civilians in the neighboring communities. In addition special emphasis will be put on patient follow up and adherence monitoring by use of social workers and telephone tracking. Treatment outcomes will be monitored at 3,6,12 and 24 monthly. The target is to bring the total ever treated to 3500(1850 new) including 500 children. In FY 2008, the KDOD HIV program intends to extend treatment and care services to a target population of 600,000 people these will include 100,000 military personnel, their dependants, civilian personnel and the neighboring underserved civilian population estimated at 500,000. With the support of US Army Medical Research Unit-Kenya, the KDOD has developed capacity to manage and run successfully 5 HIV/AIDS comprehensive care clinics as follows; AFMH, in Nairobi, Lanet, Gilgil, Laikipia and Mtongwe. To date a total of 1,650 HIV-infected patients have been registered. Out of which, over 1,035 are on ART and over 300 patients continue to receive treatment for tuberculosis (TB). In FY 2008, support activities will include strengthening of the AFMH to serve as a referral center for HIV/AIDS care through improvement of existing laboratory capacity, management of Sexually Transmitted Infections (STIs), management of complicated medical cases such as ARV drug resistance and strengthening of the SI capacity to implement Public Health Evaluations. AFMH will also continue providing pediatric HIV/AIDS care and treatment. Infrastructural expansion of the other 7 CCCs will be undertaken in order to accommodate the expanded program. In order to maintain and improve on achievements already attained, the KDOD will need to train additional staff to run the 8 CCCs and their satellites. Over the last four years more than 75 KDOD medical personnel have received basic orientation on Antiretroviral (ARV) administration and treatment of tuberculosis (TB). However due to competing medical and other military duties, only a few remain available to run the clinic on a day to day basis. In FY 2008, staff of various cadres will be trained including 36 health care workers to be trained on comprehensive adult and pediatric HIV/AIDS treatment and care. In addition, manpower requirements will be reviewed and hired as necessary to ensure that KDOD HIV Program maintains at least 1 registered clinical officer, 1 pharmaceutical technologist, 1 laboratory technologist and 1 data clerk at each of the 8 treatment centers at any one time. Part of 2008 funds will be used to procure drugs for opportunistic infections and nutritional supplements, staffing, diagnosis of HIV, STIs and various opportunistic infections, safety monitoring equipment and supplies. These funds will also be used to continue and/or initiate technical assistance from locally employed staff.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By putting 3,500 people on treatment through the KDOD program, this will contribute to the result of increased number of people on ARVs nationally. Improvement of the infrastructure and of the laboratory services will also lead to better quality of services rendered to the HIV infected patients. Even though treatment sites are decentralized from AFMH to 7 other sites covering the main military regions (namely the

Activity Narrative: Coast, Mount Kenya, 3 sites in central Rift Valley and Central province), the care and treatment of KDOD HIV/AIDS patients will continue to be closely monitored by staff from the AFMH hospital in liaison with the Ministry of Health (MOH) to ensure maintenance of standards of care as per national guidelines. Data on the epidemic will be collected systematically and shared openly to facilitate in monitoring of the epidemic and to assess the services provided.

4. LINKS TO OTHER ACTIVITIES

These activities will link closely with KDOD's counseling and testing, basic health care and support, TB/HIV, OVC, PMTCT and laboratory services. Through the KDOD PMTCT program family members of mothers testing positive will be identified and offered opportunity for care and treatment. ART activities will be linked to KDOD BHCS. Thus KDOD's ART and BHCS will constitute a continuum of care for HIV infected individuals.

5. POPULATIONS BEING TARGETED

This activity targets a population of 600,000 people consisting of most at risk Populations of military personnel and their dependants, as well as the civilian population residing close to the barracks where treatment is otherwise unavailable. The satellite clinics will be open to the civilians in order to increase coverage and access to all these targeted populations. Health care providers will also be targeted by increased ART training, thus increasing the amount of clients able to be served more efficiently.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Increasing gender equity in HIV/AIDS programs, dealing with male norms and behaviors, and reducing stigma and discrimination are all areas in which this activity will address. ART services that will be provided will be given equitably across genders. Information and education on ART will be done for the public and the medical staff to target stigma.

7. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement, human resources and training and minor emphasis on infrastructure. KDOD will purchase diagnostic and medical supplies, train staff on ART and hire additional health staff to help manage the increasing workload as more patients are recruited into the comprehensive care clinics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14899

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14899	4250.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$1,150,000
6958	4250.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$591,715
4250	4250.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$650,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5093.09

Prime Partner: International Medical Corps

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 21850.09

Activity System ID: 21850

Mechanism: Prisons Project

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$200,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
IMC has been awarded this cooperative agreement that was previously supported through KEMRI.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult/Pediatric Care and support, Counseling and Testing, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

The HIV treatment activities within the Kenya prisons were formerly implemented by Kenya Medical Research Institute (KEMRI) in collaboration with the Kenya Uniformed Services Program (USP). In 2008, International Medical Corps (IMC) in consortium with Catholic Relief Services (CRS) and Legal Resources Foundation (LRF), will, support the provision of antiretroviral treatment (ART) to 300 HIV-infected service personnel, their dependents, prisoners and surrounding communities including 100 new patients. This will bring the total of patients ever provided with services to 400 at 4 clinic sites. Additionally, 30 health care workers will receive ART training according to the national guidelines. This program will build upon established services including HIV/TB diagnostic counseling and testing and provision of non-ART care (e.g., treatment of opportunistic infections, psychological and spiritual support, etc.). The Prison Services health facilities offer services to their staff, the local communities as well as prison inmates. These groups will all be targeted by this program. Antiretroviral (ARVs) drugs will be provided at the sites through the Kenya Medical Supplies Agency (KEMSA) and Mission for Essential Drugs and Supplies (MEDS). Funds will also be used to provide training for 30 health care workers; and support the procurement of necessary equipment and supplies, such as test kits, laboratory reagents, and drugs for prevention and treatment of opportunistic infections. The Prisons Service Program will manage data on the people served and will report both nationally and through Emergency Plan. The Kenya Prison Services have had a longstanding collaboration with U.S. government agencies in Kenya. This collaboration has resulted in effective VCT and PMTCT services and establishment of both non-ARV and ARV treatment services with a special emphasis on provision of integrated TB/HIV services. The transfer and release of prison inmates is frequent and there is a need to introduce mechanisms for follow-up care, and support for such prisoners, to ensure adherence to ARV and TB treatment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment and an improved referral network for provision of ARV treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Palliative Care, Counseling and Testing, TB/HIV, and PMTCT.

5. POPULATIONS BEING TARGETED

The target population for this activity is HIV-infected prisoners, prison staff and their families, and residents in the neighborhoods where prisons are located.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases on commodity procurement, development of referrals, logistics, human resources and training and quality assurance, supportive supervision as well as strategic information and workplace programs.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3476.09

Mechanism: South Rift Valley

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 6973.20785.09

Planned Funds: \$6,450,000

Activity System ID: 20785

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + The prime partner changes from KEMRI to HJF-MRI
- + All sections referring to pediatric ART have been moved from this narrative to a new program area (PDTX Treatment)
- + emphasis areas will be expanded to include prevention with positives, nutrition management (Food By Prescription) for moderate to severely malnourished clients on ART, and task shifting and involvement of PLWHA in defaulter tracing and other non-technical aspects of comprehensive ART
- + Number of service outlets providing antiretroviral therapy changes to 68
- + Number of individuals newly initiating antiretroviral therapy during the reporting period changes to 6,000
- + Number of individuals who ever received antiretroviral therapy by the end of the reporting period changes to 21,600
- + Number of individuals receiving antiretroviral therapy at the end of the reporting period changes to 18,000
- + Number of health workers trained to deliver antiretroviral therapy services according to national &/or international standards changes to 150

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in HCD through its on-site CME training for doctors, nurses, clinical officers, pharmacists, nutritionists, and HIV program managers. 2.5% of the budgetary allocation will be attributed to this activity.

It also supports Food & Nutrition tools and service delivery through meeting critical staff gaps and equipping health facilities to be able to offer quality nutrition services. 2.5% of the budgetary allocation will be attributed to this activity. The activity additionally supports nutrition commodities by leveraging on the INSTA Food By Prescription Support program, currently being implemented in four partner hospitals (Longisa District Hospital, AIC Litein Mission Hospital, Kericho District Hospital, & Kapsabet District Hospital). In FY 09, mechanisms will be put in place to expand this support to all the 68 ART service outlets in all the 8 districts under the SRV program coverage. 2.5% of the budgetary allocation will be attributed to this activity.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HBHC, TB/HIV, and HVCT.

2. ACTIVITY DESCRIPTION

The South Rift Valley (SRV) Program is a broad initiative by the Walter Reed/KEMRI-HIV project in collaboration with the Ministry of Health and Faith-based (including a local community based organization) health care programs within 8 districts (2 new districts added to the previous 6 districts) in the South Rift Valley and Nyanza Provinces of Kenya.

The South Rift Valley Program serves a population of approximately 2.7 million people, with a HIV prevalence ranging from 5% to as high as 19% in some congregate settings. In 2006, about 100,000 adults were estimated to be living with HIV. As of March 31, 2007, the South Rift Valley program was providing basic health care and support services to 16,065 HIV infected patients, of whom 6021 were on ARVs. One year later, the numbers had risen to 20,706 and 8339 on care and treatment respectively. In FY09 the program targets to enroll 6,000 new clients into ART.

To ensure sustainability, the program built the technical and management capacity of all the hospitals providing treatment by targeting 115 health care workers to be trained in ART (including pediatric AIDS treatment) in FY 2007 & FY 08. In FY 09, 150 health workers will be trained to deliver adult antiretroviral services according to national &/or international standards.

FY07 & FY 08 funds were used to encourage positive living, prevent HIV infection transmission or re-infection, enhance community mobilization, reduce stigma and discrimination, and increase treatment literacy and adherence. Funds were also used to continue and/or initiate technical assistance from 5 locally employed staff.

Kericho District and Tenwek Mission hospitals will continue to be supported as referral units for the SRV for patients requiring more specialized medical care, with Kericho District Hospital continuing to provide Quality Assurance and Control oversight for diagnostics (HIV and Opportunistic Infection (OI)), monitoring, and quality of treatment in the regional network for the rural health center facilities as well as the larger SRV.

To enable the facilities cope with the increasing number of patients and to improve accessibility of HIV treatment services in the rural underserved populations, based on the network model initiated in FY 2006, the program will continue to support the decentralization of treatment of stable patients to rural health facilities by building the capacities for these facilities to offer HIV treatment services. In FY 2009, this model will support a total of 68 health facilities in the delivery of ART services throughout the SRV.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will continue contributing to the Emergency Plan result for increased number of individuals on ARV treatment, and contribute to Kenya's 5 year strategy target by providing ARV services to over 21,600 individuals throughout the eight districts. It will strengthen the capacity of the health systems to offer ART and strengthen the referral network for ARV treatment provision in collaboration with host government workers, specifically with the National AIDS/STI Control Program (NAS COP) at the district level.

4. LINKS TO OTHER ACTIVITIES

KEMRI-SRV ART activity is closely linked with KEMRI-SRV palliative care program for those individuals who qualify for basic health care and support as well as with KEMRI-SRV PMTCT program in the provision of comprehensive care for pregnant women who are HIV infected and qualify for treatment. This activity is also linked with KEMRI-SRV counseling and testing (CT) programs as an entrance point for care. It is also similarly linked to Tenwek and Live with Hope CT programs. It is also linked to KEMRI-SRV TB/HIV program, and Samoei Community Response and Live with Hope's Orphans and Vulnerable Children (OVC) programs in Kericho District.

Activity Narrative: 5. POPULATION BEING TARGETED

The KEMRI-South Rift Valley adult treatment program will target the general population including adults, and family planning clients as well as people affected by HIV/AIDS through HIV/AIDS-affected families, OVC, and people living with HIV/AIDS. New rural health care facilities will increase coverage and access to all these targeted populations. Health care providers, both in the private and public sector, will also be targeted by increased ART training thus increasing the number of clients able to be served more efficiently.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The KEMRI-South Rift Valley HIV program will increase gender equity in HIV programming by ensuring that equitable numbers of women including children are receiving treatment. The activities will address stigma associated with HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities.

7. EMPHASIS AREAS

This activity includes emphasis in training, strategic information, human resources, targeted evaluations, and commodity procurement. SRV will procure supplies for HIV diagnoses and staging (e.g. CD4 counts) as well as safety monitoring for HIV treatment (e.g. hemoglobin, liver transaminases). It will also obtain medical supplies for providing HIV treatment services and procure and train additional staff as needed to ensure quality care is delivered in light of their increasing workload as more patients are recruited.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14908

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14908	6973.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$7,170,714

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$161,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$161,250

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$161,250

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3476.09

Mechanism: South Rift Valley

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17878.20787.09

Planned Funds: \$150,000

Activity System ID: 20787

Activity Narrative: This PHE activity, "Utility of Viral Load Monitoring In Addition to Routine CD4 + WHO Clinical Staging In Patients Receiving Antiretroviral Therapy in the South Rift Valley of Kenya" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0044. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17878

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17878	17878.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$400,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$150,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$2,750,000

Program Area Narrative:

Key Result 1: Provide direct HIV care and support services for 75,000 children, and indirect support for an additional 6,000 children.

Key Result 2: Provide Basic Care Kits (BCK) to 40,000 HIV-positive children including a safe water system, cotrimoxazole (CTX) for opportunistic infection (OI) prophylaxis, an insecticide-treated bed net, and multivitamins.

Key Result 3: Provide direct antiretroviral treatment (ART) support for 30,000 HIV-positive children, and indirect support for an additional 12,000.

Key Result 4: Expand the integration of pediatric HIV services with maternal and child health (MCH) services, strengthen linkages and referrals across PMTCT, TB programs, wrap-around services, community, and OVC services.

Key Result 5: Expand HIV testing and counseling (HTC) for infants, children, adolescents, and their families.

CURRENT PROGRAM CONTEXT

Through the Emergency Plan (EP), USG agencies support a clinical care model focusing on pediatric support centers that offer a broad range of services, including HTC, clinical monitoring, diagnosis and treatment of OIs, nutritional supplements, referrals to pediatric support groups, and linkages to OVC support. Community-based support will complement these efforts through psychosocial activities and paralegal services.

The Kenya Five-Year EP strategy proposed expansion of the depth and breadth of pediatric ART capacity, as well as the development of community and facility-based pediatric ART programs with an emphasis on OVC. This strategy fosters an environment where older youth are treatment advocates for younger ones, and targets infected young adults as prime ART candidates. Although the strategy does not include pediatric targets, the five-year EP goals are to support the care of 300,000 patients and 250,000 on ART by September 2010 of which 10% were to be children. More than 56,000 Kenyan children have received facility and community HIV care services as of July 2008.

Kenya has rapidly expanded pediatric HIV care and ART services since 2004, increasing the number of Kenyan children receiving ART from < 2,000 in September 2004 to 16,000 in March 2008. This significant increase is attributed to increased funding and scale-up primarily through the EP, Clinton Foundation, Global Fund support, and the tireless efforts of many committed individuals.

STATISTICS

According to the National AIDS and STI Control Programme, there are 100,000 HIV-positive children in Kenya, 50,000 of who currently require ART. Since 2006, Kenya has scaled-up early infant diagnosis (EID) using dry-blood spot/DNA PCR testing with 34,000 children tested through three reference laboratories that had networked 1,214 sites as of June 2008.

As of June 2008, over 56,000 children had accessed USG-supported pediatric HIV care services at 554 sites, including national referral, provincial, district, faith-based, and private hospitals, as well as health centers. These sites are distributed across Kenya with 23% located in Nyanza Province, where an estimated 30% of HIV-positive children reside.

As of March 2008, 350 of 500 ART sites provided pediatric ART to 16,000 children; 60% are Government of Kenya (GoK) facilities. At minimum, every district hospital is equipped to provide pediatric ART. Based on data from one district facility, Kericho District Hospital, 75% of children receiving HIV care and treatment are ?5 years of age, whereas children <1 year of age constitute 8%, and children ranging from 2-4 years of age account for 17%. A national pediatric ART survey will provide further information on pediatric ART outcomes.

SERVICES

In 2009, the total number of Kenyan children in care and on ART will reach 75,000 and 30,000 respectively. EP support will strengthen service delivery systems including referrals. The number of sites providing pediatric care will increase to 1,200; approximately 700 of these sites will offer ART. The EP will provide direct support to >80% of these pediatric ART sites and indirect support to nearly all care sites.

In 2009, the EP will prioritize identification of exposed/infected children <5 years of age. Improved diagnosis and treatment will be achieved through EID for those <18 months of age, PITC in clinical settings, family-testing through clinical and community HTC strategies, and the launch and use of the combined mother-child card.

EP funds will expand networked EID sites to more than 2,000 that have the collective capacity to test at least 60,000 children (60% of all exposed children will be identified in PMTCT settings). PITC will be offered to all HIV-exposed children by increasing HTC for children of enrolled adult patients as well as through the use of the new mother-child health card. The card will assist in identifying exposed infants in MCH clinics. HIV-positive infants identified through DNA PCR testing will be started on ART irrespective of CD4 count or WHO staging. Exposed children will be followed until their status is confirmed and they are linked to pediatric care services as well as ART for those that are HIV-positive. Per MOH guidelines, EP will support CTX for confirmed HIV-positive children and for all exposed children until their HIV status can be conclusively determined.

By September 2010, EP funds will provide a package of basic care services to 75,000 HIV exposed/infected/affected children through facility, community, and/or home-based care services; 30% will receive both community and facility-based services. Services include nutrition assessment, growth monitoring, safe water interventions, malaria prevention, OI management, psychosocial support, TB screening, and CTX at service delivery points. A subset of 40,000 will receive a BCK together with their parents and/or guardians. The EP will strengthen pediatric TB case finding, diagnosis and treatment, and will increase availability of the cryptococcal antigen test.

In 2009, EP funding will strengthen community care services. EP facility-based partners will strengthen relationships with community-based organizations to facilitate community linkages. EP partners will provide or establish linkages with HIV community care services through Community Health Extension Workers (CHEW) or Community Health Workers (CHW). CHEW or CHW activities will include pediatric and family HTC, patient referrals, tracking, and enrollment into clinical care for all identified HIV-positive children. In addition, CHEW and CHW will be involved in monitoring usage of BCK and assisting with refills, pediatric and family medication adherence counseling and monitoring, and patient education regarding general health issues.

In 2009, consistent with the evidence suggesting the need for early diagnosis and treatment, the MOH will offer ART for all HIV-positive children <18 months of age regardless of CD4 to improve treatment outcomes among infants. It is estimated that 40% of the 75,000 children provided with HIV basic care services will receive ART. Several MCH programs are currently piloting ART provision for HIV-positive mothers and infants; this approach will be assessed and expanded if proven successful.

Over 60 health facilities and organizations provide nutritional support to children; more than 5,000 children >6 months of age have received nutritional supplements. Other nutritional support is provided through leveraging of private funds and innovative food production programs. In 2009, 10,000 children will receive therapeutic nutrition or supplementary feeding support. All enrolled children will receive anthropometric status assessment, nutritional education, and counseling. All EP-funded programs will continue to advocate for and support exclusive breastfeeding for infants for the first six months of life with appropriate weaning and nutrition education to all affected families, which will build upon the EP-supported development of national infant and young child nutrition guidelines.

In 2009, the Kenya Pediatric Association will provide additional pediatric training and mentorship for health care workers. EP funds will train over 3,000 HCW through classroom training and mentorship.

REFERRALS AND LINKAGES

HIV-positive children identified through HTC services will be linked to care and treatment services. Exposed children identified through PMTCT will be enrolled into care at MCH or HIV clinics. The mother-child card will be used at all PMTCT sites to ensure the child is enrolled into care and receives all routine health services. Growth and child health will be monitored together with provision of CTX and ART for infected children. Exposed children will be provided with CTX prophylaxis until HIV-positive status is excluded.

Care and ART clinics will expand pediatric TB screening. TB clinics will offer HTC among children with TB and improve referral mechanisms. HIV-positive children identified in OVC programs will be referred to pediatric ART sites for staging and treatment and those enrolled in facility programs will be referred to OVC programs for additional services.

POLICY

In 2009, the MOH will initiate a national pediatric care and treatment strategy to define stakeholder roles in the care and treatment of HIV-positive children. It will identify pediatric care locations and the roles and responsibilities among the various members (e.g., caregivers, psychosocial care providers, community, and health facilities) involved in care delivery. Every pediatric patient will have a multi-disciplinary care plan involving all care providers.

In line with the MOH Second National Health Sector Strategic Plan (2006-2010), a key emphasis will be the decentralization of pediatric care and ART services to lower level facilities for ART initiation and follow-up. Such facilities will be strengthened to offer comprehensive pediatric HIV care and ART services. EP funds will be used to develop regional activities such as quality assurance, clinical mentoring, and supervision based upon the network model.

The lack of a clear policy on HTC in children and pediatric HTC guidelines remains a barrier to early identification of HIV-positive children. In 2009, the EP will support the development of updated HTC guidelines for HIV-exposed children, for sick children in whom HIV is suspected, and their families. EP funds will also support the development of pediatric specific ART guidelines by adopting and adapting the updated WHO pediatric recommendations.

SUSTAINABILITY

USG will continue advocating for other development partners and the MOH to play a greater role in pediatric HIV care and treatment. EP funds will build MOH capacity to provide pediatric HIV care and treatment. In 2009, EP funds will continue to support KPA, an indigenous organization, to conduct HCW pediatric trainings and mentorship. Currently, two EP umbrella cooperative agreements support over 70 local indigenous organizations. Implementing partners will be encouraged to integrate pediatric care and ART plans into the annual district operations plans and health facility work-plans. In addition, they will be encouraged to establish, support, and to build the capacity of indigenous organizations. EP will work closely with the Kenya Medical Training Colleges and the Universities to introduce pre-service training of health care providers in pediatric care and treatment to reduce the need for in-service training which is not sustainable in the long term.

MONITORING AND EVALUATION

M&E systems will be strengthened at facility and regional levels to improve NASCOP and EP reporting. Quality indicators (e.g. percentage of HIV-exposed children enrolled into care) will be incorporated into routine M&E activities. In 2009, pediatric specific indicators disaggregated by age will be developed to measure the quality of pediatric programs. Indicators to capture the number of children receiving community, OVC services, and/or facility-based care will be developed to avoid double-counting. In 2009, children reported as receiving basic care and support will receive at least one clinical service, plus at least one service in another domain of care and support (psycho-social, spiritual, social, or preventive).

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

All EP pediatric care and treatment activities are closely coordinated with NASCOP. The national pediatric care and ART taskforce chaired by NASCOP, whose membership includes USG, CF, WHO, UNAIDS, Medecins Sans Frontieres, and other development partners, meets quarterly to deliberate on pediatric care and treatment issues. CF procures all pediatric ARVs and OI drugs, supports the EID testing networks, and pediatric ART provider trainings. WHO and UNAIDS provide technical support to NASCOP. GF resources will support limited pediatric OI drug procurement.

OUTSTANDING CHALLENGES/GAPS

Key remaining barriers specific to the provision of pediatric care and treatment activities include disclosure, stigma, lack of HCW confidence in pediatric ART initiation, suboptimal adherence to medication, and difficulties providing continuity of care due to

multiple and changing caregivers. The Mwangalizi (accompagneurs) pilot project, which trains and employs HIV-positive women and other experienced adults to improve continuity of caregivers presenting with children at clinic visits, is being simultaneously implemented and assessed; if effective, it will be expanded. The new mentorship and decentralization guidelines will promote HCW capacity for initiation of pediatric ART and will increase access to ART. The development of pediatric specific HTC guidelines is expected to improve care, reduce stigma and increase disclosure. Adolescent care, treatment, adherence and disclosure remain a challenge, as does sexual and reproductive health needs for HIV-infected adolescents. Child psychosocial support groups and involvement of a multi-disciplinary team of experts may help to address this challenge

Other barriers include insufficient human resources, inadequate space, and inconsistent access to care and ART commodities for further scale-up. It is hoped that adoption of the Partnership Compact will assist in increasing HCW staffing and that implementation of the GoK Community Strategy and mentorship activities will promote multi-tasking and task-shifting to expand ART availability to lower-level facilities. Funds allocated to RPSO will permit renovation of pediatric-friendly care and treatment clinics that will enhance play therapy. The USG team will continue to encourage the GoK to commit more funds for procurement of ARVs, as well as to assure the security of other commodities.

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3476.09	Mechanism: South Rift Valley
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 6922.20781.09	Planned Funds: \$150,000
Activity System ID: 20781	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through in service training of health care workers including clinical officers, nurses and doctors in the provision of pediatric basic health care and support services as well as early infant diagnosis. 2.5% of the budgetary allocation will be attributed to this activity. This activity will also support pediatric nutritional assessment and counseling before and during ART. 5% of the budgetary allocation will be attributed to this activity. Procurement of pediatric weighing scales, stadiometers, MUAC tapes and other equipment required to carry out effective nutritional assessment will be supported. Micronutrient supplementation according to WHO guidance will be provided. 5% of the budgetary allocation will be attributed to this activity.

COP 2008

The only change to the program since approval in the 2007 COP is:

+geographic coverage has been expanded to include Kisumu West District in Nyanza Province and Kipkelion District in Rift Valley, therefore increasing the geographic coverage from 6 to 8 districts.

1. ACTIVITY DESCRIPTION

The South Rift Valley (SRV) Program is a broad initiative by the Walter Reed Project in collaboration with the Ministry of Health and Faith-based (including a local community based organization) health care programs within 7 districts in South Rift Valley Province (Transmara, Bomet, Bureti, Kericho, Kipkelion, Nandi South, & Nandi North) and one district (Kisumu West) in Nyanza Province. The South Rift Valley Program serves a population of approximately 2.7 million people, with a HIV prevalence ranging from 5% to as high as 19% in some congregate settings. In 2006, about 100,000 adults were estimated to be living with HIV, and about 15,000 being children under 15 years. Only about 2,300 (15.1%) of the HIV positive children had access to HIV services. The SRV program will seek to address this gap in HIV services in this vulnerable population. The scope of care services to be provided will range from early infant diagnosis, to linkage to care & treatment for the HIV positive for clinical monitoring, prevention and treatment of OIs & other HIV related ailments, malaria, pneumonia, diarrhea, and pain symptom management. The program will also provide other components of the minimum package of pediatric basic health care and support including provision of cotrimoxazole prophylaxis, nutritional assessment and support including supplementation & treatment for nutrient deficiencies, deworming, and psychosocial counseling & support. In order to increase the number of HIV positive children accessing care, the program will strengthen the linkages between PMTCT Programs and pediatric care & treatment, pediatric training and sensitization for early infant diagnosis, routine testing of children, laboratory capacity building and system strengthening for Early Infant Diagnosis (EID). HIV diagnosis in babies will be done at six weeks after birth by collecting Dry Blood Samples (DBS). A new focus will be on routine testing of sick children in pediatric medical settings which is expected to rapidly identify large numbers of HIV positive children and provide possibility of direct links to treatment and care. Adherence to care will be supported through extensive training of health care providers on pediatric psychosocial counseling and support. As of March 31st, 2008, the South Rift Valley program had enrolled a total of 2,327 children into its HIV care & treatment program, out of whom 1,552 were on basic health care and support, and 775 were on ARVs. In FY 09 the program targets to reach 5,400 children with the basic care and support services. To be able to do this and to ensure sustainability the program will work hand in hand with the Ministry of Health and NASCOP. A total of 68 health facilities will be supported to offer quality pediatric care services. Of these facilities, 12 are partner main hospitals (8 district hospitals, 2 plantation, & 2 mission hospitals). In order to avoid congesting the already overcrowded district level facilities and enhance accessibility of basic care services by the rural underserved population, decentralization of basic health care services and follow up of stable patients at lower level facilities (health centers and dispensaries) will be supported in accordance with the network model, that has been successfully used in adult care and support. The health facility support will include minor renovations to create children friendly care and support centers, procurement of necessary equipment, and supplies. The human resource requirements will be reviewed as necessary. To support the scale up, 150 health workers will be trained on basic health care and support, including EID, nutrition, and psychosocial counseling and support. Regular support supervision and technical assistance; and timely, efficient and accurate data collection, analysis and dissemination will also be consolidated.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute substantively to Kenya's FY 09 goal of providing basic care and support to 76,900 children, by providing services to 5,400 individuals (7% of the overall FY 2008 Emergency Plan national target). The collaboration with MOH, other GOK offices and major stakeholders will ensure these services are sustainable.

3. LINKS TO OTHER ACTIVITIES

This activity is linked directly to the other SRV HIV/AIDS program initiatives in 8 districts in the SRV and Nyanza provinces of Kenya. It is directly related to South Rift ARV services in the identification and provision of palliative care to all HIV+ patients (including those not on ARVs). It is also linked to the SRV PMTCT program, where children will be identified, and those diagnosed as HIV infected linked to care & treatment. In addition, it is linked to the orphans and vulnerable children (OVC) program to ensure those HIV+ children in palliative care that require additional services are adequately linked to receive the support.

4. POPULATION BEING TARGETED

The SRV pediatric basic health care and support program serves the predominantly rural population in the 8 districts. The program will target primarily those children affected by HIV/AIDS since the main objective is to provide supplemental care to existing ART services. Health care providers (both in public and private institutions) will also be targeted by increased basic health care training to enhance their capacity to provide quality care services.

5. EMPHASIS AREAS

Major emphasis is on commodity procurement (drugs for opportunistic infections, nutritional supplements and pain relief) with minor emphasis in the areas of human resources, training and infrastructure.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 14904

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14904	6922.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$1,050,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,750

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$7,500

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$7,500

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 9829.09	Mechanism: New Partners Initiative
Prime Partner: Matibabu Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 22909.09	Planned Funds: \$0

Activity System ID: 22909

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity relates to activities in Adult care and support, Pediatric care and support, Prevention, and Counseling and Testing. Matibabu Foundation Kenya (MFNGO) is a non-profit, non- governmental organization that provides medical care, training, and community health programs in Ukwala and Ugunja divisions of Ugenya constituency, Siaya district, Nyanza Province, Kenya. It was founded in 2005 and initially was involved in organizing free medical camps in this region. In 2006, it set up a clinic in Ukwala to be used for patient follow-up and provision of other services such as VCT, laboratory and medical treatment. MFNGO is affiliated to volunteer US-based medical professionals through the Matibabu Foundation (MF), a US-based NGO. MFNGO will provide laboratory services, curative, preventive and promotive care to children in 10 facilities in this region. Through the New Partner Initiative funding, MFNGO will provide OI treatment and prophylaxis to 300 children including home-based care. HIV infected children identified by MFNGO and needing ARVs and/or TB/HIV services will be referred to KEMRI supported facilities. AMPATH, a local NGO working in the same region will assist in training and mentoring MFNGO staff to develop and strengthen their programs, and also provide mentorship with difficult cases. Funds will be used to support staffing, renovations, clinical and laboratory equipment and supplies, drugs for the prevention and treatment of opportunistic infections, supportive supervision and advanced training for 20 health care workers and 30 Field Officers in HIV care. Field officers will provide outreach services like community health education, referrals and follow-up of cases, case management, advocacy and home visits. They act as a bridge between facility-based health services and the community.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of care services for children with HIV/AIDS.

3. LINKS TO OTHER ACTIVITIES

This activity links to ARV services and TB/HIV services, supported by KEMRI and coordination of ARV scale-up activities supported through the National AIDS and STD Control Program (NAS COP). Palliative care services will also link to PMTCT services supported through Care International, through the linkage of care to HIV positive women identified through the PMTCT program.

4. POPULATIONS BEING TARGETED

These activities target children living with HIV. Services for them are being established and expanded at all sites.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 9247.09	Mechanism: APHIA II - Nairobi
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 23908.09	Planned Funds: \$80,000
Activity System ID: 23908	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ APHIA II Nairobi/Central has been separated into two mechanisms; APHIA II Nairobi and APHIA II Central. Provincial targets have also been updated appropriately.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in Economic Strengthening by linking care-givers of HIV positive children to microfinance opportunities with K-REP Development Agency.

1. LIST OF RELATED ACTIVITIES

This activity will be linked to PMTCT, VCT (APHIA II Nairobi), ARV services (APHIA II Nairobi), OVC Care (APHIA II Nairobi), TB/HIV services (APHIA II Nairobi)

1. ACTIVITY DESCRIPTION: This activity relates to strengthening and expansion of pediatric care and support services as well as care and support for families with children affected by HIV & AIDS under the APHIA II Nairobi Project. In FY09, APHIA II Nairobi will target 95 sites for support in pediatric care & support. Support will include support of MOH supervision and progress review meetings as well as strengthening of quality assurance, especially with regard to integrating HIV services with TB services, psychosocial support and HMIS. Service providers will be trained in pediatric HIV care management including prevention and treatment of OI, HIV adherence counseling, HIV nutritional assessment and counseling, pediatric psychosocial support including play therapy. Treatment at the CCCs will be expanded to link and network with other entry points such as the out-patient departments, in-patient departments, pediatric psychosocial services, and PMTCT. APHIA II Nairobi will continue to strengthen linkages with community services in order to empower families with children living with HIV (CLHIV) and make their participation in the program more meaningful and sustainable. Efforts will be made to strengthen and scale up early infant diagnosis through training of service providers and support for transportation of dry blood spot (DBS) samples for DNA Polymerase Chain Reaction (PCR). The care and support package will also include aggressive patient empowerment on adherence for older children and caregiver/parent empowerment on adherence for younger children, strengthened support mechanisms (support groups, IGA for families, advocacy and legal aid), home nursing care, community based defaulter tracing, nutritional support, specialized counseling and strengthened continuum of care from health facility to the community level, including strong linkages with PMTCT services for prevention. Other community BCC activities will include formation of Kids clubs, adolescent support groups and working with adolescent post-test club members will be enhanced, fun days for children, peer education, dialogue forums, sporting activities and edutainment for youth. Caregivers/parents of CLHIV will be given special attention and will be empowered through formation of support groups, treatment literacy, and support for IGA and PSS sessions to bolster their coping mechanisms. Efforts will be made to decentralize services so that patients get treatment where they are presenting for care. It is expected that 1,100 pediatric clients will be receiving OI prophylaxis at the end of this reporting period in the 95 health facilities, while 2,050 children will be targeted for home and community support. The project will continue to support clinical staff, continuous medical education, mentorship, on site technical assistance, furniture and equipment at health facilities and grantees to strengthen provision of HIV services. A total of 150 service providers will be trained in pediatric care and support including pediatric psychosocial support and play therapy. These service providers will also be targeted for periodic orientation on home and community services to strengthen linkages and between the facilities and community sites, and to ensure support for HCS at facility level. Palliative care for pediatrics will include a comprehensive package of community home-based care consisting of home nursing, clinical care, nutrition, education, OVC care, paralegal support and protection, psychosocial and spiritual support. This will be implemented through 50 IPs and 20 service delivery sites and will reach 2,050 pediatric patients. A total number of 100 care givers with children living with HIV will be trained in nutritional support, formation of support groups, counseling and PSS. PI will continue with treatment literacy training via support groups to enhance adherence, establish paralegal clinics, facilitate VHC quarterly meetings and enhance links to income generating activities notably training and facilitating caregivers on IGA. PI will scale up IGA, VSL and food security through working with the MOA and K_REP Development Agency. Cotrimoxazole prophylaxis and where indicated, fluconazole prophylaxis will be the basic standard of care for HIV infected children within the community and at facilities. APHIA II Nairobi will work with local implementing partners including established NGOs, CBOs, and FBOs. APHIA II Nairobi will strengthen the technical and institutional capacity of partners and build collaborative working relationships with a variety of stakeholders to encourage effective, efficient programming. Elaborate plans will be put in place to improve on data collection and record keeping. CHWs will be updated on child counseling and testing, and ensure referral linkages are established with health facilities providing CT. Other care and support services for the pediatric are mostly provided in the community and are included within services for OVC. Linkages will be strengthened between the community and the facility where the facility will be supported by APHIA II Nairobi to provide a basic care package inclusive of; Nutritional counseling of caregivers, safe water provision, and pain management. OI treatment, insecticide treated mosquitoes and clinical support.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA This activity will contribute significantly to the overall 2009 Emergency Plan Palliative Care targets for Kenya.

3. LINKS TO OTHER ACTIVITIES Linkages to clinical services will be established through a two-way referral system and will include PMTCT, ART, OVC, TB testing and other basic health services. Clinical supervisors and other health care providers will reinforce clinic to community referrals by being kept up-to-date on local resources for psychosocial, economic, legal and food security support. APHIA II Nairobi will link with local partners such as K-Rep, to address economic insecurity through microfinance and business skills training. Implementing partners will collaborate with local programs and agencies to address food insecurity and nutrition needs. APHIA II Nairobi will continue to expand its close working relationship with FBOs because of their comprehensive community support programs addressing a wide range of needs for those households made vulnerable by HIV and AIDS. Children living with HIV will be linked to pediatric CCs and other facilities that provide care, legal aid and specialized services as need arises.

4. POPULATIONS BEING TARGETED This activity targets people and families affected by HIV & AIDS. Local implementing partners will be targeted for training and capacity building. Health care providers,

Activity Narrative: religious leaders and the administration officials will be targeted for sensitization and training related to home-based care. Community Health Workers and caregivers will be trained and receive periodic refresher training. They will also continue to receive HBC supplies, uniforms gumboots, bicycles and bags. IEC materials on child CT will be developed, produced and distributed.

5. KEY LEGISLATIVE ISSUES ADDRESSED: This activity will address issues of expanding access to and training in home-based care following the GOK guidelines and curriculum. The activity will also address decentralization of services to widen the catchment areas for patients requiring the services. It will address gender equity, gender based violence and greater involvement of people living with HIV/AIDS.

6. EMPHASIS AREAS:
The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$10,000

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 9776.09

Mechanism: N/A

Prime Partner: United Nations High
Commissioner for Refugees

USG Agency: Department of State /
Population, Refugees, and
Migration

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and
Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 23909.09

Planned Funds: \$20,000

Activity System ID: 23909

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence / Be Faithful (#9215), Condoms and Other Prevention (#9235), Counseling and Testing (#8980), HVTB(#), and ARV Services (#8982).

2. ACTIVITY DESCRIPTION

The United Nations High Commission for Refugees (UNHCR) will support care and support services for 20 HIV-infected children at Dadaab Refugee Camp in North Eastern Province, Kenya, targeting both refugees and the local population. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somali. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV seroprevalence among ANC clinic attendees and 1.7% among STI patients, indicating a generalized epidemic and providing estimates of 2,300 HIV-infected refugees. UNHCR will support a package of services that includes clinical evaluation and laboratory monitoring, provision of cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional support and improved access to safe drinking water and malaria prevention interventions. In addition, 10 health care workers will be trained to provide palliative care services using national guidelines. This will include training in diagnostic counseling and testing to improve/increase provider-initiated testing and subsequently increase patient enrolment into HIV care. UNHCR will build on established care activities currently being provided by its three implementing partners, GTZ, National Council of Churches of Kenya (NCCCK), and CARE Kenya, for people with HIV at refugee camp hospitals and health centers. UNHCR will expand care programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation, and providing adherence counseling and monitoring. In 2000, UNHCR and its three partners initiated HIV prevention, care and support services on a limited scale. These partners depend on UNHCR for 80-95% of their Dadaab program funding. GTZ provides health and nutrition services, the NCCCK supports community-based reproductive health and HIV/AIDS education, and CARE assists with water, sanitation and education services. Financial constraints have prevented UNHCR from meeting the increasing demand for a comprehensive HIV program, and additional funding and technical support are necessary to expand the scope and quality of existing services. UNHCR will work in close collaboration with CDC and other United States government agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to palliative care services for people with HIV, strengthened human resource capacity to deliver care, and a strengthened referral network.

4. LINKS TO OTHER ACTIVITIES

These activities will link to prevention and treatment services provided by UNHCR Abstinence / Be Faithful (#9215), Condoms and Other Prevention (#9235), Counseling and Testing (#8980), and ARV Services (#8982), and to coordination of ARV scale up supported through National AIDS and STD Control Program.

5. POPULATIONS BEING TARGETED

This activity targets the refugees and local populations, especially people living with HIV/AIDS. These populations are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. Humanitarian aid workers are also targeted for increased training to improve HIV clinical knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations and stigma and discrimination.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, human resources, local organization capacity building, community mobilization, quality assurance and supportive supervision, logistics, and training.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Refugees/Internally Displaced Persons
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 12230.09	Mechanism: Umbrella
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 29795.09	Planned Funds: \$40,000
Activity System ID: 29795	
Activity Narrative: Updated April 2009 Reprogramming. New Umbrella was awarded to Catholic Relief Services and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). Funding has therefore been split between the two partners.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 9080.09	Mechanism: N/A
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4924.20561.09	Planned Funds: \$130,000
Activity System ID: 20561	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult ART Services, Adult Care and Support, Pediatric ARV Services, Pediatric Care and Support, PMTCT, and TB/HIV.

2. ACTIVITY DESCRIPTION

Catholic Relief Services (CRS) supported sites are implementing a variety of community-based activities to support the understanding of, enrollment in, and adherence to care and treatment programs. The consortium has provided extensive support for monitoring and evaluation, allowing timely reporting to both PEPFAR and the Kenya National Program. The implementing consortium includes Catholic Relief Services, Catholic Medical Mission Board, Futures Group, The Institute of Human Virology at the University of Maryland, and the Interfaith Medical Alliance. The consortium has established agreements with a number of mission facilities in Kenya, and has supported rapid scale-up of treatment at these facilities. By March 2008, approximately 4,500 children were receiving palliative care services. In FY 2009 the CRS will expand services currently supported both by Track 1 funds and in country funds to support palliative care for 7,900 children at 25 service delivery sites and over 65 satellite sites throughout Kenya. There will be 120 individuals trained to provide HIV palliative care. CRS supports mission hospitals in several geographic areas with a standard package that includes funds for staff salaries, training of staff, laboratory evaluation, adherence counseling and monitoring, drugs for prevention and treatment of opportunistic infection, and end of life care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of pediatric palliative care services for clinically qualified HIV-positive children, strengthen human resource capacity to deliver HIV care, and a strengthened referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link to pediatric ARV treatment (#6853, #6854), other areas, and TB/HIV services (#8843) supported by CRS, to a variety of services provided by mission facilities in Kenya (including testing and counseling services and prevention of mother to child transmission services), and in many cases to facilities in the Ministry of Health system.

5. POPULATIONS BEING TARGETED

These activities target children living with HIV/AIDS. Care services for children with HIV have been established or expanded at all sites. The ability to diagnose and provide care for very young children has also been established through a relationship with Kenya Medical Research Institute (KEMRI); filter paper samples are transported to the KEMRI lab for infant testing.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, quality assurance and supportive supervision, strategic information, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14745

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14745	4924.08	HHS/Health Resources Services Administration	Catholic Relief Services	6934	3670.08		\$1,068,000
6855	4924.07	HHS/Health Resources Services Administration	Catholic Relief Services	4213	3670.07		\$250,000
4924	4924.06	HHS/Health Resources Services Administration	Catholic Relief Services	3670	3670.06		\$190,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4914.09

Mechanism: APHIA II - Eastern

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 8863.20606.09

Planned Funds: \$80,000

Activity System ID: 20606

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$10,000)

1. LIST OF RELATED ACTIVITIES

These activities will be tightly linked to the FY 2008 activities and to other APHIA II Eastern activities including HIV treatment, orphans and vulnerable children, Prevention of Mother to Child HIV Transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

2. ACTIVITY DESCRIPTION

APHIA II Eastern will build on the gains from FY 2008 to strengthen and enhance the quality of HIV care and support at facility level for HIV exposed and infected children. We will train 25 health care workers in pediatric HIV care and 25 in pediatric psychosocial counseling. The project will aim to optimize the continuum of care for HIV exposed and infected infants from birth through provision of clinical, psychosocial, spiritual, and social and prevention services to enroll 2,300 HIV infected children in care. The project will also support efforts towards routine testing of sick children in pediatric medical settings (provider initiated testing and counseling), which is expected to rapidly identify large numbers of HIV positive children, and provide links to treatment and care. APHIA II Eastern will support efforts towards family-based HIV testing approaches so that infected family members of HIV-infected persons are identified and enrolled into care. APHIA II Eastern will enhance the linkage of HIV exposed children to the HIV clinic by supporting the sites with the HIV exposed child register and the newly introduced Mother Child card. The identification of HIV exposed children will be enhanced by training the health care workers on Dried Blood Spot (DBS) sampling for Early Infant Diagnosis (EID), using the "on-the-job" approach, supporting the commodities for the EID testing and ensuring the systems for specimen referral are streamlined using approaches that are sustainable. Linkages of the PMTCT program to the care and treatment program will be further strengthened so that exposed children are appropriately followed up. The project will sensitize the health care workers on the "guidance on infant feeding within HIV settings", will offer linkages to nutritional support services and will enhance community participation in infant nutritional needs. APHIA II Eastern will support and strengthen the pediatric support groups and encourage the use of Child Peers to enhance adherence to HIV care, reduce stigma and discrimination, and empower the older children to prevent HIV transmission by using "Prevention with Positives" strategies. The project will support and strengthen prevention and treatment of opportunistic infections (OIs) including malaria and diarrheal diseases by training and sensitizing the health care workers on the management of OIs, distributing free cotrimoxazole to eligible children and scaling up prevention in young people. We will also supporting the sites with Job Aids to enhance correct protocol use in management of OIs, and support the sites with emergency stocks of drugs for both prevention and treatment of OIs including Septrin, fluconazole, antibiotics, anti-diarrheals and anti-protozoals. The project will also supply Insecticide Treated Bednets and safe water systems to HIV infected children and their families. The project will link with and support efforts in community awareness to educate and support caregivers, to inform them about available services and to reduce stigma. Support groups will be formally linked to facilities through 'Health Facility-Community Linkage Coordinating Committees' (HFCLCC). Linkages with the OVC program will be strengthened further.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

These APHIA II Eastern activities will expand established pediatric care and support sites within the HIV programs to include new areas in Eastern province. As a result of these activities, 2,300 children will be offered facility based care and support; they will have clinical, psychological, social, spiritual and nutritional care during both specific clinics and the support groups, led by child peers.

4. LINKS TO OTHER ACTIVITIES

These activities will be tightly linked to the FY 2008 activities and to other APHIA II Eastern activities including HIV treatment, orphans and vulnerable children, Prevention of Mother to Child HIV Transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Eastern activities targets people affected by HIV/AIDS, orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14864

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14864	8863.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$700,000
8863	8863.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$250,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 210.09

Mechanism: N/A

Prime Partner: Kenya Medical Research Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 4088.20631.09

Planned Funds: \$70,000

Activity System ID: 20631

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

COP 2008

• The only change to the program since approval in the 2007 COP is that geographic coverage has been revised to include more health facilities in Siaya, Bondo and Nyando districts while transitioning support to all the other districts to partners highlighted in the activity description below.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6945), pediatric ARV, Pediatric care and support, Counseling and Testing (#6941), TB/HIV (#6944), and PMTCT (#6949).

2. ACTIVITY DESCRIPTION

This will be an expansion of the existing COP 08 activities. Kenya Medical Research Institute (KEMRI) will expand ongoing pediatric care and support activities to cover 56 health facilities (36 in Siaya, 18 in Bondo, and Nairobi districts) in Nyanza and Nairobi provinces. These expanded activities include support for provision of facility based care and support services for 4,000 children below 15 years with HIV and support for training for 100 health care workers. Laboratory and clinical network centers will be supported at the District hospitals in Siaya, and Bondo. Points of service will include all District and Sub-District Hospitals in the regions served by these referral hospitals, as well as many health centers and dispensaries. Support for PGH will be transitioned to UCSF. At each site KEMRI provides technical assistance, equipment and supplies, infrastructure improvement, improvement of laboratory capacity, laboratory reagents, adherence counseling, assistance with monitoring and reporting, cotrimoxazole prophylaxis to prevent opportunistic infections, treatment of opportunistic infections, improved access to safe drinking water, establishment of psychosocial support groups linked to each clinic and additional community-based services. KEMRI conducts a number of activities that enhance the development of care services at the national and regional level. These include regular coordination meetings of HIV care providers in the province in collaboration with the Provincial AIDS and STI co-coordinating Officer, regional quality assurance programs, and specimen transfer networks to optimize the availability of high quality CD4 cell count determination and national infant diagnostic HIV testing. KEMRI supports facility-based practical training during which health care workers are invited to join the functioning clinics and gain experience in all aspects of HIV treatment and clinic management. This activity's scope includes: identification and treatment of HIV-infected children and adults and provision of care in remote areas. The latter is facilitated by mobile teams that move between rural health centers and dispensaries, particularly those providing PMTCT services or TB treatment, an important step towards decentralization. KEMRI has implemented a data collection system designed to assist health facilities report national and PEPFAR indicators. Kenya Medical Research Institute (KEMRI) will also strengthen linkage between facility HIV care clinics and the community through supporting patient education at the clinics, providing psycho-social support to children, facilitating community mobilization, advocacy and HIV education, promoting access to safe water, supporting referrals, follow up and defaulter tracing. Community support will entail supporting trainings for PLWHAs, establishing and supporting pediatric HIV support groups and linkage to microfinance organizations and other social networks. The long-standing (>25 years) collaboration between KEMRI and CDC in Kenya was initially research-based, then expanded in 1999 to include HIV prevention and treatment activities. By the end of March 2008, this collaboration was supporting care at more than 56 facilities and was supporting palliative care services for more than 30,000 patients including 3000 children, mainly in Nyanza.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of palliative care services for people with HIV, strengthen human resource capacity to deliver palliative care services, and strengthen the referral network for these services.

4. LINKS TO OTHER ACTIVITIES

These services link to KEMRI-supported adult ARV treatment services (#6945), pediatric ART as well as other ART and non ART services provided by other Emergency Plan Partners like University of California, San Francisco, Catholic Relief Services and APHIA II in Nyanza Province. They also tie into well-established referral linkages with local VCT (#6941) and PMTCT (#6949) programs.

5. POPULATIONS BEING TARGETED

The target population for this activity is children exposed to and infected with HIV. The main geographic regions served by these activities are Bondo and Siaya in Nyanza Province; Mathare and Tabitha clinic in Nairobi.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes emphasis on greater involvement of PLWA, community mobilization, development of network/linkages/referral systems, human resources, and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14878

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14878	4088.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$317,944
6942	4088.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$900,000
4088	4088.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$425,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1244.09	Mechanism: Kenya Department of Defense
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4252.20590.09	Planned Funds: \$20,000
Activity System ID: 20590	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through in service training of health care workers including clinical officers, nurses and doctors in the provision of pediatric basic health care and support services as well as early infant diagnosis. This activity will also support pediatric nutritional assessment and counseling before and during ART. Procurement of pediatric weighing scales, stadiometers, MUAC tapes and other equipment required to carry out effective nutritional assessment will be supported. Micronutrient supplementation according to WHO guidance will be provided.

COP 2008

The only changes to the program since approval in the 2007 COP are:

+A prevention component has been integrated that is budgeted in this activity and includes the following elements:

+Positive Prevention in Clinical Settings

1. ACTIVITY DESCRIPTION

The Kenyan Department of Defense (KDOD) will provide basic health care and support to 150 HIV-positive children at 8 KDOD medical facilities namely, Armed Forces Memorial hospital, Lanet clinic, Gilgil Regional Hospital, Kenya Naval Base clinic, Laikipia Air Base clinic, Thika 12 Engineers clinic, Moi Air Base clinic and Eldoret RTS clinic. The treatment centers are well distributed nationally to ensure fair geographical distribution thus ensuring the services are accessible for the population who may require this support. In FY 2009, KDOD intends to focus upon improving the quality of life of these children who are HIV positive by improving on the delivery of care. The package of the pediatric basic health care and support will include provision of cotrimoxazole prophylaxis, nutritional assessment and support including supplementation, de-worming, and provision of psychological and spiritual counseling for children and their families. Clinical care will include early infant diagnosis, clinical monitoring, prevention and treatment of OIs and other HIV/AIDS related complications including Malaria, pneumonia and diarrhea, pain and symptom management. In order to rapidly increase the number of HIV positive children receiving life saving antiretroviral treatment and care, KDOD will strengthen the linkages between PMTCT Programs and pediatric follow up including pediatric treatment, pediatric training for early infant diagnosis, routine testing of children, laboratory capacity building and system strengthening for Early Infant Diagnosis (EID). HIV diagnosis in babies will be done at six weeks after birth by collecting Dry Blood Samples (DBS). A new focus will be on routine testing of sick children in pediatric medical setting which is expected to rapidly identify large numbers of HIV positive children and provide possibility of direct links to treatment and care. A total of 20 health care workers will be trained to offer pediatric basic care and support services including EID in the 8 treatment centers. Adherence to care will be supported through extensive training of health care providers on pediatric psychosocial counseling and support. As per August 2008, 118 children were receiving basic health care and support. Even though pediatric care and support sites are decentralized from the main military hospital in Nairobi (AFMH) to other military regions, the care and treatment of KDOD HIV/AIDS pediatric patients will continue to be closely monitored by staff from the main military hospital in liaison with the Ministry of Health to ensure maintenance of standards of care as per national guidelines. The human resource requirements will be reviewed as necessary. Data on the epidemic will be collected systematically and shared to facilitate in monitoring of the epidemic and to assess the services provided.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to Kenya's FY 09 goal of providing basic care and support to 76,900 children by providing services to 150 children (0.2% of the overall Emergency Plan national target). Capacity building of health workers on pediatric health care and support will contribute to mobilization and strengthening of the KDOD program capacity to plan integrate and evaluate pediatric HIV care and support programs. The trainings and guidelines for this activity will be in accordance with the national guidelines as outlined by the National AIDS/STI Control Program.

4. LINKS TO OTHER ACTIVITIES

These activities will link closely with KDOD's counseling and testing (#6957), Pediatrics ARV services and TB/HIV services (#6961). Through the KDOD PMTCT program children born of HIV positive mothers will be identified tested and linked to care.

5. POPULATIONS BEING TARGETED

KDOD's Pediatric BHCS and ART will constitute a continuum of care for HIV positive children. This activity targets children of military personnel. Health care providers will also be targeted by increased pediatric care and support training including Early Infant Diagnosis.

6. EMPHASIS AREAS

Major emphasis is on commodity procurement (drugs for opportunistic infections, nutritional supplements and pain relief) with minor emphasis in the areas of human resources, training and infrastructure.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14895

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14895	4252.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$100,000
6960	4252.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$69,119
4252	4252.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Emphasis Areas

- Construction/Renovation
- Health-related Wraparound Programs
- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,000

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 521.09	Mechanism: USAID-AMPATH Partnership
Prime Partner: Indiana University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 5103.20500.09	Planned Funds: \$300,000
Activity System ID: 20500	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$30,000) and Food and Nutrition by providing nutritional assessments and food/nutritional supplements directly to project beneficiaries and/or linking them to other programs as appropriate (\$30,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counselling and Testing (#8758), ARV Services (#6899, #7004), Palliative Care: TB/HIV(#6900) and PMTCT (#6898).

2. ACTIVITY DESCRIPTION

In the COP 2009 period, supported activities will include: strengthening of the regional referral centre (Moi Teaching and Referral Hospital) to serve as a referral center for HIV/AIDS care for children, including improving of laboratory capacity and management of complicated medical cases, and establishment of quality and best practice standards for pediatric HIV care. Patient referrals and linkages with other services such as TB, PITC and PMTCT programs will be supported through this partner and other Emergency Plan partners. During this period, a total of 11,000 children will be enrolled into care in the clinics. Support at ongoing and satellite sites will include MOH supervision and progress review meetings as well as strengthen quality assurance, especially with regard to integrating HIV services with PMTCT services, paediatric psychosocial support and the AMPATH Medical Report System-AMRS. At satellite sites, service providers will receive training in paediatric HIV care and treatment. Efforts will be made to strengthen and scale up early infant diagnosis through training of service providers and support for transportation of dry blood spot (DBS) samples for DNA Polymerase Chain Reaction (PCR) at the AMPATH central laboratory in MTRH. Paediatric care at the CCCs will be expanded to link and network other entry points such as the out-patient departments, in-patient departments, paediatric psychosocial services, PMTCT and the robust community services such as the home-based care program, the cough monitor project and the Home Counselling and Testing (HCT) Initiative which is currently ongoing at a number of sites. Efforts will be made to decentralize services so that children get treatment where they are presenting for care. Laboratory costs are often a hindrance to uptake of services and AMPATH will continue to facilitate laboratory networks, support laboratory reagents and equipment that improve uptake of treatment services. It is expected that 11,000 paediatric clients will be receiving HIV care and support at the end of this reporting period at these sites. The project will continue to support clinical staff, continuous medical education, mentorship, on site technical assistance, furniture and equipment at constituent health facilities. This activity will cover 18 sites and train 120 health care workers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By September 30, 2010, this activity will have provided care and support to more than 11,000 HIV-infected paediatric patients, thus contributing significantly to the USG targets for this program area. This activity will support the expansion of palliative care services and the training of key individuals in the provision of HIV-related palliative care services.

4. LINKS TO OTHER ACTIVITIES

These activities support and link to the network centre at Moi Teaching and Referral Hospital, and link to other services such as TB/HIV (#6900), PMTCT (#6898), CT (#8758) and Adult treatment Services (#6899) programs supported primarily by this partner. There are well-established links with other services supported by this and other partners for example, diagnostic testing for HIV among TB patients, orphan support programs and other community services.

5. POPULATIONS BEING TARGETED

The main populations targeted by this activity are children living with HIV/AIDS and their families. Other populations targeted are health workers who will benefit from training in order to enhance service provision.

6. KEY LEGISLATIVE ISSUES

The main legislative issues addressed in this activity are stigma and discrimination and access to care. The program uses novel approaches to the support of patients. These approaches are designed to improve social and economic security in addition to health.

7. EMPHASIS AREAS

The major emphasis area in this activity is training of health workers, with two minor emphasis areas being infrastructure improvement and community mobilization/ participation by use of PLWHA in care activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14828

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14828	5103.08	U.S. Agency for International Development	Indiana University	6953	521.08	USAID-AMPATH Partnership	\$2,000,000
6901	5103.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$1,400,000
5103	5103.06	U.S. Agency for International Development	Indiana University School of Medicine	3254	521.06		\$500,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$30,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 305.09	Mechanism: N/A
Prime Partner: International Rescue Committee	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4148.20519.09	Planned Funds: \$40,000
Activity System ID: 20519	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6914), Adult Care and Support, Pediatric ARV Services, Counseling and Testing (#6912), and PMTCT (#6911).

2. ACTIVITY DESCRIPTION International Rescue Committee (IRC) will maintain and scale-up provision of palliative care services to 200 HIV-infected children at 5 sites in Turkana District, Rift Valley Province (Kakuma refugee camp, Kakuma Mission hospital, Kalokol, Lokichoggio and Lodwar District Hospital), that target both refugees and the local population. Turkana District, the largest district in Kenya, is home to a pastoralist community that is livestock dependent, highly mobile, and has extremely limited access to health services, especially HIV/AIDS services. The district lies on the main truck route between Mombasa and the relief operations in northwestern Kenya and southern Sudan (via Lodwar, Kakuma, and Lokichoggio). Lokichoggio is the main transit center for refugees from Sudan and a base for provision of refugee services. The area is remote, with a population characterized by high rates of absolute poverty (74%) and food poverty (81%). General health services are limited and poorly distributed throughout the district. IRC will support a package of services that includes clinical evaluation and laboratory monitoring, provision of cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional support and improved access to safe drinking water and malaria prevention interventions; 50 health care workers will also be trained to provide palliative care services. IRC will build on established programs that are currently providing care for children with HIV at health centers within the refugee camps to provide treatment for refugees and will build on existing collaborative relationships with health facilities supported by Africa Inland Church and other FBOs to provide treatment for the local population. IRC will expand care programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation, and providing adherence counseling and monitoring. IRC has been implementing an HIV/AIDS prevention program and outreach to hard-to-reach populations and rural communities in this area since September 2001. They are uniquely suited to provide care in refugee situations and remote areas and will build on very substantial existing medical capacity in the camps. They have a strong relationship with the local mission hospital, relying on the hospital for operating theatres, OB/GYN care, and other services, and are already collaborating with the mission hospital to build capacity related to provision of basic health services for people with HIV. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA.

These activities will contribute to expansion of access to IRC-supported palliative care services for people with HIV, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

These activities will link to pediatric ARV treatment services (#6914), Counseling and Testing services (#6912), and PMTCT (#6911) provided by IRC, and to coordination of ARV scale up supported through National AIDS and STD Control Program (#7004).

5. POPULATIONS BEING TARGETED.

This activity targets the refugees local populations, especially people living with HIV/AIDS. HIV rates are high among the locals in Turkana. Although the prevalence of HIV is lower in the refugee populations, HIV infection is now the leading cause of adult death in this group. IRC is mindful of concerns related to continuation of care in the event of repatriation and has the appropriate collaborations in place to facilitate access continued care for repatriated refugees.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations and stigma and discrimination.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, human resources, local organization capacity building, community mobilization, quality assurance and supportive supervision, logistics, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14843

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14843	4148.08	HHS/Centers for Disease Control & Prevention	International Rescue Committee	6956	305.08		\$200,000
6909	4148.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$100,000
4148	4148.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$62,000

Emphasis Areas

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4913.09	Mechanism: APHIA II - Coast
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 8934.20470.09	Planned Funds: \$140,000
Activity System ID: 20470	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$15,000)

1. LIST OF RELATED ACTIVITIES

These activities will be tightly linked to the FY 2008 activities and to other APHIA II Coast activities including HIV treatment, orphans and vulnerable children, Prevention of Mother to Child HIV Transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

2. ACTIVITY DESCRIPTION

This APHIA II Coast activity will be carried out in all districts of Coast Province. This activity will provide an integrated and comprehensive home and basic health care package to 5,000 children with HIV/AIDS that is linked to 100 comprehensive care centers and a network of Rural Health Facilities (RHF). The activities will involve the intensified identification of HIV-exposed and infected children both at the facility and community level. In MCH settings, 6,400 blood samples for DBS will be collected for early infant diagnosis from HIV-exposed infants and those accompanied by mothers with unknown HIV status. The DBS networks will be strengthened to include all facilities offering PMTCT services in the supported areas. Health care workers from these sites will be orientated on the standard operating procedures for effective collection of samples and timely retrieval of results. All babies and children of HIV infected mothers will be followed up at the CCCs or MCHs and appropriately managed. A case manager will manage referrals to and from the community. DBS collection will be closely linked to Cotrimoxazole prophylaxis, immunization schedule and regular growth & nutritional monitoring. A total of 200 health care workers will be trained on infant and young child feeding (IYCF) in order to strengthen the care components. The laboratory networks for CD4 count tests will be strengthened and improved to ensure that all infected Children are screened to assess eligibility for ART. Provision of safe water supply in the homestead will be supported to reach clients households. In addition, these families will be linked to a supply of insecticides treated bed nets targeting especially those with pregnant women and children under five years. The above activity will also target the private sector approach through the Gold Star Network (GSN) initiative working with private medical practitioners (medical doctors, clinical officers, nurses), private hospitals and nursing homes and workplace clinics.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

These APHIA II Coast activities will expand established pediatric care and support sites within the HIV programs to include new areas in Coast province. As a result of these activities, 5,000 children will be offered facility based care and support; they will have clinical, psychological, social, spiritual and nutritional care during both specific clinics and the support groups, led by child peers.

4. LINKS TO OTHER ACTIVITIES

These activities will be tightly linked to the FY 2008 activities and to other APHIA II Coast activities including HIV treatment, orphans and vulnerable children, Prevention of Mother to Child HIV Transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Coast activities targets people affected by HIV/AIDS, orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14809

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14809	8934.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$1,205,000
8934	8934.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$300,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4916.09	Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 8929.20456.09	Planned Funds: \$100,000
Activity System ID: 20456	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$10,000)

1. LIST OF RELATED ACTIVITIES

These activities will be tightly linked to the FY 2008 activities and to other APHIA II Rift Valley activities including HIV treatment, orphans and vulnerable children, Prevention of Mother to Child HIV Transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

2. ACTIVITY DESCRIPTION

This activity will provide an integrated and comprehensive home and basic health care package to 2,500 children with HIV/AIDS that will be linked to 145 comprehensive care centers and a network of Rural Health Facilities (RHF). Through a cascaded training of trainers approach, primary care facility health workers will be trained to provide comprehensive and integrated care training to the home /community based care workers. In turn these home / community workers will train the primary care givers of the children, which will complement the facility based services. At the health facility clinic, integrated training will be offered to identified staff to offer services for the prevention, identification and management of OIs, monitoring of the infected children and their caregivers, coupled with appropriate counseling and education. All babies and children of HIV infected mothers will be followed up at the CCCs or MCHs and appropriately managed. A case manager will manage referrals to and from the community. The community based component will include treatment literacy, basic management of OIs, antiretroviral treatment (ART) and TB treatment adherence, adequate nutrition, home hygiene and nursing skills , malaria prevention and treatment to Community Health workers and caregivers. Through home testing, OVC identified as being infected will be registered at the CCC for entry to care and support through a referral system between the OVC program and the CCCs. The main link to and from the health facility will be the CHWs many of whom will be treatment supporters. Formal linkages between health facilities and the community-based activities will continue to be strengthened to enhance effective care, follow-up, and tracking of referrals of pediatric clients. APHIA will continue to equip the community health workers in pediatric psycho social support skills to provide adequate support to children and the caregivers. This activity will also lead to the continued strengthening of organizational and institutional capacity of 25 APHIA Rift supported districts and relevant DHMTs institutions to integrate, plan, lead, monitor and evaluate home and community care support programs for children. A total of 783 families with pediatric clients on care and support will be provided with nutritional support. To ensure continued support for this effort at the community level, FBOs, CBOs, PLHA groups, women and youth groups will be trained in basic program and financial management skills as part of capacity building. Paralegal and child counselor training will be strengthened and through active monitoring and follow-up to assess its impact to the children on care and support. The provision of safe water supply in the homestead will be supported to reach clients households. In addition, these families will be linked to a supply of insecticides treated bed nets targeting especially those with pregnant women and children under five years.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

These APHIA II Rift Valley activities will expand established pediatric care and support sites within the HIV programs to include new areas in Rift Valley province. As a result of these activities, 2,500 children will be offered facility based care and support; they will have clinical, psychological, social, spiritual and nutritional care during both specific clinics and the support groups, led by child peers.

4. LINKS TO OTHER ACTIVITIES

These activities will be tightly linked to the FY 2008 activities and to other APHIA II Rift Valley activities including HIV treatment, orphans and vulnerable children, Prevention of Mother to Child HIV Transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Rift Valley activities targets people affected by HIV/AIDS, orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14800

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14800	8929.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$900,000
8929	8929.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$200,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3672.09	Mechanism: Central Province
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4922.20395.09	Planned Funds: \$150,000
Activity System ID: 20395	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

COP 2008

+ The only change to the program since approval in the 2007 COP is that Columbia will use \$500,000 to procure formulary of seven essential OI drugs including CTX, multivitamins, anti-fungals, acyclovir, anti-malarials and other HIV specific treatments/prophylaxis for 50,000 individuals to delay disease progression and reduce morbidity and mortality. This will provide flexibility for contingencies for the national OI drug procurement described under the Mission Competitive Procurement/TBD narrative.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#8846), ARV services (#6866), ARV Services (#6867), and PMTCT (#7016).

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP) will support pediatrics care and support services at 45 sites in central province. These activities will support pediatric care including psychosocial support to 3,800 children below 15 years. CU-ICAP will establish/enhance care and treatment networks centered at the provincial hospital and larger district hospitals in Central Province. CU-ICAP will continue to work closely with the Provincial AIDS and STI Coordinating Officer (PASCO) for Central Province on activities such as supporting regular meetings of care providers in the area. Funds will continue to be used to support additional staff salaries in accordance with Emergency Plan guidance, renovations and equipment needed to provide treatment, disposable supplies, drugs for prevention and treatment of opportunistic infections, laboratory reagents, and the costs of supportive supervision and advanced training in pediatric HIV care and treatment for 60 health care workers. In order to identify more children, activities will focus on HIV testing through Early Infant Diagnosis (EID) and Provider initiated Testing and counseling (PITC) using PCR or rapid tests for all children attending in and outpatient departments, and children of HIV positive patients attending the care and treatment services. Children born to HIV positive mothers in PMTCT will be tested through EID and linked to care. CU-ICAP supports the development of high quality HIV care and treatment services in low-resource settings. CU-ICAP programs currently support HIV/AIDS activities in 11 African countries. In Kenya, CU- ICAP has established a foundation for HIV/AIDS program activities, including PMTCT-Plus and care and treatment. With regionalized planning for care and treatment services, CU- ICAP-Kenya was designated the primary United States Government (USG) care and treatment partner for the Central Province. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of care for clinically qualified HIV-positive children and infants, strengthen human resource capacity to deliver HIV care, and improve the referral network for provision of care services for children and infants with HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

This activity links to ARV services (#6866, #6867), adult care and support, Pediatric ARV services and TB/HIV services (#8846), supported by Columbia University and coordination of ARV scale-up activities supported through the National AIDS and STD Control Program (NASCO). Palliative care services will also link to PMTCT services (#7016) supported through Pathfinder International, through the linkage of care to HIV positive women and infants identified through the PMTCT program.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. Services for children with HIV are being established or expanded at all sites. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills. The program will also continue to support treatment for HIV-infected students at JKUAT. These youth are among an important focus population identified in Kenya's 5-year strategic plan for Emergency Plan Implementation.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, human resources, development of networks/linkages/referral systems, human resources, local organization capacity development, quality assurance and supportive supervision, strategic information, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14757

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14757	4922.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6940	3672.08		\$1,250,000
6868	4922.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4220	3672.07		\$2,250,000
4922	4922.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3672	3672.06		\$100,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1125.09	Mechanism: Nutrition and HIV/AIDS
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4247.20325.09	Planned Funds: \$250,000
Activity System ID: 20325	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in food and nutrition commodities supply (\$220,000) and human capacity development through its nutrition training program for health workers (\$30,000)

COP 2008

Other changes:

+ This activity will now support all service delivery activities in HTXS, HBHC, and MTCT.

1. LIST OF RELATED ACTIVITIES

This activity relates to all HTXS and PDTX activities, including APHIA II partners in all provinces (#8765, #8774, #8792, #8797, #8805, #8813, #8826), AMPATH, and various CDC and DOD-supported ARV service delivery sites.

2. ACTIVITY DESCRIPTION

There is a proven role for nutrition in effective drug therapy and palliative care for people with HIV/AIDS. As HIV infection progresses into AIDS, hyper-metabolic responses, mal-absorption of nutrients in the gut, diarrhea, and anorexia all contribute to severe challenges to the intake and maintenance of adequate nutrition, (e.g., energy, protein, and micro nutrients). The effectiveness of drug response in patients being treated for HIV/AIDS and Opportunistic Infections is strongly dependant on their nutritional status, and is increasingly being reported in peer-reviewed journals. It is also known that moderate to severe nutritional status of AIDS patients is a significant, independent predictor of mortality. Malnutrition at the start of antiretroviral treatment (ART) is significantly associated with decreased survival and is not mediated by impaired immune reconstitution (drugs alone). Medically-prescribed therapeutic food supplied by service facilities to undernourished patients on ARVs and/or OI drugs will help increase drug response in patients and ensure better nutritional and health outcomes. In addition, a primary reason for non-adherence to ART is the lack of appropriate food to take with anti-retroviral drugs. Adequate food intake, though acknowledged as critical, is rarely offered as a formal component of treatment. Most programs that include nutrition in their HIV/AIDS programs have nutrition counseling only, which does not address the needs of patients who are too ill and poor to access nutritious food. With USAID support, the Ministry of Health's National AIDS and STD Control Program (NAS COP) have adopted a protocol for medical staff and nutritionists for Food by Prescription (FBP), which includes the protocol. The protocol has strict entry and exit criteria for patients which include factors such as HIV status, nutritional status, OVC status, and whether they are pregnant or within 6 months postpartum. The prior implementing partner trained program and health staff at facilities and in OVC programs on the FBP protocol, anthropometric monitoring of patients, reporting requirements, and storage of food products. This partner will continue to monitor existing sites in their implementation of FBP, and will train staff at additional sites as necessary until the national curriculum is implemented nationwide. At the behest of NAS COP, this partner will assist NAS COP with the implementation of the national curriculum. This project will maintain a comprehensive database of FBP clients to track their progress and inform research on the impact of food in ART programs. Data from the previous partners indicate that within this program most patients experienced improved health and nutritional status within six months during which they receive food support. FBP food will be manufactured and distributed to target populations at identified priority sites (based on prevalence of HIV and prevalence of malnutrition). The food will be subject to quality tests at various stages of production, including end-product, and the implementer of this project will have a food certified in quality by the Kenya Bureau of Standards (KBS). This partner will also ensure that FBP clients have clean water with which to prepare or consume their food, and that facilities implementing FBP have the necessary anthropometric measurement tools to qualify and monitor patients (BMI charts, Z-score charts, scales, height measures, MUAC tapes). Food will be packaged to ensure quality, minimize stigma, and reduce the likelihood of household sharing. This project will implement activities in 60 sites, and reach at least 3,000 children and OVC. Some sites will be PMTCT sites, and focus on reaching malnourished HIV positive pregnant and post-partum women to help with a better outcome for both the mother and the infant.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

This project will contribute to a comprehensive spectrum of palliative care to 3,000 Kenyan children working at 60 sites. 10 health facility staff will receive comprehensive training in FBP and anthropometrics.

4. LINKS TO OTHER ACTIVITIES

This activity links with other PEPFAR partners that provide ART in health facilities or that support OVCs. These include all of the APHIA II partners ((#8765, #8774, #8792, #8797, #8805, #8813, #8826), and various DOD and CDC-supported service delivery sites.

5. POPULATIONS BEING TARGETED

The target populations include children living with HIV/AIDS, OVC and public sector nurses, nutritionists, pharmacists, and program staff (for training). Some faith-based mission facilities will also be targeted.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues that will be addressed include Stigma and Discrimination and the wraparound issue of food. Stigma and Discrimination will be addressed by providing nutrition to Children living with HIV and OVCs leading to improvement in their health and nutrition status. This activity is directly related to increasing food and nutritional resources for HIV infected and affected individuals.

7. EMPHASIS AREAS

The major area of emphasis is Food/Nutrition. Minor areas include Logistics (distribution to health service sites and OVC program sites), and Training (health facility and OVC program staff).

New/Continuing Activity: Continuing Activity

Continuing Activity: 14707

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14707	4247.08	U.S. Agency for International Development	To Be Determined	6916	1125.08	Nutrition and HIV/AIDS	
6902	4247.07	U.S. Agency for International Development	To Be Determined	4231	1125.07	Nutrition and HIV/AIDS	
4247	4247.06	U.S. Agency for International Development	Insta Products	3260	1125.06		\$700,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$220,000

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4917.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 8755.20175.09

Activity System ID: 20175

Mechanism: APHIA II - Central

USG Agency: U.S. Agency for International Development

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$60,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ APHIA II Nairobi/Central has been separated into two mechanisms; APHIA II Nairobi and APHIA II Central. Provincial targets have also been updated appropriately.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in Economic Strengthening by linking care-givers of HIV positive children to microfinance opportunities with K-REP Development Agency.

1. LIST OF RELATED ACTIVITIES

This activity will be linked to PMTCT, VCT (APHIA II Central), ARV services (APHIA II Central), OVC Care (APHIA II Central), TB/HIV services (APHIA II Central)

2. ACTIVITY DESCRIPTION:

This activity relates to strengthening and expansion of pediatric treatment, care and support services as well as care and support for families with children affected by HIV & AIDS under the APHIA II Central Project. In FY09, APHIA II Central will target 20 sites for support in pediatric care & support. Support will include facilitation of MOH supervision and progress review meetings as well as strengthening of quality assurance, especially with regard to integrating HIV services with TB services, psychosocial support and HMIS. Service providers will be trained in pediatric HIV care management including prevention and treatment of OI, HIV adherence counseling, HIV nutritional assessment and counseling, pediatric psychosocial support including play therapy. Treatment at the CCCs will be expanded to link and network with other entry points such as the out-patient departments, in-patient departments, pediatric psychosocial services, and PMTCT. APHIA II Central will continue to strengthen linkages with community services in order to empower families with children living with HIV (CLHIV) and make their participation in the program more meaningful and sustainable. Efforts will be made to strengthen and scale up early infant diagnosis through training of service providers and support for transportation of dry blood spot (DBS) samples for DNA Polymerase Chain Reaction (PCR). The care and support package will also include aggressive patient empowerment on adherence for older children and caregiver/parent empowerment on adherence for younger children, strengthened support mechanisms (support groups, IGA for families, advocacy and legal aid), home nursing care, community based defaulter tracing, nutritional support, specialized counseling and strengthened continuum of care from health facility to the community level, including strong linkages with PMTCT services for prevention. Other community BCC activities will include formation of Kids clubs, adolescent support groups and working with adolescent post-test club members will be enhanced, fun days for children, peer education, dialogue forums, sporting activities and edutainment for youth. Caregivers/parents of CLHIV will be given special attention and will be empowered through formation of support groups, treatment literacy, and support for IGA and PSS sessions to bolster their coping mechanisms. Efforts will be made to decentralize services so that patients get treatment where they are presenting for care. It is expected that 2,500 pediatric clients will be receiving OI prophylaxis at the end of this reporting period in the 20 health facilities, while 2,650 children will be targeted for home and community support. The project will continue to support clinical staff, continuous medical education, mentorship, on site technical assistance, furniture and equipment at health facilities and grantees to strengthen provision of HIV services. 150 service providers will be trained in pediatric care and support including pediatric psychosocial support and play therapy. These service providers will also be targeted for periodic orientation on home and community services to strengthen linkages and between the facilities and community sites, and to ensure support for HCS at facility level. Palliative care for pediatrics will include a comprehensive package of community home-based care consisting of home nursing, clinical care, nutrition, education, OVC care, paralegal support and protection, psychosocial and spiritual support. This will be implemented through 50 IPs and 20 service delivery sites and will reach 2,650 pediatrics. A total number of 100 care givers with children living with HIV will be trained in nutritional support, formation of support groups, counseling and PSS. PI will continue with treatment literacy training via support groups to enhance adherence, establish paralegal clinics, facilitate VHC quarterly meetings and enhance links to income generating activities notably training and facilitating caregivers on IGA. PI will scale up IGA, VSL and food security through working with the MOA and K_REP Development Agency. Cotrimoxazole prophylaxis and where indicated, fluconazole prophylaxis will be the basic standard of care for HIV infected children within the community and at facilities. APHIA II Central will work with local implementing partners including established NGOs, CBOs, and FBOs. APHIA II Central will strengthen the technical and institutional capacity of partners and build collaborative working relationships with a variety of stakeholders to encourage effective, efficient programming. Elaborate plans will be put in place to improve on data collection and record keeping. CHWs will be updated on child counseling and testing, and ensure referral linkages are established with health facilities providing CT. Other care and support services for the pediatric are mostly provided in the community and are included within services for OVC. Linkages will be strengthened between the community and the facility where the facility will be supported by APHIA II Central to provide a basic care package inclusive of; Nutritional counseling of caregivers, safe water provision, and pain management. OI treatment, insecticide treated mosquitoes and clinical support.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan Palliative Care targets for Kenya.

4. LINKS TO OTHER ACTIVITIES

Linkages to clinical services will be established through a two-way referral system and will include PMTCT, ART, OVC, TB testing and other basic health services. Clinical supervisors and other health care providers will reinforce clinic to community referrals by being kept up-to-date on local resources for psychosocial, economic, legal and food security support. APHIA II Central will link with local partners such as K-Rep, to address economic insecurity through microfinance and business skills training. Implementing partners will collaborate with local programs and agencies to address food insecurity and nutrition needs. APHIA II Central will continue to expand its close working relationship with FBOs because of their comprehensive community support programs addressing a wide range of needs for those households made vulnerable by HIV and AIDS. Children living with HIV will be linked to pediatric CCs and other facilities that provide care, legal aid and specialized services as need arises.

Activity Narrative: 5. POPULATIONS BEING TARGETED:

This activity targets people and families affected by HIV & AIDS. Local implementing partners will be targeted for training and capacity building. Health care providers, religious leaders and the administration officials will be targeted for sensitization and training related to home-based care. Community Health Workers and caregivers will be trained and receive periodic refresher training. They will also continue to receive HBC supplies, uniforms gumboots, bicycles and bags. IEC materials on child CT will be developed, produced and distributed.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address issues of expanding access to and training in home-based care following the GOK guidelines and curriculum. The activity will also address decentralization of services to widen the catchment areas for patients requiring the services. It will address gender equity, gender based violence and greater involvement of people living with HIV/AIDS.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14967

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14967	8755.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$385,000
8755	8755.07	U.S. Agency for International Development	Pathfinder International	4926	4926.07	Kenya Heartland Coffee Project/APHIA Nairobi-Central	\$0

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$10,000

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4919.09

Mechanism: APHIA II - North Eastern

Prime Partner: Pathfinder International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 8867.20187.09

Planned Funds: \$40,000

Activity System ID: 20187

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$5,000)

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8980), TB/HIV (#9066), Pediatric and adult Treatment Services and PMTCT (#7087).

2. ACTIVITY DESCRIPTION

This activity relates to care and support for 100 children affected by HIV/AIDS under the APHIA II North Eastern Project. APHIA II will oversee implementation of both community and facility-based basic health care and support programs in conjunction with the TB/HIV and antiretroviral therapy programs being established and expanded in the North Eastern Province of Kenya. These activities will contribute to the results of expansion of opportunistic infection management and prevention in both clinical and community settings for HIV-positive patients, strengthened human resource capacity to deliver this care, and a strengthened referral network for provision of HIV care services in North Eastern Province. Cotrimoxazole prophylaxis and where indicated, fluconazole prophylaxis will be the basic standard of care for HIV infected children within the clinical setting and good infant feeding practises within the family and community setting. APHIA II North Eastern's approach is to build capacity among health care workers at the Garissa Provincial Hospital and other high volume facilities to care for HIV+ children. Early infant diagnosis and improved (Focused) antenatal care will act as entry point for pediatric patients into care. In FY 2009 APHIA II will work closely with NASCOP and key stakeholders to rollout an effective HIV care strategy that utilizes the network approach to HIV care and treatment, where the provincial and district hospitals will be the main HIV diagnostic and care referral centers, and effective referral systems will be established between community outreach, facility-level and CBO-based programs. This will involve improved laboratory and pharmacy services. Due to the predominantly nomadic nature of the populations in this region, and the vast distances involved, basic care packages will be distributed and replenished through outreach campaigns established with local partner agencies and providing comprehensive health and information services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through these programs 100 HIV-infected children will be supported through community outreach, facility-level and CBO-based programs at 80 facilities.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to the PMTCT-APHIA II- activity, Palliative Care: TB/HIV and counseling and testing services which are provided by this and other partners in same region. This will ensure optimum utilization of complimentary services created through the Emergency Plan and other partners.

5. POPULATIONS BEING TARGETED

This APHIA II activity mainly targets HIV positive children living with HIV- AIDS. Health care workers such as doctors, nurses, pharmacists, laboratory workers and clinical officers in public facilities are also targeted for training. The community activity targets to recruit train and retain community health workers that will be the link between clinical and community-based services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is reducing stigma and discrimination at community and facility level in order to ensure that people who would not have otherwise gone for treatment are able to do so.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14700

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14700	8867.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$500,000
8867	8867.07	U.S. Agency for International Development	To Be Determined	4919	4919.07	APHIA II - North Eastern	██████████

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7441.09	Mechanism: Umbrella
Prime Partner: Catholic Relief Services	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 16418.20299.09	Planned Funds: \$40,000
Activity System ID: 20299	

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$40,000. Funds moved to EGPAF/Umbrella (PDCS).

ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services, Counseling and Testing, TB/HIV and PMTCT, Adult Care and Support, Pediatric Treatment, and Orphans and Vulnerable Children.

2. ACTIVITY DESCRIPTION

Catholic Relief Services/Umbrella (CRS Umbrella) will build the organizational and technical capacity of Kenyan organizations and provide sub-grants to NGOs, FBOs, and CBOs, resulting in the provision of care and support services for 800 children in 5-10 facilities and programs, in addition to providing training for 30 individuals to provide HIV-related palliative care services. The key activities of the CRS Umbrella will be to develop the organizational and technical capacity of local, preferably indigenous, organizations and provide supportive supervision. Funds granted through CRS Umbrella to sub-partners will be used to provide a standard package of palliative care services, including support for health care worker salaries in accordance with Emergency Plan guidance, training, infrastructure improvement, community mobilization activities, HIV counseling and testing, support for laboratory evaluation, prevention and treatment of opportunistic infections, positive prevention activities, and expanded access to safe water, and malaria prevention interventions. This activity will expand existing Kenyan programs and identify and add new sub-partners. Capacity building activities will include both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific technical ability to implement clinical care programs, logistics and commodity forecasting, and routine program monitoring and evaluation activities). This activity will include support to sub-recipients for activities integral to the program.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver care for HIV, and a strengthened referral network for these services. This partner has a key role in building the organizational and technical capacity of local organizations so that these activities can be sustained over the long term.

4. LINKS TO OTHER ACTIVITIES

In addition to building the capacity of sub-grant recipients, an important aspect of the CRS Umbrella activities is to support development of referrals/linkages between the CRS Umbrella's-supported organizations and clients to other HIV prevention and treatment activities.

5. POPULATIONS BEING TARGETED

The primary target populations are people with HIV, including HIV-infected children. Some sub-partners reach remote or vulnerable populations who are otherwise unable to access care services. The activity will also target training and capacity building of public health care workers, mainly doctors, nurses, pharmacists, and laboratory workers. The activity also targets to include community-based and faith-based organizations and NGOs in the area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes emphasis in the areas of local organization capacity development, commodity procurement, development of networks, logistics, human resources, and quality assurance and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16418

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16418	16418.08	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	12006	12006.08	Umbrella	\$195,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 4918.09	Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 8931.20073.09

Planned Funds: \$100,000

Activity System ID: 20073

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS: this activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$10,000)

1. LIST OF RELATED ACTIVITIES

These activities will be tightly linked to the FY 2008 activities and to other APHIA II Western activities including HIV treatment, orphans and vulnerable children, Prevention of Mother to Child HIV Transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

2. ACTIVITY DESCRIPTION

APHIA II Western will build upon the gains in FY 2008 to improve access to pediatric HIV health services, improve widespread use of opportunistic infection (OI) prophylaxis and improve community and political commitment to the Pediatric HIV agenda. The project will enhance the quality of care for pediatric HIV patients and will build on the gains from FY 2008 to strengthen the quality of HIV care and support at the facility level for HIV exposed and infected children. This will be accomplished by sensitizing all facility staff and implementing the "minimum package of pediatric HIV care and support" at 51 facilities. The Project will train 60 health care workers in pediatric HIV care and 60 workers in pediatric psychosocial counseling (total trained will be 120). APHIA II Western will aim to optimize the continuum of care for HIV exposed and infected infants through provision of clinical, psychosocial, spiritual, and social and prevention services for 2,100 children. It will also support efforts towards routine testing of sick children in pediatric medical settings, which is expected to rapidly identify large numbers of HIV positive children, who will be enrolled into care and support. It will also support efforts towards family-based HIV testing approaches so that HIV infected family members of enrolled HIV-infected patients may be identified and enrolled into care. In FY09, APHIA II Western enhance the linkage of HIV-exposed children identified in the PMTCT and MCH clinics to the HIV clinic by supporting the sites with the HIV exposed Child register. This will help ensure routine use of the Mother – Child card that was rolled out in FY 2008. In addition training health care workers on early infant diagnosis methods (EID, DNA for PCR) and early antibody testing using the on-the-job training approach, supporting the commodities for the EID testing and ensuring the systems for specimen referral are streamlined using approaches that are sustainable will also be used. This Project will institute strategies to improve the management for pediatric care patients on care by establishing pediatric-specific care clinics on specific days to improve retention, ensure appropriate and timely treatment and hence provide quality of care. It will sensitize the providers on the "Guidance on infant feeding within HIV settings", offer linkages to nutritional support services and will enhance community participation in infant nutritional needs. Where required, it will support the malnourished children with food supplements. It will also support and strengthen the pediatric support groups, and encourage the use of Child peers to enhance acceptance of status, disclosure and adherence to HIV care within the pediatric population. APHIA II Western will support and strengthen prevention and treatment of OI including malaria and diarrheal diseases by training 120 health care workers on HIV care and support (clinical and psychosocial), and sensitizing the health care workers on the management of opportunistic infections. It will support the distribution of free cotrimoxazole to eligible children and will scale up "prevention with positives" in young people. We will also support sites with Job Aids to enhance correct protocol use in the management of OIs and national guidelines on prevention and treatment of malaria. We will also support the sites with emergency stocks of drugs for both prevention and treatment of OIs, including Septrin, fluconazole, antibiotics, anti-diarrheals and anti-protozoals. It will also link with community awareness efforts within APHIA II Western to educate and support caregivers and to inform them about available services and to reduce stigma.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

These APHIA II Western activities will expand established pediatric care and support sites within the HIV programs to include new areas in Western province. As a result of these activities, 2,100 children will be offered facility based care and support; they will have clinical, psychological, social, spiritual and nutritional care during both specific clinics and the support groups, led by child peers.

4. LINKS TO OTHER ACTIVITIES

These activities will be tightly linked to the FY 2008 activities and to other APHIA II Western activities including HIV treatment, orphans and vulnerable children, Prevention of Mother to Child HIV Transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate Nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Western activities targets people affected by HIV/AIDS, orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14995

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14995	8931.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$900,000
8931	8931.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$200,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 360.09	Mechanism: N/A
Prime Partner: Liverpool VCT and Care	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4177.20247.09	Planned Funds: \$40,000
Activity System ID: 20247	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+Significant changes from FY 2008 to FY 2009 include geographic consolidation of activities +Expanded support for coordination activities and an increased emphasis on support for treatment of children +Quality assurance for care through semi-annual audits.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6985, #8983), Counseling and Testing (#6983), TB/HIV (#6944), PMTCT (#6949) and HBHC activities (#7043).

2. ACTIVITY DESCRIPTION

Liverpool Voluntary Counseling, Testing and Care Project (LVCT) will expand existing programs to provide palliative care services to 2,000 children with HIV at 11 sites in Nairobi and Eastern Provinces. The package of palliative care services includes cotrimoxazole prophylaxis for opportunistic infections, treatment of opportunistic infections, multivitamins, improved access to malaria prevention interventions, and end-of-life care. LVCT will also support implementation of regional activities such as regional quality assurance and coordination meetings in collaboration with the Provincial ART Officer and the APHIA II care and treatment partner for Eastern South. Funds will be used to support salaries for health care providers in accordance with Emergency Plan guidance, train 80 individuals in the provision of HIV-related palliative care services, and to procure commodities such as laboratory reagents. Supported activities will also include sensitization and mobilization of the communities in the areas of the supported facilities and dissemination of informational brochures. LVCT is a local, Kenyan organization that started as a project under the Liverpool School of Hygiene and Tropical Medicine. When LVCT became a Kenyan NGO, they retained the name of Liverpool because of its wide recognition in Kenya. LVCT has been a key provider of VCT services in Kenya and since 2003 has been supporting implementation of HIV care and treatment programs. In the specific area of palliative care, Liverpool staff brings substantial medical expertise, and have played a crucial role in development of national policies and training materials and a desk-top referral manual that has now been made available throughout Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care services for children with HIV, strengthened human resource capacity to deliver palliative care services, and a strengthened referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link ARV treatment services supported by LVCT in these sites (#6985), LVCT HBHC activities (#7043) and ART and non ART services supported by other provincial partners, e.g. KEMRI in Nyanza TB/HIV (#6944), and PMTCT (#6949), University of Nairobi in Kenyatta National Hospital, and JHPIEGO (#6925) and Columbia University in Eastern (#8983).

5. POPULATIONS BEING TARGETED

The primary target group for these activities is children living with HIV/AIDS. LVCT activities serve high priority, vulnerable, and stigmatized populations. Health care workers are also targeted for training in care and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks, human resources, information, education, and communication, local organization capacity building, policy and guideline development, training, quality assurance and supportive supervision, and logistics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14918

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14918	4177.08	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	6974	360.08		\$200,000
6984	4177.07	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	4257	360.07		\$200,000
4177	4177.06	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	3235	360.06		\$200,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 8673.09 **Mechanism:** Nyanza Province
Prime Partner: Columbia University Mailman School of Public Health **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Care: Pediatric Care and Support
Budget Code: PDCS **Program Budget Code:** 10
Activity ID: 19412.20263.09 **Planned Funds:** \$80,000

Activity System ID: 20263

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in pediatric treatment, adult care and support, Adult treatment, TB/HIV, and Orphans and Vulnerable Children.

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP) Nyanza will strengthen ongoing pediatric care and support activities in 40 health facilities (25 in Nyando, 15 in Kisii districts) in Nyanza province. The activities include support for provision of facility based palliative care services for 3000 children with HIV and support for training for 100 health care workers. Laboratory and clinical network centers will be supported at the district hospital in Nyando. Points of service will include the district and sub-district hospitals in the region, as well as many health centers and dispensaries. At each site ICAP Nyanza will provide technical assistance, equipment and supplies, infrastructure improvement, improvement of laboratory capacity, laboratory reagents, adherence counseling, assistance with monitoring and reporting, cotrimoxazole prophylaxis to prevent opportunistic infections, treatment of opportunistic infections, improved access to safe drinking water, establishment of psychosocial support groups linked to each clinic and additional community-based services. The activities scopes include identification and treatment of HIV-infected children and adults and provision of care in remote areas..

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services, and a strengthened referral network for these services. In addition, these activities will contribute to expansion of care for HIV-infected children, in particular by supporting infant testing at sites supported both by this partner and other Emergency Plan partners.

4. LINKS TO OTHER ACTIVITIES

These services link to supported adult care treatment services as well as other ART and non ART services provided by other Emergency Plan Partners like University of California, San Francisco, Catholic Relief Services, Mildmay and CRS Umbrella in Nyanza Province. They also tie into well-established referral linkages with local VCT and PMTCT programs.

5. POPULATIONS BEING TARGETED

The target population for this activity is children infected or exposed to HIV. The geographic region served by these activities is Nyanza Province, a priority region because it has the highest prevalence of HIV in Kenya (15.3% compared to 7.4% nationally). Most of the services are provided to the general population with HIV, but special services are provided to children through pediatric and PMTCT-plus services, to participants in US government funded research programs and their families, and the mentally ill.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis on commodity procurement, development of network/linkages/referral systems, human resources, logistics, local organization capacity building, and quality assurance and supportive supervision, training, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19412

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19412	19412.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8673	8673.08	Nyanza Care and Treatment FOA	

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3465.09	Mechanism: N/A
Prime Partner: National AIDS & STD Control Program	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4224.20222.09	Planned Funds: \$50,000
Activity System ID: 20222	
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:	
<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#7009), PMTCT (#7006), ARV Services (#7004), Strategic Information (#7002) and TB/HIV (#7001).</p>	
<p>2. ACTIVITY DESCRIPTION The National AIDS and STD Control Program (NASCOP) is the arm of the Ministry of Health (MOH) that is responsible for implementation of medical interventions related to treatment and prevention of HIV/AIDS. NASCOP will oversee the implementation of all pediatric HIV care programs in Kenya. These activities will also result in the training of 150 health care workers in pediatric HIV care. Emphasis will be placed on developing regional trainers who will provide classroom training and mentorship of health care workers at the facility level. Specific NASCOP-supported activities will include the coordination of all partners in the provision of care for children HIV (through national level meetings such as the National ART task force), and supervision of treatment in MOH and other facilities. Specific guidelines for the prevention and treatment of opportunistic infections, HIV prevention in care settings, and management of nutrition interventions will be kept, updated, printed, and distributed. The national system for tracking the numbers of children enrolled in patient support centers (HIV clinics) will also be improved. Funds will be used to provide administrative support and transport for the Provincial AIDS and STI coordinating Officer (PASCO) so that they can coordinate, track, and provide supportive supervision to sites in their areas as well as support regular regional meetings of care providers. The supervisory structure at NASCOP includes a core staff at a national level that consists of a small technical and administrative staff and an expanding staff responsible for M&E. A system of regional supervision of HIV/AIDS treatment activities has been established with PASCOS who are responsible to assist with the establishment of pediatrics care and treatment services at additional sites, conduct site evaluations and accreditations, and supervision for care programs. NASCOP will develop and implement materials on HIV testing for children in clinical settings. Other activities will include the development of referral systems and care linkages for infants identified through the PMTCT programs, decentralization of pediatric care and treatment services to lower level health facilities to increase access and reduce the waiting list at the provincial and district hospitals, an intensified focus on pediatric provision of care, and improved coordination with other sources of support such as the Global Fund for AIDS, Tuberculosis, and Malaria.</p>	
<p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA These activities are essential to the overall implementation and coordination of HIV care and treatment programs in Kenya. NASCOP supported activities are essential to the formation/strengthening of the linkages needed in the network model and to the development of a sustainable system to provide HIV care in Kenya.</p>	
<p>4. LINKS TO OTHER ACTIVITIES There are strong linkages between these activities and virtually all HIV prevention and treatment activities in Kenya. All Emergency Plan partners have been encouraged to extend efforts to further strengthen these linkages by coordinating with and supporting the activities of the PASCOS and by participating in national efforts such as policy/guideline revision and national stakeholders meetings. Activities are closely linked to Management systems of Health (MSH) supported logistics/systems strengthening particularly for the Kenya Medical Supplies Agency (#8401). Other linkages include Counseling and Testing (#7009), PMTCT (#7006), ARV Services (#7004), Strategic Information (#7002) and TB/HIV (#7001)</p>	
<p>5. POPULATIONS BEING TARGETED Populations targeted by these activities include HIV positive children (6 - 14 years) and health care workers and others providing services to people with HIV.</p>	
<p>6. KEY LEGISLATIVE ISSUES ADDRESSED This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.</p>	
<p>7. EMPHASIS AREAS This activity includes minor emphases in quality assurance and supportive supervision, development of networks/linkages/referral systems, logistics, human resources, policy and guidelines, strategic information (M&E, IT, Reporting) and training.</p>	

New/Continuing Activity: Continuing Activity

Continuing Activity: 14934

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14934	4224.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$500,000
7005	4224.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$700,000
4224	4224.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$422,500

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 295.09

Mechanism: N/A

Prime Partner: African Medical and Research Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 4817.20349.09

Planned Funds: \$30,000

Activity System ID: 20349

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
The narrative is updated to focus more on pediatrics ART activity.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV services (#6836), ARV services (#7095), Palliative Care: Basic Health Care and Support (#7096), Pediatrics ARV services and PMTCT (#6837).

2. ACTIVITY DESCRIPTION

The African Medical Research Foundation (AMREF) will continue a successful HIV treatment program that operates in 4 sites in Kibera, a very large informal settlement in Nairobi, Kenya. This program provides a package of basic health services to 5,000 people with HIV, including 550 children. AMREF will support pediatric care including psychosocial support at all the 4 sites. In order to identify more children, activities will focus on HIV testing through Early Infant Diagnosis(EID) and Provider initiated Testing and counseling (PITC) using PCR or rapid tests for all children attending in and out outpatient department, and children of HIV positive patients attending the care and treatment services. Children born to HIV positives mothers in PMTCT will be tested through the EID and linked to care. Funds will support staff salaries, training of 30 health providers, laboratory evaluation, adherence counseling, and monitoring, provide drugs for prevention and treatment of opportunistic infections, and expand access to safe drinking water and malaria prevention interventions. Patient care is managed by multidisciplinary teams, and care interventions are supported through the extensive involvement of community health workers and peer educators, including many people who themselves have HIV/AIDS. The community health workers and peer educators work in both the clinics and communities to support adherence, provide counseling and education about nutrition and other key aspects of care, and assist with recognition of adverse drug reactions and early referral. AMREF staff conducts extensive activities in the community that educate and sensitize church, political, and administrative leaders as well as all members of the community. Activities are implemented in collaboration with the Provincial AIDS AND STI Coordinating Officer for Nairobi. This activity will be primarily an expansion of the existing program to increase the number of children reached. The central AMREF laboratory will be strengthened so it can continue supporting quality assurance for labs at the satellite sites. AMREF has extensive experience and expertise in implementing community-based HIV/AIDS prevention and care programs throughout Africa. The HIV treatment program in Kibera has been recognized as a model of community-based care for PLWAs. By April 2008, the program was providing care and support services to more than 3,000patients, including 150 children below 15 years. The community sensitization activities have already contributed substantially to a reduction in stigma and discrimination in this community and are expected to continue to do so.

3. CONTRIBUTIONS TO OVERALL PROGRAM

These activities will contribute to the results of expansion of care and support services for children with HIV, strengthen human resource capacity to deliver pediatrics care services for HIV, and improve the referral network for pediatric HIV care.

4. LINKS TO OTHER ACTIVITIES

AMREF's Pediatric care activities link closely to community services supported by CBOs such as Kibera Community Self Help Program (KICOSHEP), AMREF-supported PMTCT services (#6837), AMREF-supported ARV services (#6836), and to the established network referral center at Kenyatta Hospital (#7096) through the referral of complicated cases.

5. POPULATIONS BEING TARGETED

The population targeted with this activity is the HIV-infected pediatric residents in Kibera that will be served by these programs. In addition, these people have a great need for HIV treatment that relates not only to high HIV prevalence, but also to very severe poverty and lack of basic services such as clean water, food, and education. The associated community sensitization activities raise awareness among men, women and children living in the slums. Other targeted populations include public health workers and NGOs/private voluntary organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, human resources, quality assurance and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14723

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14723	4817.08	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	6922	295.08		\$250,000
6838	4817.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4201	295.07		\$150,000
4817	4817.06	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	3222	295.06		\$116,667

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 288.09

Mechanism: N/A

Prime Partner: University of California at San Francisco

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 4137.20011.09

Planned Funds: \$130,000

Activity System ID: 20011

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult treatment, pediatric care and treatment, Counseling and Testing, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

The University of California at San Francisco (UCSF) will increase and strengthen its support at its existing sites in Nairobi and Nyanza, as well as substantially expand services in 4 districts in Nyanza to include 10 sites in Kisumu, 16 in Suba, 6 in Rongo and 14 in Migori. These activities will support palliative care services for 5,200 children exposed or with HIV. Services will include diagnostic testing; ongoing counseling; and prevention, diagnosis, and management of opportunistic infections. Funds will support salaries for health care workers and infrastructure through renovation in accordance with Emergency Plan guidance, in addition to training 50 individuals to provide HIV-related care and support services. An area of emphasis for the UCSF supported program is to manage families rather than individuals with HIV. The programs supported by UCSF make extensive efforts to identify and provide treatment to family members of enrolled patients and have structured care provision to optimize the provision of care to families. UCSF also works closely with partners providing HIV prevention services to youth, and will provide youth-friendly HIV treatment services to individuals referred from those programs. Other areas of focus include identification and provision of care for children; integration of treatment with other services like TB, Pediatric filter clinics, MCH and family planning; greater involvement of PLWHAs as peer educators and strengthening commodity management system. UCSF is collaborating with the National AIDS and STD Control Program (NASCO) to develop a system for telephone consultation that will allow care providers in rural areas to access HIV expertise. Additional activities will include community mobilization and dissemination of informational materials to patients. UCSF will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. Because of the geographic foci of the HIV epidemic in the United States, UCSF has vast experience providing HIV care and has long been recognized as one of the premier institutions providing HIV care in the United States. The faculty of UCSF also has extensive experience developing training materials and implementing HIV care and treatment programs in resource limited settings, including Kenya. Given that UCSF has a long-standing research presence in Kenya, these activities will capitalize on the resulting knowledge of Kenya as well as technical expertise in care and treatment. By March 2008, the established patient care centers in Nairobi and Nyanza were providing care and support services to over 700 children exposed or with HIV.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of palliative care services for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver care services, and a strengthened referral network for provision of those services. The activities will specifically support improved quality of care, particularly for difficult to manage patients.

4. LINKS TO OTHER ACTIVITIES

This activity relates to Adult treatment, pediatric care and treatment activities, Counseling and Testing, TB/HIV, PMTCT programs, OVC and to ART training.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS, including participants in US government sponsored research programs, couples with HIV, discordant couples, and families. Services for children with HIV are being established or expanded at all sites. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWHAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks, human resources, local organization capacity building, logistics, community mobilization, information, education, and communication, quality assurance and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15021

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15021	4137.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	7011	288.08		\$732,056
7089	4137.07	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	4295	288.07		\$250,000
4137	4137.06	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	3219	288.06		\$105,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 286.09	Mechanism: N/A
Prime Partner: New York University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4133.20208.09	Planned Funds: \$100,000
Activity System ID: 20208	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#7015, #8813), PMTCT #8649), and Palliative Care: Basic Health Care and Support (#8934).

2. ACTIVITY DESCRIPTION

New York University (NYU) will support palliative care services for 1,200 children with HIV/AIDS, at Bomu Clinic and two satellite sites in Mombasa. This will be accomplished by continuing to offer on-site material and technical support to build the capacity of this local facility to provide the services. The package of palliative care services will include cotrimoxazole prophylaxis, treatment of opportunistic infections, nutritional supplementation, TB screening, and sexually transmitted infection (STI) diagnosis and treatment, improved access to malaria prevention interventions, and safe water for pediatric households. Funds will provide salary support for health care workers in accordance with Emergency Plan guidance and training for 25 health care workers to deliver HIV palliative care. Activities will include community mobilization, strengthening of logistics capacity (particularly pharmacy management), and procurement of commodities such as laboratory reagents. Data concerning the numbers of patients receiving services will be collected and reported both nationally and through the Emergency Plan. Activities will be conducted in close collaboration with the Provincial ART coordinating officer for Coast Province. NYU has a long history of providing quality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to provision of care and treatment in resource limited settings like Africa. The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV tests, basic hematology and chemistry tests, and CD4 counts. The Bomu clinic is a private clinic that provides general medical services to thousands of patients and has recently expanded their capacity to provide specialized HIV services. NYU has supported development of a program that was providing palliative care services for more than 350 children exposed or infected with HIV. Given that NYU has particular expertise in pediatric care and treatment, this site is expected to rapidly expand care and treatment for children..

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of access to palliative care services for more than 5000 people with HIV/AIDS, strengthened human resource capacity, and a strengthened referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link closely to ART services supported by NYU and FHI (#7015, #8813), and through referral to adult and pediatric HIV services provided at Coast Provincial Hospital, a network center supported by FHI (#8649). There are further links to area VCT and community-based activities currently supported by FHI including Palliative Care: Basic Health Care and Support (#8934).

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. A key focus of the family clinic is the provision of services to children with HIV, and the identification of children with HIV as a way of reaching entire families that are affected by HIV. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills. Included among the populations served by these services will be participants in US government funded research programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, logistics, quality assurance and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14946

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14946	4133.08	HHS/Centers for Disease Control & Prevention	New York University	6984	286.08		\$175,000
7014	4133.07	HHS/Centers for Disease Control & Prevention	New York University	4270	286.07		\$175,000
4133	4133.06	HHS/Centers for Disease Control & Prevention	New York University	3217	286.06		\$100,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 483.09	Mechanism: N/A
Prime Partner: University of Washington	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4231.19970.09	Planned Funds: \$60,000
Activity System ID: 19970	
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:	

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#8830), Adult Care and Support, ARV Services (#7100), Pediatric ARV Services, and PMTCT.

2. ACTIVITY DESCRIPTION

University of Washington (UW) will expand long-standing research collaboration with the University of Nairobi to provide HIV care to 1,000 children at 3 care sites, and support the training of 30 individuals in the provision of HIV-related palliative care services. UW will support treatment services at Coptic Hospital, a faith-based facility in Nairobi that provides services to both the general population and to individuals identified through research programs at the University of Nairobi. In addition, UW will support treatment services to two "daughter" clinics (clinics supported by the Coptic Church at facilities in Nyanza Province and in the industrial area of Nairobi. Other important aspects of the UW/Coptic Hospital program support behavior change and risk reduction for people with HIV/AIDS, with specific emphasis on patients with less advanced HIV, in whom rates of discordant partnerships have been found to be high. Funds will be used to support salaries of health care providers in accordance with Emergency Plan guidance, logistics (primarily pharmacy management), dissemination of informational materials (about ARVs and adherence) to patients, and procurement of commodities such as laboratory reagents. This partner will maintain data concerning the numbers of clients served and will report this information both nationally and through the Emergency Plan. UW has a long presence in Kenya and extensive experience in HIV prevention and treatment both in the United States and internationally. The University has a long standing research collaboration with the University of Nairobi, and has provided extensive capacity building in immunology and epidemiology, including supporting long-term training for University of Nairobi staff in the United States. University of Nairobi staff has also donated their time to support the establishment of HIV care services at Coptic Hospital.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to palliative care services for people with HIV, strengthened human resource capacity to deliver care services, and a strengthened referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These services will link closely to ARV treatment services provided at Coptic Hospital (#7100), Palliative Care: TB/HIV services (#8830) and also link directly to the Nairobi network center at Kenyatta National Hospital and to other services provided through the expanding partnerships between other US-based Universities and the University of Nairobi.

5. POPULATIONS BEING TARGETED

These programs target children living with HIV/AIDS including infants (0 - 5 years) and children (6 - 14 years).

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of network/linkages/referral, human resources, information, education, and communication, local organization capacity building, logistics, strategic information, training, and quality assurance and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15036

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15036	4231.08	HHS/Centers for Disease Control & Prevention	University of Washington	7020	483.08		\$549,769
7099	4231.07	HHS/Centers for Disease Control & Prevention	University of Washington	4301	483.07		\$200,000
4231	4231.06	HHS/Centers for Disease Control & Prevention	University of Washington	3253	483.06		\$100,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 287.09

Mechanism: N/A

Prime Partner: University of Manitoba

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 4135.20024.09

Planned Funds: \$20,000

Activity System ID: 20024

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#7094), Adult Care and Support, Pediatric ARV Services, and PMTCT (#7097).

2. ACTIVITY DESCRIPTION

University of Manitoba (UoM) will expand provision of palliative care services at 4 sites in Nairobi, providing care for over 450 children infected with HIV. Pediatric services will continue to be provided at Pumwani Maternity Hospital (PMH) in Nairobi. UoM activities will continue to link with those conducted by other University based groups collaborating with the University of Nairobi and will be conducted in close collaboration with PMH and Nairobi City Council Clinics through the Nairobi Provincial ART Officer. The existing referral networks between the PMTCT program and other care and support centers within Nairobi will also be enhanced. Adherence to care will be supported through extensive involvement of peer groups. Funds will be used to support health care worker salaries in accordance with Emergency Plan guidance, and will support logistics (particularly pharmacy management) and dissemination of informational materials. The activity will support the training of 40 individuals to provide HIV-related palliative care (excluding TB/HIV). UoM has an extensive history of work in Kenya with vulnerable populations and a long standing research collaboration with the University of Nairobi with a primary focus on evaluation of risk factors for maternal to child transmission of HIV. Prior to the availability of Emergency Plan funds, it had not been possible to provide antiretroviral treatment to the women and children in this cohort because of lack of resources. Extensive community-based services have already been established that involve peers as educators and a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the HIV care expertise of the UoM staff.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of pediatric palliative care for clinically qualified HIV-positive children, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of HIV care.

4. LINKS TO OTHER ACTIVITIES.

These activities link closely to pediatric ART services provided by UoM (#7094), PMTCT services at PMH provided by University of Nairobi (#7097) and to services provided at Kenyatta Hospital, a network center through University of Nairobi.

5. POPULATIONS BEING TARGETED

Patients receiving treatment are the vulnerable children, who might not otherwise seek/access medical care and who may be at a high risk of transmission HIV particularly in the absence of appropriate treatment and support. Public health workers will continue to be targeted, mainly doctors, nurses, pharmacists and laboratory workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, information, education, and communication, logistics, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15025

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15025	4135.08	HHS/Centers for Disease Control & Prevention	University of Manitoba	7013	287.08		\$100,000
7093	4135.07	HHS/Centers for Disease Control & Prevention	University of Manitoba	4297	287.07		\$100,000
4135	4135.06	HHS/Centers for Disease Control & Prevention	University of Manitoba	3218	287.06		\$48,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 282.09

Mechanism: N/A

Prime Partner: Eastern Deanery AIDS Relief Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 4128.20422.09

Planned Funds: \$70,000

Activity System ID: 20422

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to the following activities: HVTB (#6879), HTXS (#6880), HVCT (#6881) and PMTCT (#8654).

2. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) is a faith-based organization (FBO) under the Roman Catholic Archdiocese of Nairobi that was established in 1993 in response to the HIV pandemic affecting predominantly poor people living in the eastern slums of Nairobi. In FY 2009, EDARP will expand palliative care services to reach 1,900 children, through 12 service outlets. Key elements of the program have been expanded in recent years to include HIV counseling and testing targeting entire communities, routine HIV testing among TB patients / suspects, ART and PMTCT services. Through a network of community health workers and clinical sites, EDARP provides both facility and community based palliative care to thousands of PLWHA. Palliative care covers a wide spectrum of both community and facility based interventions that include HIV testing, HIV status disclosure, HIV prevention, clinical monitoring, adherence counseling and monitoring, management of opportunistic infections, psychosocial and spiritual support, pain management, terminal care, provision of safe water, multivitamins and supplementary food. Other activities include provision of emotional support to health care workers who face enormous emotional challenges in providing services in this poverty-stricken area. Emergency Funds will also be used to provide training in palliative care services to children for 50 health care workers in a setting characterized by widespread poverty and limited services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will expand access to palliative care services for PLWHA, strengthen human resource capacity to deliver HIV services, and a strengthen referral network to provide these services.

4. LINKS TO OTHER ACTIVITIES

This activity links to other services listed above and provides essential complementary support to Kenya Government HIV and TB program activities

5. POPULATIONS BEING TARGETED

These activities target all children and infants living with HIV/AIDS

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

These include renovation of infrastructure, human capacity development, local organization capacity building, TB, child survival activities, strategic information development and support for food.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14772

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14772	4128.08	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	6943	282.08		\$550,000
6878	4128.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$250,000
4128	4128.06	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	3215	282.06		\$190,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4915.09

Mechanism: APHIA II - Nyanza

Prime Partner: Engender Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 8928.20433.09

Planned Funds: \$100,000

Activity System ID: 20433

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$10,000)

1. LIST OF RELATED ACTIVITIES

The APHIA II Nyanza PDCS activities relate to Pediatric and Adult HIV/AIDS Care and Treatment Service, Counseling and Testing (#8760), Other Prevention (#8942), OVC (#9071), TB/HIV Care activities (#9059), AB (#8989), PMTCT (#8734) and Strategic Information (#8859).

2. ACTIVITY DESCRIPTION

USAID's APHIA II Nyanza project implemented by EngenderHealth began its support to basic health care support services in Nyanza Province in FY 2006 and continued in FY 2007 and FY 2008. In FY 2009 this activity will continue to provide basic health care support services to 5,000 children living with HIV/AIDS in 150 public sector and faith-based health facilities and communities across fifteen districts in Nyanza Province. In the rural communities 640 home based care workers will be trained in nutrition, prevention, social and spiritual support, and end-of-life care. The quality and availability of palliative services will be increased in the community by engaging with pediatric community support groups around comprehensive care centers. Linkages between health facilities and the community-based activities will be strengthened for effective care, follow-up, and tracking of referrals. Both health care workers and community and home based care volunteer workers will be trained on effective referral. This activity will work with community leaders and community based organizations to establish linkages to other sectors to improve the livelihood of people living with HIV/AIDS. This will include microfinance and agricultural organizations to enhance business skills and agricultural skills.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will help to optimize the quality of life for 5,000 children infected with HIV in Nyanza province and provide critical support to families affected by HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Nyanza PDCS activities relate to Pediatric and Adult HIV/AIDS Care and Treatment Services, Counseling and Testing (#8760), Other Prevention (#8942), OVC (#9071), TB/HIV Care activities (#9059), AB (#8989), PMTCT (#8734) and Strategic Information (#8859).

5. POPULATIONS BEING TARGETED

This APHIA II Nyanza activity targets adults of reproductive health age, people affected by HIV/AIDS and people living with HIV/AIDS. Linkages to other sectors including agricultural programs and microfinance will involve community leaders and community based organizations. Strategies to improve quality of services will target faith-based and public health doctors, nurses, mid wives and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination by encouraging community support for people living with HIV/AIDS.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14780

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14780	8928.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$900,000
8928	8928.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$350,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 217.09	Mechanism: Department of Pediatrics
Prime Partner: University of Nairobi	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 4925.19979.09	Planned Funds: \$50,000
Activity System ID: 19979	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#7095), Adult Care and Support, Pediatric ARV services, TB/HIV (#9057), and PMTCT (#7097).

2. ACTIVITY DESCRIPTION

The University of Nairobi, Department of Pediatrics (UNBO) will work to strengthen the pediatric care services available at the Kenyatta National Referral Hospital (KNH) and 3 additional sites in order to provide pediatric HIV care services including psychosocial support to 1,100 children below 15 years. Pediatric care and support services will include cotrimoxazole preventive therapy, management of opportunistic infections, management of malnutrition, support to care givers, and end-of-life care. Activities will strengthen KNH to provide highly skilled and laboratory services, conduct pediatric training, infant diagnostic testing infants, and serve in other diagnostic and management capacities with respect to care of children. In addition to providing training to 100 health care workers, UNBO will provide technical assistance to the National AIDS and STD Control Program (NASCO) in the development of pediatric HIV care policy and guidelines. UNBO will also work with Kenya pediatric association to support on site pediatric training and mentorship of nurses and clinical officers in provision of pediatric care. The University of Nairobi Pediatrics Department has run research clinics for perinatal cohorts of HIV infected women at KNH for over 12 years studying PMTCT, immune responses, and disease progression in women and children, managing a handful of patients receiving donated ART. Research doctors have undergone short courses on the topic of HIV management and have now themselves conducted numerous courses on the topic of HIV care. The KNH Comprehensive Care Center has been operating for more than 6 years providing psychosocial care, and over the past year providing ambulatory medical care to PLWHA, including nutrition, opportunistic infection prophylaxis and treatment and ART. The center has dedicated staff providing psychosocial, nutritional, and medical care. By April 2008, more than 5,600 patients, including approximately 500 children, were receiving care as a result of the activities of this partner.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion care for children with HIV; strengthen human resource capacity to deliver pediatric HIV care services, and a strengthened referral network for provision of these services. These activities will develop the capacity of KNH to serve as a key network center, developing clinical HIV expertise in the management and children.

4. LINKS TO OTHER ACTIVITIES

This activity relates to adult and pediatrics ARV services supported by UNBO at these same sites (#7095), and TB/HIV (#9057), PMTCT activities being implemented by University of Nairobi, OBGYN (#7097), ARV services coordinated by and supported through the NASCO (#7004), and training activities supported by the Kenya Pediatric Association, a treatment sub-partner of the TBD umbrella organization, and to multiple activities in and around Nairobi that refer to KNH as a network center.

5. POPULATIONS BEING TARGETED

These activities target children below 15 years living with HIV/AIDS. Treatment services for diagnosis and care of very young children will be established through a relationship with Kenya Medical Research Institute (KEMRI), whereby filter paper samples are transported to the KEMRI lab for polymerase chain reaction (PCR) for infant testing. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased pediatric HIV care knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, human resources, policy and guidelines, quality assurance and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15030

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15030	4925.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7016	217.08	Department of Pediatrics	\$250,000
7096	4925.07	HHS/Centers for Disease Control & Prevention	University of Nairobi	4298	217.07	Department of Pediatrics	\$200,000
4925	4925.06	HHS/Centers for Disease Control & Prevention	University of Nairobi	3205	217.06	Department of Pediatrics	\$115,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4925.09	Mechanism: Eastern Province
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 5271.20402.09	Planned Funds: \$60,000

Activity System ID: 20402

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#8983), TB/HIV (#8761), and PMTCT (#6837).

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP) will expand a collaborative relationship with Machakos District Hospital and 34 health facilities in other neighboring districts to enhance and expand the pediatric HIV care program in the southern region of the Eastern Province of Kenya, providing pediatric HIV care 2,500 children. This region is characterized by moderately high rates of HIV (approximately 4%); high rates of other infectious diseases including malaria, hepatitis, and schistosomiasis; and high rates of food insecurity. Machakos District Hospital is a high-volume district hospital that serves as the referral center for this area. Sites in this area previously received modest support through the Kenya Medical Research Institute. CU-ICAP was awarded a contract in October 2007 and have established quality care programs that are providing pediatric HIV care for approximately 1,000 children as of April 2008. CU-ICAP will support staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. This activity will also support the training of 60 individuals in the provision of pediatric HIV-related care services. The package of services provided to children will include cotrimoxazole prophylaxis, treatment of opportunistic infections, management of malnutrition, improved access to safe drinking water, and interventions to reduce the risk of malaria. Emphasis will be placed on identifying more HIV infected children through Early Infant Diagnosis and rapid testing through provider initiated testing (PITC) in and outpatient settings and to children of HIV positive patients receiving care and treatment services. CU-ICAP will work closely with, and support the activities of, the Provincial AIDS and STI coordinating Officer (PASCO) for the region (e.g., supporting regular meetings of area providers). CU-ICAP will also support establishment/strengthening of other regional activities, including developing a system for quality control at Machakos District Hospital and the development of a regional system for transfer of blood samples/results to optimize the utilization of CD4 cell count machines. In addition, CU-ICAP will assist with development of a quality improvement program for the region as well as assisting the National AIDS and STD Control Program (NASCO) with implementation of a similar national level system.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of access to quality pediatric HIV care services, strengthen human resource capacity to deliver pediatric HIV care services, and improve the referral network for the provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link closely to ARV services (#8983), pediatric ARV services, adult care and support and TB/HIV services (#8761) supported by this same partner, to PMTCT activities being implemented AMREF (#6837), and training activities being implemented by Mildmay International.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS, including HIV positive infants (0 - 5 years), children (6 - 14 years), and adult men and women. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, logistics, quality assurance and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14689

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14689	5271.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6908	4925.08	Eastern Province	\$332,000
7043	5271.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4925	4925.07	Eastern RFA	██████████
5271	5271.06	HHS/Centers for Disease Control & Prevention	To Be Determined	3459	3459.06		██

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3543.09	Mechanism: Lea Toto
Prime Partner: Children of God Relief Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 5105.20376.09	Planned Funds: \$150,000
Activity System ID: 20376	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in Economic Strengthening by empowering of caregivers through the self help groups and then referring them for micro credit services in K-REP Development Agency (KDA).

1. LIST OF RELATED ACTIVITIES

This activity is linked to CT (#4848) and pediatric ART (#5092) activities implemented by COGRI / Lea Toto and also linked to other USG ART activities in the ARV Services program area.

2. ACTIVITY DESCRIPTION

The goal of the Lea Toto Project is to mitigate the impact of HIV/AIDS and decrease the risk of HIV transmission through the provision of a comprehensive home based care package. The project was started in September 1999, and implements programs in selected slums in Nairobi in Kangemi, Kariobangi, Kibera, Kawangware Dandora and Mukuru. Services will be extended to four other areas (three in Nairobi and one in Kitui). This activity will result in 25,000 family members and 5,000 children receiving with high quality facility and home based care and other support services. The facility-based activities will include strengthening of facilities that are already serving as network referral centers for pediatric HIV care. Activities will include payment laboratory services for HIV related tests, OI prophylaxis (cotrimoxazole, fluconazole) and strengthening pharmaceutical management. Lea Toto will also strengthen the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs. Some of the activities include group therapy sessions include life skills training, post disclosure clubs, recreational activities, coping skills, disclosure meetings, support group meetings and follow up counseling sessions. Life skills training sessions which are held with adults and children aged between 7 and 16 years address issues related to drug adherence basic hygiene and nutrition. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling and other support services for HIV+ children and their families. Other program activities include nutritional support, empowering of caregivers through the self help groups and then referring them for micro credit services in K-REP Development Agency (KDA).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and increase the number of people receiving HIV/AIDS care and support. Specifically, 5,000 children will be provided with HIV-related palliative care, 200 trained to provide palliative care and 10 service outlets will provide care. This activity will contribute to increasing the number of HIV positive children receiving medical care, and accounts for all persons in care for this program area.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to CT (#4848) and pediatric ART (#5092) activities implemented by COGRI / Lea Toto and also linked to other USG ART activities in the ARV Services program area.

5. POPULATIONS BEING TARGETED

This activity will target children infected with HIV/AIDS including Caregivers, HIV positive infants and children, OVCs and PLWHA. Community health care workers will be targeted for training and Groups/Organizations that will be worked through include Community-based organizations, Faith-based organizations and NGOs in Nairobi.

6. EMPHASIS AREA:

The main area of emphasis will be Community Mobilization/Participation as Lea Toto strengthens the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs. Minor emphasis will be in training of care providers and providing IEC in HIV/AIDS awareness and prevention.

7. KEY LEGISLATIVE ISSUES ADDRESSED

By meeting the needs of vulnerable children and their care providers, Stigma and Discrimination will decrease and allow children to return to school and parents/providers improve in health and earn income to contribute to the family's welfare.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14749

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14749	5105.08	U.S. Agency for International Development	Children of God Relief Institute	6936	3543.08	Lea Toto	\$150,000
6863	5105.07	U.S. Agency for International Development	Children of God Relief Institute	4216	3543.07	Lea Toto	\$150,000
5105	5105.06	U.S. Agency for International Development	Children of God Relief Institute	3543	3543.06	Lea Toto	\$190,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$30,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$10,000

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$12,185,002

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3543.09	Mechanism: Lea Toto
Prime Partner: Children of God Relief Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 5092.20381.09	Planned Funds: \$1,000,000
Activity System ID: 20381	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$50,000) and Food and Nutrition by providing nutritional assessments and food/nutritional supplements directly to project beneficiaries and/or linking them to other programs as appropriate (\$50,000).

1. LIST OF RELATED ACTIVITIES

This activity is linked to COGRI's activities in Pediatric HIV Care (#5105) and CT (#4848), and it is also linked to other USG ART activities in the ARV Services program area, PMTCT, efforts for early infant diagnosis and training health workers.

2. ACTIVITY DESCRIPTION

This activity will expand established programs in targeted slums in Nairobi to include 10 centers (9 in Nairobi and 1 in Kitui). As a result of these activities, 2,500 individuals will receive antiretroviral therapy (1,000 will initiate treatment, with the total of people ever treated reaching 2,500, and those active on ARVs being 2,200), and 160 health care workers will be trained in the provision of antiretroviral therapy (ART). These activities will include strengthening of facilities that are already serving as network referral centers. Activities will include procurement of laboratory services and strengthening rational pharmaceutical management. COGRI will track numbers of children served and will report nationally and through the Emergency Plan. The Children of God Relief Institute (COGRI)/Lea Toto Project was started in September 1999, and the first phase was implemented for 2 years in Kangemi. Following evaluations that were conducted in May 2001 and May 2006, further extensions were granted. In the present extension phase, the program seeks to provide treatment services for 2,500 HIV+ children in 10 centers; 9 in Nairobi and one in Kitui.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and increase the number of children on ART, responds to OGAC objectives of increasing the number of children on ART.

4. LINKS WITH OTHER ACTIVITIES

This activity is linked to COGRI's activities in Pediatric HIV Care (#5105) and CT (#4848), and it is also linked to other USG ART activities in the ARV Services program area, PMTCT, efforts for early infant diagnosis and training health workers.

5. POPULATIONS BEING TARGETED

HIV positive infants and children, care givers, community health workers

6. EMPHASIS AREAS

The major emphasis area is training, with a minor emphasis on community mobilization and participation

New/Continuing Activity: Continuing Activity

Continuing Activity: 14753

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14753	5092.08	U.S. Agency for International Development	Children of God Relief Institute	6936	3543.08	Lea Toto	\$1,000,000
6862	5092.07	U.S. Agency for International Development	Children of God Relief Institute	4216	3543.07	Lea Toto	\$800,000
5092	5092.06	U.S. Agency for International Development	Children of God Relief Institute	3543	3543.06	Lea Toto	\$540,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 303.09	Mechanism: Department of Obstetrics and Gynecology
Prime Partner: University of Nairobi	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 17156.20311.09	Planned Funds: \$100,000
Activity System ID: 20311	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services.

2. ACTIVITY DESCRIPTION

It is estimated that there are 100,000-150,000 HIV-infected children in Kenya of which ~40,000 will require antiretroviral treatment (ART). As scale-up of ART services has increased substantially among adults, pediatric ART services have lagged behind. As of March 2008, only 240 (60%) of 400 ART sites were providing pediatric services to ~18,000 children. Strategies to improve pediatric ART enrollment include pediatric counseling, pediatric ART training and mentorship, caregiver programs, expansion of the early infant diagnosis, and pediatric testing campaigns. Surveillance of pediatric care in Kenya will measure process and outcomes of enrollment into care by pediatric patients. It will look at both community and facility referral systems, and include measures of clinical/laboratory staging, retention, ART initiation and maintenance, morbidity and mortality. The University of Nairobi Obstetrics and Gynecology (UNOG) Department has been identified as the prime partner for this activity. The Protocol is being developed by UNOG in collaboration with other implementing partners, CDC, other USG agencies, and National AIDS and STD Control Program and should be completed in FY08. The completion of data collection using COP 08 funding is anticipated. Additional funding is requested in FY09 COP for data analysis and report writing.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the programmatic evaluation of the national Pediatric care and ART. results of these evaluation will be used to improve pediatric care and treatment enrollment

4. LINKS TO OTHER ACTIVITIES

This activity relates to national pediatric care and support, pediatric ARV services and PMTCT services supported by the National AIDS and STD Control program (NAS COP) and PMTCT services supported by this partner.

5. POPULATIONS BEING TARGETED

These activities target, children and, infants.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity will collect strategic information about pediatric patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17156

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17156	17156.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7017	303.08	Department of Obstetrics and Gynecology	\$100,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 217.09

Mechanism: Department of Pediatrics

Prime Partner: University of Nairobi

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 4104.19982.09

Planned Funds: \$230,000

Activity System ID: 19982

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#7096), Pediatric care and support TB/HIV (#9057), and PMTCT (#7097).

2. ACTIVITY DESCRIPTION

The University of Nairobi Department Of Pediatrics (UNBO) will work to strengthen the pediatric treatment services available at Kenyatta National Referral Hospital (KNH) and 3 additional sites in order to provide pediatric treatment and psychosocial support to 1,100 children below 15 years (including 500 newly initiated children). This will increase the total number of children ever receiving ART to 1,320. Activities will include the provision of antiretroviral (ARV) drugs to children, management of complicated cases of children on antiretroviral treatment (ART), and participants in U.S. government sponsored research. Activities will strengthen KNH's ability to provide specialized care for children with HIV on ART who develop complications, conduct training, perform diagnostic testing in infants, and manage other diagnostic activities, particularly with respect to the care of children. Funds will be used to support salaries for health care workers in accordance with Emergency Plan guidance, improve infrastructure through renovation, purchase commodities including laboratory reagents, and train 100 health workers. UNBO will provide technical expertise to the National AIDS and STD Control Program (NASCOP) in development of policy, guidelines, and curriculum relating to Pediatric ART. UNBO will also work with the Kenya Pediatric Association to support on site pediatric training and mentorship of nurses and clinical officers in the provision of pediatric ART. UNBO has run research clinics on perinatal cohorts at KNH for 12 years related to studying PMTCT and immune responses and disease progression in women and children, as well as managing a group of patients receiving donated ART. Research physicians have undergone short trainings about HIV treatment and have conducted numerous courses on ART. The KNH Comprehensive Care Center has been providing psychosocial care for more than 7 years. Over the past year it has provided ambulatory medical care to PLWHA including nutrition, opportunistic infection prophylaxis and treatment, and ART. It has dedicated staff providing psychosocial, nutritional, and medical care. By April 2008, more than 2,000 patients, including approximately 529 children, were receiving treatment as a result of the activities of this partner. UNBO will continue to develop mechanisms to allow referral of uncomplicated pediatric ART patients to lower level health facilities to enable KNH to focus on tertiary care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of ART for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ART, and a strengthened referral network for provision of ARV services.

4. LINKS TO OTHER ACTIVITIES

This activity relates to adult and pediatric care and support, adult ARV services and TB/HIV services supported by UNBO at these same sites. PMTCT activities are being implemented by the University of Nairobi, OBGYN, and ART services are coordinated by and supported through NASCOP. Training activities are supported by the Kenya Pediatric Association, a treatment sub-partner of the TBD umbrella and to multiple activities in and around Nairobi that refer to KNH as a network center.

5. POPULATIONS BEING TARGETED

These activities target, children and, infants living with HIV/AIDS. Services for diagnosis and treatment of very young children will be established through a relationship with Kenya Medical Research Institute (KEMRI), whereby filter paper samples are transported to the KEMRI lab for polymerase chain reaction (PCR) for infant testing. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased pediatric HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of networks/linkages/referral systems, human resources, policy and guidelines, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15032	4104.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7016	217.08	Department of Pediatrics	\$2,300,000
7095	4104.07	HHS/Centers for Disease Control & Prevention	University of Nairobi	4298	217.07	Department of Pediatrics	\$1,700,000
4104	4104.06	HHS/Centers for Disease Control & Prevention	University of Nairobi	3205	217.06	Department of Pediatrics	\$982,154

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4915.09	Mechanism: APHIA II - Nyanza
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 8774.20439.09	Planned Funds: \$310,000
Activity System ID: 20439	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$30,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in counseling and testing (#8760), PMTCT (#8734), orphans and vulnerable children (#9071), TB/HIV (#9059), Pediatric HIV Care and Adult HIV care and Treatment services.

2. ACTIVITY DESCRIPTION

The APHIA II Nyanza project implemented by EngenderHealth initiated support to ART services in Nyanza Province in FY 2006 and continued in FY 2007 and FY 2008. This activity will continue in FY 2009 to expand Pediatric HIV care and treatment services in 15 districts of Nyanza province. Working in 58 public sector, 2 local sugar company worksites and 20 faith based facilities, HIV treatment will be provided to a 1,000 HIV infected children (including 177 new patients), which brings the total ever treated to 1,200. Activities will focus on decentralization of pediatric HIV care and treatment services resulting in initiation of services and follow up sites in health centers, and inclusion of a broad cadre of health staff to provide adherence counseling and psychosocial support. To improve the technical capacity of health staff, 150 will receive training in Pediatric antiretroviral treatment (ART) and facilitative supervision. To improve the quality of life of children on treatment, 200 health care workers will receive training in pediatric psychosocial counseling. Infrastructure improvement, logistics strengthening, procurement of supplies and dissemination of materials such as standard treatment protocols, guidelines and pamphlets to address adherence will form part of the support. The project will support networking and establishment of laboratory services to new health centers and facilitate provision of laboratory equipments and reagents including CD4 percent and CD4 count for facilities in collaboration with other partners. The project will computerize large (more than 250 patients) Comprehensive Care Centers to improve on drug management and patient follow up. The network model of care will be incorporated to strengthen linkages to MCH and PMTCT services to expand opportunities for Pediatric ART. A behavior change communication program will be established in the rural communities surrounding the health facilities to address stigma reduction; encourage utilization of treatment services; treatment compliance as part of psychosocial support; and prevention of HIV among HIV positive individuals. Because the issue of stigma and discrimination is still high amongst health workers in Kenya this activity whilst conducting clinical training will also train workers on stigma and discrimination using a curriculum specifically produced for this purpose.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will expand Pediatric ART services in Nyanza Province providing treatment to 1,200 children and increase availability of skilled health workers to provide care and treatment. It will enable service providers to identify and refer HIV infected children who are potential candidates for ART. This activity will increase access to quality treatment services particularly among the underserved. It also contributes to Kenya's 5-year strategy emphases of developing effective linkages between prevention, care and treatment services within an integrated network.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in counseling and testing (#8760), PMTCT (#8734), orphans and vulnerable children (#9071), TB/HIV (#9059), Pediatric HIV Care (#___) and Adult HIV care and Treatment services (#___, #___).

5. POPULATIONS BEING TARGETED

This activity targets rural community members, people living with HIV/AIDS, HIV positive infants, and children, HIV affected families, OVCs and caregivers. It also targets health care providers in public and faith based facilities, other health care workers and other MOH staff based in Nyanza Province.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma associated with HIV status and increase gender equity by expanding the availability of comprehensive care.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14785

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14785	8774.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$3,050,000
8774	8774.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$1,400,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 282.09	Mechanism: N/A
Prime Partner: Eastern Deanery AIDS Relief Program	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 4130.20427.09	Planned Funds: \$430,000
Activity System ID: 20427	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#6879), Palliative Care: Basic Health Care and Support (#6878), Counseling and Testing (#6881), and PMTCT (#8654).

2. ACTIVITY DESCRIPTION

The Eastern Deanery Aids Relief Program (EDARP) will expand services at 12 sites in the Eastlands slums of Nairobi to provide ART to 1,300 children with advanced HIV. (130 new patients, with the total pediatric patients ever provided with services at 1560). Funds will also be used to provide HIV Care and Treatment training for 50 health care workers in pediatric antiretroviral treatment (ART). EDARP provides these services in urban slums in eastern Nairobi, an area with relatively few Ministry of Health Medical Facilities and extreme challenges including severe poverty and very limited availability of services such as access to affordable housing, sanitation, and safe drinking water. EDARP provides a package of antiretroviral treatment that includes support for staff salaries, training of staff, laboratory evaluation, adherence counseling, and monitoring. ARVs will be supplied to the sites through the distribution system of the USG central supply network currently done through Mission for Essential Drugs and Supplies (MEDS). The program also includes a very strong component of community-based support for ART adherence, infrastructure improvement (renovations at the facilities), and production and distribution of informational materials to patients. In expanding services to children, EDARP is taking a lead role in addressing important issues related to optimizing pediatric care, e.g., EDARP staff is implementing programs designed to support pediatric ART adherence and developing policies and best practices related to difficult issues such as disclosure of HIV status to children. Other activities include the initiation of systems to provide emotional support for Health Care Workers who are facing the enormous challenges of providing services in this area and those focused on reducing the risk of HIV transmission in Care and Treatment Settings. EDARP is a Faith-Based Organization under the Roman Catholic Archdiocese of Nairobi that was established in 1993 as a response to the HIV pandemic affecting the people living in the Eastlands area of Nairobi. A network of community health workers and clinical sites has been established, and now provides a variety of HIV prevention and treatment services to many thousands of people with HIV. Key elements of the program have been expanded in recent years, including establishment of HIV counseling and testing centers and demonstration programs that have successfully introduced routine HIV testing among TB patients and have served as models for scale up of these activities nationally.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will expand access to ARV treatment for clinically qualified HIV-positive Children, strengthen human resource capacity to deliver ARV treatment to children, and strengthen the referral network for provision of ART. Because EDARP is among the first programs providing extensive services to children, their experiences are being shared with other programs and are contributing to the quality of services provided at other sites.

4. LINKS TO OTHER ACTIVITIES

This activity links to EDARP supported activities in Palliative Care, TB/HIV, PMTCT and Counseling and Testing services. The services are implemented in collaboration with the ART officer of Nairobi province and are linked to the network center at Kenyatta National Referral Hospital, supported by university of Nairobi.

5. POPULATIONS BEING TARGETED

The populations targeted with this activity are children with advanced HIV who are living in slums in Eastern Nairobi. They are a priority because of high rates of HIV and because the population is extremely poor and would otherwise have very limited access to health care services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, training, human resources, information, education, and communication and supportive supervision, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14776

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14776	4130.08	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	6943	282.08		\$4,300,000
6880	4130.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$1,800,000
4130	4130.06	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	3215	282.06		\$1,360,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4925.09	Mechanism: Eastern Province
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 5274.20405.09	Planned Funds: \$100,000
Activity System ID: 20405	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#7043), TB/HIV (#8761), pediatric care and support and PMTCT (#6837).

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment programs (CU-ICAP) will expand a collaborative relationship with Machakos District Hospital and health facilities in other neighboring districts to enhance and expand the pediatric antiretroviral treatment program in the southern region of the Eastern Province of Kenya, providing treatment to 800 children below 15 years with HIV (including 300 new patients), bringing the total ever treated to 960 in 33 sites. Sixty 60 health care providers will receive ART training. This region is characterized by moderately high rates of HIV (approximately 4%); high rates of other infectious diseases including malaria, hepatitis, and schistosomiasis; and high rates of food insecurity. Machakos District Hospital is a high-volume district hospital that serves as the referral center for this area. Sites in this area previously received modest support through the Kenya Medical Research Institute and have established good pediatric care and antiretroviral treatment (ART) programs. Funds will support staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. ARVs will be supplied to the sites through the distribution system of the Mission for Essential Drugs and Supplies (MEDS) and the Kenya Medical Supplies Agency (KEMSA). CU-ICAP will work closely with and support the activities of the Provincial AIDS and STI Coordinating Officer (PASCO) for the region. These activities will include support for regular meetings of providers from sites in the area. CU-ICAP will also support establishment/strengthening of other regional activities, including developing a system for quality control at Machakos District Hospital, a regional system for transfer of blood samples/results to optimize the utilization of the CD4 cell count machines, and a regional quality improvement program.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

These activities will contribute to expansion of ARV treatment for clinically qualified HIV-positive children, strengthened human resource capacity to deliver ARV treatment, and an improved referral network for the provision of pediatric ARV treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to adult care and support, Adult ARV services, pediatric care and support and TB/HIV services supported by TBD at these same sites, PMTCT activities being implemented by AMREF, ART services coordinated by and supported through the National AIDS and STD Control Program (#7004), and training activities being implemented by Mildmay International (#6991).

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. Treatment services for diagnosis and treatment of very young children will be established through a relationship with Kenya Medical Research Institute (KEMRI), whereby filter paper samples are transported to the KEMRI lab for polymerase chain reaction (PCR) infant testing. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, logistics, quality assurance and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14691

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14691	5274.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6908	4925.08	Eastern Province	\$1,000,000
8983	5274.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4925	4925.07	Eastern RFA	██████████
5274	5274.06	HHS/Centers for Disease Control & Prevention	To Be Determined	3459	3459.06		██

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 287.09	Mechanism: N/A
Prime Partner: University of Manitoba	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 4136.20027.09	Planned Funds: \$80,000
Activity System ID: 20027	
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:	

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult Care and Support, Adult Treatment, Pediatric Care and Support, and PMTCT (#7097).

2. ACTIVITY DESCRIPTION

The University of Manitoba (UoM) will expand provision of pediatric services at Pumwani Maternity Hospital. This is one of its 4 service delivery sites (including Majengo area of Nairobi, Korogocho and the Sex Workers Outreach Program (SWOP) and clinic in the Nairobi CBD) providing antiretroviral treatment (ART) to 200 children with advanced HIV (including 100 new children). This brings the total number of children ever treated to 240. Patients receiving treatment will include two cohorts of patients identified through U.S. government funded research studies, their families, and others in the geographic area. UoM activities will link with those conducted by other University based groups collaborating with the University of Nairobi and will be conducted in close collaboration with PMH and Nairobi City Council Clinics through the Nairobi Provincial AIDS and STI Coordinating Officer (PASCO). The existing referral networks between the PMTCT program and other care and support centers within Nairobi will also be enhanced. Adherence to care and to ART will be supported through extensive involvement of peer groups. Funds will also be used to support health care worker salaries in accordance with Emergency Plan guidance, and logistics (particularly pharmacy management) and dissemination of informational materials. UoM has an extensive history of work in Kenya with vulnerable populations, including sex workers, and a long standing research collaboration with the University of Nairobi with a primary focus on evaluation of risk factors for maternal to child transmission of HIV. Since 1986, they have been the main provider of health care and counseling for over 1,700 mothers and their families. This long-term association has nurtured and created a very trusting environment for patients to visit. Prior to the availability of Emergency Plan funds, it had not been possible to provide ART to the women and children in this cohort because of lack of resources. UoM also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi. Extensive community-based services have already been established that involve peers educators in a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the treatment expertise of UoM staff. In addition, UoM will also train 40 health care workers. By March 2008, UoM had 30 children on ART.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of pediatric ART for clinically qualified HIV-positive children, strengthened human resource capacity to deliver ART, and an improved referral network for the provision of ART.

4. LINKS TO OTHER ACTIVITIES

This activity relates to pediatric Palliative Care activities supported by University of Manitoba, pediatric ARV services supported by University of Nairobi at Kenyatta National Hospital, a network center, and relates closely to University of Nairobi supported PMTCT services at Pumwani Maternity Hospital.

5. POPULATIONS BEING TARGETED

The populations targeted in this activity include vulnerable children that might not otherwise seek/access medical care and who may be at high risk of HIV transmission, particularly in the absence of appropriate treatment and support.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, information, education and communication, logistics, targeted evaluation, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15027

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15027	4136.08	HHS/Centers for Disease Control & Prevention	University of Manitoba	7013	287.08		\$800,000
7094	4136.07	HHS/Centers for Disease Control & Prevention	University of Manitoba	4297	287.07		\$547,200
4136	4136.06	HHS/Centers for Disease Control & Prevention	University of Manitoba	3218	287.06		\$157,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4919.09

Mechanism: APHIA II - North Eastern

Prime Partner: Pathfinder International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 8805.20192.09

Planned Funds: \$60,000

Activity System ID: 20192

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$20,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8980), TB/HIV (#9066), Adult Care and Treatment, Pediatric HIV care and PMTCT (#7087).

2. ACTIVITY DESCRIPTION

This activity relates to treatment for children affected by HIV/AIDS under the APHIA II North Eastern Project. APHIA II will oversee implementation of both community and facility-based treatment programs, including infrastructure, training clinicians and other providers, examination clinical monitoring, related laboratory services, and community-adherence activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through these programs 50 children will newly initiate ART with 80 children receiving ART by the end of FY 2009. This will result in the total ever treated being 96 children. Services will be provided at 10 facilities in NEP.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to the PMTCT activity, Palliative Care: TB/HIV and counseling and testing services which are provided by this and other partners in same region. This will ensure optimum utilization of complimentary services created through the Emergency Plan and other partners.

5. POPULATIONS BEING TARGETED

This APHIA II activity mainly targets HIV positive children living with HIV- AIDS. Health care workers such as doctors, nurses, pharmacists, laboratory workers and clinical officers in public facilities are also targeted for training. The community activity targets to recruit train and retain community health workers that will be the link between clinical and community-based services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is reducing stigma and discrimination at community and facility level in order to ensure that people who would not have otherwise gone for treatment are able to do so.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14704

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14704	8805.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$600,000
8805	8805.07	U.S. Agency for International Development	To Be Determined	4919	4919.07	APHIA II - North Eastern	

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 483.09

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 4232.19974.09

Activity System ID: 19974

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$310,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: TB/HIV (#8830) and Palliative Care: Basic Health Care and Support (#7099)

2. ACTIVITY DESCRIPTION

The University of Washington (UW) will expand a long standing research collaboration with the University of Nairobi to provide HIV care, including antiretroviral therapy to 800 children with advanced HIV (500 new), bringing the total ever treated to 960. UW will support treatment services at Coptic Hospital, a faith-based facility in Nairobi that provides services to both the general population and to individuals identified through research programs at the University of Nairobi. In addition, UW will support treatment services to two "daughter" clinics (clinics supported by the Coptic Church at facilities in Nyanza Province and in the industrial area of Nairobi. Funding will also support the training of 30 individuals. Other important aspects of the UW/Coptic Hospital program support behavior change and risk reduction for people with HIV/AIDS, with specific emphasis on patients with less advanced HIV, in whom rates of discordant partnerships have been found to be high. Funds will be used to support salaries of health care providers in accordance with Emergency Plan guidance, logistics (primarily pharmacy management), dissemination of informational materials (about ARVs and adherence) to patients, and procurement of commodities such as laboratory reagents. This partner will maintain data concerning the numbers of clients served and will report this information both nationally and through the Emergency Plan. UW has an established presence in Kenya and extensive experience in HIV prevention and treatment both in the United States and internationally. The University has long-standing research collaboration with the University of Nairobi, and has provided extensive capacity building in immunology and epidemiology, including supporting long-term training for University of Nairobi staff in the United States. University of Nairobi staff have also donated their time to support the establishment of care services at Coptic Hospital.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthen human resource capacity to deliver pediatric ARV treatment, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

4. LINKS TO OTHER ACTIVITIES

This activity relates to testing and treatment activities at the Nairobi network center at Kenyatta National Hospital currently supported by and University of Nairobi, and to other services provided through the expanding treatment partnerships between other US-based universities such as University of Manitoba, University of California at San Francisco, and the University of Nairobi.

5. POPULATIONS BEING TARGETED

These programs target children living with HIV. Included among the populations served by these services will be participants in US government funded research programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, development of network/links/referral systems, human resources, local organization capacity building, logistics, information, education, and communication, and quality assurance and supportive supervision, targeted evaluation, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15039

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15039	4232.08	HHS/Centers for Disease Control & Prevention	University of Washington	7020	483.08		\$3,100,000
7100	4232.07	HHS/Centers for Disease Control & Prevention	University of Washington	4301	483.07		\$2,883,938
4232	4232.06	HHS/Centers for Disease Control & Prevention	University of Washington	3253	483.06		\$1,270,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 286.09

Mechanism: N/A

Prime Partner: New York University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 4134.20212.09

Planned Funds: \$130,000

Activity System ID: 20212

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care (#7014, #8934), PMTCT (#8649), pediatric care and support, Pediatric treatment and OVC.

2. ACTIVITY DESCRIPTION

New York University (NYU) will support treatment at the Bomu Clinic and two satellite sites in Mombasa, resulting in 1,000 children (850 new) receiving antiretroviral treatment (ART) services. This results in a total of 1,200 ever being in treatment. This will be accomplished by providing on-site material and technical support that will increase the capacity of this local facility to sustain treatment services for people with HIV. Funds will provide salary support for health care workers in accordance with Emergency Plan guidance and training for 25 health care workers. Activities will include community mobilization, strengthening of logistics capacity (particularly pharmacy management), procurement of commodities (e.g., laboratory reagents), and infrastructure improvement (e.g., renovations of the facilities). Data concerning the numbers of patients receiving services will be collected and reported both nationally and through the Emergency Plan. Treatment activities will be conducted in close collaboration with the coast Provincial Aids and STI Coordinating Officer. NYU has a long history of providing quality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to provision of treatment in resource limited settings like Africa. The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV confirmatory testing, basic hematology and chemistry tests, and CD4 counts. The Bomu clinic is a private clinic that provides general medical services to thousands of patients and has recently expanded their capacity to provide specialized HIV services for adults and children. NYU has supported development of a program that was providing treatment to over 2,000 patients by March 2008, including 384 children. NYU brings particular expertise in pediatric treatment, and this site is expected to rapidly expand treatment for children.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ART for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver adult and pediatric ART, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

4. LINKS TO OTHER ACTIVITIES

These activities link to non-ART services supported by NYU and FHI, referral to adult and pediatric HIV services provided at Coast Provincial Hospital through FHI, a network center, and ART services coordinated by and supported through the National AIDS and STD Control Program (NAS COP). There are also further links to area VCT and community-based activities currently supported by FHI, advanced training in HIV care supported through FHI, and network strengthening activities being implemented by the Kenya Pediatric Association, a sub-partner of the Cooperative Housing Foundation.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. A key focus of the family clinic is the provision of services to children with HIV, and the identification of children with HIV as a way of reaching entire families that are affected by HIV. Treatment services for diagnosis and treatment of very young children will be established through a relationship with Kenya Medical Research Institute (KEMRI), whereby filter paper samples are transported to the KEMRI lab for polymerase chain reaction (PCR) infant testing. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills. Included among the populations served by these services will be participants in U.S. government funded research programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, infrastructure, logistics, quality assurance and supportive supervision, strategic information, targeted evaluation, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14949

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14949	4134.08	HHS/Centers for Disease Control & Prevention	New York University	6984	286.08		\$1,340,000
7015	4134.07	HHS/Centers for Disease Control & Prevention	New York University	4270	286.07		\$1,425,000
4134	4134.06	HHS/Centers for Disease Control & Prevention	New York University	3217	286.06		\$560,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 9776.09

Mechanism: N/A

Prime Partner: United Nations High Commissioner for Refugees

USG Agency: Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 8982.20005.09

Planned Funds: \$5,000

Activity System ID: 20005

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence / Be Faithful (#9215), Condoms and Other Prevention (#9235), Counseling and Testing (#8980), and ARV Services (#8982) and OVC.

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will support treatment services to 20 HIV-infected individuals (including 18 new patients) at Dadaab Refugee Camp in North Eastern Province, Kenya, which targets both refugees and the local population. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somalis. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV seroprevalence among ANC clinic attendees and 1.7% among STI patients, which indicated a generalized epidemic and provided an estimate of 2,300 HIV-infected refugees. UNHCR will support a package of services that includes clinical evaluation and laboratory monitoring and provision of treatment services. Training related to treatment services will be provided for 10 health care workers using national guidelines. This will include training adult antiretroviral treatment (ART) training that will subsequently increase patient enrolment into HIV treatment. UNHCR will build on established care activities currently being provided by its three implementing partners, GTZ, National Council of Churches of Kenya (NCCCK), and CARE Kenya, for people with HIV at refugee camp hospitals and health centers. UNHCR will expand care programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation, and providing adherence counseling and monitoring. In 2000, UNHCR and its three partners initiated HIV prevention, care and support services on a limited scale. These partners depend on UNHCR for 80-95% of their Dadaab program funding. GTZ provides health and nutrition services, the NCCCK supports community-based reproductive health and HIV/AIDS education, and CARE assists with water, sanitation and education services. Financial constraints have prevented UNHCR from meeting increasing demand for a comprehensive HIV program. Additional funding and technical support are necessary to expand the scope and quality of existing services. UNHCR will work in close collaboration with CDC and other U.S. government agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of access to palliative care services for people with HIV, strengthened human resource capacity to deliver care, and an improved referral network.

4. LINKS TO OTHER ACTIVITIES

These activities will link to prevention and treatment services provided by UNHCR Abstinence / Be Faithful (#9215), Condoms and Other Prevention (#9235), Counseling and Testing (#8980), and ARV Services (#8982), and to coordination of ARV scale up supported through National AIDS and STD Control Program.

5. POPULATIONS BEING TARGETED

This activity targets the refugees and local populations, especially people living with HIV/AIDS. These populations are vulnerable to HIV infection and its impact due to their conflict-affected lives, disintegrated social network and rapid mobility. Humanitarian aid workers are also targeted for increased training to improve HIV clinical knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations and stigma and discrimination.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, human resources, local organization capacity building, community mobilization, quality assurance and supportive supervision, logistics, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15018

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15018	8982.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7009	4921.08		\$50,000
8982	8982.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	4921	4921.07		\$50,000

Emphasis Areas

Refugees/Internally Displaced Persons

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.11: Activities by Funding Mechanism****Mechanism ID:** 288.09**Prime Partner:** University of California at San Francisco**Funding Source:** GHCS (State)**Budget Code:** PDTX**Activity ID:** 4138.20015.09**Activity System ID:** 20015**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Treatment: Pediatric Treatment**Program Budget Code:** 11**Planned Funds:** \$550,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#7090, #6945), Counseling and Testing (#6941, #6907), TB/HIV (#9054, #6944), ART training (#6991), PMTCT (#6949), pediatric care and support and pediatric ARV services.

2. ACTIVITY DESCRIPTION

The University of California at San Francisco (UCSF) will increase and strengthen its support at its existing sites in Nairobi and Nyanza provinces. It will also substantially expand services in 4 districts in Nyanza to include 10 sites in Kisumu East, 2 Rongo, 13 in Suba and 7 in Migori. These activities will support pediatric treatment services for 1,500 children (810 new patients) exposed and/or with HIV. This results in a total of 1,800 ever receiving treatment. Services will include diagnostic testing, prevention, diagnosis, management of opportunistic infections and community activities that strengthen the linkage between community care and treatment facilities. Funds will support salaries for health care workers in accordance with Emergency Plan guidance, and will improve infrastructure through renovation. An area of emphasis for the UCSF supported program is to manage families rather than individuals with HIV. The programs supported by UCSF make extensive efforts to identify and provide treatment to family members of enrolled patients, and are structured to optimize the provision of care to families. UCSF also works closely with partners providing HIV prevention services to youth and will provide youth-friendly HIV treatment services to individuals referred from those programs. Other areas of focus include integration of treatment with other facility services like TB and OPD, decentralization of services, greater involvement of PLWAs as peer educators, and strengthening the commodity management system. In addition, UCSF will provide high-level technical assistance to sites in Nyanza Province and will collaborate with the National AIDS and STD Control Program (NASCOP) in the development of a system for telephone consultation that will allow care providers in rural areas to access HIV expertise. Funding will be used to provide 50 health care workers with antiretroviral treatment (ART) training. Additional activities will include community mobilization and dissemination of educational materials to patients. UCSF will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. Because of the geographic distribution of the HIV epidemic in the United States (U.S.), UCSF has vast experience in providing HIV care and has long been recognized as one of the premier institutions in providing HIV care in the U.S. The faculty of UCSF also has extensive experience developing training materials and implementing HIV treatment programs in resource limited settings, including Kenya. UCSF has a long-standing research presence in Kenya and the activities will capitalize on their technical expertise in treatment. By April 2008, the established centers in Nairobi and Nyanza were providing ART to more than 700 children.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of ART for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ART, and an improved referral network for the provision of ART. The activities will specifically support improved quality of care, particularly for difficult to manage patients.

4. LINKS TO OTHER ACTIVITIES

This activity relates to other UCSF, KEMRI and International Medical Corps activities in care and support, Counseling and Testing, TB/HIV, and PMTCT.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS, including participants in U.S. government sponsored research programs, couples with HIV, discordant couples, and families. Services for children with HIV are being established or expanded at all sites. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks, human resources, local organization capacity building, logistics, quality assurance and supportive supervision and targeted evaluation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15023

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15023	4138.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	7011	288.08		\$4,500,006
7090	4138.07	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	4295	288.07		\$2,572,607
4138	4138.06	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	3219	288.06		\$1,680,825

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 295.09	Mechanism: N/A
Prime Partner: African Medical and Research Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 4144.20352.09	Planned Funds: \$90,000
Activity System ID: 20352	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#6838, #7096), ARV Services (#7095), Pediatric care and support and Prevention of Mother to Child Transmission (#6837).

2. ACTIVITY DESCRIPTION

The African Medical Research Foundation (AMREF) will continue a successful HIV treatment program operating in 4 sites in Kibera, a very large informal settlement in Nairobi, providing antiretroviral treatment (ART) to 1,700 people including 150 children. Sixty of these children will be newly initiated on ART, bringing the total number of children ever treated to 180. AMREF implements ART by supporting staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. Funding will include provision of Pediatric ART training to 30 health care workers. ARVs are supplied to the sites through the current distribution system of the Mission for Essential Drugs and Supplies (MEDS) / USAID Mission Competitive Procurement. Treatment is provided by multidisciplinary teams, and treatment services are supported through extensive involvement of community health workers and peer educators, including many people who themselves have HIV/AIDS. The community health workers and peer educators work in both the clinics and communities to support adherence, provide counseling and education about nutrition and other key aspects of care, and assist with the recognition of adverse drug reactions and early referral. AMREF staff conducts extensive activities in the community that educate and sensitize church, political, and administrative leaders, as well as all members of the community. Evaluation components include the assessment of the feasibility and acceptability of caregivers supporting ART adherence and delivery at the community level. As part of this effort 30 health care workers will receive training. This activity will be primarily an expansion of the existing program to increase both the number of sites and people reached. The central AMREF laboratory will be strengthened to continue supporting quality assurance for labs at the satellite sites. Activities are implemented in collaboration with the Provincial ART officer for Nairobi. AMREF has extensive experience and expertise in implementing community-based HIV/AIDS prevention and care programs throughout Africa. The HIV treatment program in Kibera has been recognized as a model of community-based ART. By March 2008 the program was providing ART to more than 1,200 patients, including 76 children. Rates of drug adherence are very high, and the rates of complete viral load suppression are comparable to those seen in research settings in the U.S. and Europe. The community sensitization activities have already contributed substantially to a reduction in stigma and discrimination in this community and are expected to continue to do so.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ART for clinically qualified, HIV-positive children below 15 years, strengthened human resource capacity to deliver pediatrics ART, and an improved referral network for provision of pediatric ART.

4. LINKS TO OTHER ACTIVITIES

This activity relates to community services supported by KICOSHEP, a sub-partner of TBD Umbrella organization, (#6869), to pediatric and adult ARV services and PMTCT services supported by AMREF (#6837), and to the established network referral center established at Kenyatta National Hospital, supported by the University of Nairobi and other partners.

5. POPULATIONS BEING TARGETED

The population targeted with this activity is HIV-infected children below 15 years in Kibera slum residents that will be served by these programs. These children also have a great need for HIV treatment that relates not only to high HIV prevalence, but also very severe poverty and lack of basic services such as clean water, food, and education. The associated community sensitization activities raise awareness among men, women and children living in the slums.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, human resources, training, quality assurance and supportive supervision, training, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14725

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14725	4144.08	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	6922	295.08		\$850,000
6836	4144.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4201	295.07		\$700,000
4144	4144.06	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	3222	295.06		\$552,157

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4924.09	Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 18815.20201.09	Planned Funds: \$1,000,000
Activity System ID: 20201	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 08:

1. LIST OF RELATED ACTIVITIES

This activity relates to SCMS activities in the following program areas: HLAB, PMTCT, HVTB, HTXD and Blood Safety. It also supports all PEPFAR service-delivery activities.

2. ACTIVITY DESCRIPTION

Supplies Chain Management System (SCMS) will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of HIV/AIDS- related laboratory commodities based on procurement plan agreed upon between USG agencies and GOK counterparts. To facilitate this, SCMS will conduct an assessment of the existing lab supply chain management system (KEMSA and MEDS) and develop options for the comprehensive logistics system(s) capable of supporting the national HIV/AIDS program. This will cascade into an assessment of the existing provincial and district level infrastructure and HR capacity for lab supplies consumption, tracking and monitoring pipelines and provision of quality data for quantification and supply planning. A stakeholder forum to select parameters and agree on the proposed laboratory logistics systems will be required; SCMS will lead this activity to ensure arrival at a consensus at country level. SCMS will also offer technical assistance in develop comprehensive logistics related SOPs for the lab system, in addition to offering related training and implementation support on maintaining lab logistics system. SCMS will also support the development of a transparent national laboratory procurement planning process to support lab at the facility level to quantify lab commodity needs in support of Early Infant Diagnosis (EID) and pediatric ART. Regular laboratory commodities quantification and supply plans review/sanitization workshops will be conducted to ensure uninterrupted supply and minimal losses due to expiry of the lab commodities that are characterized by a generally short shelf life. SCMS will also be required to conduct relevant training and implementation of lab logistics system, as well as training stakeholders in forecasting and quantification for lab reagents and supplies. SCMS will also regularly review and address the outcomes of the provincial and district level assessment for the quantification data and supply planning system. This will culminate in SCMS setting up a national system for quantification and pipeline monitoring. This activity will also liaise and strengthen local procurement and distribution partner/central warehouse identified through the initial assessment by SCMS. In this 12-month period, SCMS will procure reagents and supplies to perform early HIV infant diagnosis for 43,500 HIV exposed infants in Kenya. The list of reagents and consumables required for the 12 month period, with a clear delivery schedule per quarter will be presented to SCMS at the last quarter of COP 2008. Commodities will come directly through the central warehouse for distribution to health facilities and/or network sites. Buffer stocks will be maintained in the central warehouse and a third of this corresponding buffer at facility level to ensure uninterrupted supply. SCMS will be asked to procure commodities with a focus on results – ensuring not only that the product is delivered, but that there are the required equipment maintenance, inputs and upgrades so that the target number of tests are achieved. Required record management for equipment service and maintenance, inputs and upgrades will be maintained and updated by SCMS so that the target number of patients is served.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to provision of pediatric HIV treatment services by ensuring adequate supplies of EID commodities.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities of Early Infant Diagnosis services, as well as the SPS/MSH ARV Drugs activity in logistics information management, distribution support, and forecasting and quantification, the USAID drug distribution contract, KEMSA logistics and information management and distribution systems and SCMS procurements in Laboratory Infrastructure and PMTCT.

5. POPULATIONS BEING TARGETED

HIV exposed infants and children in whom HIV diagnosis has been confirmed

6. EMPHASIS AREAS

The area of emphasis for this activity is commodity procurement with minor emphasis on asset management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18815

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18815	18815.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6985	4924.08		\$2,450,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 360.09

Mechanism: N/A

Prime Partner: Liverpool VCT and Care

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 4178.20251.09

Planned Funds: \$100,000

Activity System ID: 20251

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#6984), Counseling and Testing (#6983), Palliative Care: TB/HIV (#6944), and PMTCT (#6949).

2. ACTIVITY DESCRIPTION

Liverpool Voluntary Counseling, Testing and Care Project (LVCT) will expand existing programs to provide antiretroviral therapy (ART) to 810, (572 new) children with advanced HIV at 11 sites in Nairobi and Eastern Provinces. This brings the total ever served to 972. Support for ART in Rachuonyo District in Nyanza has been transitioned to APHIA. LVCT will also support implementation of regional activities such as regional quality assurance and coordination meetings in collaboration with the provincial ART officer. Funds will be used to support salaries for health care providers in accordance with Emergency Plan guidance, to train 50 health care workers, and to procure commodities such as laboratory reagents. Supported activities will also include sensitization and mobilization of the communities in the areas of the supported facilities and dissemination of informational brochures, for example information about ARVs and the importance of adherence and psychosocial support to PLWAs. Significant changes from 2008 to 2009 include geographic consolidation of activities, expanded support for coordination activities, and an increased emphasis on support for treatment of children. LVCT is a local, Kenyan organization that started as a project under the Liverpool School of Hygiene and Tropical Medicine. When LVCT became a Kenyan NGO, they retained the name of Liverpool because of its wide recognition in Kenya. LVCT has been a key provider of VCT services in Kenya and since 2003 has been supporting implementation of HIV treatment programs. In the specific area of HIV treatment, Liverpool staff brings substantial medical expertise, and have played a crucial role in development of national policies and training materials and a desk-top referral manual that has now been made available throughout Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of ARV treatment for clinically qualified HIV-positive pediatric patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

This activity relates to LVCT-supported non-ART care and CT services, CT, PMTCT, ART, and non-ART Services by other Emergency Plan partners (University of Nairobi and Pathfinder in Nairobi, Columbia University and JHPIEGO for Eastern Province, and KEMRI in Nyanza).

5. POPULATIONS BEING TARGETED

The primary target group for these activities is children living with HIV/AIDS, including infants. LVCT activities serve high priority, vulnerable, and stigmatized populations. Health care workers are also targeted for training in care and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks, human resources, information, education, and communication, local organization capacity building, policy and guideline development, quality assurance and supportive supervision, training, and logistics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14921

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14921	4178.08	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	6974	360.08		\$1,000,000
6985	4178.07	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	4257	360.07		\$1,250,000
4178	4178.06	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	3235	360.06		\$700,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8673.09 **Mechanism:** Nyanza Province
Prime Partner: Columbia University Mailman School of Public Health **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Treatment: Pediatric Treatment
Budget Code: PDTX **Program Budget Code:** 11
Activity ID: 19414.20266.09 **Planned Funds:** \$245,000

Activity System ID: 20266

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult treatment, Adult care and support, Pediatrics care and support, TB/HIV, and Orphans and Vulnerable Children.

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP) Nyanza will provide treatment activities to cover 25 facilities (14 in Nyando and 11 in Kisii districts) in Nyanza province. The activities include provision of antiretroviral treatment (ART) to 1,600 HIV-positive children (1,000 new patients) and support for training for 100 health care workers. Laboratory and clinical network centers will be supported at the district hospitals in Nyando and Kisii. Points of service will include all facilities in the district including health centers and dispensaries. ICAP Nyanza key focus areas will include: identification and treatment of HIV-infected children and adults, identification and treatment of infected patients in the in-patient setting, and provision of care in remote areas. Because the PMTCT and TB treatment programs have been effectively decentralized, the support for services at these sites is an important step toward decentralization of treatment services for people with HIV.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, strengthened referral networks for provision of ART, and expansion of treatment services for children.

4. LINKS TO OTHER ACTIVITIES

This activity links to CT, adult care and treatment, PMTCT and training services and OVC supported by other Emergency Plan partners (e.g. Engender Health, UCSF, APHIA and Mildmay)

5. POPULATIONS BEING TARGETED

The target population for this activity is people with HIV. Nyanza is high priority because of the very high prevalence of HIV (15.3%). Most of the services are provided to the general population with HIV, but special services are provided to children through pediatric and PMTCT-plus services, to participants in US government funded research programs and their families, and to mentally ill patients.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWAs in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases on commodity procurement, development of network/linkages/referral systems, human resources, logistics, training, targeted evaluations, and quality assurance and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19414

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19414	19414.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8673	8673.08	Nyanza Care and Treatment FOA	

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3465.09

Mechanism: N/A

Prime Partner: National AIDS & STD Control Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 4223.20226.09

Planned Funds: \$160,000

Activity System ID: 20226

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#7009), PMTCT (#7006), Palliative Care (#7005), Strategic Information (#7002) and TB/HIV (#7001).

2. ACTIVITY DESCRIPTION

The National AIDS and STD Control Program (NAS COP) is the arm of the Ministry of Health (MOH) that is responsible for implementation of medical interventions related to treatment and prevention of HIV/AIDS. NAS COP will oversee the implementation of all pediatric HIV care and antiretroviral treatment programs in Kenya. These activities will result in the training of 100 health care workers not included in other targets. Specific activities supported by NAS COP will include the coordination of all partners in the area of pediatric antiretroviral treatment (ART) provision (through national level meetings such as the National ART task force), and supervision of pediatric treatment in MOH-supported and other facilities. NAS COP will also continue to coordinate with other sources of support such as Global fund for AIDS, Tuberculosis and Malaria, and Clinton Foundation. NAS COP will improve the national system for tracking the number of children receiving ART, and provide financial and administrative support to the Provincial AIDS and STI coordinating officers(PASCO) so that they can coordinate, track and provide supportive supervision to area sites. Funds will also be used to support regular regional meetings of care providers. The supervisory structure at NAS COP includes a core staff at a national level that consists of a small technical and administrative staff, and an expanding staff responsible for monitoring and evaluation activities. A system of regional supervision of HIV/AIDS treatment activities has been established, with Provincial ART Coordinators (PARTOS) who are responsible to assist with establishment of services at additional sites, conducting site evaluations and accreditations, and supervising for ART programs. All activities are closely linked to other MOH and PEPFAR supported HIV treatment and prevention activities, the networks of care in the Private and Mission sectors, and Management System for health (MSH) supported logistics/systems strengthening (particularly for KEMSA, the Kenya Medical Supplies Association). Emphasis will be placed on developing regional trainers who will provide classroom training and mentorship of health care workers at the facility level. NAS COP will continue to support development and implementation of HIV prevention activities in clinical care settings, the development of referral systems and care linkages for HIV positive mothers and infants identified through the PMTCT programs, decentralization of care and treatment services to lower level health facilities to increase access and reduce the waiting list at the provincial and district hospitals, an intensified focus on pediatric provision of care, and improved coordination with other sources of support such as the Global Fund for AIDS, Tuberculosis, and Malaria.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are essential to the overall implementation and coordination of HIV treatment programs in Kenya. NAS COP supported activities are essential to the formation/strengthening of the linkages needed in the network model and to the development of a sustainable system to provide HIV treatment in Kenya.

4. LINKS TO OTHER ACTIVITIES

Since NAS COP coordinates HIV prevention and treatment activities throughout Kenya, there are strong linkages between these activities and virtually all HIV prevention and treatment activities in Kenya. All Emergency Plan partners have been encouraged to extend efforts to further strengthen these linkages by coordinating with and supporting the activities of the PARTOS and by participating in national efforts such as policy/guideline revision and national stakeholders meetings.

5. POPULATIONS BEING TARGETED

Populations targeted by these activities include people living with HIV/AIDS including HIV positive children (6 - 14 years) and health care workers and others providing services to people with HIV.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in development of networks, human resources, policy and guidance development, quality assurance and supportive supervision, training, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14937

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14937	4223.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$1,600,000
7004	4223.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$1,300,000
4223	4223.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$1,594,042

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4918.09	Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 8826.20078.09	Planned Funds: \$330,000
Activity System ID: 20078	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS: this activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$30,000) and Food and Nutrition by providing nutritional assessments and food/nutritional supplements directly to project beneficiaries and/or linking them to other programs as appropriate.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counselling and Testing, Paediatric Care and Support, Adult care and Treatment, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

In order to maintain and improve the pediatric HIV treatment services that will have been achieved in FY 2008, APHIA II Western will ensure that pediatric antiretroviral treatment (ART) services continue to be strengthened in 40 of the Adult ART sites. The Project will train 60 health care workers in adherence counseling and 60 in care pediatric ART. The Project will institutionalize task shifting / task sharing to address the human capacity gaps. The Project will sensitize the staff and support the implementation of the "minimum package for pediatric HIV treatment" at these sites to provide quality health care and appropriate referrals. The Project will also build upon the achievements of FY 2008 by engaging the regional mentors to offer regular pediatric HIV care mentorship in all the satellite pediatric HIV sites and to include mentorship in Clinical monitoring and management of HIV related complications and treatment. In addition, the Project will pilot on-site training on Pediatric HIV treatment, using the "Module Staggered Approach" in order to limit interruption of services during training. APHIA II Western will continue to improve and maintain infrastructure and will continue to strengthen systems and logistics management for ARVs and other essential supplies in order to support HIV treatment initiation for 100 new patients and achieve 1,000 HIV infected children ever started on ARVs by the end of the period. This will bring the total ever treated to 1,200. The Project will continue to support child friendly centers. Following the gains from FY 2008 in laboratory capacity building and systems strengthening for HIV diagnosis and other related pediatric tests, The Project will continue to support the laboratory services to enable facilities to evaluate HIV infected children for the initiation of ART, and to maintain those continuing on treatment. The program will support the training of staff in commodity logistics, will strengthen the laboratory network in hard to reach areas, and will institutionalize the use of 'stabilized tubes' for sample collection for later processing for ART eligibility evaluations. The Project will support the sites with resource materials for pediatric HIV treatment including clinical manuals, pocket guides and job aids. The Project will continue to institutionalize the Quality Improvement strategies and systems that will have been established in FY2008, including the use of the Electronic Medical Records and the Cohort summary register. To improve and sustain HIV treatment adherence in children APHIA II Western will continue to provide psychological and social support through the already established Pediatric support groups with Child Peers, will offer nutritional assessments and provision of food, and will link them to other community support structures. The APHIA II Western will continue to offer technical support to the sites, to support the salaries of staff supported in FY 2008 and will continue support to the DHMTs for both supervision and planning in pediatric HIV treatment. As part of the exit strategy The Project will build the capacity within the Ministry of Health PHMT, DHMTs and health care workers for leadership and ownership to take an active lead in the pediatric HIV treatment services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

These APHIA II Western activities will expand established pediatric ART programs to include new areas in Western province. As a result of these activities, 100 new patients will receive ARVs, contributing to the results of expansion of ART treatment for clinically qualified HIV positive, pediatric patients, strengthen human resource capacity to deliver pediatric ART treatment, and strengthen referral network for provision of pediatric ART.

4. LINKS TO OTHER ACTIVITIES

These APHIA II Western activities will be tightly linked to the FY 2009 activities and across the spectrum of care with other services supported by APHIA II Western in Palliative care, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Western activities target people affected by HIV/AIDS, Orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14999

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14999	8826.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$3,300,000
8826	8826.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$2,470,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7441.09	Mechanism: Umbrella
Prime Partner: Catholic Relief Services	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 17132.20303.09	Planned Funds: \$50,000
Activity System ID: 20303	

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$50,000. Funds moved to EGPAF/Umbrella (PDTX).

ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services, Counseling and Testing, TB/HIV and PMTCT, Pediatric care and support, and Orphans and Vulnerable Children.

2. ACTIVITY DESCRIPTION

CRS Umbrella will build organizational capacity and provide sub-grants to NGOs, FBOs, and CBOs, resulting in the provision of antiretroviral treatment (ART) to 500 children (300 new) and the training of 75 health care providers on pediatric ART. The key activities of the primary partner will be to develop capacity of local organizations and provide support for supervisory duties. Funds granted through CRS Umbrella to sub-partners will be used to provide a standard package of ART, including support for health care worker salaries in accordance with Emergency Plan guidance, training, infrastructure improvement (e.g., renovation of clinic spaces), community mobilization activities, support for laboratory evaluation, and adherence counseling and monitoring. Antiretroviral (ARV) drugs are supplied to the sites through the distribution system of the Mission for Essential Drugs and Supplies (MEDS) and the Kenya Medical Supplies Agency (KEMSA). This activity will expand existing programs and continue to place emphasis on providing treatment for children.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART. This partner has a key role in building capacity of local organizations so that these activities can be sustained over the long term.

4. LINKS TO OTHER ACTIVITIES

This activity relates to TBD/Umbrella activities in adult care and support, adult, treatment, OVC, Counseling and Testing, TB/HIV, and PMTCT.

5. POPULATIONS BEING TARGETED

The primary target populations for these activities are people with HIV, including HIV-infected children.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through involvement of PLWA in service provision and community sensitization activities.

7. EMPHASIS AREAS

This activity includes major emphasis in the area of local organization capacity development, and minor emphases in commodity procurement, human resources, and logistics, development of linkages and quality assurance and supportive supervision through sub-grants.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17132

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17132	17132.08	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	12006	12006.08	Umbrella	\$389,455

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4917.09

Mechanism: APHIA II - Central

Prime Partner: Pathfinder International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 8765.20180.09

Planned Funds: \$200,000

Activity System ID: 20180

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ APHIA II Nairobi/Central has been separated into two mechanisms; APHIA II Nairobi and APHIA II Central. Provincial targets have also been updated appropriately.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$20,000).

1. LIST OF RELATED ACTIVITIES

This activity will specifically be linked to other APHIA II Central supported activities in PMTCT (APHIA II Central), OVC (APHIA II Central) and TB/HIV (APHIA II Central), Pediatric Care and Treatment (APHIA II Central), and Adult Care and Treatment (APHIA II Central), ensuring successful referral of individuals that require ART care and support

2. ACTIVITY DESCRIPTION

This activity relates to support to be provided to strengthen and expand pediatric antiretroviral treatment (ART) services in Central Provinces under the APHIA II Central Province Project. In FY09, Pathfinder International (PI), the lead partner and its partners will target twenty sites in Central Province for support to Pediatric ARV services, GOK, FBO and private organizations. These sites include 10 Year 1 and 2 sites; the remainder will be new to the project. Additional sites will be specified in coordinated planning with district and provincial counterparts as well as the USG, for a total of 20 service outlets providing ART by the end of the period. Support at ongoing and new sites will enable MOH supervision and progress review meetings as well as strengthen quality assurance, especially with regard to integrating HIV services, integrating HIV with RH/FP and TB services and HMIS. At new sites, service providers will receive training in pediatric HIV care. A subcontractor will be used to train 15 TOT in pediatric ART addressing the TOT gap in Central province, as well as have additional trainings for 150 service providers. Emphasis will be laid on the Pediatric ART training in support of lower level facilities to establish Comprehensive care services for children. Efforts will be made to introduce and scale up early infant diagnosis as well as scale up pediatric care and treatment. PMTCT will be given more attention in order to curb the tide of new infections. Treatment at the CCC will be expanded to link and network other entry points such as the pediatric out patient departments, pediatric inpatient departments, community services, MCH and PMTCT centers. Efforts will be made to decentralize services so that patients get treatment where they are presenting for care. Laboratory costs are often a hindrance to uptake of services and efforts will be made to facilitate laboratory networks that improve uptake of ARV services. The laboratory will get equipment for basic tests that support CCC services. It is expected that 100 clients will be newly initiated on ART with 200 being currently on ART at the end of the reporting period. This will bring the total ever treated to 240. Small renovations/ upgrades of infrastructure and furniture procurement will be carried out with focus on pediatric HIV services. Child psychosocial support will be directed towards providers involved both in child counseling and testing as well as treatment. Kids clubs and adolescents psychosocial support groups will be supported at facility level to improve community linkages, adherence to ART and stigma reduction among the infected children. APHIA II Central will also support both paper based and electronic versions of record keeping at the CCC in line with the NASCOP guidelines.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan ART targets for Kenya. It will also ensure that more children are identified through early infant diagnosis and through other means in order to increase the number of children on care and treatment.

4. LINKS TO OTHER ACTIVITIES

Coordination will take place with other USG partners supporting ART services in Central, including Columbia University, among others. Support to ART services will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing pediatric HIV prevention, treatment and care. This activity will specifically be linked to other APHIA II Nairobi and Central supported activities in PMTCT, OVC and TB/HIV, home based care and other prevention activities ensuring successful referral of children that require ART care and support.

5. POPULATIONS BEING TARGETED

This activity targets HIV positive children. Health care providers including Doctors, Nurses and Other Health care workers will be targeted for training using national curricula.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14965

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14965	8765.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$1,950,000
8765	8765.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$2,610,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3672.09	Mechanism: Central Province
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 4272.20400.09	Planned Funds: \$400,000
Activity System ID: 20400	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#8846), ARV services (#6866), Palliative care (#6868), Pediatric care and support and PMTCT (#7016).

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment programs (CU-ICAP) will increase its support from 24 to 45 in Central Province in the implementation and expansion of pediatric antiretroviral treatment programs. The collaborative activities will support treatment of 1500 children below 15 years with HIV (700 new patients), bringing the total ever treated to 1800. These children are in addition to the 1300 patients that will be supported through Track 1 funding. CU-ICAP will also establish/enhance pediatric treatment networks centered at the provincial hospital and larger district hospitals in Central Province. CU-ICAP will work closely with the Provincial AIDS and STI Coordinating Officer (PASCO) for Central Province to support activities such as regular meetings of care providers in the area. Funds will be used to support staff salaries in accordance with Emergency Plan guidance, renovations and equipment needed to provide pediatric treatment, disposable supplies, drugs for prevention and treatment of opportunistic infections, and laboratory reagents, and the costs of supportive supervision and advanced training for 60 health care workers in pediatric HIV care and treatment. CU-ICAP supports the development of high quality HIV care and treatment services in low-resource settings. CU-ICAP programs currently support HIV/AIDS activities in 11 African countries. In Kenya, CU-ICAP has established a foundation for HIV/AIDS program activities, including PMTCT-Plus and care and treatment. With regionalized planning for care and treatment services, CU-ICAP-Kenya was designated the primary United States Government (USG) care and treatment partner for the Central Province. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of ARV treatment for clinically qualified HIV-positive children, strengthened human resource capacity to deliver ARV treatment, and an improved referral network for the provision of ART.

4. LINKS TO OTHER ACTIVITIES

This activity links to palliative care and TB/HIV services, supported by Columbia University and coordination of ARV scale-up activities supported through the National AIDS and STD Control Program (NASCO). ARV services will also link to PMTCT services supported through Pathfinder International, through provision of ART to HIV positive mothers identified through the PMTCT program.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. Treatment services for children with HIV are being established or expanded at all sites. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills. The program will also continue to support treatment for HIV-infected students at JKUAT. These youth are among an important focus population identified in Kenya's 5-year strategic plan for Emergency Plan Implementation.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, human resources, development of networks/linkages/referral systems, local organization capacity development, quality assurance and supportive supervision, strategic information, and training. This is an expansion of the 07 activities. Columbia University's International Centre for AIDS Care and Treatment programs (CU-ICAP) will increase its support from eight to 12 sites in Central Province in the implementation and expansion of antiretroviral treatment programs. The collaborative activities will support treatment of 5,600 people with HIV (4,280 new patients), including 400 children, bringing the total ever treated to 6,120. These patients are in addition to the 2,500 patients that will be supported through Track 1 funding. CU-ICAP will establish/enhance treatment networks centered at the provincial hospital and larger district hospitals in Central Province. CU-ICAP will extend a collaborative relationship with Jomo Kenyatta University of Agriculture and Technology (JKUAT) to allow for creation of a regional university-based training and technical support program. The collaboration offers an opportunity to develop quality assurance capacity on all levels (laboratory, pharmacy, clinical expertise), provides a forum for strategic planning for effective care and treatment programs, and informs targeted evaluation and strategic information needs. CU-ICAP will work closely with the Provincial ART Officer for Central Province, for example supporting regular meetings of care providers in the area. Funds will be used to support staff salaries in accordance with Emergency Plan guidance, renovations and equipment needed to provide treatment, disposable supplies, drugs for prevention and treatment of opportunistic infections, and laboratory reagents, and the costs of supportive supervision and advanced training for 60 health care workers in HIV care and treatment. CU-ICAP supports the development of high quality HIV care and treatment services in low-resource settings. CU-ICAP programs currently support HIV/AIDS activities in 11 African countries. In Kenya, CU-ICAP has established a foundation for HIV/AIDS program activities, including PMTCT-Plus and care and treatment. With regionalized planning for care and treatment services, CU-ICAP-Kenya was designated the primary United States Government (USG) care and treatment partner for the Central Province. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14759

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14759	4272.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6940	3672.08		\$4,100,000
6867	4272.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4220	3672.07		\$1,250,000
4272	4272.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3672	3672.06		\$600,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4916.09	Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 8797.20461.09	Planned Funds: \$230,000
Activity System ID: 20461	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$20,000)

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counselling and Testing, Paediatric Care and Support, Adult care and Treatment, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

This activity will be carried out in APHIA II Rift Valley (across the entire South Rift Valley and parts of North Rift Valley), which means consolidating established programs and expanding the activities to include new areas. As a result of these activities, 923 new Children with HIV will be initiated on antiretroviral therapy and 1,420 are expected to be on treatment at the end of the period, which brings the total ever treated to 1,704. These services will be provided at 145 Health facilities. A total of 245 health care workers will be trained in the rational use or provision of Pediatric antiretroviral therapy (ART). Other support activities will include infrastructure improvements for laboratories and service delivery areas, supply of equipments and commodities such as laboratory reagents and pharmaceuticals, production and dissemination of informational materials such as pamphlets addressing adherence to antiretroviral, and institutionalization of QA/QI and supervision systems. In addition to supporting outpatient provision of Pediatric ARVs, specific activities will increase the opportunities to detect eligible patients for ART in the in-patient wards; TB clinics, MCH/FP services and other community support services (i.e. OVC and Home based care program client families). High volume MCH clinics will be given adequate capacity to deliver Pediatric ARTs and hence minimize time spend in the facility by mothers and also reduce stigma among the mothers. The laboratory networks for CD4 count tests will be strengthened and improved to ensure that all infected Children are screened to assess eligibility for ART. In MCH settings exposed babies and those whose mothers HIV status is not established, blood samples for DBS will be collected for early infant diagnosis. This DBS networks will be strengthened to include all facilities offering PMTCT services in the supported areas. Health care workers from these sites will be orientated on the standard operating procedures for effective collection of samples and timely retrieval of results. All services will be tightly linked across the spectrum of care with other services and community support in conjunction with overall systems strengthening. Facilities, in terms of Pediatric ART initiation with poor performance with high potential and lower level facilities (Rural health facilities) in terms of initiating children on ART, the providers will be mentored by a selected team of experienced service providers from the district level through a theoretical and on-job practicum training sessions to ensure sufficient confidence is build by the provider to be able to effectively assess and initiate eligible children on treatment and effectively monitor the patient on treatment there after. Health care workers and PLWA who have openly disclosed their HIV status will be trained to advocate for ART adherence at health facility and community level. In addition, 100 health care workers and 60 PLWA will be trained on pediatric psychosocial support to be able to effectively offer the needed services. Relevant pediatric IEC materials they will distributed to educate patients parents and guardians attending ART clinics to enhance adherence to the ARTs. The above activities will also target the private sector approach through the Gold Star Network initiative working with private practitioners, private hospitals and nursing homes and workplace clinics. An additional 50 providers in the private sector will be recruited in Rift Valley through the GSN, and 50 private providers will be trained to offer Comprehensive Pediatric HIV care and treatment. The providers within the network will be linked with the public sector through the GSN support centers to access laboratory facilities and PEPFAR drugs for patients who can not afford to purchase the ARTs. Other activities will involve strengthening referrals from all entry point of care and human resource capacity to deliver Pediatric ARV treatment at all levels of care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

These APHIA II Rift Valley activities will expand established pediatric ART programs to include new areas in Rift Valley province. As a result of these activities, 923 new patients will receive ARVs, contributing to the results of expansion of ART treatment for clinically qualified HIV positive, pediatric patients, strengthen human resource capacity to deliver pediatric ART treatment, and strengthen referral network for provision of pediatric ART.

4. LINKS TO OTHER ACTIVITIES

These APHIA II Rift Valley activities will be tightly linked to the FY 2009 activities and across the spectrum of care with other services supported by APHIA II Rift Valley in Palliative care, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Rift Valley activities target people affected by HIV/AIDS, Orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14804

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14804	8797.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$2,400,000
8797	8797.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$2,200,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 521.09	Mechanism: USAID-AMPATH Partnership
Prime Partner: Indiana University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 4234.20505.09	Planned Funds: \$2,800,000
Activity System ID: 20505	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$50,000) and Food and Nutrition by providing nutritional assessments and food/nutritional supplements directly to project beneficiaries and/or linking them to other programs as appropriate (\$50,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counselling and Testing (#8758), Paediatric Care and Support, Adult care and Treatment, TB/HIV (#6900), and PMTCT (#6898).

2. ACTIVITY DESCRIPTION

The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by the Moi University School of Medicine, Moi Teaching and Referral Hospital, Indiana University School of Medicine and other US academic medical centers. Moi University Faculty of Health Sciences (MUFHS) is one of two schools of medicine, nursing and public health in Kenya. Indiana University School of Medicine (IUSM) has collaborated with MUFHS since its inception in 1990. AMPATH is one of the most successful HIV treatment programs in Kenya. By July 2006, AMPATH had opened a total of 18 HIV/AIDS care clinics and screening programs. In the 2009 COP period, supported activities will include strengthening of the regional referral center to serve as a referral center for HIV/AIDS care, including strengthening of laboratory capacity and management of complicated medical cases such as those failing first line antiretroviral treatment (ART). AMPATH encompasses a balance of HIV prevention and treatment within a framework of education, research, and clinical service to ensure its relevance and sustainability in Kenya. Support at ongoing and satellite sites will include Ministry of Health supervision and progress review meetings as well as strengthen quality assurance, especially with regard to integrating HIV services with TB services, psychosocial support and the AMPATH Medical Report System-AMRS. At satellite sites, service providers will receive training in paediatric HIV care and treatment. Efforts will be made to strengthen and scale up early infant diagnosis through training of service providers and support for transportation of dry blood spot (DBS) samples for DNA Polymerase Chain Reaction (PCR) at the AMPATH central laboratory in MTRH. Treatment at the CCCs will be expanded to link and network other entry points such as the out-patient departments, in-patient departments, paediatric psychosocial services, PMTCT and the robust community services such as the homecare program, the cough monitor project and the Home Counselling and Testing (HCT) Initiative which is currently ongoing at a number of sites. Efforts will be made to decentralize services so that patients get treatment where they are presenting for care. Laboratory costs are often a hindrance to uptake of services and AMPATH will continue to facilitate laboratory networks, support laboratory reagents and equipment that improve uptake of treatment services. It is expected that 1,500 paediatric clients will newly initiated on ART, with 5,160 as cumulative ART paediatric clients and 4,300 paediatric clients will be receiving at the end of this reporting period at these sites. The project will continue to support clinical staff, continuous medical education, and mentorship, on site technical assistance, furniture and equipment at constituent health facilities. This activity will cover 18 sites and train 120 health care workers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AMPATH will provide antiretroviral treatment to 5,160 HIV infected children. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive children, strengthened human resource capacity to deliver paediatric HIVARV treatment, and a strengthened referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

These activities support and link to the network center at Moi Teaching and Referral Hospital, and link to Indiana University/ AMPATH's program in Counselling and Testing (#8758), Paediatric Care and Support (#____), Adult care and Treatment (#____, #____) TB/HIV (#6900), and PMTCT (#6898). There are well-established links with other services supported by this and other partners for example; diagnostic testing for HIV among TB patients, long-term ART follow-up for HIV infected mothers and their infants.

5. POPULATIONS BEING TARGETED

The main populations targeted by this activity are children living with HIV/ AIDS, HIV positive pregnant women and their families. Other populations targeted are health workers who will benefit from training in order to enhance service provision.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The main legislative issues addressed in this activity are stigma and discrimination and gender. These issues are addressed through a program called the "Family Preservation Initiative" that provides business skills training and promotes micro enterprises for HIV infected patients, especially women.

7. EMPHASIS AREAS

The major emphasis area in this activity is training of health workers, with two minor emphasis areas in infrastructure improvement and community mobilization/ participation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14832

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14832	4234.08	U.S. Agency for International Development	Indiana University	6953	521.08	USAID-AMPATH Partnership	\$6,800,000
6899	4234.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$11,200,000
4234	4234.06	U.S. Agency for International Development	Indiana University School of Medicine	3254	521.06		\$7,845,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4913.09	Mechanism: APHIA II - Coast
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 8813.20475.09	Planned Funds: \$500,000
Activity System ID: 20475	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$50,000)

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counselling and Testing, Paediatric Care and Support, Adult care and Treatment, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

This APHIA II Coast activity will be carried in all the districts by consolidating established HIV treatment programs and expanding the Pediatric ART activities to all health centers and high volume dispensaries offering adult ART (both private and GOK facilities). As a result of these activities, 1,470 new pediatric patients will initiate antiretroviral therapy (ART) and 2,600 will be receiving ART at the end of the period, which will bring the total ever treated to 3,120. These services will be provided at 100 central and satellite ART sites. A total of 60 health care workers will be trained in pediatric HIV management and psychosocial care. Other activities will include infrastructure improvements for the service delivery areas and laboratories, supply of equipments and commodities such as laboratory reagents and pharmaceuticals, production and dissemination of patient education materials addressing adherence to antiretroviral therapy, prevention among positives, strengthening the clinical mentorship, QA-QI and supervision structure. In addition to supporting outpatient provision of Pediatric ARVs, specific activities will increase the opportunities to identify eligible patients for ART in the key areas such as the in-patient wards, TB clinics (TB-HIV co-infected patients) and from MCH-FP services and other community support services i.e. OVC and home based care program client families. All infants with positive DBS results will be started on ART. The laboratory networks for CD4 count tests, involving all health facilities offering HIV care and treatment, will be strengthened and improved to ensure that all HIV-infected patients have access to CD4 tests and are evaluated for eligibility for ART. All services will be closely linked across the spectrum of care with other services in basic home-based care and community support in conjunction with systems strengthening. District based mentorship teams will support the effective decentralization of quality HIV care and treatment services. Health care workers and PLHIV who have openly disclosed their HIV status will be trained on pediatric psychosocial support and appropriately deployed at the ART sites to advocate for ART adherence at health facility and community level. Relevant pediatric IEC materials will disseminated to educate patients, parents and guardians attending ART clinics to enhance adherence to the ARV. The above activity will also target the private sector approach through the Gold Star Network (GSN) initiative working with private medical practitioners (medical doctors, clinical officers, nurses), private hospitals and nursing homes and workplace clinics; additional 15 providers in the private sector will be recruited and will be trained to offer Comprehensive Pediatric HIV Management in Coast through GSN. The providers within the network will be linked with the public sector through the GSN support centers to access laboratory facilities and PEPFAR drugs for patients who can not afford to purchase the ARV.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

These APHIA II Coast activities will expand established pediatric ART programs to include new areas in Coast province. As a result of these activities, 1,470 new patients will receive ARVs, contributing to the results of expansion of ART treatment for clinically qualified HIV positive, pediatric patients, strengthen human resource capacity to deliver pediatric ART treatment, and strengthen referral network for provision of pediatric ART.

4. LINKS TO OTHER ACTIVITIES

These APHIA II Coast activities will be tightly linked to the FY 2009 activities and across the spectrum of care with other services supported by APHIA II Coast in Palliative care, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Coast activities target people affected by HIV/AIDS, Orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14813

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14813	8813.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$4,900,000
8813	8813.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$2,960,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 210.09	Mechanism: N/A
Prime Partner: Kenya Medical Research Institute	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 4091.20641.09	Planned Funds: \$320,000
Activity System ID: 20641	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult Care and Support, (#6942), Adult Treatment, Pediatric Care and Support, Counseling and Testing (#6941), TB/HIV (#6944), and PMTCT (#6949).

2. ACTIVITY DESCRIPTION

Kenya Medical Research Institute (KEMRI) will continue to support treatment activities within 39 health facilities (21 in Siaya, 16 in Bondo districts) in Nyanza province and 2 facilities in Nairobi Province. These activities include the provision of antiretroviral treatment (ART) to 3,200 (1,800 new patients) HIV-positive children, resulting in a total of 3,840 children ever on treatment. Training for 90 health workers related to ART will also be provided. Laboratory and clinical network centers will be supported at the district hospitals in Siaya and Bondo. Points of service will include all district and sub-district hospitals in the regions served by these referral hospitals, as well as many health centers and dispensaries. At each site, KEMRI provides technical assistance, equipment and supplies, support to improve laboratory capacity, laboratory reagents/supplies (specifically for PCR for early infant diagnosis, CD4 testing as well as hematology and biochemistry), support for adherence counseling; assistance with monitoring, and reporting and infrastructure improvement. KEMRI also conducts training and provides salary support for some staff in accordance with Emergency Plan guidelines. ARVs are provided at the sites through the Kenya Medical Supplies Agency (KEMSA), and the Mission for Essential Drugs and Supplies (MEDS). In addition, KEMRI conducts a substantial number of activities that enhance the development of treatment services at the national and regional level. KEMRI supports regular meetings of care and treatment providers in the Province in collaboration with the Provincial AIDS and STI Coordinating Officer. It is also helping to develop regional quality assurance programs and expand specimen transfer networks to provide high quality CD4 cell count determination and diagnostic HIV testing for infants.

The key focus areas of KEMRI include: identification and treatment of HIV-infected children in the in and out-patient settings. KEMRI will continue to assist with data collection and national reporting for supported facilities. By the end of April 2008, KEMRI was contributing to ARV treatment for more than 2,600 children in 25 facilities, mainly in Nyanza.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive children, strengthened human resource capacity to deliver pediatric ARV treatment, and improved referral networks for provision of ART. KEMRI activities also support other programs, for example by providing training opportunities to staff from other programs and by providing infant diagnostic testing.

4. LINKS TO OTHER ACTIVITIES

This activity links to CT, HBHC, PMTCT and SI services supported by KEMRI and other Emergency Plan partners (e.g., EngenderHealth, Columbia University, and UCSF). Practical training supported by KEMRI links directly to classroom training supported by Mildmay International.

5. POPULATIONS BEING TARGETED

The target population for this activity is children with HIV. Nyanza is high priority because of the very high prevalence of HIV (15.3%).

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination within children.

7. EMPHASIS AREAS

This activity includes minor emphases on commodity procurement, development of community network/linkages/referral systems, human resources, logistics, training, and quality assurance and supportive supervision. In addition, this activity includes an emphasis on early infant diagnosis and access to pediatric care.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14882

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14882	4091.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$3,709,994
6945	4091.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$6,290,265
4091	4091.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$2,404,845

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4914.09	Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 8792.20611.09	Planned Funds: \$200,000
Activity System ID: 20611	
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:	

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$20,000) and Food and Nutrition by providing nutritional assessments and food/nutritional supplements directly to project beneficiaries and/or linking them to other programs as appropriate.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counselling and Testing, Paediatric Care and Support, Adult care and Treatment, TB/HIV, and PMTCT.

2. ACTIVITY DESCRIPTION

In order to maintain and improve the pediatric HIV treatment services that will have been achieved in FY 2008, APHIA II Eastern will ensure that pediatric antiretroviral treatment (ART) services continue to be strengthened in 35 ART sites. We will train 25 health care workers in pediatric ART and 25 in pediatric adherence support. The project will institutionalize task shifting / task sharing to address the human capacity gaps. APHIA II Eastern will sensitize the staff and support the implementation of the minimum package for pediatric HIV treatment at these sites to provide quality HIV treatment and appropriate referrals. The project will build upon the achievements of FY 2008 by engaging the regional mentors to offer regular pediatric HIV care mentorship in all the satellite pediatric HIV sites and to include mentorship in clinical monitoring and management of HIV-related complications and treatment. The project, in consultation with NASCOP and the PMO, will pilot on-site training on pediatric HIV care, using the "Staggered Module Approach" in order to limit interruption of services during trainings. APHIA II Eastern will continue to improve and maintain infrastructure to make them child friendly and continue strengthening systems for forecasting and logistics management for ARVs, OI drugs and other commodities. This will enhance treatment initiation by 460 new children resulting in 800 HIV infected children being enrolled in treatment by the end of the reporting period. This will bring the total ever treated to 960. The project will support the laboratory services for HIV infected children by supporting some staff salaries, training in commodity logistics management, strengthening the laboratory network in hard to reach areas, and institutionalizing the use of 'stabilized tubes' for sample collection to improve identification of HIV infected children eligible for ART. We will support the site with resource materials for pediatric HIV treatment including clinical manuals, pocket guides and Job Aids. The project will also continue to institutionalize the Quality Improvement strategies and systems that will have been established in FY2008. To improve pediatric adherence we will support the ongoing psychological and social support through the already established pediatric support groups with Child Peers and linking to community support structures. We will also provide nutritional assessments and food/nutritional supplements directly or will link to other programs as appropriate. As part of the exit strategy we will build capacity within the MOH management structures and health care workers to strengthen leadership and ownership of the program to take a lead role in the pediatric HIV treatment services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREAS

These APHIA II Eastern activities will expand established pediatric ART programs to include new areas in Eastern province. As a result of these activities, 460 new patients will receive ARVs, contributing to the results of expansion of ART treatment for clinically qualified HIV positive, pediatric patients, strengthen human resource capacity to deliver pediatric ART treatment, and strengthen referral network for provision of pediatric ART.

4. LINKS TO OTHER ACTIVITIES

These APHIA II Eastern activities will be tightly linked to the FY 2009 activities and across the spectrum of care with other services supported by APHIA II Eastern in Palliative care, Orphans and vulnerable children, Prevention of Mother to child HIV transmission, TB/HIV, RH/FP services, Abstinence and Behavior change and counseling and testing. It will also link with programs providing appropriate nutrition for PLWHA.

5. POPULATIONS BEING TARGETED

These APHIA II Eastern activities target people affected by HIV/AIDS, Orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and caregivers of OVC and PLWHA. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14868	8792.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$1,700,000
8792	8792.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$1,792,474

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 9080.09	Mechanism: N/A
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 4271.20567.09	Planned Funds: \$770,000
Activity System ID: 20567	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative care: Basic Health Care and Support (#6855), ARV Services (#6853), TB/HIV (#8843), and OVC (#9048, #9029).

2. ACTIVITY DESCRIPTION

Catholic Relief Services (CRS), within AIDSRelief (a consortium of, Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland) will continue provision of pediatric ART services to approximately 4,600 children, (total of 3,000 new patients bringing the total to 5,500 served) at 25 service delivery sites and over 65 satellite sites throughout Kenya. These children are in addition to the 1,450 that will be supported through Track 1 funding for this partner. CRS provides on-site preceptorship that builds clinical, adherence counseling, and laboratory skills. Institutional capacity is also strengthened through support for strategic information systems, commodities management, and finance and administrative management capacities. CRS collaborates with various in-country organizations (e.g., government, FBO, NGO) for additional training resources. The leveraging of other resources through wrap-around programs will increase access to clean water, provide insecticide treated bednets, and support improved nutrition. By working with faith-based CBO's firmly embedded in communities, CRS ensures that the community supports the health facility by reducing HIV/AIDS stigma, contributing to continuity of care. In addition, 120 health care workers will be trained as part of this activity. CRS supports salaries for comprehensive teams providing HIV treatment, ensuring that each point of service has at least the minimum amount of staffing required by the National AIDS and STD Control Program (NASCOP) for an antiretroviral treatment (ART) program. In line with the national dialogue regarding an increased role of nurses in AIDS treatment, CRS is focusing on mentoring and training nurses. CRS also funds the costs of laboratory examinations for all children on ART at supported sites, including CD4 counts as necessary for monitoring children on treatment. Antiretroviral (ARV) drugs are supplied to the sites through the distribution system of the Mission for Essential Drugs and Supplies (MEDS). The CRS consortium has established agreements with a number of Mission facilities in Kenya, and has supported rapid scale up of treatment at these facilities. By June 2008, more than 2,000 children were accessing ART as a result of Track 1 and in-country funding awarded to this partner.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CRS activities will contribute to expansion of pediatric ARV treatment for clinically qualified HIV-positive children at faith-based facilities. CRS will strengthen human resource capacity to deliver pediatric ARV treatment, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to pediatric palliative care and TB/HIV services currently supported by CRS, pediatric ART services supported by this partner through in-country funding, and ART services coordinated by and supported through NASCOP. Specific facilities have also developed linkages, such as Nazareth which has established treatment referral linkages with Nyeri District Hospital (supported by #6867). There are also linkages to CRS-supported OVC programs as part of the USAID-supported APHIA II (#9048, #9029).

5. POPULATIONS BEING TARGETED

These activities target children and infants living with HIV/AIDS including. Treatment services for children with HIV continue to be established or expanded at all sites. Services for diagnosis and treatment of very young children are being established through a relationship with Kenya Medical Research Institute (KEMRI); filter paper samples are transported to the KEMRI lab for infant testing (currently with PCR). Public health care providers, including doctors, nurses, pharmacists, laboratory workers are targeted with increased HIV care and treatment knowledge and skills. Activities also target community- and other faith-based organizations (Kenya Episcopal Conference, Christian Health Association of Kenya), and community and religious leaders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14747

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14747	4271.08	HHS/Health Resources Services Administration	Catholic Relief Services	6934	3670.08		\$7,732,000
6854	4271.07	HHS/Health Resources Services Administration	Catholic Relief Services	4213	3670.07		\$3,900,000
4271	4271.06	HHS/Health Resources Services Administration	Catholic Relief Services	3670	3670.06		\$2,810,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 305.09	Mechanism: N/A
Prime Partner: International Rescue Committee	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 4809.20523.09	Planned Funds: \$40,000
Activity System ID: 20523	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#6909), Counseling and Testing (#6912), and PMTCT (#6911).

2. ACTIVITY DESCRIPTION

International Rescue Committee (IRC) will maintain and scale-up existing HIV prevention, care, and antiretroviral treatment (ART) services serving both refugee and local populations in Turkana District, Rift Valley Province, Kenya. Antiretroviral (ARV) drugs will be offered at 5 sites (i.e., Kakuma refugee camp, Kakuma Mission hospital, Kalokol, Lokichogio and Lodwar District Hospital) in Turkana District to 130 children with advanced HIV infection, including 116 new children. This brings the total number of children ever provided with services to 156. In addition, 50 health care workers will be trained. Turkana District, located in the Rift Valley Province, is the largest district in Kenya and is home to a pastoralist community that is livestock dependent, highly mobile, and has extremely limited access to health services, especially those for HIV/AIDS. The district lies on the main truck route between Mombasa and the relief operations in northwestern Kenya and southern Sudan (via Lodwar, Kakuma, and Lokichogio). Lokichogio is the main transit center for Sudanese refugees and a base for provision of refugee services. The area is remote, with a population characterized by high rates of absolute poverty (74%) and food poverty (81%). General health services are limited and poorly distributed throughout the district. IRC will build on established care programs for HIV-infected refugees and others at refugee health camps and existing collaborative relationships with health facilities supported by the Africa Inland Church and other FBOs to provide local treatment. Activities will be conducted in close collaboration with the Provincial AIDS and STI Coordinating Officer that is responsible for the northern part of Rift Valley Province. IRC will establish ART programs by providing technical support, staff training, supporting staff salaries, laboratory evaluation, and adherence counseling and monitoring. ARVs will be supplied to the sites through the USG central distribution system, which is currently done through the Mission for Essential Drugs. IRC has been implementing an HIV/AIDS prevention and outreach program for hard-to-reach populations and rural communities in this area since September 2001. They are uniquely suited for provision of care in refugee situations/remote areas. In addition, IRC will build on the substantial medical capacity that exists in the camps. They have a strong relationship with the local mission hospital, relying on the hospital for operating theatres, OB/GYN, and other services. They also have previously worked with the mission hospital to build capacity related to provision of basic health services for people with HIV. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps. By March 2008, IRC had 37 children on ART. There are continuing plans to put more emphasis on pediatric ART.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to pediatric ARV treatment for clinically qualified HIV-positive children, strengthened human resource capacity and a strengthened referral network for provision of pediatric ARV treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to pediatric HIV prevention and non-ART treatment services supported by IRC: Palliative Care: Basic Health Care and Support (#6909), Counseling and Testing (#6912), and PMTCT (#6911) and coordination of pediatric ARV scale up supported through the National AIDS and STD Control Program.

5. POPULATIONS BEING TARGETED

The target populations for this activity are the refugees and the local populations in the areas noted above. HIV rates are high among the local Turkana. Although the prevalence of HIV is lower in the refugee populations, HIV infection is now the leading cause of adult deaths in this group.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to provision of care and treatment for refugee populations and stigma and discrimination.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, human resources, local organization capacity building, community mobilization, quality assurance, and supportive supervision, logistics, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14846

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14846	4809.08	HHS/Centers for Disease Control & Prevention	International Rescue Committee	6956	305.08		\$350,000
6914	4809.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$280,000
4809	4809.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$220,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 285.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 4132.20571.09

Activity System ID: 20571

Mechanism: ART Training

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: [REDACTED]

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

1. LIST OF RELATED ACTIVITIES

This activity related to activities in ARV services (#) and Palliative Care: Basic Health Care and Support (#).

2. ACTIVITY DESCRIPTION

TBD Partner will continue to support the mobile teams that provide training in HIV treatment. These training teams use materials developed and approved by the National AIDS and STD Control Program (NASCO) and are focused in the heavily affected Nyanza province. The demand for the pediatric trainings remains high, especially at lower level facilities. These trainings contribute towards an increased number of children receiving care and antiretroviral treatment (ART) and a better quality of care being offered to HIV infected children. These activities will result in classroom and practical training of 390 health care workers in antiretroviral (ARV) drug management as part of a course on comprehensive care of people with HIV/AIDS. This training will incorporate components of follow up and quality assurance at the sites where these trained health care workers are engaged. An additional 1,200 health care providers will receive continuing medical education (CME). TBD Partner will support this activity by maintaining two teams of specially trained trainers. Members of these training teams will also provide patient care at supported sites. This on-site participation helps to maintain the clinical skills of the trainers, ensures that the trainers are teaching from recent and relevant experience, and assist with meeting critical staffing needs. Funds will support salaries for the trainers, office costs related to coordinating the trainings and preparing and conducting the CME sessions, accommodation costs for the training participants, and travel costs for participants and trainers. This activity has been previously supported through Mildmay International. The cooperative agreement with Mildmay will end in mid 2009 and will be competed with COP 09 funds. By April 2008 two multidisciplinary teams have provided ART classroom training to over 667 health care professionals and had reached over 1,200 health care workers through CME sessions addressing care of pediatric patients and management of patients co-infected with TB and HIV. The teams have undergone trainings in teaching methodology as well as advanced training in adult and pediatric HIV management.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

These activities will contribute to the results of expanded provision of a basic package of health services for patients with HIV, improved integration of prevention and treatment services, and strengthened networks of treatment. These activities will also increase the number of health care workers in Kenya who can provide pediatric ART services.

4. LINKS TO OTHER ACTIVITIES

This activity relates to care and ART services supported through other USG-funded facilities in Nyanza, Eastern, Nairobi, Central and South Rift provinces and Mildmay's home-based care activities (#).

5. POPULATIONS TARGETED

These activities are directly targeted health care workers, and indirectly targeted at people living with HIV/AIDS. The geographic area where activities are focused is a high priority because of high rates of HIV (overall rates of HIV in Nyanza Province are the highest in Kenya).

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through training activities.

7. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphases on human resources, local organization capacity development, quality assurance, and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14926

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14926	4132.08	HHS/Centers for Disease Control & Prevention	Mildmay International	6977	285.08		\$1,000,000
6991	4132.07	HHS/Centers for Disease Control & Prevention	Mildmay International	4261	285.07		\$900,000
4132	4132.06	HHS/Centers for Disease Control & Prevention	Mildmay International	3216	285.06		\$437,500

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 521.09
Prime Partner: Indiana University
Funding Source: GHCS (State)
Budget Code: PDTX
Activity ID: 29201.09

Mechanism: USAID-AMPATH Partnership
USG Agency: U.S. Agency for International Development
Program Area: Treatment: Pediatric Treatment
Program Budget Code: 11
Planned Funds: \$185,002

Activity System ID: 29201

Activity Narrative: This PHE activity, "Evaluation of a Comprehensive Strategy to Measure Pediatric Adherence to Antiretroviral Therapy" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.09.0236. This PHE is NEW in COP 09.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$185,002

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9247.09
Prime Partner: Pathfinder International
Funding Source: GHCS (State)
Budget Code: PDTX
Activity ID: 23906.09
Activity System ID: 23906

Mechanism: APHIA II - Nairobi
USG Agency: U.S. Agency for International Development
Program Area: Treatment: Pediatric Treatment
Program Budget Code: 11
Planned Funds: \$300,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ APHIA II Nairobi/Central has been separated into two mechanisms; APHIA II Nairobi and APHIA II Central. Provincial targets have also been updated appropriately.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$20,000).

1. LIST OF RELATED ACTIVITIES

This activity will specifically be linked to other APHIA II Nairobi supported activities in PMTCT (APHIA II Nairobi), OVC (APHIA II Nairobi) and TB/HIV (APHIA II Nairobi), Adult and Pediatric care and Treatment services, and other prevention activities (APHIA II Nairobi) ensuring successful referral of individuals that require ART care and support

2. ACTIVITY DESCRIPTION

This activity relates to support to be provided to strengthen and expand pediatric treatment services in Nairobi Province under the APHIA II Nairobi Province Project. In FY09, Pathfinder International (PI), the lead partner and its partners will target 20 sites in Nairobi Province for support in pediatric antiretroviral treatment (ART) treatment services. Support at ongoing and new sites will include MOH supervision and progress review meetings as well as strengthen quality assurance, especially with regard to integrating HIV services with TB services, psychosocial support and HMIS. At new sites, service providers will receive training in pediatric HIV care and treatment and strengthening of the same at ongoing sites. Efforts will be made to strengthen and scale up early infant diagnosis through training of service providers and support for transportation of dry blood spot (DBS) samples for DNA Polymerase Chain Reaction (PCR). Treatment at the CCCs will be expanded to link and network other entry points such as the out-patient departments, in-patient departments, pediatric psychosocial services, PMTCT and community services. Efforts will be made to decentralize services so that patients get treatment where they are presenting for care. Laboratory costs are often a hindrance to uptake of services and efforts will be made to facilitate laboratory networks, support laboratory reagents and equipment that improve uptake of treatment services. It is expected that 250 pediatric clients will newly initiated on ART, with 1,020 as cumulative ART pediatric clients and 850 pediatric clients will be receiving antiretroviral therapy at the end of this reporting period at these sites. The project will continue to support clinical staff, continuous medical education, mentorship, on site technical assistance, furniture and equipment at health facilities and grantees (Catholic Medical Mission Board, Nairobi Women's Hospital, Gertrude's Children's Hospital, Gold Star Network) to strengthen provision of HIV services. 30 service providers will be trained in pediatric HIV management.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan ART targets for Kenya. It will also ensure that more children are identified through early infant diagnosis and through other means in order to increase the number of children on care and treatment.

4. LINKS TO OTHER ACTIVITIES

Coordination will take place with other USG and non USG partners supporting pediatric ART services in Nairobi. Support to ART services will be one component of a package of integrated support at health facility and community levels in the region, holistically addressing HIV prevention, treatment and care. This activity will specifically be linked to other APHIA II Nairobi supported activities in PMTCT, OVC and TB/HIV, home based care and other prevention activities ensuring successful referral of individuals that require ART care and support.

5. POPULATIONS BEING TARGETED

This activity targets HIV+ children. Health care providers including Doctors, Nurses and Other Health care workers will be targeted for training using national curricula.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$20,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 12230.09	Mechanism: Umbrella
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 29796.09	Planned Funds: \$50,000
Activity System ID: 29796	
Activity Narrative: Updated April 2009 Reprogramming. New Umbrella was awarded to Catholic Relief Services and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). Funding has therefore been split between the two partners.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1244.09	Mechanism: Kenya Department of Defense
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 4250.20595.09	Planned Funds: \$110,000
Activity System ID: 20595	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through in-service training of health care providers including nurses, clinical officers and nurses on Pediatric ART management. 15% of the budgetary allocation will be attributed to this activity. This activity will also support pediatric nutritional assessment and counseling before and during ART. 10% of the budgetary allocation will be attributed to this activity. Procurement of pediatric weighing scales, stadiometers, MUAC tapes and other equipment required to carry out effective nutritional assessment will be supported. Micronutrient supplementation according to WHO guidance will be provided. 10% of the budgetary allocation will be attributed to this activity.

1. ACTIVITY DESCRIPTION

Under FY 2009 Emergency Plan funding, the Kenyan Department of Defense (KDOD) will support pediatric Antiretroviral Therapy (ART) at 8 treatment sites namely; (Armed Forces Memorial Hospital (AFMH) in Nairobi, The Air Force Medical Centre in Laikipia, Kenyatta barracks - Gilgil, Lanet barracks, Naval Medical centre in Mombasa, Thika, Eldoret and the Air Force Medical centre in Nairobi at Moi Air Base). In FY 09, funds will be used to provide ART to children of military personnel and KDOD civilian employees. In addition special emphasis will be put on patient follow up and adherence monitoring by use of social workers and telephone tracking. Treatment outcomes will be monitored at 3,6,12 and 24 months. With the support of US Army Medical Research Unit-Kenya, the KDOD has developed capacity to manage and run successfully 5 HIV/AIDS comprehensive care clinics as follows; AFMH, in Nairobi, Lanet, Gilgil, Laikipia and Mtongwe. By August 2008, a total of 159 HIV-infected children had been registered out of which 80 were on ART. The target is to bring the total number of children on ART to 120(40 new). In FY 2009, pediatric treatment activities will include strengthening of the AFMH to serve as a referral center for HIV/AIDS treatment and management of complicated pediatric cases such as ARV drug resistance, infrastructural expansion of the 8 CCCs will be undertaken in order to create a pediatric friendly environment, training of health care workers on pediatric ART management, clinical monitoring and support of ART related laboratory services. In FY 2009, staff of various cadres will be trained including 20 health care workers to be trained on comprehensive pediatric HIV/AIDS treatment and care.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to Kenya's FY 09 goal of providing ART to 43,092 children, by providing services to 120 individuals (0.3% of the overall FY 2009 Emergency Plan national target). Improvement of the infrastructure and of the laboratory services will also lead to better quality of services rendered to the HIV infected children. Even though treatment sites are decentralized from AFMH to 7 other sites covering the main military regions (namely the Coast, Mount Kenya, 3 sites in central Rift Valley and Central province), the care and treatment of KDOD HIV/AIDS patients will continue to be closely monitored by staff from the AFMH hospital in liaison with the Ministry of Health (MOH) to ensure maintenance of standards of care as per national guidelines. Data on the epidemic will be collected systematically and shared to facilitate in monitoring of the epidemic and to assess the services provided.

3. LINKS TO OTHER ACTIVITIES

These activities will link closely with KDOD's counseling and testing, basic health care and support, TB/HIV, OVC, PMTCT and laboratory services. Through the KDOD PMTCT program family members of mothers testing positive will be identified and offered opportunity for care and treatment. Thus KDOD's Pediatric ART and Pediatric BHCS will constitute a continuum of care for HIV infected individuals.

4. POPULATIONS BEING TARGETED

This activity targets military personnel and their dependants. Health care providers will also be targeted through Pediatric ART training, thus increasing the amount of clients able to be served more efficiently.

5. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis on infrastructure. KDOD will also provide related laboratory tests and medical supplies.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14899

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14899	4250.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$1,150,000
6958	4250.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$591,715
4250	4250.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$650,000

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3476.09

Mechanism: South Rift Valley

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 6973.20786.09

Planned Funds: \$700,000

Activity System ID: 20786

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008:

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through in service training of health care workers including clinical officers, nurses and doctors in the provision of pediatric ART services as well as early infant diagnosis, and basic health care. 2.5% of the budgetary allocation will be attributed to this activity. This activity will also support pediatric nutritional assessment and counseling before and during ART. 5% of the budgetary allocation will be attributed to this activity. Procurement of pediatric weighing scales, stadiometers, MUAC tapes and other equipment required to carry out effective nutritional assessment will be supported. Micronutrient supplementation according to WHO guidance will be provided. 5% of the budgetary allocation will be attributed to this activity.

1. ACTIVITY DESCRIPTION

The South Rift Valley (SRV) Program is a broad initiative by the Walter Reed Project in collaboration with the Ministry of Health and Faith-based (including a local community based organization) health care programs within 7 districts in South Rift Valley Province (Transmara, Bomet, Bureti, Kericho, Kipkelion, Nandi South, & Nandi North) and one district (Kisumu West) in Nyanza Province. The South Rift Valley Program serves a population of approximately 2.7 million people, with a HIV prevalence ranging from 5% to as high as 19% in some congregate settings. In 2006, about 100,000 adults were estimated to be living with HIV, and about 15,000 being children under 15 years. Only about 2,300 (15.1%) of the HIV positive children had access to HIV services. The SRV program will seek to address this gap in HIV services in this vulnerable population, by facilitating their access to the life saving antiretroviral treatment (ART). This will be a continuum of the pediatric basic care and support package, whereby in addition to clinical monitoring, prevention and treatment of OIs & other HIV related ailments, malaria, pneumonia, diarrhea, and pain symptom management, the children will be put on ART. The program will also continue providing other components of the minimum package of pediatric basic health care and support including provision of cotrimoxazole prophylaxis, nutritional assessment and support including supplementation & treatment for nutrient deficiencies, deworming, and psychosocial counseling & support. Adherence counseling and support will be offered, which in Kericho District Hospital will leverage on the activities of the 'Muangalizi' project. The 'Muangalizi' project seeks to improve adherence to clinic appointments and ART for those HIV infected children enrolled for ART, through support to the caretaker. In order to increase the number of HIV positive children accessing treatment, the program will strengthen the linkages between PMTCT Programs and pediatric care & treatment, pediatric ART training and sensitization for early infant diagnosis, routine testing of children, and laboratory capacity building and system strengthening for Early Infant Diagnosis (EID). HIV diagnosis in babies will be done at six weeks after birth by collecting Dry Blood Samples (DBS). A new focus will be on routine testing of sick children in pediatric medical settings which is expected to rapidly identify large numbers of HIV positive children and provide possibility of direct links to treatment. As of March 31st, 2008, the South Rift Valley program had enrolled a total of 2,327 children into its HIV care & treatment program, out of whom 1,552 were on basic health care and support, and 775 were on ARVs. In FY 09 the program targets to provide ART services to 600 children newly initiating ART, to make a total of 2,160 children ever started and 1,800 receiving ART at the end of the reporting period. To be able to do this and to ensure sustainability the program will work hand in hand with the Ministry of Health and NASCOP. A total of 68 health facilities will be supported to offer quality pediatric ART services. Of these facilities, 12 are partner main hospitals (8 district hospitals, 2 plantation, & 2 mission hospitals). In order to avoid congesting the already overcrowded district level facilities and enhance accessibility of ART services by the rural underserved population, decentralization of ART services and follow up of stable patients at lower level facilities (health centers) will be supported in accordance with the network model, which has been successfully used in adult ART. The health facility support will include minor renovations to create children friendly ART centers, procurement of necessary equipment, and supplies. The human resource requirements will be reviewed as necessary. To support the scale up, 150 health workers will be trained on pediatric ART, including EID, nutrition, and psychosocial & adherence counseling and support. Regular support supervision and technical assistance, and timely, efficient and accurate data collection, analysis and dissemination will also be consolidated.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute substantively to Kenya's FY 09 goal of providing ART to 43,092 children, by providing services to 2,160 individuals (5% of the overall FY 2009 Emergency Plan national target). The collaboration with MOH, other GOK offices and major stakeholders will ensure these services are sustainable.

3. LINKS TO OTHER ACTIVITIES

This activity is linked directly to the other SRV HIV/AIDS program initiatives in 8 districts in the SRV and Nyanza provinces of Kenya. It is directly related to South Rift pediatric basic care and support services in the provision of ART to all HIV infected children who qualify for ART. It is also linked to the SRV PMTCT program, where HIV infected children will be identified, and those diagnosed as HIV infected linked to care & treatment. In addition, it is linked to the orphans and vulnerable children (OVC) program to ensure those HIV infected children in basic care that require ART services are adequately linked. The ART program also links with the 'Mwangelizi' pediatric ART adherence support project in Kericho District Hospital.

4. POPULATION BEING TARGETED

The SRV pediatric ART program serves the predominantly rural population in the 8 districts. The program will target primarily those children affected by HIV/AIDS since the main objective is to provide ART services. Health care providers (both in public and private institutions) will also be targeted by increased pediatric ART training to enhance their capacity to provide quality ART services.

5. EMPHASIS AREAS

Major emphasis is on commodity procurement (ART, drugs for opportunistic infections, nutritional supplements and pain relief) with minor emphasis in the areas of human resources, training and infrastructure.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14908

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14908	6973.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$7,170,714

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$17,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$35,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$35,000

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$19,230,846

Program Area Narrative:

Key Result 1: Reduce the tuberculosis (TB) burden by providing TB screening for 50% of HIV-positive persons at enrollment into care.

Key Result 2: Reduce the HIV burden by providing HIV testing to over 90% of TB patients, their partners and families.

Key Result 3: Improve referral and tracking mechanisms between HIV and TB service delivery points.

Key Result 4: Strengthen Multiple Drug Resistant TB (MDR-TB) surveillance through expanded program and laboratory capacity for TB case-finding, diagnostics, and drug susceptibility testing (DST).

Key Result 5: Optimize coordination of USG and other sources of TB and HIV funding.

CURRENT PROGRAM CONTEXT

In Kenya, TB is the leading cause of death of people living with HIV (PLHIV), and HIV is the greatest driver behind the nearly three-fold rise in Kenya's TB burden over the last ten years. TB/HIV is a priority program area for the Division of Leprosy, Tuberculosis and Lung Disease (DLTLD), the National AIDS and STI Control Program (NAS COP), the Emergency Plan (EP), WHO, and other partners. In the Five-Year Strategy, the EP emphasized identifying persons in need of ART through wide-scale diagnostic HIV testing and counseling of TB patients. The EP has supported development of new HIV testing guidelines and a training curriculum to equip providers with essential skills, as well as supporting Kenya's overall TB/HIV national strategy. As part of their national mandates, DLTLD and NAS COP guide TB and HIV policies and coordinate implementation of collaborative activities through national, regional, and district coordinating bodies.

Free TB and HIV services are delivered to patients in Kenyan public and mission hospitals. Since 2004, TB/HIV activities have advanced on the national agenda and are well articulated in the National TB Strategic Plan. National, provincial and district TB/HIV coordinating bodies have been formed and guidelines on HIV testing for TB patients have been widely distributed and implemented. USG technical support contributed to the distribution and widespread use of the TB/HIV training curriculum and an integrated TB/HIV monitoring tool. From 2005-2008, facilities offering TB treatment increased from 1,600 to 1,909, and those offering TB diagnosis from 619 to 930. More than 80% of TB patients receive HIV testing, and 80-90% of co-infected patients receive cotrimoxazole (CTX) therapy. Approximately 80% of co-infected TB patients are eligible for ART; at least 30% receive ART before completion of TB treatment.

The EP has recently supported TB/HIV media campaigns to empower health workers to deliver quality TB and HIV services, encouraged increased and intensified case-finding in HIV care settings, and have expanded secondary prevention activities (Prevention with Positives [PwP]) to reduce the national TB and HIV burdens. EP funds have further supported the development of TB infection control (IC) policy guidelines and training of MOH personnel.

STATISTICS

Kenya's national TB burden remains high. TB case notification rose six-fold from 53/100,000 persons in 1990 to 338/100,000 in 2007. The number of TB patients is projected to increase to 120,000 in 2009 and to 130,000 in 2010. Kenya has 1,909 TB treatment sites; 930 (49%) provide TB diagnostic services. Directly observed therapy (DOTS) coverage is universal, with treatment observed by either a provider or a treatment partner. In 2007, Kenya achieved a TB case detection rate of 70% and treatment success rate of 85%. The national HIV prevalence among TB patients in 2007 was 48%, but exceeded 80% in some settings. The percentage of MDR-TB patients is estimated at <1%, however drug susceptibility testing was only performed in 40% of the 9% re-treatment cases in 2007.

SERVICES

USG has a TB/HIV coordinator at each implementing agency and supports TB/HIV activities through funding and technical support. USG technical staff participate in policy work groups and provide technical assistance to the host government and implementing partners. In 2009, EP funds will support the placement of a TB/HIV staff member at NAS COP to improve TB/HIV coordination. HIV testing for TB patients is the standard of care and efforts will be made to ensure that consistent and quality counseling and testing messages continue to be improved. Approximately 80% of co-infected TB patients are eligible for ART by WHO staging criteria, and 30-50% receive ART before completion of TB treatment depending on the facility. In the next phase, Kenya plans to achieve the following goals: over 90% of TB patients will be tested for HIV and 100% and 50% of all eligible TB patients will be placed on CTX and ART, respectively.

In 2008-09, provision of ART in TB clinics will be piloted in collaboration with NAS COP and DLTLD. DLTLD, in collaboration with NAS COP, will incorporate and expand PwP activities as part of strengthening contact tracing practices in TB control, and contributing to the overall national strategy to achieve HIV control. Initiating at pilot sites and expanding toward national coverage, PwP will be implemented in TB clinics targeting the large number of HIV-POSITIVE TB patients served. EP funds will support expanded use of Community Health Workers (CHW) to identify and refer suspected TB patients, assist with family TB/HIV screening, and provide adherence support and patient education.

Kenya will continue to prioritize intensified TB case-finding and TB infection control at all HIV entry points. TB screening in HIV care and treatment settings is occurring in most settings. In 2009, concerted efforts will be made to standardize such screening through the distribution and implementation of national guidelines for TB screening and referrals in HIV care settings. The TB and HIV programs will also develop IC implementation procedures for health care facilities, targeting two provinces for a phased rollout. Besides assisting to formulate IC policy, the EP will support assessment of TB IC prevention and control procedures in selected facilities to establish gaps and needs and develop IC work and evaluation plans to protect patients and health workers at specific sites, including prisons. Currently, four organizations (EDARP, AMPATH, AMREF, and MSF) implement isoniazid preventive therapy (IPT) under close monitoring by DLTLD. Further expansion is anticipated in 2009 on a case-by-case basis, depending on facility capacity to diagnose TB, sustain patient adherence, and document treatment outcomes.

In addition, the EP will continue to assist Kenya's response to the threat of MDR-TB by improving national laboratory surveillance capacity, promoting best TB care practices, and treating drug-resistant patients. Presently, the EP is strengthening the national Central Reference TB Laboratory (CRL) culture and drug sensitivity testing (DST) capacity through improvements in physical infrastructure, culture diagnostics, and development of a laboratory information system. Through EP support, Kenya plans to optimize DST for TB re-treatment cases according to national guidelines and expand national coverage of external quality

assessments (EQA) for sputum microscopy services from the present 20% to 50% by 2010. The EP will support ongoing decentralization and strengthening of DST capacity in regional laboratories, including those supported by KEMRI, DOD, and AMPATH. These efforts, complemented by those of other partners, will provide better insight into the MDR-TB burden and contribute to planning for sustained control. In 2009, DLTLTD plans to pilot MDR-TB treatment on an ambulatory basis as part of implementing the national strategy.

The EP continues its contribution to expanding fluorescence microscopy (FM), which did not exist in Kenya in 2003. EP funds have since procured and placed seven microscopes in five regions, and, in 2009, they will procure an additional five microscopes for other high-volume regional sites.

The USG and DLTLTD consider TB/HIV work in the prisons as an essential component of the national agenda. Through a yet to be determined new partner, the EP will support improvement and expansion of quality TB/HIV care and treatment services from 12 high-volume prisons and expansion of such services to an additional 5 in collaboration with Kenya Prisons Services, DLTLTD, and NASCOP.

Kenya recently launched international standards for TB care, which seeks to facilitate engagement of all providers in accepted levels of care in public and private practice. In 2007, the private sector registered 1,804 TB cases, and the EP is building on this reporting to promote best practices pivotal to prevention of HIV and MDR-TB.

Approximately 10% of registered TB patients in Kenya are children. In 2008, NASCOP, DLTLTD, WHO, USG, and other stakeholders consulted on how to improve pediatric TB/HIV management. Pediatric TB screening and surveillance evaluation is planned soon. Information from these activities will strengthen both pre-service and in-service trainings to improve pediatric case identification. In 2009, through intensified case finding of adults, more children will be screened and tested for both TB and HIV. Co-infected children will receive both TB and HIV treatment; HIV-positive children without active TB will receive CTX, IPT, and ART if eligible.

In 2009, the EP will support procurement of TB and HIV laboratory commodities, including rapid test kits, through SCMS and drugs (ART and CTX) through in-country mechanisms.

REFERRALS, LINKAGES, MONITORING AND EVALUATION

Kenya TB registers include TB/HIV variables. Moreover, a program evaluation is underway to monitor referrals to HIV services and establish proportions of co-infected patients enrolled in HIV care and receiving CTX and ART, with the overall goal of establishing a joint TB/HIV co-management review to reconcile referrals through standardized reporting systems, including adequate feedback mechanisms.

Currently, only 26% of TB treatment points offer ART. HIV care and ART registers need to develop TB variables to capture TB screening, diagnosis, referral, and treatment among their patients. Decentralizing ART services will improve access for eligible TB patients served in lower levels of care. Facilities and community groups will be encouraged to collaborate and provide a two-way referral or communication system to coordinate outreach activities to identify and support TB/HIV patients.

In 2008, EP support piloted electronic data collection tools to improve accuracy and efficiency in recording and reporting of TB/HIV patients, as well as to allow for facility-based program evaluation. In 2009, the EP will support expanding this pilot to assist Kenya in establishing a national electronic TB/HIV reporting system. In addition to required EP indicators, TB/HIV implementers will be encouraged to document some or all of the following custom indicators as part of strengthening TB and HIV programs: (1) number and percent of HIV-positive patients in HIV care screened for TB; (2) number and percent of TB suspects/patients tested for HIV; (3) number and percent of HIV-positive registered TB patients/suspects; (4) number and percent of HIV-positive TB patients receiving CTX; and (5) number and percent of HIV-positive TB patients receiving ART.

POLICY

Kenya's National HIV/AIDS Strategic Plan (KNASP) includes expanded programming for TB/HIV activities coordinated by a national committee established by the Ministry of Health (MOH), in which USG technical staff participates. In response to the 2005 Maputo Declaration calling for extraordinary measures by African governments to contain HIV and TB, the MOH has submitted a Cabinet Paper seeking legislation to declare TB a national emergency. If enacted, this legislation will promote increased mobilization of TB control resources. Policy considerations include how HIV and TB programs can best support cross-cutting laboratory services at regional and district levels, and how EP funds can best support human resource needs. Kenya plans to establish policies for TB-screening and diagnosis for all patients receiving HIV services in ART, PMTCT, and VCT clinics, as well as in hospital wards. USG agencies also participate in working policy committees for PwP, TB infection control in HIV care settings, IPT, laboratory services, MDR-TB control, TB/HIV monitoring systems, human resource plans, and TB care standards in all settings, including pediatric services.

SUSTAINABILITY

Greater sustainability will, in part, be achieved through encouraging implementing partners to be part of the national, regional, and district TB/HIV work plans that support local government infrastructure, human capacity development, commodity distribution, and national health management information systems.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

USG agencies work in a complementary manner with the DLTLTD, NASCOP, WHO, the National Public Health Laboratory Services (NPHLS), and all implementing partners through the National TB Interagency Coordinating Committee and the National TB/HIV Coordinating Committee. Kenya has recently received Round 6 TB Global Fund support, which will be used to upgrade 50 TB diagnostic facilities annually, conduct training for TB/HIV trainers, and train 80 health workers in 5 districts each year. Kenya applied for Round 8 Global Fund TB funding (2009 to 2013) to support collaborative TB/HIV activities and a national TB

prevalence survey; however, the Global Fund Board recently announced that Kenya's Round 8 applications for HIV, TB, and Malaria all had not been approved. In 2006-07, through a centrally-funded OGAC/WHO collaboration, Kenya received additional funding for expanded TB/HIV activities in 30 districts; support for these activities will be mainstreamed into 2009 EP and other non-EP funding. To maximize USG resources, both PEPFAR and USAID TB support are factored in an updated 2009 Joint Country TB/HIV program work plan. In 2009, the TB Control Assistance Program will provide support for TB/HIV collaborative activities, and DOTS expansion.

OUTSTANDING CHALLENGES/GAPS

A principal challenge facing Kenya is to maintain the high coverage (>80%) of HIV testing among TB patients. This will be managed in part through sustained advocacy; enhanced coordination of partnerships and funding; sustained staff hiring, training and retention; improved field supervisions; and enhanced commodity security. Another challenge is the provision of optimal TB/HIV services for the pediatric population. One strategy to address this issue has been described above. Recurrent challenges include insufficient human resources, weak laboratory infrastructure, and slow disbursement of Global Fund support.

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5093.09	Mechanism: Prisons Project
Prime Partner: International Medical Corps	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 21558.09	Planned Funds: \$600,000
Activity System ID: 21558	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT, Palliative Care: Basic Health Care and Support and ARV Treatment and PMTCT.

2. ACTIVITY DESCRIPTION

The adult care and treatment activities within the Kenya prisons were formerly implemented by Kenya Medical Research Institute (KEMRI) in collaboration with the Kenya Uniformed Services Program (USP). In 2008, International Medical Corps (IMC) in consortium with Catholic Relief Services (CRS) and Legal Resources Foundation (LRF) will support TB/HIV services in prisons. Activities include TB screening for 5000 HIV patients and HIV screening for 1200 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 600 patients will be identified as being infected with both TB and HIV. TB and AIDS are the leading causes of deaths in overcrowded Kenyan prisons, where the majority of prisoners remain underserved. Failure to contain TB and HIV in the prisons is also a failure to contain TB and HIV in the civilian population from which the prisoners come from and to which they are released. Controlling TB/HIV in the prisons is one of the priorities of the Government of Kenya and constitutes a multi-faceted reform agenda that is being implemented to decongest and improve prison living conditions. In partnership with the Division of Leprosy, TB and Lung Disease (DLTLD) and Kenya Prisons Services (KPS), IMC will coordinate a phased support for collaborative TB/HIV services in the prisons. This activity will leverage additional support through partnerships with other programs and with other donor agencies, such as WHO and the Futures Group.

In FY 2007, USG supported KPS and the DLTLD to develop a new medical tool for screening new inmates for TB, HIV and other medical conditions. This tool will be used to monitor the scope and trend of diseases new inmates come-in with and/or acquire during their incarceration. FY 2009 activities will focus on additional investment in prisons' TB/HIV infrastructure and human resource capacity. These efforts, which also support antiretroviral treatment (ART) services in selected prisons, will be strengthened and expanded through partnerships with other programs. Positive prevention activities will also be initiated and expanded at selected prison sites. The key TB/HIV activities that target the inmates, prison staff and host communities alike include: expanded HIV testing of TB patients/ suspects for HIV, screening HIV-infected persons for TB, ensuring that symptomatic patients access TB diagnostic services, and those with confirmed disease receive TB treatment and are reported to the NLTP, providing HIV-infected TB patients with additional care (cotrimoxazole, ART), risk reduction counseling and psycho-social support, training of prison health workers to build capacity to deliver TB/HIV services, and supporting infrastructure and supply of HIV test kits and medicines.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened capacity to deliver integrated HIV and TB services in the Kenya prisons, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated HIV and TB services and strengthened systems capacity for program monitoring and evaluation and management of commodities.

4. LINKS TO OTHER ACTIVITIES

These TB/HIV activities will be linked to ongoing VCT, PMTCT, STI and ARV treatment services in some prisons and will be mainstreamed into the national network of services coordinated by the NLTP and NASCOP and supported by KEMRI, Kenya Prisons Services, PLWHA organizations and other partners.

5. POPULATIONS BEING TARGETED

TB suspects and PLWHA among all prisoners, prison staff and host communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on an "opt out" principle. Guidelines on HIV testing based on consent, confidentiality and counseling will be observed as part of standard practice. Increased availability of counseling and testing in the prisons and increased access to HIV care for TB patients will help reduce stigma and discrimination. This program serves the needs and rights of prisoners as a special risk population

7. EMPHASIS AREAS

Emphasis areas include commodity procurement, development of network/linkages/referral systems, IEC, infrastructure, local organization capacity development, quality assurance, supportive supervision, and training.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3476.09

Mechanism: South Rift Valley

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 6975.20782.09

Planned Funds: \$1,300,000

Activity System ID: 20782

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + prime partner was changed from Kenya Medical Research Institute to Henry Jackson Foundation (HJF) which was competitively selected to implement the activity .
- + TB Community services and outreach will be enhanced to complement the facility based TB prevention, diagnostic, and treatment activities.
- + number of service outlets providing clinical prophylaxis &/or treatment for TB to HIV infected individuals changes to 40
- + number of HIV infected individuals attending HIV care or treatment services that are receiving treatment for TB disease changes to 1,500
- + number of individuals trained to provide clinical treatment for TB to HIV infected individuals changes to 50
- + number of registered TB patients who received counseling and testing for HIV and received their results at a USG-supported TB service outlets

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its on-site CME training for health care workers to provide TB/HIV services. This will also include enhancing the capacity of the government's DTLCs to improve supervision, coordination and general management of TB/HIV services in the districts. 2.5% of the budgetary allocation will be attributed to this activity.

It also supports Food & Nutrition tools and service delivery through meeting critical staff gaps and equipping health facilities to be able to offer quality nutrition services to TB patients. 2.5% of the budgetary allocation will be attributed to this activity. The activity additionally supports nutrition commodities by leveraging on the INSTA Food by Prescription Support program, for TB/HIV co-infected patients with moderate to severe malnutrition. 2.5% of the budgetary allocation will be attributed to this activity.

1. LIST OF RELATED ACTIVITIES

This activity relates to HIV/AIDS Treatment/ARV services, Basic Health Care and Support, Community Care Services, Counseling and Testing, Prevention, OVC and PMTCT .

2. ACTIVITY DESCRIPTION

The South Rift Valley (SRV) Program is a broad initiative by the Walter Reed HIV project in collaboration with the Ministry of Health and Faith-based health care programs within 8 districts in the South Rift Valley (SRV) and Nyanza Provinces of Kenya. The program serves a population of approximately 2.7 million people, with a HIV prevalence ranging from 5% to as high as 19%, and a TB prevalence of about 300 per 100,000 population. On average about 30-50% of TB patients are co-infected with HIV.

In FY09 the SRV Program will continue to strengthen and scale up the ongoing FY08 TB/HIV activities in the 8 districts, in the following key areas: 1) Reduce burden of HIV among TB patients/suspects and their partners and families through expanded HIV testing, delivery of Cotrimoxazole (CTX), ARVs and positive HIV prevention in TB settings; 2) Reduce burden of TB among PLWHA through intensified TB screening and TB infection control in HIV Care settings; 3) Strengthen collaboration of TB and HIV services including joint planning, coordination and support supervision, monitoring and evaluation, and patient referral and tracking systems; 4) Contribute to the overall national program agenda to strengthen local and international partnerships in delivery of TB/HIV services, and strengthen capacity for quality diagnostic and treatment TB services for PLWHA and containment of emerging threat of MDR-TB. Through this concerted effort, in FY09, the SRV program will strive to achieve 95% HIV testing for TB patients, 100% provision of CTX to co-infected patients, and 50% provision of ART to those eligible. To achieve this, in FY09, the program will train an additional 50 health workers to provide TB/HIV services in 40 health facilities in the region; provide HIV testing to 3,000 TB patients; and offer TB and HIV services to 1,500 TB/HIV co-infected patients. Additionally, 16,500 patients accessing HIV services in the region will be screened for TB, and those found positive provided with TB treatment.

In FY09, Integrated TB/HIV Clinic will be strengthened in all the 8 district hospitals in the region. The model is unique in that TB/HIV co-infected patients are managed by one care provider. In this model, all TB patients are offered HIV testing, recognition and management of STIs and HIV prevention messages. Those with TB/HIV co-infection receive CTX and comprehensive HIV care, support and treatment.

The program will continue to support lower level facilities to provide or link patients to TB/HIV services. The district hospital will continue to be strengthened as the referral unit for TB/HIV patients requiring specialized diagnostic, treatment or in-patient services from the lower level facilities.

Working in collaboration with the Division of Leprosy Tuberculosis and Lung Diseases (DLTLD) to ensure sustainability, the program will continue to support improvement of the capacities of the laboratories in smear microscopy, and Kericho district hospital lab will continue to offer quality assurance in smear microscopy (augmented by fluorescent microscopy) in the region. Additionally the program will continue to strengthen optimized referral of specimen for TB culture and sensitivity to the upcoming TB culture lab; efficient and timely supply of TB drugs to all the TB treatment sites; regular support supervision and technical assistance to all the health facilities offering TB and HIV services; use of standardized national registers and reporting tools; and timely, efficient and accurate data collection, analysis and dissemination.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

SRV will contribute towards the provision of integrated TB/HIV care by reducing TB morbidity and mortality in HIV-infected individuals and reducing HIV-related morbidity and mortality in TB patients. Planned activities will further contribute to the overall national program agenda to strengthen local and international partnerships in delivery of TB/HIV services and containment of emerging threat of MDR-TB.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to SRV ARV services throughout the 8 districts; SRV Counseling and Testing, with a primary focus on provider initiated testing and counseling; Tenwek Mission Hospital's CT activity and the

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ Splitting of APHIA II Nairobi/Central to APHIA II Nairobi and APHIA II Central. Targets and budgets have been split to reflect this change.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its on-site training program that targets health workers (\$30,000).

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1. LIST OF RELATED ACTIVITIES

This activity will be linked to treatment services (APHIA II Nairobi), Care and support services (APHIA II Nairobi) CT Services (APHIA II Nairobi), home based care and other prevention activities (APHIA II Nairobi) and (DLTLD) services.

2. ACTIVITY DESCRIPTION

This activity relates to support for strengthening and expanding palliative care in both clinical and community settings addressing TB and HIV. Pathfinder International (PI), the lead partner in APHIA II Nairobi, will continue to support TB service delivery through provision of food supplements, X-ray services, essential TB laboratory supplies, continuous medical education to health workers, and TB awareness rising in the community through focus group discussions. In 2009, 30 sites in Nairobi will be supported in provision of TB/HIV services. Through all supported sites, 750 HIV-infected clients attending HIV care and treatment services will receive treatment for TB while 1500 registered TB patients will receive HIV counseling, testing and receive their test results. A total of 2,500 HIV-infected clients will undergo intensified TB screening. Continued emphasis will be on filling gaps in service delivery and linking to community based services. TB prevention, treatment and care programs will be strengthened and effective linkages made between TB and HIV services. Through external quality assurance for TB laboratory diagnosis, joint clinical supervisors by project staff, district, provincial and national TB teams service quality and supervision at all levels of facility care and referral will be improved. Drug supply management, case management, records systems, supervision and TB defaulter tracing will be strengthened. All health facilities targeted by the project will provide OI treatment, including TB, cotrimoxazole prophylaxis, and nutritional support. APHIA II Nairobi will work to expand diagnostic and DOTS case management capacity. According to GOK policy, all HIV+ patients will be screened for TB, and all TB patients tested for HIV. Malteser, the lead APHIA II Nairobi Partner for TB, will provide guidance for training of clinical and laboratory staff as well as CHWs; annual refresher training on TB/HIV/AIDS diagnosis, treatment and care; and basic training on clinical observation and case management. TB treatment and care programs will be strengthened and effective linkages made between TB and HIV services. Contact tracing of family and household members, as well as defaulter tracing, will take place through facility and community based CHWs. The training of CHWs in TB/ART defaulter tracing will be supported. APHIA II will continue to support TB service delivery through provision of X-ray services, essential TB laboratory supplies, rehabilitation of TB diagnostic laboratories, and continuous medical education to health workers, and TB awareness-raising in the community through focus group discussions. Through external quality assurance for TB laboratory diagnosis, joint clinical supervision by project staff, district, provincial and national TB teams, service quality and supervision at all levels of facility care and referral will be improved. External Quality Assurance (EQA) will be conducted quarterly through random testing of sputum smears from TB diagnostic laboratories. In 2009, 60 health workers will be trained to provide treatment for TB to HIV infected individuals while 15 laboratory staff will be trained on TB AAFB microscopy.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the expansion of the overall 2009 Emergency Plan Palliative Care – TB/HIV targets for Kenya, and the control of urban TB.

4. LINKS TO OTHER ACTIVITIES

Clinic-based palliative care is one component in a comprehensive treatment and care approach under APHIA II, such that clients will benefit from long term ART as appropriate and linkages to community services. Linkages will also be made with the DLTLD and VCT sites.

5. POPULATIONS BEING TARGETED

This activity targets clients at ante-natal clinics, VCT sites, in-patients and clients of DTC, TB-ward patients and clients of home and community support services who are referred for clinical care by community health workers. Health care providers including doctors, nurses and other health care workers will be targeted for training using national curricula.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address issues of expanding access and decentralization of services.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21268	21268.08	U.S. Agency for International Development	Pathfinder International	9253	9253.08	APHIA II - Nairobi	\$250,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9776.09	Mechanism: N/A
Prime Partner: United Nations High Commissioner for Refugees	USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 23230.09	Planned Funds: \$50,000
Activity System ID: 23230	

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

The United Nations High Commission for Refugees (UNHCR) will support TB/HIV to 100 HIV-infected individuals at Dadaab Refugee Camp in North Eastern Province, Kenya, targeting both refugees and the local population. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts 140,000 Somali refugees and 20,000 Kenyan Somali. Each camp has a hospital and three satellite health centers. Intensified TB screening for 100 HIV patients and HIV screening for 200 TB patients will be offered as a standard of care in all the facilities; approximately 100 patients will be identified as being infected with both TB and HIV.

Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. 10 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Funds will support expanded and strengthened delivery of integrated HIV and TB services including strengthened referral systems. Additional activities will include community mobilization and dissemination of educational materials to patients. UNHCR will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

UNHCR has been implementing an HIV/AIDS prevention program and outreach to hard-to-reach populations and rural communities in this area since September 2000. They are uniquely suited to provide care in refugee situations and remote areas and will build on very substantial existing medical capacity in the camps. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps.

This activity relates to activities in Adult Care and Support, Pediatric Care and Support, Adult and Pediatric ARV Services, Counseling and Testing and OVC.

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for dually infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services.

3. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult Care and Support, Pediatric Care and Support, Adult and Pediatric ARV Services, Abstinence / Be Faithful , Condoms and Other Prevention , Counseling and Testing , and OVC currently supported by this partner

4. POPULATIONS BEING TARGETED

These activities target children and adults living with HIV/AIDS, including refugees. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 662.09

Mechanism: N/A

Prime Partner: International Medical Corps

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 24302.09

Planned Funds: \$500,000

Activity System ID: 24302

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + IMC's activities in Nairobi Province will be transitioned to other partners to avoid duplication of efforts and maximize USG resources. IMC's activities in Coast and Nyanza Provinces will require improved coordination and more strategic partnerships with other USG programs in support of existing MOH District and Provincial TB/HIV work plans. Clarity on these approaches and updated targets and budgets are provided below.

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1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT, PMTCT, Adult Care and Support, Pediatric Care and Support, Pediatric/ARV Services

2. ACTIVITY DESCRIPTION

IMC complements national efforts to deliver essential services for hard-to-reach and high-risk populations with limited access to health services. In Nyanza Province, IMC provides essential TB/HIV care to needy fishing communities in Suba District mainland and several islands in Lake Victoria with high TB and HIV rates. In Coast Province, IMC will build on its investments on health staff training and on infrastructure to complement efforts of other TB/HIV partners to achieve regional targets. At present, IMC's support in Coast Province is essential to achieving satisfactory coverage in largely underserved and remotely settled communities. To achieve improved coordination and partnerships, IMC's contributions will be well described in respective District work plans formulated under auspices of stakeholders' forums and health management teams.

In FY 09, IMC will further expand HIV care, treatment and prevention services for TB patients/suspects and enhance TB screening for PLWHA at all TB and HIV service sites in Nyanza Province (Suba District) and Coast Province (Taita, Taveta, Tana Delta and Tana North Districts). In collaboration with national HIV and TB programs, IMC will ensure that providers continue to deliver consistent, quality and improved counseling and testing messages and that access to CPT and ART is optimized for eligible TB patients. To reduce TB burden among PLWHA, IMC, in partnerships with the national HIV, TB and laboratory programs, will strengthen and expand TB screening at all HIV care sites and ensure that those meeting basic screening criteria undergo complete TB diagnostic workups to allow appropriate clinical decisions. In line with overall TB/HIV program priorities, IMC will target at least (50%) of PLWHA screened for TB, at least 50% access to ART and universal access to CPT for those who qualify. This will result in 500 HIV/TB co-infected clients attending HIV care and treatment services being attended to and at least 1000 registered TB patients being screened for HIV. IMC will build on these expanded activities to establish complementary partnerships and better patient referral networks with national programs, other PEPFAR programs, other non PEPFAR partners and local PLWHA organizations at all sites. Other activities will include strengthening community participation and ownership, improving delivery of DOTS at community and household levels, tracing TB treatment defaulters, strengthening referral linkages between community and facility-based TB and HIV activities, improving infrastructure and expanding training of health workers. IMC will also initiate delivery of HIV prevention through partner testing and protection of the HIV-free partner. IMC will continue to support and expand access to quality free TB diagnostic services through staff training and logistic support for improved coverage and quality of sputum microcopy EQA. IMC will also ensure that providers request for culture and drug susceptibility for TB retreatment cases in a consistent and more coordinated manner. Efforts will be made to optimize documentation and treatment of MDR-TB cases.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated HIV and TB services and strengthened capacity for program monitoring, evaluation and management of commodities.

4. LINKS TO OTHER ACTIVITIES

These TB/HIV activities will be integrated with ongoing VCT, PMTCT and STI and ARV treatment services in the respective Provinces in support of the national programs.

5. EMPHASIS AREAS

These include facility renovations, local organization capacity development, workplace programs, health-related wrap arounds (TB, malaria) and human capacity development (in-service training, task shifting, and staff retention activities).

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 12230.09	Mechanism: Umbrella
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12

Activity ID: 29797.09

Planned Funds: \$250,000

Activity System ID: 29797

Activity Narrative: Updated April 2009 Reprogramming. New Umbrella was awarded to Catholic Relief Services and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). Funding has therefore been split between the two partners.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 4076.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 18038.20579.09

Planned Funds: \$153,865

Activity System ID: 20579

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+THIS YEARS CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHCS.

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1. LIST OF RELATED ACTIVITIES

This activity relates to all other activities in the Palliative Care: TB/HIV program area

2. ACTIVITY DESCRIPTION

CDC Kenya staff provide an intensive level of technical assistance and programmatic guidance on the integration of TB and HIV activities in partnership with the Division of Leprosy, TB and Lung Disease (DLTLD), the National AIDS and STI Control Program (NAS COP), other USG agencies (USAID and DOD), WHO, non-governmental organizations, faith-based organizations, private practitioners and other implementing partners involved in TB/HIV activities. CDC technical staff participate in policy work groups and provide technical assistance to implementing partners with the goal of assisting the Ministry of Health deliver improved and more integrated TB and HIV services based on best practice. In FY 09, there will be greater involvement of technical staff in promoting greater horizontal collaboration across all Emergency Plan programs with special focus on key themes: universal access to HIV prevention, universal access to basic HIV care package (this includes TB screening for PLWHA, universal access to HIV counseling and testing, greater attention to the needs of co-infected children). CDC TB/HIV staff are now part of expanded care and treatment team that will provide technical support to partners on several cross-cutting issues. In FY09, USG funds will support the placement of a TB/HIV staff member at NASCOP to improve TB/HIV coordination. HIV testing for TB patients is the standard of care and efforts will be made to ensure that consistent and quality counseling and testing messages continue to be improved. Efforts will be made to incorporate and expand HIV prevention activities as part of strengthening contact tracing practices in TB control and contributing to the overall national strategy to achieve HIV control. These activities involve extensive local travel, selected international travel and technical collaboration with CDC Atlanta. CDC will continue to contribute to the expansion of fluorescence microscopy (FM) - a more efficient TB diagnostic tool, especially in high volume settings. CDC staff will assist Kenya implement international standards for TB care intended to facilitate effective engagement of all providers in accepted levels of care in both public and private practice. With the goal of establishing a joint TB/HIV co-management review, CDC will assist to improve referral linkages between HIV and TB services to reconcile referrals and provide adequate feedback mechanisms. CDC will work closely with national and HIV/AIDS programs and other USG agencies to achieve improved leverage of ongoing or planned supplementary TB/HIV funding from WHO, Global Fund and TB Control Assistance Program (TB-CAP).

New/Continuing Activity: Continuing Activity

Continuing Activity: 18038

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18038	18038.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7024	4076.08		\$190,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9080.09 **Mechanism:** N/A
Prime Partner: Catholic Relief Services **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** Care: TB/HIV
Budget Code: HVTB **Program Budget Code:** 12
Activity ID: 8843.20562.09 **Planned Funds:** \$1,350,000

Activity System ID: 20562

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support and ARV Services.

2. ACTIVITY DESCRIPTION

Catholic Relief Services (CRS), within AIDS Relief, (a consortium of Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland) will support HIV/TB services for HIV patients at 25 service delivery sites throughout Kenya. CRS will offer TB screening to 6,000 HIV patients and HIV testing for 3,000 TB patients. Refresher training of laboratory staff will be initiated and basic laboratory microbiology capacity will be improved in order to meet the increased needs of TB testing. Twenty-five health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients, and strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult Care and Support, Pediatric Care and Support, and Adult and Pediatric ARV/ART services currently supported by CRS.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, strategic information and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14746

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14746	8843.08	HHS/Health Resources Services Administration	Catholic Relief Services	6934	3670.08		\$2,900,000
8843	8843.07	HHS/Health Resources Services Administration	Catholic Relief Services	4213	3670.07		\$300,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4914.09	Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 9069.20607.09	Planned Funds: \$300,000
Activity System ID: 20607	
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008	

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:
this activity supports key cross-cutting attributions in human capacity development through its training program that targets health workers (\$30,000).

1. LIST OF RELATED ACTIVITIES

The activity will link up will all other APHIA II program area activities of CT, HBC, BCC and ART at community, facility, District and provincial level in close tandem with the National framework.

2. ACTIVITY DESCRIPTION

In FY 2009 USAID'S APHIA II Eastern project will provide support to TB control activities within the Division of leprosy, Tuberculosis and Lung Diseases (DLTLD) strategic plan by contributing to the strengthening of TB control and management of health workers within Ministry of Health (MOH) facilities in Eastern Province. This will equip health workers with the skills and knowledge needed to provide TB and HIV treatment and care services. APHIA II Eastern will continue to contribute to the provincial stakeholders meeting in TB technical updates to ensure coordination of TB activities and compliance with MOH guidelines in order to maintain quality of service being provided. APHIA II Eastern will increase the number of providers and sites that can offer effective TB care, which will in turn increase case holding and case detection rate of TB patients. This activity seeks to provide TB treatment to 500 patients attending TB treatment centers. This activity will also increase the number of patients offered testing and counseling and knowing their status through provider initiated counseling and testing for 1,000 TB patients. Intensified TB screening will be offered in comprehensive care clinics (CCC) through an enhanced index of suspicion by health care workers in the CCC. TB screening algorithms will be provided in all CCCs and referral linkages between CCC and TB clinic enhanced. The activity will support training of HIV and TB care staff on routine diagnostic testing and counseling of TB suspects and cases using the DLTLD/NASCOP curriculum, provide additional staff as required, screen HIV cases for TB, upgrade laboratories with additional equipment, and renovate laboratory space, as necessary. CTX prophylaxis will be provided for all HIV infected TB cases and referrals for ART made to all CCCs. Planning, monitoring and supervisory mechanisms for collaborative activities will be strengthened at provincial, district and community levels. TB screening in congregate settings (prisons) will be initiated and innovative measures of using prisoners as DOT advocates and peer supervisors will be sought. Through integration and cooperation with BCC group in APHIA II, school TB program will be provided in 300 schools in Eastern Province.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The APHIA II Eastern TB/HIV care activity will provide clinical prophylaxis and treatment for TB to 500 patients, HIV counseling and testing to 1,000 patients and train 300 health workers in TB/HIV related activities in 10 districts and sensitize 300 health care workers in TB across 40 health facilities.

4. LINKS TO OTHER ACTIVITIES

The activity will link up will all other APHIA II program area activities of CT, HBC, BCC and ART at community, facility, District and provincial level in close tandem with the National framework.

5. POPULATIONS BEING TARGETED

This activity targets HIV infected patients in the 10 districts in central and upper north regions of Eastern Province. The other group is prisoners joining the prisons services and those entering screening for TB.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14865

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14865	9069.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$300,000
9069	9069.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$220,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2328.09	Mechanism: Capacity Project
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 16503.20535.09	Planned Funds: \$100,000
Activity System ID: 20535	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION

This activity relates to all Capacity projects narratives in HTXS, HLAB, and OHPS. Capacity has continued to support seconded staff to various Government ministries and under this program area will provide support to an Advisor on Tuberculosis at the Ministry of Health based at the National Leprosy and Tuberculosis Program (NLTP). This advisor will bring additional skills in tuberculosis laboratory needs serving as an advisor to the NLTP on the needs of the various TB/HIV diagnostic sites.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Capacity supports 830 health care providers at facilities across the country, develops on-site supervision, and is working nationally to make these system improvements sustainable. This activity will support a senior Technical advisor at the MOH/NLTP to improve TB/HIV lab diagnostic.

3. LINKS TO OTHER ACTIVITIES

This activity links to all Capacity project activities that are involved in the hiring of health personnel as well as seconding staff to the Ministry of Planning and National Development and the National AIDS and STI Control Program (NASCOP).

4. POPULATIONS BEING TARGETED

This activity will strengthen TB diagnostic sites assisting in the appropriate testing of HIV positive persons for Tuberculosis.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity is local organization capacity building serving to strengthen the National Leprosy and Tuberculosis Program (NLTP) by boosting the capacity to provide technical assistance to TB diagnostic sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16503

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16503	16503.08	U.S. Agency for International Development	IntraHealth International, Inc	6958	2328.08	Capacity Project	\$100,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 210.09

Mechanism: N/A

Prime Partner: Kenya Medical Research Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 4090.20632.09

Activity System ID: 20632

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$1,450,000

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$150,000.

ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT, Adult Care and Support, Pediatric Care and Support, Adult and Pediatric ARV Treatment, and PMTCT activities.

2. ACTIVITY DESCRIPTION

KEMRI will support the expansion of TB/HIV collaborative activities in Nyanza province with a focus in the 2 districts (Bondo and Siaya) through TB/HIV stakeholders meetings at the province and districts, clinic renovations, furniture and equipment procurement, and staffing. In FY 2009, approximately 4,000 TB patients will be identified. We expect that 3,200 (80%) of the TB patients will be counseled and receive the HIV test results. KEMRI will enhance quality AFBs microscopy and HIV test results through regular joint supervision, support training on AFB quality assurance for AFB microscopy and dried blood sample collection. Funds will also be used to supplement the capacity of a KEMRI/CDC TB laboratory in Kisumu with potential for becoming a western Kenya regional reference laboratory with a capacity to conduct cultures for the mycobacterium bacilli and drug sensitivity testing (DST).

KEMRI will pilot infection control (IC) activities in selected facilities in Nyanza province. The activities will include sensitization of the provincial and district health management teams and stakeholders both at the province and the districts, assessment of current IC activities in the facility, support training of health care workers on infection control and support facilities to develop infection control plans. Lessons learned will inform the future expansion of the infection control activities. Secondary prevention or Prevention with positives (PWP) activities in TB settings will be a priority for KEMRI in FY 09. There will be a special focus on screening for TB in at least 50% of the HIV-infected patients from the PSC/CCC and medical in-patient wards. The proportion of HIV-positive TB patients on ARVs will be increased from 30% to 60% with 100% CTX coverage. KEMRI will support the provincial TB program implement PwP activities in the province through sensitization of the provincial and district health management teams and other stakeholders. PEPFAR funds will support provincial and district TB/HIV stakeholders meetings, training of health care workers in PwP, condom promotion, disclosure and partner testing, access to ARVs and management of STIs. Mechanisms of referral to TB clinics and back-referral to HIV care settings, and referral tracking will be emphasized. Recording and reporting, including the implementation and evaluation of an electronic TB monitoring and evaluation system will be implemented. KEMRI in collaboration with other partners will enhance MDR surveillance in the province. Activities to be undertaken will include dissemination of the Division of Leprosy, Tuberculosis and Lung Disease (DLTLD) guidelines, liaising with the Central Reference Laboratory to provide feedback, continuous supply of universal bottles for sputum collection and discussion of MDR cases during the District TB coordinators quarterly meeting. KEMRI will collaborate closely with other programs to ensure that HIV-infected children are considered in all TB/HIV policies and programs, including IPT for HIV-infected children whose parents have active TB.

In collaboration with the new partner, KEMRI will expand the TB/HIV collaborative activities to Siaya prisons through sensitization of the prison authorities, minor renovation and establishment of comprehensive care clinic within the prison. In collaboration with the Kenya Association for Prevention of TB and Lung Disease (KAPTLD), KEMRI will support good clinical and laboratory practice in 6 private clinics located in Nyando, Bondo and/or Siaya. The six clinics will be identified by the respective District TB Coordinators. Activities will focus on capacity building, provision of equipment, minor renovation, and procurement of supplies including cotrimoxazole (CTX), HIV test kits and laboratory reagents. KEMRI will support the provincial TB monitoring and evaluation system through review of TB/HIV monitoring tools for completeness, accuracy and completeness; support supervision and provincial district quarterly review meetings.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated TB/HIV services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthen capacity of health workers to provide integrated TB/HIV services and strengthen systems capacity for program monitoring and evaluation and management of commodities. Quality of laboratory services will be improved through a laboratory renovation in Kisumu to create a regional reference culture/DST laboratory, recruitment of laboratory technologists and other staff, AFBs microscopy training and improved supervision.

4. LINKS TO OTHER ACTIVITIES

These activities will be linked to ongoing CT, Adult Care and Support, Pediatric Care and Support, Adult and Pediatric ARV Treatment , and PMTCT activities in Nyanza and Nairobi Provinces, including linkages with the private sector and prisons.

5. POPULATIONS BEING TARGETED

TB suspects (adults and children), TB patients, HIV+ persons identified from PSC/CCC/medical inpatient wards, and PLWHA organizations - deliberate action will be taken to intensify TB screening and TB case finding among PLWHA.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Provider-initiated HIV testing for all TB patients will be given on an "opt out" principle. Guidelines on HIV testing based on consent, confidentiality and counseling will be observed as part of standard practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

7. EMPHASIS AREAS TB screening, DTC, commodity procurement, quality assurance, infrastructure, targeted evaluation, network/linkages/ referral systems, treatment for latent TB infection, infection control, laboratory strengthening, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14879

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14879	4090.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$739,386
6944	4090.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$1,950,000
4090	4090.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$424,744

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 210.09

Mechanism: N/A

Prime Partner: Kenya Medical Research Institute

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 17848.20633.09

Planned Funds: \$0

Activity System ID: 20633

Activity Narrative: This PHE activity, "Operational evaluation of a TB screening tool and implementation of the 2006 WHO guidelines for the diagnosis of smear-negative TB in HIV-infected persons in HIV care settings" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0041. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17848

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17848	17848.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$75,000

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$0
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1244.09	Mechanism: Kenya Department of Defense
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 4253.20591.09	Planned Funds: \$200,000
Activity System ID: 20591	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Prime partner was changed from Kenya Medical Research Institute to Henry Jackson Foundation (HJF) which was competitively selected to implement the activity.
- +In FY 09 the KDOD program shifts focus from civil outreach to concentrate on reaching military personnel and their dependants with clinical prophylaxis and treatment for tuberculosis within the military setting. Support for civilian focused activities has been transitioned to other USG implementing partners.
- +The number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected changes to 8.
- +The number of HIV-infected clients receiving treatment for TB disease changes to 200.
- +The number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals changes to 20.
- +Number of registered TB patients who received HIV counseling, testing, and their test results changes to 300.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through in service training of health care workers including clinical officers, nurses and doctors in the management of TB patients. 7.5% of the budgetary allocation will be attributed to this activity.

1. LIST OF RELATED ACTIVITIES:

This activity is related to activities in Counseling and Testing , Prevention of Mother-to-Child Transmission Palliative Care: Basic Health Care and Support and ARV Services.

2. ACTIVITY DESCRIPTION

The Kenya Department of Defense (KDOD) will continue to intensify the diagnosis, care and treatment of military patients with co-infections of TB and HIV (TB/HIV) by promoting screening activities of all HIV infected patients for TB as well as ensuring all TB infected patients are offered HIV testing, STI screening, HIV prevention messages including condom distribution. Those found to be co-infected will be given anti-TB, Cotrimoxazole prophylaxis treatment (CPT) and ART as per the Kenya's National Leprosy and Tuberculosis Program (NLTP) guidelines. Through this concerted effort, in FY08, the program will provide HIV testing to 300 TB patients; and offer TB and HIV services to 150 TB/HIV co-infected patients. Additionally, 1,750 patients accessing HIV services in the region will be screened for TB, and those found positive provided with TB treatment. The program will intensify efforts of contact tracing by conducting door to door sputum testing of TB contacts. This will lead to more cases being identified and appropriate care being given in a timely manner. In order to achieve this, KDOD intends to continue improving the laboratory capacity for TB/HIV and improving capacity of the health personnel through training in management of TB/HIV. Refresher training for integrated TB/HIV activities for KDOD health professionals will be undertaken by training of additional 36 health workers on TB and DTC using NASCOP/NLTP curriculum to support the expected increased workload. TB/HIV services will continue to be supported in the 8 care and treatment centers in Armed Forces Memorial Hospital (AFMH), Moi Air Base in Nairobi, Mombasa, Nanyuki, Nakuru, Gilgil, Eldoret and Thika. In FY2007, funds were used to develop an integrated TB/HIV clinic within the AFMH with marked success. In FY 2008, funds will be used to replicate the integrated clinic in the other 7 treatment centers so as to facilitate effective care of TB/HIV co-infected patients. KDOD will also continue extending TB/HIV services to the neighboring civil population. AFMH remains the referral for all patients requiring specialized diagnosis, treatment and in-patient care including patients suspected to have failed treatment. In FY 2008, efforts to improve the capacity in the laboratory at AFMH to perform QA in smear microscopy (florescent microscopy) will be continued. In line with the national guidelines, the AFMH lab will continue to send samples to the National reference laboratory for TB cultures, drug sensitivity and resistance testing. In line with National guidelines, the program will continue to ensure efficient and timely supply of TB drugs to all treatment sites while maintaining regular supervision of all TB/HIV treatment activities. Strengthening of community based adherence/follow up of patients in this program will be promoted through telephone tracking of defaulters and the use of social workers. TB laboratories in the military will continue to serve civilian patients and will be contingency for the district and provincial hospitals in the regions in which they are located (that is the population in the Kenyan administrative location within which the military treatment and care centres are located). In terms of reporting for TB, the KDOD is recognized as Kenyan Province equivalent. This recognition by the NLTP will be exploited to ensure that the KDOD tuberculosis program is developed further under the President's Emergency Plan.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities in this program area will contribute to the results of expansion of ART for clinically qualified HIV infected patients. This activity will also care for those who have TB/HIV co-infection as well, thus improving the level of care offered to the patients in KDOD. Human capacity to deliver TB/HIV treatment will be strengthened as well as the referral network for provision of ART and TB/HIV care. Effort will be made to ensure that all patients in KDOD and in the neighborhood of military barracks who deserve care in the area of TB/HIV access this care.

4. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive program and is linked to other KDOD HIV care and treatment activities in the area of Counseling and Testing , Prevention of Mother-to-Child Transmission, Palliative Care: Basic Health Care and Support and ARV Services. Linkages between KDOD CT and Diagnostic Counseling and Testing (DTC) centers and care outlets will be harmonized and strengthened to improve utilization of care opportunities in the nearest KDOD health facility created through PEFAR funding. The KDOD will seek closer collaboration between the various services with a view to sharing the facilities.

5. POPULATIONS BEING TARGETED

This activity targets military personnel, their families and members of the general population in the immediate neighborhoods around the military facilities. The KDOD young men and women often serve away from their homes, thus being vulnerable to risky behaviors thus exposing them to HIV and TB. The stations have significant numbers of young families and continue to be popular health service delivery points for the surrounding communities benefiting from TB/HIV services. The 8 sites will include improved

Activity Narrative: laboratory services for handling TB/HIV, thus helping support staff, families and community members.

6. KEY LEGISLATIVE ISSUES

KDOD TB/HIV program will increase gender equity in HIV programming by ensuring that equitable numbers of women including children are receiving treatment. The activities will address stigma associated with TB/HIV status through information, education, and communication materials targeted to health care providers, caregivers, and communities while addressing male norms and behaviors.

7. EMPHASIS AREAS

This activity includes emphasis on human capacity development including training and empowering the health workers to provide basic health care and support services by supporting necessary commodities; data collection, analysis and dissemination, which will further support program monitoring and evaluation; and increasing gender equity in HIV/AIDS programs, by ensuring that equitable number of women and children are receiving treatment, and targeting increased access of services by men.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14896

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14896	4253.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$200,000
6961	4253.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$104,475
4253	4253.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$155,000

Emphasis Areas

Construction/Renovation

Gender

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

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 521.09

Mechanism: USAID-AMPATH Partnership

Prime Partner: Indiana University

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 4235.20501.09

Planned Funds: \$1,150,000

Activity System ID: 20501

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ Indiana University has been selected as the prime partner to implement this activity under the USAID-AMPATH partnership.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its mentorship and training program that targets health workers (\$150,000).

1. LIST OF RELATED ACTIVITIES

These activities support and link to the network centre at Moi Teaching and Referral Hospital, and link to other services such as Counselling and Testing , Adult Care and Treatment, Paediatric Care and Treatment and PMTCT supported primarily by this partner.

2. ACTIVITY DESCRIPTION

The overall objective of the USAID-AMPATH HIV/TB care project is to decrease the prevalence of TB in all areas served and integrate care of co-infected patients into a comprehensive program that meets the objectives of the Division of Leprosy, Tuberculosis and Lung Diseases (DLTLD) and NASCOP. To meet these objectives, the activity will implement the following interventions;

- a) Case Finding: Expand the very successful case finding model in Uasin Gishu District to all clinic communities. The model deploys community-based cough monitors who are dually trained at sputum collection and Provider Initiated Testing and Counselling (PITC) for HIV. In combination with improved training of Ministry of Health laboratory personnel and patient follow up, this model has demonstrated very cost-effective case finding and over 90% adherence through completion of TB treatment. In addition, PITC is provided to all TB infected patients. All co-infected patients are referred to the nearest HIV/TB clinic for care.
- b) Care of the co-infected: project physicians and clinical officers will provide comprehensive HIV/TB management in all clinics. All providers will undergo additional training on DLTLD guidelines and all national registration and reporting procedures will be observed. DLTLD staff will be integrated into the clinic in an effort to improve reporting and patient convenience. Providers with additional expertise in managing the co-infected patient will be available to all clinics for consultation.
- c) Contact tracing and outreach: In an effort to further reduce the prevalence of active TB surrounding project service areas, an active program of contact tracing will be initiated. Home visits will be offered to all co-infected patients and a dually trained DTC/cough monitor to perform home rapid testing for HIV and sputa collection for AFB smear will do the visit. In addition, a cough monitor in the field will visit the index patient every two weeks to check on adherence and provide health information. Where necessary, the cough monitor will provide transport support for all HIV infected patients and their children to the nearest TB/HIV clinic.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will lead to the identification and care of 5,000 TB/HIV co-infected patients in the AMPATH service areas by September 2010. These activities will contribute to the results of expansion of ARV treatment for clinically qualified TB/HIV co-infected patients, as well as regular screening of HIV positive patients for TB infection.

AMPATH TB/HIV care activity will provide clinical prophylaxis and treatment for TB to 2500 HIV patients, HIV counselling and testing to 5000 TB patients and train 200 health workers in TB/HIV related activities in 18 health care facilities in Coast Province

4. LINKS TO OTHER ACTIVITIES

These activities support and link to the network centre at Moi Teaching and Referral Hospital, and link to other services such as Counselling and Testing, Adult Care and Treatment, Paediatric Care and Treatment and PMTCT supported primarily by this partner.

5. POPULATIONS BEING TARGETED

The main populations being targeted by this activity are TB/ HIV co-infected patients and health workers.

6. EMPHASIS AREAS The main emphasis areas are task shifting by use of community-based cough monitors who are dually trained at sputum collection and diagnostic counselling and testing (DTC) for HIV. A minor emphasis area is training for health workers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14829

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14829	4235.08	U.S. Agency for International Development	Indiana University	6953	521.08	USAID-AMPATH Partnership	\$1,200,000
6900	4235.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$1,350,000
4235	4235.06	U.S. Agency for International Development	Indiana University School of Medicine	3254	521.06		\$300,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 305.09	Mechanism: N/A
Prime Partner: International Rescue Committee	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 12458.20520.09	Planned Funds: \$100,000
Activity System ID: 20520	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing , Prevention of Mother-to-Child Transmission , Adult Care and Support , Pediatric Care and Support, and Adult and Pediatric ARV Services.

2. ACTIVITY DESCRIPTION

The International Rescue Committee (IRC) will support TB/HIV services for patients at approximately 5 sites in Kakuma Refugee camp, Kakuma Mission hospital, Lokichogio, Kalokol and Lodwar District Hospital in Rift Valley Province, targeting both refugee and local populations. Intensified TB screening for 250 HIV patients and HIV screening for 500 TB patients will be offered as a standard of care in all the facilities. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. 10 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Funds will support expanded and strengthened delivery of integrated HIV and TB services including strengthened referral systems. Additional activities will include community mobilization and dissemination of educational materials to patients. IRC will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

IRC has been implementing an HIV/AIDS prevention program and outreach to hard-to-reach populations and rural communities in this area since September 2001. They are uniquely suited to provide care in refugee situations and remote areas. IRC will also build on a substantial, existing medical capacity in the camps. They have a strong relationship with the local mission hospital, relying on the hospital for operating theatres, OB/GYN care, and other services, and are already collaborating with the mission hospital to build capacity related to provision of basic health services for people with HIV. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for dually infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult Care and support , pediatric care and support, Adult/pediatric ARV/ART Services currently supported by this partner and TB activities support by DLTLD.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS, including refugees. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14844

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14844	12458.08	HHS/Centers for Disease Control & Prevention	International Rescue Committee	6956	305.08		\$50,000
12458	12458.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$25,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 4913.09

Mechanism: APHIA II - Coast

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 9062.20471.09

Planned Funds: \$350,000

Activity System ID: 20471

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program that targets health workers (\$35,000).

1. LIST OF RELATED ACTIVITIES

The activity will link to APHIA Coast other activities in CT, Palliative Care: Basic Health Care and Support , ARV services , Condoms and Other Prevention , Orphans and Vulnerable Children , Prevention of Mother to Child Transmission and Abstinence and Be Faithful.

2. ACTIVITY NARRATIVE

This APHIA II Coast activity has been supported in 9 out of 13 districts of Coast Province. Intensified HIV screening of TB patients will be part of the institutionalized TB/HIV collaboration and PITC in all TB diagnostic and continuation centers. This activity will provide clinical prophylaxis and treatment for TB to 500 HIV patients and HIV counseling and testing to 1,000 TB patients. It will also support training of HIV and TB care staff on routine PITC of TB suspects and cases using the TB-HIV curriculum. The project will provide additional staff if required, support intensified screening of HIV cases for TB, support upgrading of laboratories with additional equipment, and renovation of laboratory space, as necessary. CTX prophylaxis will be introduced for all HIV infected TB cases. Therapeutic and supplementary nutrition will be provided to eligible TB/HIV patients. Planning, monitoring and supervisory mechanisms for collaborative activities will be strengthened at provincial, district and TB zone levels. Isoniazide (INH) prophylaxis will be provided for six months to HIV infected infants identified through PCR testing from DBS samples. The capacity of select HIV/AIDS CBOs and local NGOs like Mkomani Clinic Society will be increased to integrate TB into their on-going HIV/AIDS activities. Low literacy materials on TB/HIV will be supplied. The private providers who cater for the lower socio-economic groups will be trained and linked to either the public HIV/AIDS and TB programs or the Gold Star Network whose target is paying clients in the private sector. An estimated 90 public and private sector providers will be trained on TB-HIV. Intensified TB screening for HIV patients and HIV screening for TB suspects/patients will be offered as a standard of care in all the facilities; approximately 500 TB patients will be identified as being infected with both TB and HIV.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Coast TB/HIV care activity will provide clinical prophylaxis and treatment for TB to 500 HIV patients, HIV counseling and testing to 1,000 TB patients and train 90 health workers in TB/HIV related activities in 14 health care facilities in Coast Province.

4. LINKS TO OTHER ACTIVITIES The activity will link to APHIA Coast other activities in CT, Palliative Care: Basic Health Care and Support , ARV services , Condoms and Other Prevention , Orphans and Vulnerable Children , Prevention of Mother to Child Transmission and Abstinence and Be Faithful that all seek to provide comprehensive district based services coordinated at the provincial level.

5. POPULATIONS BEING TARGETED

This activity targets People Living with HIV/AIDS, HIV/AIDS affected families and individuals diagnosed with TB.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

Project emphasis is intensified TB screening and prevention for the HIV infected patients at health facility level, but with enhanced emphases in community mobilization/participation, development referral systems, local organizations' capacity development, workplace programs, and IEC materials provision. APHIA II Coast will intensify provider-driven PITC in health care settings seeking to enhance testing in TB diagnostic centers that currently do not provide ART services. These facilities are largely health centers and dispensaries that offer TB diagnostic services but are not providing ART. HIV positive patients identified via these activities will be referred to nearby treatment sites. This will complement the current PITC program that has intensified testing in facilities where both TB and ART services are provided.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14810

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14810	9062.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$390,000
9062	9062.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$400,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$35,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4916.09	Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 9065.20457.09	Planned Funds: \$400,000
Activity System ID: 20457	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program that targets health workers (\$40,000).

1. LIST OF RELATED ACTIVITIES

The activity will link to APHIA Rift Valley other activities in CT, Palliative Care: Basic Health Care and Support , ARV services , Condoms and Other Prevention , Orphans and Vulnerable Children , Prevention of Mother to Child Transmission and Abstinence and Be Faithful.

2. ACTIVITY DESCRIPTION

The APHIA Rift Project has been working with Ministry of Health in area of HIV/TB collaboration which includes screening and training in HIV/TB co-infection, HMIS and support supervision. In the nomadic pastoralist population of Samburu district, APHIA will continue to fund SADIA Project to carry out TB case detection, referral, and treatment and follow up. The Project will continue to support community based DOTS through the community health workers (CHWs). This activity seeks to provide 1,000 HIV infected clients attending HIV care/treatment services treatment for TB disease and increase the number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV infected individuals to 28. A total of 2,000 registered patients with TB will also receive counseling and testing for HIV.

Intensified TB screening for HIV patients and HIV screening for TB suspects/patients will be offered as a standard of care in all the facilities. The activity will support training of HIV and TB care staffs on routine diagnostic testing and counseling of TB suspects and cases using the NLTP/NASCOP curriculum, screen HIV cases for TB, upgrade laboratories with additional equipment, and renovate laboratory space, as necessary. CTX prophylaxis will continue being provided for all HIV infected TB cases and referrals for ART made to all CCCs. Planning, monitoring and supervisory mechanisms for collaborative activities will be strengthened at provincial, district and community levels. The capacity of select HIV/AIDS CBOs and local NGOs will be increased to integrate TB into their on-going HIV/AIDS activities. Low literacy materials on TB/HIV will be reproduced and supplied. The private providers will be trained and linked to either the public HIV/AIDS and TB programs or the Gold Star Network whose target is paying clients in the private sector.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II RV TB/HIV care activity will provide clinical prophylaxis and treatment for TB to 1,000 HIV patients, HIV counseling and testing to 2,000 TB patients and train 65 health workers in TB/HIV related activities in 28 health care facilities in Rift Valley Province.

4. LINKS TO OTHER ACTIVITIES

The activity will link to APHIA Rift Valley other activities in CT, Palliative Care: Basic Health Care and Support , ARV services , Condoms and Other Prevention, Orphans and Vulnerable Children , Prevention of Mother to Child Transmission and Abstinence and Be Faithful that all seek to provide comprehensive district based services coordinated at the provincial level.

5. POPULATIONS BEING TARGETED

This activity targets People Living with HIV/AIDS, HIV/AIDS affected families and individuals diagnosed with TB.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults. This activity has a major emphasis on networks/linkages/referral systems and minor emphases in supportive supervision, development of referral systems, IEC, and linkages with other sectors and initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14801

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14801	9065.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$450,000
9065	9065.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$250,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3672.09

Prime Partner: Columbia University Mailman
School of Public Health

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 8846.20396.09

Activity System ID: 20396

Mechanism: Central Province

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$400,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care, ARV Services ,Pediatrics ARV services, Pediatric care and support and PMTCT.

2. ACTIVITY DESCRIPTION

Columbia University's International Center for AIDS Treatment (CU-ICAP) will support TB/HIV services for patients at 45 sites in Central Province. Intensified TB screening will be offered to 17,000 HIV patients and HIV screening for 2,000 TB patients as part of the standard of care in all the facilities; approximately 1,000 co-infected patients are expected to be identified. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs of TB testing. Fifty health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. CU-ICAP will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

CU-ICAP supports the development of high quality HIV care and treatment services in low resource settings. CU-ICAP programs currently support HIV/AIDS activities in 11 African countries. In Kenya, CU-ICAP has established a foundation for HIV/AIDS program activities, including PMTCT plus and care and treatment. With regionalized planning for care and treatment services, CU-ICAP-Kenya was designated the primary USG care and treatment partner for central province. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB care for co-infected patients by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult care and support , Adult ARV service , Pediatric care and support, and Pediatric ARV services currently supported by Columbia University and PMTCT services offered by Pathfinder International.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, strategic information, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14758

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14758	8846.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6940	3672.08		\$450,000
8846	8846.07	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	4220	3672.07		\$220,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 4919.09

Mechanism: APHIA II - North Eastern

Prime Partner: Pathfinder International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 9066.20188.09

Planned Funds: \$150,000

Activity System ID: 20188

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program that targets health workers (\$15,000).

1. LIST OF RELATED ACTIVITIES

This activity will be linked to Adult Care and Treatment services, Pediatric Care and Treatment, and Counseling and Testing.

2. ACTIVITY DESCRIPTION

There are a number of variables that distinguish North Eastern Province (NEP) from the rest of the country and have important implications for health programming. First, NEP has the lowest utilization of health services in the country. This is due to a combination of factors, including poorly staffed facilities; vast distances between facilities; very high illiteracy rates of both men and women; extraordinary stigma, particularly around the use of condoms; high rates of TB (though to date this is largely unassociated with HIV) and stigmatization of those with TB; low rates of HIV prevalence in persons being treated for TB (typically only around 3-4%); religious and social attitudes and beliefs which discourage the use of health facilities for deliveries; harsh conditions which contribute to understaffing and poor retention of those who do report for duty. Outreach services, which are able to respond to the movement of pastoralists, can help to address the inaccessibility of distant Service Delivery Points (SDPs); however, the quality of services provided by SDPs must also improve significantly. While stigma is the major cause for people in NEP not knowing their HIV status, the availability and quality of counseling and testing services requires significant improvements. Intensified TB screening for 200 HIV patients and HIV screening for 200 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 100 HIV patients will be treated for TB infection.

This activity will build on USAID investment through UNICEF to provide support for strengthening and expanding palliative care in clinical settings to address TB and HIV. Emphasis will be on filling gaps in service delivery and linking to community based services. TB prevention, treatment and care programs will be strengthened and effective linkages made between TB and HIV services. TB "manyattas" in each district will be renovated. Service quality and supervision at all levels of facility care and referral will be improved. Drug supply management, case management, records systems, supervision and community-based adherence/follow-up will be strengthened. All health facilities targeted by the project will provide OI treatment, including TB, cotrimoxazole prophylaxis, and nutritional support. APHIA II NEP will work to expand diagnostic and DOTS case management capacity, including improving the quality of TB diagnostic laboratories. It will provide guidance for training of nurses and CHWs, annual refresher training on TB/HIV/AIDS care and education. It will pilot ART provision in TB clinics in an effort to decentralize and treat patients where they are presenting for care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In NEP and northern parts of Eastern and Rift Valley provinces in FY 2009, 100 people with HIV infection will be provided with TB treatment services and 200 with TB will receive counseling and testing for HIV and train 50 health workers in TB/HIV related activities in 80 health care facilities.

4. LINKS TO OTHER ACTIVITIES

Clinic-based palliative care is one component in a comprehensive treatment and care approach under APHIA II, such that clients will benefit from long term ART and linkages to community services. Linkages will also be made with the DLTLD and CT, PMTCT and OVC sites.

5. POPULATIONS BEING TARGETED

This activity targets clients at antenatal clinics, VCT sites, in-patients and clients of DTC, TB-ward patients and clients of home and community support services who are referred for clinical care by community health workers and Health care.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address stigma and discrimination against persons dually infected with TB and HIV.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14701

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14701	9066.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$150,000
9066	9066.07	U.S. Agency for International Development	To Be Determined	4919	4919.07	APHIA II - North Eastern	████████

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7286.09	Mechanism: Phones for Health
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 16504.20305.09	Planned Funds: ██████████
Activity System ID: 20305	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + During the COP 2009 funding period, the P4H infrastructure will be extended to cover all health facilities in Nyanza and South Rift Valley provinces as well as making an entry into two other provinces. Additional modules to cover logistics (drugs and commodities supply) will be included.
- + A training partner will be competitively selected to work with P4H in full expansion of health worker training.

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1. ACTIVITY DESCRIPTION:

In FY2008, Kenya will strengthen national HIV/AIDS strategic information capacity through participation in the Phones for Health public-private partnership. Phones for Health will leverage human, financial and physical resources from its partners – including O/GAC, the GSM Association Development Fund, Accenture Development Partners, Motorola, MTN and Voxiva – to establish a sustainable national information system for HIV/AIDS and related diseases in Kenya. The Phones for Health model builds on local telecommunications infrastructure and utilizes multiple user interfaces, allowing workers at health facilities to record data locally and transmit it to regional and central-level program managers by phone, PDA or computer. The system also provides multiple channels for communication and feedback between levels of the health care system. The Phones for Health architecture consists of a series of core modules, each of which supports a key care and treatment function, such as patient registration, communication between facilities and central authorities, or program indicators reporting. Kenya is committed to advancing national strategic information capacity and will devote substantial staff and resources to the oversight of data collection, quality assurance and training in support of this activity. Specific activities that will be undertaken by the Phones for Health partnership in Kenya in FY2008 include:

(i) Outreach and Needs Assessment: a small Phone for Health team will meet with key stakeholders in Kenya, including Ministry of Health (MOH) representatives, USG, WHO, World Bank, GTZ, DANIDA, Aga Khan Health Services and other stakeholders to document Kenya's HIV/AIDS information needs and how Phones for Health will address those needs. In collaboration with these stakeholders, the team will conduct a rapid assessment including but not limited to: stakeholder analysis, health system mapping, resource capacity assessment (i.e. both number of people and capacity to conduct activities), baseline information gathering, work flow analysis, and review of existing HMIS. Accenture Development Partners and Voxiva will jointly lead this activity, which will be funded centrally by O/GAC and GSMA.

(ii) Planning and Requirements Gathering: The Phones for Health team will work closely with MOH, USG and other donors to determine how the system will be customized to support Kenya's health operations. This will involve defining custom modules, user roles, governance and management structures, business practices and work flows. The roles and contributions of participating Phones for Health consortium members will also be defined and documented, and a phased implementation plan and budget (including ongoing communications and support) will be put in place. Once these items are agreed upon, Voxiva will gather system requirements, such as language options and user permission levels. The Ministry of Health/NASCOP will provide essential information like national ARV drug regimens, facility profiles and locations, and HIV program indicators.

(iii) System adaptation and configuration: Voxiva and other consortium members will work with MOH and USG technical staff to adapt the Phones for Health system to Kenya's administrative divisions, health reporting hierarchy, management structure, HIV/AIDS services and program indicators. For example, user roles will be created to control which types of data are accessible to different users of the system, such as national HIV/AIDS program managers, district health officers, facility-based health workers, USG agencies and implementing partners. Each user will then be assigned a user role that is linked to the appropriate facility ID/IDs and to a unique user ID and password.

(iv) Staffing, management and training: Sustainable staffing and local capacity building (both human and institutional) are critical to the success of Phones for Health in Kenya. The Phones for Health team will recruit a full-time technical advisor to provide long-term training and technical assistance to the local management unit, which will be located within the Ministry of Health's Division of HMIS or NASCOP. The local management unit will be responsible for system administration, ongoing training of Phones for Health users, analysis and dissemination of Phones for Health program data, and feedback to districts and facilities on data quality and performance. Accenture/GSMA will provide medium-term technical assistance in the form of in-country consultants with specialized knowledge in HMIS, planning and project management. Together, the technical advisor and Accenture/GSMA consultants will support the local management unit in these functions for the first 18-24 months of deployment, with the goal of transferring the knowledge and skills necessary for day-to-day management of the system to the management unit in the second year of deployment.

The Phones for Health team will adapt its role-based training curriculum to the logistical and linguistic needs of Kenya. All users, irrespective of their role(s), will receive training in modes of data entry and transmission, data retrieval and display options (including customization of reports and data dashboards), feedback and alert mechanisms, and security features.

(v) Phase One Deployment: Voxiva's experience implementing TRACnet in Rwanda has demonstrated that it is possible to achieve nationwide deployment of the Phones for Health system in a relatively short period of time, though it is anticipated that deployment will take longer in larger countries. In FY2008, Phones for Health will be initially piloted in 2 provinces, with the expectation that national deployment will be achieved by Year 2 or 3 of the project. Motorola will provide subsidized GPRS-enabled phones loaded with J2ME software (donated by Voxiva) to support rapid implementation and expansion. Safaricom will provide subsidized hosting, software maintenance and support services on an ongoing basis.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will strengthen the flow of patient/client data directly from health facilities to a central database in a timely and secure manner. It will also ensure that feedback can be generated and sent to facilities to

Activity Narrative: enhance better decision making and improved program management. National, sub-national reports will be available to program managers for better planning. Information on commodities and general supplies will be available on time hence minimizing stock-outs.

3. LINKS TO OTHER ACTIVITIES:

This activity relates to activities in ARV services, Care and support, HVCT, HVS1 and HLAB.

4. POPULATIONS BEING TARGETED:

Although this activity will benefit the general population, 425 individuals drawn from 30 institutions will be trained. These include health workers from district hospitals, sub-district hospitals, health centers and dispensaries.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK personnel in use of mobile phone technology to improve reporting and data use.

6. EMPHASIS AREAS:

The major emphasis area is Strategic information (M&E, HMIS, reporting)

New/Continuing Activity: Continuing Activity

Continuing Activity: 16504

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16504	16504.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7286	7286.08	Phones for Health	

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7441.09

Mechanism: Umbrella

Prime Partner: Catholic Relief Services

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 16511.20300.09

Planned Funds: \$250,000

Activity System ID: 20300

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$250,000. Funds moved to EGPAF/Umbrella (HVTB).

ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV, Pediatric treatment, Adult care and support, Pediatrics care and support, CT, and Orphans and Vulnerable Children.

2. ACTIVITY DESCRIPTION

Catholic Relief Services (CRS) Umbrella will build organizational capacity and provide sub-grants to NGOs, FBOs, and CBOs. Intensified TB screening for 4,500 HIV patients and HIV screening for 3000 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 1, 500 TB patients will be identified as being infected with both TB and HIV. CRS Umbrella will also support a public-private partnership (PPP) between Kenya's Division of Leprosy and TB and Lung Disease Program (DLTLD) and the Kenya Association for Prevention of TB and Lung Disease (KAPTLD) for collaborative TB/HIV activities.

In FY 2009, CRS Umbrella through the local indigenous organizations will expand collaborative TB/HIV activities, including HIV testing of TB suspects (reaching >95% of all TB cases) and monitoring and treatment of HIV in TB clinics (reaching 100% of TB patients with cotrimoxazole and 50% of those eligible with ART).

KAPTLD is an affiliate of the International Union against TB and Lung Disease (IUATLD), a group of chest physicians in private practice in Nairobi and major urban centers in Kenya. More than 75% of Kenya doctors and half of the national health facilities reside in the private sector, and this PPP seeks to promote good clinical practice in TB/HIV services provided by those physicians. The partnership was established last year with support from the Emergency Plan, and since the signing of an MOU with DLTLD in 2006, KAPTLD has begun TB/HIV activities in Nairobi, Mombasa, Nakuru, Eldoret, Kisumu and other urban sites in Kenya. KAPTLD will use FY 2009 funds to support administrative operations in Nairobi, provide support supervision to private practitioners, establish a TB/HIV resource center, and train staff – nurses, clinical officers and doctors – in order to strengthen capacity in the private sector. The funds will also support the printing and distribution of monitoring and evaluation tools. KAPTLD will invest FY 2009 funds into the following key TB/HIV activities: testing TB patients/suspects for HIV, screening HIV-infected persons for TB, providing co-infected patients with additional care (cotrimoxazole, ART), providing risk reduction counseling and psychosocial support, training health workers to deliver TB/HIV services, supporting infrastructure, and supporting procurement of commodities (such as HIV test kits and drugs). Private diagnostic TB and HIV laboratories will be supported, through collaboration with CDC's Laboratory Program, the National Public Health Laboratory Services (NPHLS) and the NLTP to ensure that national standards are achieved and maintained. In addition, KAPTLD, in collaboration with the DLTLD, will strengthen reporting and patient tracking systems to ensure that standard TB and HIV care outcomes are accurately reported and factored into the national database.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated HIV and TB services in the private sector, including strengthened patient tracking systems between the public and private practitioners, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of private health workers to provide integrated HIV and TB services and strengthened systems capacity for program monitoring and evaluation and management of commodities.

4. LINKS TO OTHER ACTIVITIES

These activities will be linked to Adult care and support, Pediatric care and support, Adult and pediatric treatment services and ARV treatment, in both the private and public settings. These activities will be coordinated by the DLTLD and NASCOP and will result in strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnosis and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers in private practice to provide integrated HIV and TB services.

5. POPULATIONS BEING TARGETTED

These activities target TB suspects (adults and children) from whom 15% of all notified TB patients will be derived. The TB suspects will be seen at private outlets in the major urban settings in Kenya. The other populations targeted are HIV+ persons identified from VCT, PMTCT, STI, and ARV clinics and PLWHA organizations - deliberate action will be taken to intensify TB screening and TB case finding among PLWHA.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on an "opt out" principle. Guidelines on HIV testing based on consent, confidentiality and counseling will be observed as standard practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

7. EMPHASIS AREAS

Emphasis areas include commodity procurement, development of network/linkages/referral systems, IEC, infrastructure, local organization capacity development, and training. The funds will be used to expand existing COP 08 activities for this partner. Specifically, they'll be allocated to 2 partners already providing palliative care to HIV patients to support intensified and integrated HIV/TB services, particularly intensified case finding for TB and HIV testing among TB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16511

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16511	16511.08	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	12006	12006.08	Umbrella	\$142,545

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4917.09	Mechanism: APHIA II - Central
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 9072.20176.09	Planned Funds: \$200,000
Activity System ID: 20176	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ Splitting of APHIA II Nairobi/Central to APHIA II Nairobi and APHIA II Central. Targets and budgets have been split to reflect this change.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through its training program that targets all cadres of health workers using the national curriculum (\$20,000).

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1. LIST OF RELATED ACTIVITIES

This activity will be linked to Adult HIV care and treatment services (APHIA II Central), Pediatric HIV Care and Treatment services (APHIA II Central), HIV counseling and Testing (CT) Services (APHIA II Central) and national DLTLD services

2. ACTIVITY DESCRIPTION

This activity relates to support for strengthening and expanding palliative care in clinical settings for addressing TB and HIV. Pathfinder International (PI), which is the lead partner in APHIA II Central, will develop and implement new interventions, expand and integrate service delivery in COP 2009 period in sites targeted under the APHIA II Nairobi/Central Project, and add new ones. In 2009, 35 sites in Central will be supported in the provision of TB/HIV services. Through these sites, 500 HIV-infected clients attending HIV care and treatment services will receive treatment for TB and 1,000 patients attending the TB clinic will be tested for HIV. Emphasis will be on filling gaps in service delivery and linking to community based services and 3,250 patients will get intensified TB screening through community and clinical programs. TB prevention, treatment and care programs will be strengthened and effective linkages made between TB and HIV services. Service quality and supervision at all levels of facility care and referral will be improved. Drug supply management, case management, records systems, supervision and community-based adherence/follow-up will be strengthened. All health facilities targeted by the project will provide OI treatment, including TB, cotrimoxazole prophylaxis, and nutritional support. APHIA II Central will work to expand diagnostic and DOTS case management capacity. According to GOK policy, all HIV+ patients will be screened for TB, and all TB patients tested for HIV.

Malteser International, a PI partner, will provide guidance for training of nurses and CHWs, annual refresher training on TB/HIV/AIDS care and education and basic training on clinical observation and case management. In 2009, 100 health workers will be trained to provide treatment for TB to HIV infected individuals and case surveillance and management of MDR TB. PI will ensure that cotrimoxazole prophylaxis, de-worming, intermittent treatment for malaria, and ITNs are provided at all HIV care sites in collaboration with KEMSA and PSI. Lab staff will be trained to be more responsive to the needs of TB patients. In 2009 PI will continue to support ART provision in TB clinics in an effort to decentralize and treat patients where they are presenting for care, as outlined in the MOH decentralization strategy.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan HIV Care and Support – TB/HIV targets for Kenya.

4. LINKS TO OTHER ACTIVITIES

Clinic-based palliative care is one component in a comprehensive treatment and care approach under APHIA II, such that clients will benefit from long term ART as appropriate and linkages to community services. Linkages will also be made with the DLTLD and VCT sites.

5. POPULATIONS BEING TARGETED

This activity targets clients at ante-natal clinics, VCT sites, in-patients and clients of DTC, TB-ward patients and clients of home and community support services who are referred for clinical care by community health workers. Health care providers including Doctors, Nurses and Other Health care workers will be targeted for training using national curricula.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address issues of expanding access and decentralization of services.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14962

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14962	9072.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$250,000
9072	9072.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$400,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4918.09	Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 9068.20074.09	Planned Funds: \$300,000
Activity System ID: 20074	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program that targets health workers (\$30,000).

1. ACTIVITY DESCRIPTION

These COP 2009 activities will build on the 2008 COP activities and other past support in order to scale up palliative care services and generally improve the quality of the service delivery and ensure continued provision of basic health care and support. This will include providing clinical prophylaxis and treatment for TB to 500 HIV patients and HIV counseling and testing for 1,000 TB patients. In FY 2009 USAID'S APHIA II Western project will continue to increase the capacity of public and private health facilities to provide quality services for the management of opportunistic infections. The activities will include upgrading laboratories in TB sites to improve the diagnosis, laboratory monitoring and treatment for opportunistic infections. The linkages between facilities will continue to be enhanced with regard to laboratory networking.

APHIA II Western will provide additional staff as required, support intensified screening of HIV cases for TB, support upgrading of laboratories with additional equipment, and renovation of laboratory space, as necessary. CTX prophylaxis will be introduced for all HIV infected TB cases.

TB screening in all HIV positive patients will continue to be emphasized and HIV care and treatment for TB/HIV co infected patients strengthened. In FY 2009, APHIA II Western will Intensify TB screening for HIV patients and HIV screening for TB suspects/patients will be offered as a standard of care in all the facilities; approximately 500 TB patients will be identified as being infected with both TB and HIV. In addition, APHIA II Western COP 2009 activities will further support 241 TB diagnostic and treatment centers in the 19 districts. In FY 2009 activities will strengthen linkages between the TB clinics and the Comprehensive Care Clinics

2. CONTRIBUTIONS TO OVERALL PROGRAMME AREAS

These APHIA II Western activities will increase the number of HIV positive individuals receiving TB care and support and thereby help identify HIV positive individuals who are potential candidates for TB care as per the national guidelines. This activity also provides significant support to Kenya's 5-year strategy, KNASP 2006-2010, Kenya Essential Package for Health (KEPH) and National Health Sector Strategic Plan 2005-2010 (NHSSP).

This APHIA II Western TB/HIV care activity will provide clinical prophylaxis and treatment for TB to 500 HIV patients, HIV counseling and testing to 1,000 TB patients and train 200 health workers in TB/HIV related activities in 241 health care facilities in Western Province.

3. LINKS TO OTHER ACTIVITIES

These APHIA II western activities will be tightly linked to the FY 2008 activities and carries forward 2008 COP approved activities. This activity is linked to the HIV/AIDS Treatment/ARV services, Abstinence and Being faithfully, PMTCT and strategic information.

4. POPULATIONS BEING TARGETED

These APHIA II Western activities target people affected by TB, HIV/AIDS, Orphans and vulnerable children. It also targets the community, in order to improve community support and the health care providers in public, private and faith based health facilities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

The main legislative issue is the reduction of disease burden of PLWHAs and TB patients by improving their health and increasing the possibility of returning to work to contribute to their families' welfare.

6. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14996

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14996	9068.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$300,000
9068	9068.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$300,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4061.09	Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 19417.20083.09	Planned Funds: \$562,768
Activity System ID: 20083	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 +COP 08 funding for this activity was captured only under HVMS. In COP 09 the funding is distributed across the program areas.
 +This activity includes \$500,000 to support TB laboratory capacity

\$62,768:
 CDC-Kenya, including GAP-Kenya, is co-located with the Kenya Medical Research Institute (KEMRI) in Nairobi and Kisumu, with most PEPFAR-supported staff based in Nairobi, Kenya. Due to the dramatic scaling up of PEPFAR activities in Kenya, and the resulting expansion of staff since the inception of PEPFAR, the capacity of the existing offices has been exceeded. CDC proposes to renovate the existing structure, however, due to site and structural constraints, this will avail only limited additional space. CDC therefore proposes to build a second building to house the expanded CDC-KEMRI HIV program. The proposed building, on the campus of KEMRI, will become part of the KEMRI complex; CDC will not hold title to the building.

A total of \$1,200,000 in FY 08 funds was programmed to RPSO for this purpose; however, these funds were allocated in the absence of a fully developed staffing plan, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY 09 funds are sought to meet the funding shortfall resulting from the unplanned-for A&E services contract, as well as the under-estimated cost of construction.

Costs for the total CDC-KEMRI project have been allocated across GAP program areas, based on projected space utilization.

* * *

\$500,000
 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult Care and Support, Pediatric Care and Support, and Adult and Pediatric ARV Services.

2. ACTIVITY DESCRIPTION

Supported by the Global Fund (GF), Emergency Fund (EF) and other partners, Kenya is presently upgrading its national TB laboratory capacity as part of the response to an emerging threat of MDR-TB. EP will continue to assist Kenya's response by improving national MDR-TB laboratory surveillance capacity, promoting best TB care practices and expanding access to treatment. Presently, EP is strengthening the national Central Reference TB Laboratory (CRL) culture and drug sensitivity testing (DST) capacity through improvements in physical infrastructure, culture diagnostics, and development of a laboratory information system. In FY 09, Kenya plans to optimize DST for TB re-treatment cases according to national guidelines and expand national coverage of external quality assessments (EQA) for sputum microscopy services from present 20% to 50% by 2010. EP will continue to support on-going decentralization and strengthening of DST capacity in regional laboratories such as KEMRI (Nyanza Province), Kericho (North Rift) and AMPATH (North Rift). These efforts, complemented by those of other partners, will provide better insight into the MDR-TB burden and contribute to planning for sustained control. EP continues to contribute to the expansion of fluorescence microscopy (FM) - a more efficient TB diagnostic tool, especially in high volume settings. EP funds have procured and placed seven microscopes in five geographic regions (Nairobi, Coast Province, South Rift, North Rift, and Nyanza). In FY09, EP funds will be used to procure an additional five microscopes for other high volume regional sites. Funds to RPSO will be used to create additional laboratory space for these expanded activities through renovations of existing buildings and laboratories.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19417

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19417	19417.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7000	4061.08		\$500,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 360.09

Prime Partner: Liverpool VCT and Care

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12459.20248.09

Activity System ID: 20248

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$70,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in adult care and support, pediatric care and support, ARV Services, pediatric ARV services, and PMTCT, and HVCT

2. ACTIVITY DESCRIPTION

Liverpool Voluntary Counseling, Testing and Care (LVCT) will support TB/HIV services for approximately 11 sites in Nairobi (2), Eastern (1), and Nyanza Provinces (8). Intensified TB screening and treatment for 3,000 HIV patients and HIV screening for 450 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 225 patients will be identified as being infected with both TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. Twenty-five health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Fund will support expanded and strengthened delivery of integrated HIV and TB services including strengthened referral systems. Additional activities will include community mobilization and dissemination of educational materials to patients. LVCT will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. LVCT is a local, Kenyan organization that started as a project under the Liverpool School of Hygiene and Tropical Medicine. When LVCT became a Kenyan NGO, they retained the name of Liverpool because of its wide recognition in Kenya. LVCT has been a key provider of VCT services in Kenya and since 2003 has been supporting implementation of HIV care and treatment programs. In the specific area of palliative care, Liverpool staff brings substantial medical expertise, and have played a crucial role in development of national policies and training materials and a desk-top referral manual that has now been made available throughout Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for dually infected patients by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative Care, ARV Services currently supported by this partner as well as HIV/TB services supported by NLTP.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14919

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14919	12459.08	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	6974	360.08		\$70,000
12459	12459.07	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	4257	360.07		\$50,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8673.09

Mechanism: Nyanza Province

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 19416.20264.09

Planned Funds: \$1,050,000

Activity System ID: 20264

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Pediatrics treatment, Adult care and support, Pediatrics care and support, CT, and PMTCT.

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP Nyanza will support TB/HIV services for patients in 2 districts in Nyanza Province through direct support or through quality assurance processes to selected partners. TB screening for 15,000 HIV patients and HIV screening for 4,000 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 3,200 patients will be identified as being infected with both TB and HIV.

CU-ICAP supports the development of high quality HIV care and treatment services in low-resource settings. CU-ICAP programs currently support HIV/AIDS activities in 11 African countries. In Kenya, CU-ICAP has established a foundation for HIV/AIDS program activities, including PMTCT-Plus and care and treatment. With regionalized planning for care and treatment services, CU-ICAP-Kenya was designated the primary United States Government (USG) care and treatment partner for Eastern South and Central Province and now working in Nyanza. CU-ICAP has established an efficient administrative and operations base in Nairobi and is working closely with CDC-Kenya.

In FY 2009, CU-ICAP Nyanza will expand collaborative TB/HIV activities in Nyanza Province, including HIV testing of TB suspects (reaching >95% of all TB cases) and monitoring and treatment of HIV in TB clinics (reaching 100% of TB patients with cotrimoxazole and 50% of those eligible with ART). PEPFAR funds will support provincial and district TB/HIV stakeholders meetings, train workers in and implement enhanced TB screening, diagnosis, treatment, and referral, coordinated delivery of integrated HIV and TB services through the expansion and strengthening of technical supportive supervisions, and develop and print IEC materials. Activities will focus on capacity building, provision of equipment, minor renovation, and procurement of supplies including cotrimoxazole (CTX), HIV test kits, staffing, and laboratory reagents. Mechanisms of referral to TB clinics and back-referral to HIV care settings (including ART) will be strengthened.

Funds will also be used to assist the MOH to implement infection control practices to prevent TB transmission of TB to PLWHA and health care providers in selected health facilities. In order to improve and expand manpower base for TB laboratory services, Emergency Funds will also be used to hire staff to supplement similar support from the Global Fund. Prevention with positives (PWP) activities in TB settings will be emphasized. The EP will support prevention within discordant couples through support services, training, and condom provision. In addition, communication and education efforts will increase knowledge about HIV discordance within TB settings and strategies to decrease HIV transmission. TBD Nyanza will collaborate closely with other programs to ensure that HIV-infected children are considered in all TB/HIV policies and programs, including IPT for HIV-infected children whose parents have active TB.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated TB/HIV services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated TB/HIV services and strengthened systems capacity for program monitoring and evaluation and management of commodities. There will be a special focus on screening for TB in at least 50% of the HIV-infected patients from the PSC/CCC and medical in-patient wards. The proportion of HIV-positive TB patients on ARVs will be increased from 30% to 50% with 100% CTX coverage..

4. LINKS TO OTHER ACTIVITIES

These activities will be linked to ongoing CT, Adult Care and Support, Pediatric Care and Support, Adult and Pediatric ARV Services, and PMTCT activities in Nyanza.

5. POPULATIONS BEING TARGETED

TB suspects (adults and children), TB patients, HIV+ persons identified from PSC/CCC/medical inpatient wards, and PLWHA organizations - deliberate action will be taken to intensify TB screening and TB case finding among PLWHA.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Provider-initiated HIV testing for all TB patients will be given on an "opt out" principle. Guidelines on HIV testing based on consent, confidentiality and counseling will be observed as part of standard practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

7. EMPHASIS AREAS TB screening, DTC, commodity procurement, quality assurance, community mobilization, infrastructure, targeted evaluation, network/linkages/ referral systems, treatment for latent TB infection, infection control, laboratory strengthening, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19416

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19416	19416.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8673	8673.08	Nyanza Care and Treatment FOA	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8680.09

Prime Partner: KNCV TB Foundation

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 19437.20241.09

Activity System ID: 20241

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$1,900,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

TBCAP works solely on TB and TB/HIV.

2. ACTIVITY DESCRIPTION

Kenya is ranked 13th amongst the 22 high burden countries in the world and notified 116,723 TB cases in 2007. This is mainly attributed to the devastating HIV epidemic and an improvement in case detection rate. The TB strategy and HIV care and prevention services are tightly linked to each other. Kenya has made good progress and currently does HIV tests on 80% of all TB patients. 48% of those tested are found to be HIV positive and of those positive 80% are put on cotrimoxazole and 25-30% receive ARV in the first three months of TB treatment. Kenya has also met the WHO global targets for case detection rate and treatment success rates.

Challenges remain and some of these are as follows: a weak monitoring and evaluation system; poor coordination of the various donors and implementing partners working not only on TB but on TB/HIV issues; need to improve TB screening of PLWHA visiting ART, PMTCT and VCT sites; low ART uptake amongst TB patients partly due to the reporting system not been able to capture patients whose treatment is delayed; and weak coordination and collaboration between NASCOP and the TB program.

USAID will utilize the centrally awarded Tuberculosis Control Assistance Program (TBCAP) implemented by KNCV Tuberculosis foundation as the prime and six other organizations as subs including American Thoracic Society, Family Health International, the International Union Against Tuberculosis and Lung Disease, Japanese Anti-Tuberculosis Association, Management Sciences for Health, World Health Organization. The focus of TBCAP is to decrease TB morbidity and mortality in USAID priority TB countries through improving case detection and treatment success.

In Kenya TBCAP will work to improve coordination of firstly USG partners working in TB/HIV helping to clarify the roles of all the various partners particularly as they relate to the overall National TB strategic plan. TBCAP plans to utilize a management tool (Management and Organizational Sustainability Tool – MOST) for TB/HIV to work with participants from TB and HIV/AIDS programs to determine their status in different collaboration components, prioritize the components for improvement and create an action plan for increased joint activities that will provide an integrated package of services to patients with TB and/or HIV/AIDS. Therefore with this tool the program will be able to analyze the current support and gaps and plan appropriately for further scaling up of TB/HIV. In addition and in order to reach the NGO, CSO and FBO sectors TBCAP will work with the Kenya AIDS NGOs Consortium (KANCO) to address TB HIV amongst their members. KANCO will provide training to CSOs to conduct regular outreach support promoting the TB HIV components.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA.

This TBCAP activity will contribute to enhancing referrals and linkages between TB and HIV programs, improving monitoring and evaluation of the TB/HIV program and enhancing collaboration of the various development partners and implementing agencies working in TB and TB/HIV. Because the program works nationally no direct targets will be assigned.

4. LINKS TO OTHER ACTIVITIES

The activity will link to all HVTB activities among all USG agencies.

5. POPULATIONS BEING TARGETED

This activity targets People Living with HIV/AIDS, HIV/AIDS affected families and individuals diagnosed with TB.

6. EMPHASIS AREAS

This activity has two major emphasis areas one on networks/linkages/referral systems and the other on supportive supervision, development of referral systems, IEC, and linkages with other sectors and initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19437

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19437	19437.08	U.S. Agency for International Development	KNCV TB Foundation	8680	8680.08		\$900,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 4924.09**Mechanism:** N/A**Prime Partner:** Partnership for Supply Chain Management**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Care: TB/HIV**Budget Code:** HVTB**Program Budget Code:** 12**Activity ID:** 8754.20199.09**Planned Funds:** \$1,075,000**Activity System ID:** 20199

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$250,000. Partnership Framework: Supplies (ZN reagents, sputum containers, slides, etc.)

ACTIVITY UNCHANGED FROM COP 2008

The only changes to the program since approval in the 2007 COP are:

+ Partnership for supply chain management will use the \$400,000 allocated in 08 to procure TB culture test. This will go along way in strengthening MDR/TB surveillance.

1. LIST OF RELATED ACTIVITIES

This activity relates to SCMS activities in the following program areas: Laboratory Infrastructure (#8763), PMTCT (#8757), and Counseling and Testing (#8783). It also supports all PEPFAR service-delivery activities.

2. ACTIVITY DESCRIPTION

SCMS will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of laboratory test kits and other supplies for TB/HIV and other clinical settings. In this 12-month period, SCMS will procure test kits and reagent supply that will cover 10 million HIV tests, 500,000 sputum microscopy, 1.4 million syphilis tests, and 1.5 million HIV clinical diagnostic and monitoring tests. The list of commodities required for the 12 month period, with a clear delivery schedule per quarter will be presented to SCMS at the last quarter of COP 2008 to facilitate procurement planning by SCMS. Commodities will come directly through the central warehouse for distribution to health facilities and/or network sites. Buffer stocks will be maintained in the central warehouse and a third of this corresponding buffer at facility level to ensure uninterrupted supply. Required asset management for equipment service and maintenance, inputs and upgrades will be maintained and updated by SCMS so that equipment is optimally in good condition and use to serve the target number of patients. SCMS will also support the development of a transparent national laboratory procurement planning process to support labs at national and facility level to quantify lab commodity needs in support of ART. Regular laboratory commodities quantification and supply plans, sensitization and review workshops will be conducted to ensure uninterrupted supply and minimal losses due to expiry of the lab commodities that are characterized by a generally short shelf life. SCMS will also conduct relevant training and implementation of lab logistics system, as well as training stakeholders in forecasting and quantification for lab reagents and supplies. SCMS will review and address the outcomes of the provincial and district level assessment for quantification data and supply planning system. This will culminate in SCMS setting up a national system for quantification and pipeline monitoring. This activity will also liaise and strengthen local procurement and distribution partner/central warehouse identified through the initial assessment by SCMS. Required record management for equipment service and maintenance, inputs and upgrades will be maintained and updated by SCMS so that the target number of patients is served.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to counseling and testing of HIV infected persons presenting for care in health settings by ensuring adequate supply of rapid test kits and TB lab supplies.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities offering counseling and testing to TB/HIV patients and pregnant women, as well as the MSH/SPS ARV Drugs activity in logistics information management, distribution support, and forecasting and quantification (#6989), the mission competitive procurement (#6997), KEMSA logistics and information management and distribution systems (#6969) and SCMS procurements in Laboratory Infrastructure (#8763), PMTCT (#8757), and Counseling and Testing (#8783).

5. POPULATIONS BEING TARGETED

The target populations for this activity are adults and children in the general population for HIV/AIDS and TB testing, people living with HIV/AIDS for monitoring, and TB tests.

6. EMPHASIS AREAS

The major area of emphasis for this activity is commodity procurement with minor emphasis on asset management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14952

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14952	8754.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6985	4924.08		\$825,000
8754	8754.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4924	4924.07		\$300,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3465.09	Mechanism: N/A
Prime Partner: National AIDS & STD Control Program	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 4126.20223.09	Planned Funds: \$500,000
Activity System ID: 20223	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+updated references to the new MOH's Division of Leprosy Tuberculosis and Lung Disease (DLTLD), previously the National Leprosy and Tuberculosis Program (NLTP). This expanded mandate opens opportunity, in future, for additional collaboration in prevention and treatment of HIV-driven non TB lung disease.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT, PMTCT , Adult/Pediatric Care and Support, Adult /Pediatric ARV services, ARV Treatment, Laboratory infrastructure and SI.

2. ACTIVITY DESCRIPTION

DLTLD is responsible for establishing TB policy and provides overall coordination, implementation and evaluation oversight for all TB/HIV activities in Kenya. TB/HIV is a priority program area for DLTLD and the National AIDS and STI Control Program (NASCO) with which collaborative activities will be strengthened and expanded in FY 09. As part of their national mandates, DLTLD and NASCO coordinate implementation of collaborative activities through national, regional and district coordinating bodies. Since 2004, TB/HIV activities have advanced on the national agenda and are well articulated in the National TB Strategic Plan. National, provincial and district TB/HIV coordinating bodies have been formed and guidelines on HIV testing for TB patients have been widely distributed and implemented. From 2005 -2008, DLTLD has expanded TB treatment points from 1600 to 1909 and TB diagnostic points from 619 to 930. In FY 2009, the Emergency Plan will continue to provide essential support towards the achievement of targets set in the National TB Strategic Plan. National roll-out of collaborative TB/HIV activities is coordinated by the National TB/HIV Steering Committee (NTHSC) established jointly by the DLTLD and NASCO, both of which previously operated as separate delivery systems. TB services in Kenya have been decentralized to the health center level; drug supplies are consistent, and are provided free to all TB patients attending public and mission health facilities. The DLTLD has a well-deserved reputation for widespread coverage, good diagnostic facilities, and for provision of free high-quality TB drugs. In FY 09, the DLTLD will build on gains already made to consolidate and further increase access to integrated TB/HIV services nationwide. In FY 09, the DLTLD will concentrate on getting more eligible TB patients onto ART and intensify, in collaboration with NASCO and other partners, TB screening for HIV-infected persons identified in HIV care settings, TB infection control in HIV care settings and expand access to TB preventive treatment (IPT) in selected sites. The DLTLD is coordinating efforts to optimize MDR-TB surveillance and expand access to treatment. Apart from Emergency Plan, the DLTLD receives complementary funding from several partners including WHO and the Global Fund. Previously centrally funded OGAC/WHO TB/HIV activities in 30 districts will be mainstreamed into FY 09 PEPFAR and non PEPFAR support. DLTLD has received Round 6 Global Fund support to strengthen TB diagnostic capacity at dispensary level and has applied for expanded support through Round 8. In FY09, the DLTLD will receive funding from the TB Control Assistance Program (TB-CAP) will provide additional support for TB/HIV collaborative activities, DOTS expansion and increased public-private partnership. Additional activities will include roll-out of prevention with positives in TB settings, sustained TB/HIV media campaigns and expanded private-public partnerships. In addition to required PEPFAR TB/HIV indicators, the DLTLD will support reporting of selected custom indicators to assist with program management and evaluation and monitoring of new activities. The DLTLD, in next phase, will ensure that consistent and quality counseling and testing messages for TB patients/ suspects continue to be improved.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated HIV and TB services and strengthened systems capacity for program monitoring and evaluation and management of commodities.

4. LINKS TO OTHER ACTIVITIES

These activities will be linked with ongoing VCT, PMTCT, STI and ARV treatment services supported by NASCO and other implementing partners. In addition, the DLTLD will work collaboratively with other programs implementing TB/HIV activities among special populations such as the prisons and refugees. The DLTLD will lead all partners in the formulation and reviews of TB/HIV policy guidelines.

5. EMPHASIS AREAS

These include facility renovations, local organization capacity development, workplace programs, health-related wrap arounds (TB, malaria) and human capacity development (in-service training, task shifting, and staff retention activities).

New/Continuing Activity: Continuing Activity

Continuing Activity: 14935

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14935	4126.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$1,075,000
7001	4126.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$3,200,000
4126	4126.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$900,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 295.09	Mechanism: N/A
Prime Partner: African Medical and Research Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 12457.20350.09	Planned Funds: \$50,000
Activity System ID: 20350	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult/ Pediatric care and support, Adult/ Pediatric ARV Services and PMTCT.

2. ACTIVITY DESCRIPTION

The African Medical Research Foundation (AMREF) will support TB/HIV services at 4 sites in Nairobi Province. Intensified TB screening for 2,500 HIV patients and HIV screening for 300 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 150 TB patients will be identified as being infected with both TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. Thirty health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Funds will support expanded and strengthened delivery of integrated HIV and TB services including strengthened referral systems. Additional activities will include community mobilization and dissemination of educational materials to patients. AMREF will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. AMREF has extensive experience and expertise in implementing community-based HIV/AIDS prevention and care programs throughout Africa. The HIV treatment program in Kibera has been recognized as a model of community-based care for PLWAs. By April 2008, the program was providing palliative care services to more than 3,000 patients. Rates of adherence to care are very high. The community sensitization activities have already contributed substantially to a reduction in stigma and discrimination in this community and are expected to continue to do so.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for co-infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and improve the capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult Care and Support, Pediatric Care and Support, Adult ARV Services, Pediatric ARV Services and PMTCT Services currently supported by this partner as well as HIV/TB services supported by NLTP.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14724

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14724	12457.08	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	6922	295.08		\$50,000
12457	12457.07	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	4201	295.07		\$50,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1501.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 4299.19948.09

Planned Funds: \$514,213

Activity System ID: 19948

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+THIS YEARS CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHCS.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to all other activities in the Palliative Care: TB/HIV program area

2. ACTIVITY DESCRIPTION

CDC Kenya staff provide an intensive level of technical assistance and programmatic guidance on the integration of TB and HIV activities in partnership with the Division of Leprosy, TB and Lung Disease (DLTLD), the National AIDS and STI Control Program (NASCOP), other USG agencies (USAID and DOD), WHO, non-governmental organizations, faith-based organizations, private practitioners and other implementing partners involved in TB/HIV activities. CDC technical staff participate in policy work groups and provide technical assistance to implementing partners with the goal of assisting the Ministry of Health deliver improved and more integrated TB and HIV services based on best practice. In FY 09, there will be greater involvement of technical staff in promoting greater horizontal collaboration across all Emergency Plan programs with special focus on key themes: universal access to HIV prevention, universal access to basic HIV care package (this includes TB screening for PLWHA, universal access to HIV counseling and testing, greater attention to the needs of co-infected children). CDC TB/HIV staff are now part of expanded care and treatment team that will provide technical support to partners on several cross-cutting issues. In FY09, USG funds will support the placement of a TB/HIV staff member at NASCOP to improve TB/HIV coordination. HIV testing for TB patients is the standard of care and efforts will be made to ensure that consistent and quality counseling and testing messages continue to be improved. Efforts will be made to incorporate and expand HIV prevention activities as part of strengthening contact tracing practices in TB control and contributing to the overall national strategy to achieve HIV control. These activities involve extensive local travel, selected international travel and technical collaboration with CDC Atlanta. CDC will continue to contribute to the expansion of fluorescence microscopy (FM) - a more efficient TB diagnostic tool, especially in high volume settings. CDC staff will assist Kenya implement international standards for TB care intended to facilitate effective engagement of all providers in accepted levels of care in both public and private practice. With the goal of establishing a joint TB/HIV co-management review, CDC will assist to improve referral linkages between HIV and TB services to reconcile referrals and provide adequate feedback mechanisms. CDC will work closely with national and HIV/AIDS programs and other USG agencies to achieve improved leverage of ongoing or planned supplementary TB/HIV funding from WHO, Global Fund and TB Control Assistance Program (TB-CAP).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15053

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15053	4299.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7025	1501.08		\$375,150
7105	4299.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$520,000
4299	4299.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$485,420

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 288.09

Mechanism: N/A

Prime Partner: University of California at San Francisco

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 9054.20012.09

Planned Funds: \$400,000

Activity System ID: 20012

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$150,000. Funds moved to KEMRI (HVTB).

ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult ARV Services , Counseling and Testing , and PMTCT , pediatric care and support, Pediatric ARV services.

2. ACTIVITY DESCRIPTION

University of California at San Francisco (UCSF) will support TB/HIV services at 6 sites in Nairobi and Nyanza Provinces. TB screening for 12,000 HIV patients and HIV screening for 1,600 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 1,000 patients will be identified as being infected with both TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. Twenty-five health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Additional activities will include community mobilization and follow up, dissemination of educational materials to patients. UCSF will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. Because of the geographic foci of the HIV epidemic in the United States, UCSF has vast experience providing HIV care and has long been recognized as one of the premier institutions providing HIV care in the US. The faculty of UCSF also has extensive experience developing training materials and implementing HIV treatment programs in resource limited settings, including Kenya. UCSF has a long-standing research presence in Kenya whose activities will capitalize on their technical expertise in treatment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for dually infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB service.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult Care and Support, Pediatric Care and Support, Adult and Pediatric ARV Services currently supported by this partner, Counseling and Testing provided by KEMRI and IMC, and PMTCT.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15022

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15022	9054.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	7011	288.08		\$350,614
9054	9054.07	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	4295	288.07		\$175,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 390.09

Mechanism: SPS

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 8713.20231.09

Planned Funds: \$470,000

Activity System ID: 20231

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV Treatment: ARV drugs and Laboratory Infrastructure.

2. ACTIVITY DESCRIPTION.

The USAID funded Strengthening Pharmaceutical Systems Project (SPS), implemented by Management Sciences for Health, will continue to strengthen, improve and maintain the national logistics and distribution system for HIV clinical care, support and the prevention of TB. Through system strengthening, training and monitoring, the National Leprosy and Tuberculosis Program (NLTP) will be enabled to improve case detection rates, establish Diagnostic Counseling and Testing (DTC) and provide integrated TB/HIV treatment and referral. Under the KEMSA support, SPS will continue supporting Central NTLTP and peripheral NTLTP activities and at the same time, develop plans to capacitate NTLTP to assume key administrative and operational activities. As with other MOH programs and services which have continued to request technical support for quantification and forecasting, the NLTP has also expressed a need in these areas. Specifically, NLTP would benefit from greater knowledge and skills in quantification and forecasting so as to move away from annual historical projections for commodities that contribute to perennial stock outs and/or over supply. In view of the relatively high rate of HIV/TB co-infection a national level, an integrated approach to HIV commodities procurement and management will be enhanced in order to provide a fully integrated TB/HIV service at provincial and district level.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will support the distribution and logistics systems for equipment, supplies and training necessary to implement the National TB program for integrated TB/HIV activities. Targets for patients treated as a result of these activities are listed under the activities funded through the NLTP and other partners collaborating in the implementation of integrated TB/HIV activities.

3. LINKS TO OTHER ACTIVITIES

This activity also relates to activities in ARV drugs and Laboratory Infrastructure, which concentrate on improving logistics for the various HIV/AIDS related commodities.

4. POPULATIONS BEING TARGETED

The main beneficiaries are people living with HIV/AIDS.

5. EMPHASIS AREAS

The major emphasis area for this component is logistics serving to enhance the availability of anti-TB drugs. Minor areas of emphasis include quality assurance and support supervision and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14923

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14923	8713.08	U.S. Agency for International Development	Management Sciences for Health	6976	390.08	SPS	\$600,000
8713	8713.07	U.S. Agency for International Development	Management Sciences for Health	4260	390.07	RPM/PLUS	\$1,400,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 286.09

Mechanism: N/A

Prime Partner: New York University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 12460.20209.09

Planned Funds: \$100,000

Activity System ID: 20209

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Prevention of Mother-to-Child Transmission, Adult Care and Support, Pediatric Care and Support, and Adult and Pediatric ARV Services.

2. ACTIVITY DESCRIPTION

New York University (NYU) will support TB/HIV services for approximately 6,000 patients, at Bomu Clinic and two satellite sites in Mombasa, Coast Province. Intensified TB screening and treatment for 3,000 HIV patients and HIV screening for 250 TB suspects/patients will be offered as a standard of care in all the facilities; approximately 125 patients will be identified as being infected with both TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. 10 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Funds will support expanded and strengthened delivery of integrated HIV and TB services including strengthened referral systems. Additional activities will include community mobilization and dissemination of educational materials to patients. NYU will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. NYU has a long history of providing quality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to provision of care and treatment in resource limited settings like Africa. The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV tests, basic hematology and chemistry tests, and CD4 counts. The Bomu clinic is a private clinic that provides general medical services to thousands of patients and has recently expanded their capacity to provide specialized HIV services. NYU has supported development of a program that was providing palliative care services for more than 5,000 patients by March 2008, including more than 300 children. Given that NYU has particular expertise in pediatric care and treatment, this site is expected to rapidly expand care and treatment for children. A key barrier to expansion of the program at the moment is space. NYU has received grant funding from other sources to establish an annex to the main clinic building that will allow substantial expansion of pediatric care and treatment, and Emergency Plan funding will be used for renovations and refurbishment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for dually infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult Care and support, Pediatric care and support, Adult/pediatric ARV Services currently supported by this partner as well as HIV/TB services supported by DLTLD.

5. POPULATIONS BEING TARGETED

These activities target adults and children living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14947

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14947	12460.08	HHS/Centers for Disease Control & Prevention	New York University	6984	286.08		\$75,000
12460	12460.07	HHS/Centers for Disease Control & Prevention	New York University	4270	286.07		\$50,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 342.09	Mechanism: Health Policy Initiative
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 12454.20287.09	Planned Funds: [REDACTED]
Activity System ID: 20287	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

The only changes to the program since approval in the 2007 COP are:

+ Prime partner is a TBD because Health Policy Initiative (HPI) Task Order 1 with Constella Futures has reached its ceiling and therefore since the Health Policy Initiative mechanism is an IQC a new country task order process will be issued for competitive selection of a partner to implement the activities.

1. ACTIVITY DESCRIPTION

TB remains a major cause of morbidity and mortality among the productive age groups and particularly amongst HIV positive populations. Plus up funds were provided in FY07 for advocacy work particularly amongst nascent networks of People Living with HIV and AIDS to be better advocates on TB/HIV issues at the national level resulting in increased awareness of TB/HIV.

In Kenya it is appreciated that chronic coughers tend to be late in seeking diagnosis and treatment of their coughs thus helping in the spread of TB. There is need therefore to address this knowledge gap with an Advocacy, communication and social mobilization strategy. This will be done by working with the National AIDS and STI Control Program (NAS COP), the National Leprosy and Tuberculosis Program (NLTP) and other NGOs and FBOs to develop an appropriate comprehensive Advocacy, Communication and Social Mobilization strategy and framework for action on TB. This strategy will also address an appropriate communication strategy to disseminate TB/HIV interventions to the communities.

In addition to the above activities HPI will assist to implement the new TB/HIV guidelines facilitating the process of dissemination of these guidelines.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to TB/HIV advocacy in expanding access to prevention, care and treatment services for the two diseases, especially during this time when more resistant TB variants are emerging in many countries. This funding will enable the Health Policy Initiative to support nascent networks of people living with HIV/ AIDS to be better advocates on TB/HIV issues at national level. The main outcome of these activities will be increased awareness of TB/HIV at the national level.

3. LINKS TO OTHER ACTIVITIES

This activity links to USAID-OHPS-HPI-TBD an activity that will continue building the capacity of PLWA networks in various areas including advocacy for continued access to treatment, prevention and care and support services; USAID-HBHC-HPI-TBD an activity that seeks to develop and disseminate a national non-clinical palliative care policy and guideline; and USAID-HKID-HPI-TBD an activity working on building the capacity of indigenous organizations to care for OVCs and also training experts on psychosocial support for OVCs.

4. POPULATIONS BEING TARGETED

This activity will target: People living with HIV/AIDS via working with Networks of people living with HIV and AIDS; the general population via working on the Advocacy, Communication and Social Mobilization strategy.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The emphasis area for this activity is local organization capacity building working to build the capacity of not only networks of PLWAs on TB/HIV issues but also assisting the national TB program in developing a comprehensive advocacy, communication and social mobilization strategy on TB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15010

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15010	12454.08	U.S. Agency for International Development	To Be Determined	7007	342.08	Health Policy Initiative	
12454	12454.07	U.S. Agency for International Development	The Futures Group International	4286	342.07	Health Policy Initiative	\$50,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 483.09

Mechanism: N/A

Prime Partner: University of Washington

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 8830.19971.09

Planned Funds: \$80,000

Activity System ID: 19971

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult Care and Support, Pediatric Care and Support, Adult and Pediatric ARV Services, PMTCT, and ARV Services.

2. ACTIVITY DESCRIPTION

The University of Washington (UW) will expand a long-standing research collaboration with the University of Nairobi in the support of TB/HIV services at 3 delivery sites within Kenya. UW will offer TB screening to 6,500 HIV-infected patients and HIV testing for 300 TB patients; approximately 150 will be diagnosed with TB/HIV. UW will support treatment services at Coptic Hospital, a faith-based facility in Nairobi that provides services to both the general population and to individuals identified through research programs at the University of Nairobi. In addition, UW will support treatment services to two "daughter" clinics (clinics supported by the Coptic Church at facilities in Nyanza Province and in the industrial area of Nairobi). Funds will be used to support improved screening and diagnosis. Refresher training of laboratory staff will be initiated and basic laboratory microbiology capacity improved in order to meet the increased needs of TB testing. 30 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated TB/HIV care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients, and strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult Care and Support, Pediatric Care and Support, Adult and Pediatric ARV Services, PMTCT, and ARV Services currently supported by UW, and ART services coordinated by and supported through the National AIDS and STD Control Program (NAS COP).

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines. .

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, development of networks/linkages/referral systems, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15037

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15037	8830.08	HHS/Centers for Disease Control & Prevention	University of Washington	7020	483.08		\$80,000
8830	8830.07	HHS/Centers for Disease Control & Prevention	University of Washington	4301	483.07		\$75,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 287.09	Mechanism: N/A
Prime Partner: University of Manitoba	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 12456.20025.09	Planned Funds: \$75,000

Activity System ID: 20025

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult Care and Support, Pediatric Care and Support, Adult and Pediatric ARV Services, and Prevention.

2. ACTIVITY DESCRIPTION

The University of Manitoba (UoM) will support TB/HIV services at 4 sites in Nairobi Province. Intensified TB screening and treatment for 200 HIV patients and HIV screening for 100 TB suspects/patients will be offered as a standard of care in all the facilities; Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs for TB testing. A total of 10 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. Funds will support expanded and strengthened delivery of integrated HIV and TB services including strengthened referral systems. Additional activities will include community mobilization and dissemination of educational materials to patients. University of Manitoba will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. University of Manitoba has an extensive history of work in Kenya with vulnerable populations including sex workers and a long standing research collaboration with the University of Nairobi with a primary focus on evaluation of risk factors for maternal to child transmission of HIV. This long-term association has nurtured and created a very trusting environment for patients to visit. Prior to the availability of Emergency Plan funds, it had not been possible to provide antiretroviral treatment to the women and children in this cohort because of lack of resources. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi. Extensive community-based services have already been established that involve peers as educators and a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the HIV care expertise among the University of Manitoba staff.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB services for dually infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult Care and Support, Pediatric Care and Support, Adult and Pediatric ARV Services, and Prevention currently supported by this partner, PMTCT services at PMH provided by University of Nairobi and to services provided at Kenyatta Hospital, a network center through University of Nairobi as well as HIV/TB services supported by Division of Leprosy Tuberculosis and Lung Diseases (DLTLD).

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, community mobilization, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15026

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15026	12456.08	HHS/Centers for Disease Control & Prevention	University of Manitoba	7013	287.08		\$75,000
12456	12456.07	HHS/Centers for Disease Control & Prevention	University of Manitoba	4297	287.07		\$50,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 282.09

Mechanism: N/A

Prime Partner: Eastern Deanery AIDS Relief Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 4129.20423.09

Planned Funds: \$900,000

Activity System ID: 20423

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in adult care and support, pediatric care and support, ARV Services , pediatric ARV services, and PMTCT and HVCT.

2. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) is a faith-based organization (FBO) under the Roman Catholic Archdiocese of Nairobi established that was in 1993 in response to the HIV pandemic affecting predominantly poor people living in the eastern slums of Nairobi. Through a network of community health workers and clinical sites, EDARP provides services to thousands of PLWHA. EDARP routinely tests TB suspects for HIV and has underscored the importance of this approach by demonstrating higher HIV rates in suspects without TB at first contact (64%) compared to those with TB (58%). This finding shows that targeting only patients with confirmed TB represents a missed opportunity for identifying large numbers of individuals who need additional HIV-related care. EDARP's TB/HIV activity will continue to partner closely with its ARV program, funded as an HTXS activity. HIV testing for TB suspects identifies large numbers of clients who are eligible for cotrimoxazole (CTX) and ART. This program continues to serve as a model for the scale up of TB/HIV activities nationally. EDARP will continue to deliver TB preventive treatment (IPT) to eligible PLWHA as one of few pilot sites previously designated by the TB program. The populations served have high rates of HIV and TB and suffer widespread poverty and limited access to quality health services. In FY 2009, due to increased demand, EDARP will further expand collaborative TB/HIV services at existing TB/HIV service outlets and establish new ones.

To achieve this, EDARP will expand and strengthen HIV counseling and testing for all TB suspects/patients, screen at least 90% of PLWHA served in all 12 EDARP HIV care settings for TB and further strengthen patient referral systems between TB and HIV programs. In FY09, HIV testing for 3,000 TB patients will be offered, and 6,000 HIV patients will receive TB screening. It is estimated that 1,500 patients will be HIV/TB co-infected. EDARP will promote secondary HIV prevention (Prevention with Positives [PwP]), partner notification, partner testing and, where appropriate, education on the use of condoms. All eligible HIV+ TB patients /suspects will be place on cotrimoxazole and ART. To increase capacity to deliver TB/HIV services, EDARP will hire, retain and train new and existing health workers, carry out renovations for some of their sites, and support supply of HIV test kits and essential commodities and medicines. This includes training 60 staff. Other activities will include expansion of the network of community health workers through which EDARP has developed a strong patient tracking systems invaluable for TB/HIV case finding and case holding. FY 2009 Emergency Plan funds will also be used to support laboratory and X-ray services, salaries for part of existing and new staff in accordance with Emergency Plan guidelines.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, strengthened capacity of health workers to provide integrated HIV and TB services and strengthened systems capacity for program monitoring and evaluation and management of commodities.

4. LINKS TO OTHER ACTIVITIES

The TB/HIV activities will be linked to a variety of services, including CT, PMTCT, STI and ART. EDARP also runs a successful feeding program for needy HIV and TB patients. These services are also linked to the network center at Kenyatta National Referral Hospital and to TB/HIV services provided by the Nairobi City Council facilities in the Eastern Deanery.

5. POPULATIONS BEING TARGETED

TB suspects (both adults and children) and PLWHA identified from VCT (adults), PMTCT (pregnant women), STI (adults), ARV clinics (children and adults) and PLWHA organizations - TB screening among PLWHA identified at these sites will be intensified.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on an "opt out" principle. Guidelines on HIV testing based on consent, confidentiality and counseling will be observed as part of standard practice. Increased availability of CT in clinical settings and increased access to HIV-related care for TB patients will help reduce stigma and discrimination.

7. EMPHASIS AREAS

These include facility renovations, local organization capacity development and human capacity development (in-service training, task shifting, and staff retention activities).

New/Continuing Activity: Continuing Activity

Continuing Activity: 14773

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14773	4129.08	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	6943	282.08		\$780,000
6879	4129.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$500,000
4129	4129.06	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	3215	282.06		\$300,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4915.09

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 9059.20434.09

Activity System ID: 20434

Mechanism: APHIA II - Nyanza

USG Agency: U.S. Agency for International Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$300,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers (\$30,000).

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, Condoms and Other Prevention, PMTCT, Pediatric Care and Treatment, and Adult care and Treatment.

2. ACTIVITY DESCRIPTION

The APHIA II Nyanza project implemented by EngenderHealth began its support to TB/HIV palliative care services in Nyanza Province in FY 2006 and continued in FY 2007 and FY 2008. In FY 2009 this activity will continue the expansion of TB/HIV services that emphasizes HIV counseling and testing for all TB patients in 50 public sector and 20 faith-based health facilities across 12 districts in Nyanza Province. In the communities this activity will encourage utilization of health facilities for TB screening and treatment through a BCC strategy supported by community based and faith-based organizations. This activity will train 200 CHWs to introduce/strengthen community DOTS and encourage stigma reduction in rural communities. An active contact tracing program will be established linking the health facility, the CHWs and home based care providers. In the health facilities technical assistance will be provided to increase management and technical capacity of staff, and improve quality and utilization of clinical and laboratory services. This will ensure quality screening and clinical monitoring of patients, treatment for TB and referral for HIV testing. This activity aims to train 200 health workers, including MOH laboratory personnel on DLTLD guidelines and reporting procedures; quality laboratory services procedures and comprehensive HIV/TB management. It will provide treatment to 750 HIV-infected TB patients, and provide HIV counseling and testing to 1,500 TB infected patients. It prioritizes the screening of all HIV-infected persons, linking HIV-infected TB suspects to TB diagnosis and TB treatment using DOTS, and linking all HIV-infected TB patients to HIV care and treatment including ARV and cotrimoxazole therapy. This will strengthen referral linkages between the community, VCT sites, PMTCT sites, CCCs and TB clinics.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity supports one of the high priorities of the Emergency Plan by improving geographical coverage of services that address TB among persons living with HIV/AIDS, and total of 750 HIV-infected patients will receive TB treatment. Referrals and linkages to treatment care and support for HIV-infected TB patients will be strengthened.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Counseling and Testing, Condoms and Other Prevention, PMTCT, Pediatric Care and Treatment, and Adult care and Treatment.

5. POPULATIONS BEING TARGETED

This APHIA Nyanza activity targets adults of reproductive health age, pregnant women, people living with HIV/AIDS and rural communities to increase access to TB/HIV services. BCC activities will involve community leaders, religious leaders, faith-based and community based organizations to reduce stigma and improve health seeking behavior. Strategies to improve quality of services will target faith-based and public health doctors, nurses, mid wives, laboratory workers and other health care workers such as clinical officers and public health officers in both public and faith based facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination by enhancing community support for PLWHAs and increasing gender equity in HIV/AIDS programs through increasing opportunity for comprehensive health care.

7. EMPHASIS AREAS

The main Emphasis Areas for these activities will be workplace HIV prevention; care and treatment programs that target both adults and children, as well as Health Related Wraparound Programs addressing Family Planning and Safe Motherhood needs of adults.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14781

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14781	9059.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$300,000
9059	9059.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$300,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 217.09	Mechanism: Department of Pediatrics
Prime Partner: University of Nairobi	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 9057.19980.09	Planned Funds: \$150,000
Activity System ID: 19980	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES This activity relates to activities in ARV Services and Palliative Care, Pediatric care and support and Pediatric ARV services.

2. ACTIVITY DESCRIPTION

The University of Nairobi Department of Pediatrics (UNBO) will support TB/HIV services for patients at the Kenyatta National Referral Hospital (KNH) and 3 additional sites in Nairobi. UNBO will offer TB screening to 5,000 HIV infected patients and HIV screening for 200 TB patients; approximately 100 will be diagnosed with TB/HIV. Funds will be used to support improved TB screening and diagnosis using sputum smear microscopy and, if indicated, sputum culture and chest X-rays. Refresher training of laboratory staff will be initiated and basic laboratory microbiology capacity improved in order to meet the increased needs of TB testing. Fifty health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients, and strengthen capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult antiretroviral (ARV) services, Adult care and support, Pediatric care and support and Pediatric ARV services currently supported by UNBO, and ART services coordinated by and supported through the National AIDS and STD Control Program.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS and TB suspects. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in commodity procurement, development of networks/linkages/referral systems, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15031

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15031	9057.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7016	217.08	Department of Pediatrics	\$150,000
9057	9057.07	HHS/Centers for Disease Control & Prevention	University of Nairobi	4298	217.07	Department of Pediatrics	\$50,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7531.09

Mechanism: TB Training

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 16506.20312.09

Planned Funds: ██████████

Activity System ID: 20312

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This relates to the activities of the TB/HIV program. In FY 08, seed funding was provided to out-source TB/HIV staff training responsibility from qualified vendors. Purchase Order(s) to implement this activity have been raised for FY 08. Staff training is an on-going activity and will require continued support in FY09.

2. ACTIVITY DESCRIPTION

Training staff to deliver collaborative TB/HIV services is an activity of high priority as Kenya expands coverage and improves the quality of these services nationwide. USG, through technical input of CDC Kenya and CDC Atlanta, previously supported the development, production and evaluation of a national TB/HIV training curriculum which is currently widely used to train frontline laboratory and clinical staff. Training is an on-going activity targeting new staff as well as older staffs that need refresher training as new knowledge arise and standards of care improve. Presently, training activities take valuable time away from the core responsibilities (technical oversight and coordination) of technical staff of the TB and the HIV programs as well as those of USG agencies. To address this, Emergency Funds will be used to contract out training responsibilities to appropriate organizations whose primary mandate is training. In FY 08, 240 individuals were trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals and this number is projected to rise to 1,000 in FY 09. Demand for TB/HIV training activities is set to rise for several reasons. For instance, patients in TB settings are "high yield" for identification and referral for HIV prevention, care and treatment; there will be greater collaboration between TB and all HIV programs with expansion of intensified TB screening for PLWHA and initiation of clinic and community-based HIV prevention (PwP) services in TB and other HIV care settings. There will be intensified training to improve TB laboratory practices as part of the national response to emerging threat of MDR-TB. In FY 09, the current TB/HIV training curriculum will be upgraded to reflect recent advances and accommodate new initiatives such as PwP.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will strengthen the flow of TB/HIV patient/client data directly from health facilities to a central database in a timely and secure manner. It will also ensure that feedback can be generated and sent to facilities to enhance better decision making and improved program management. National, sub-national reports will be available to program managers for better planning. Information on commodities and general supplies will be available on time hence minimizing stock-outs.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in HVTB , Adult Care and Treatment, Pediatric Care and Treatment, HVCT, HVSI and HLAB.

5. POPULATIONS BEING TARGETED

General population

6. EMPHASIS AREAS

The major emphasis area is Strategic information (M&E, HMIS, reporting)

New/Continuing Activity: Continuing Activity

Continuing Activity: 16506

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16506	16506.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7531	7531.08	TB Training	

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 4925.09

Mechanism: Eastern Province

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 8761.20403.09

Planned Funds: \$300,000

Activity System ID: 20403

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support , ARV Services , Pediatric ARV services, Pediatric care and support, and Counseling and Testing.

2. ACTIVITY DESCRIPTION

Columbia University's International Centre for AIDS Care and Treatment (CU-ICAP) will support TB/HIV services for patients in 33 sites in the southern region of Eastern province of Kenya. TB screening will be offered to 11,500 HIV patients and HIV screening for 1,500 TB patients as a standard of care at the facilities; approximately 750 patients will be diagnosed as co-infected with TB and HIV. Funds will support refresher training of laboratory staff and improvement of basic laboratory microbiology capacity in order to meet the increased needs of TB testing. Fifty health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals. CU-ICAP will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute towards the provision of integrated HIV/TB for co-infected patients care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV related morbidity and mortality in TB patients co-infected with HIV. These activities will strengthen referral systems, improve diagnostics and treatment of TB among HIV-positive patients and strengthen capacity of health workers to provide integrated HIV and TB services

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Adult care and support, Adult antiretroviral (ARV) services, Pediatric care and support, Pediatric ARV services currently supported by this partner, and Counseling and Testing activities supported by JHPIEGO.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Public health care providers, including doctors, nurses, pharmacists, laboratory workers will receive training in the diagnosis and management of TB using government guidelines

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, human resources, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14690

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14690	8761.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6908	4925.08	Eastern Province	\$300,000
8761	8761.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4925	4925.07	Eastern RFA	

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3543.09

Mechanism: Lea Toto

Prime Partner: Children of God Relief Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 12455.20377.09

Planned Funds: \$200,000

Activity System ID: 20377

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

The COGRI Lea Toto TB/HIV activities are related to their Pediatric Care activities, Pediatric treatment services, counseling and testing, and orphans and vulnerable children .

2. ACTIVITY DESCRIPTION

The goal of the Lea Toto Project is to mitigate the impact of HIV/AIDS and reduce the risk of HIV transmission through the provision of a comprehensive HIV prevention, care and treatment package. The project was started in September 1999, and has implemented programs in selected slums of Nairobi, namely Kangemi, Kariobangi, Kibera, Kawangware. In FY 2009 Children of God Relief Institute/Lea Toto Project will use these funds to intensify provider-initiated HIV counseling and testing in health care settings, seeking to enhance HIV testing among children presenting with TB symptoms across their network of 6 sites. Intensified TB screening for 100 HIV patients and HIV screening for 100 TB suspects/patients will be offered as a standard of care in all the facilities. A total of 150 HIV patients will be treated for TB. A total of 300 TB patients will receive counseling and testing for HIV. Other activities supported will include intensified TB case finding among household contacts of confirmed TB cases, as well as community-level contact tracing of TB suspects. HIV positive children and family members identified via these activities will be offered ART treatment in the Lea Toto network of clinics. This will complement the current PITC program that has intensified testing in facilities where both TB and ART services are provided.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to intensified TB/HIV case finding among co-infected children in the slums of Nairobi. Through this activity, an additional 100 TB/HIV infected children will be identified and provided with care services.

4. LINKS TO OTHER ACTIVITIES

The COGRI Lea Toto TB/HIV activities are related to their Pediatric HIV Care activities , Pediatric treatment services , counseling and testing, and orphans and vulnerable children.

5. POPULATIONS BEING TARGETED

This activity will target people affected by HIV/AIDS including Caregivers, HIV positive infants and children, OVC and PLWHA. The activity will also target community and religious leaders as well as community volunteers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

By meeting the needs of vulnerable children and their care providers, stigma and discrimination will decrease and allow children to return to school and parents/providers improve in health and earn income to contribute to the family's welfare. Gender issues will also be addressed to increase women's access to income and productive resources.

7. EMPHASIS AREA

The main area of emphasis will be Community Mobilization/Participation as Lea Toto strengthens the ability of targeted local communities to prioritize needs of HIV+ children and their families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14750

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14750	12455.08	U.S. Agency for International Development	Children of God Relief Institute	6936	3543.08	Lea Toto	\$50,000
12455	12455.07	U.S. Agency for International Development	Children of God Relief Institute	4216	3543.07	Lea Toto	\$50,000

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$48,025,532

Program Area Narrative:

Key Result 1: 550,000 Orphans and Vulnerable Children (OVC) provided with appropriate care.

Key Result 2: 49,000 providers/caregivers trained in provision of quality care services for OVC.

CURRENT PROGRAM CONTEXT AND STATISTICS

It is estimated that approximately 11% of Kenyan children below 15 years of age (2.4 million) are orphans (Kenya Demographic and Health Survey, 2003); approximately 1 million of these (42%) have been orphaned due to AIDS (estimated from KNASP 2005/6-2009/10). In addition, approximately 100,000 children are HIV-positive, of whom 32% are receiving care and nearly one-third of those who require antiretroviral therapy (ART) are receiving it.

As of the FY 2008 SAPR, 25 Emergency Plan (EP) supported implementing partners were providing direct OVC services to 410,150 children. Of these OVC enrolled and reached in 2008, 54% received three or more services, compared to 34% reached with three or more services as of the 2007 APR. Educational support was the most commonly provided service, followed by psycho-social support. The EP in Kenya continues to work with its partners and with the Government of Kenya (GoK) to ensure these children and their households are able to access age-appropriate prevention services to reduce their vulnerability to HIV.

SERVICES

In 2009, EP partners will continue to strengthen the capacity of families to protect and care for OVC by prolonging the lives of parents and providing economic, psycho-social, and other services, as well as mobilizing and supporting community-based responses to provide both immediate and long-term support to vulnerable households. OVC supported under the EP will continue to receive the range of essential services in line with the National Plan of Action for OVC and the USG Guidance for OVC programming. With support from the EP, implementing partners have been able to provide an increased number of services to individual children. In 2009, the EP will target a total of 550,000 OVC, with 75% of those enrolled benefiting from three or more essential OVC services.

A key emphasis area for 2009 will be supporting partners in HIV testing and counseling (HTC) of children. The lack of pediatric HTC guidelines remains a barrier to early identification of HIV-positive children. In 2009, the EP will support the development of updated HTC guidelines for HIV-exposed children, suspected cases, and their families. The EP will make the testing of children a priority through provider-initiated home and community-based testing as an entry for care and support services to children. Using appropriate linkages to HTC services, the EP will test 90% of OVC enrolled, targeting approximately 500,000. Of those tested, it is estimated that 40,000 will be identified as HIV-positive and enrolled into facility-based HIV care and treatment services, receiving cotrimoxazole (CTX), and being evaluated for ART eligibility and other basic services. In 2008, the EP supported five partners to continue the Muangalizi (accompagnateurs) program initiated in 2007 as a pilot. The EP will prioritize HIV-positive OVC in their programs as well as support an evaluation of the Muangalizi pilot project to facilitate scale-up. The identification of HIV-positive children will be assisted through rollout of the GOK Community Strategy.

Adolescents aged 13-18 comprise the majority of the OVC population; however, evidence from Kenya and elsewhere suggests that the bulk of OVC programs primarily reach younger youth. EP funds will support a program evaluation of the specific vulnerabilities of this particular age group as well as identify and disseminate key program priorities and best practices for serving these youth. The evaluation will inform the development and scale-up of adolescent OVC interventions.

In 2008, the EP supported development of life-skills education curriculum for children in upper primary schools. In close collaboration with the Ministry of Education, the EP will support implementation of this curriculum via printing, launch, and training of teachers. The EP will identify strategies for integrating gender program goals in OVC programs; continue support for activities focused on gender equity in OVC service delivery; work to build the capacity of partners to address cross-generational sex, designing strategies for addressing male norms that impact negatively on OVC; and, strengthen partners' capacity to enhance women and OVC legal rights and protection. The EP will support a gender assessment of OVC programs to facilitate a systematic approach to mainstreaming gender.

Food security needs of OVC in Kenya are increasingly being met through community programs, but links between these programs and clinical services remain weak. In 2009, the EP will support the expansion of the Nutrition and HIV Program (NHP) to work with CBOs that are supporting OVC to provide food supplementation. EP will also support CBO capacity to link with other donors that provide food supplements.

The EP supported the training of GoK provincial and district-based children officers in quality improvement standards and sensitization activities. In 2009, EP funds will support the development of OVC standards for Kenya and new approaches for monitoring and improving the quality of OVC programs.

REFERRAL AND LINKAGES

HIV-positive children, especially those who are orphans, will continue to be considered the most vulnerable category of children and will receive the highest priority for service delivery. OVC implementing partners will be encouraged to prioritize enrollment of HIV-positive children into care and treatment programs. In 2009, paediatric care and treatment will be scaled up to reach 75,000 HIV-positive children, most of whom will be enrolled in OVC programs. All children enrolled in paediatric ART will be linked to community-based programs for other OVC essential services.

In 2009, the EP will continue to integrate prevention activities into OVC programs. EP-supported OVC programs will integrate prevention with positives for adolescents, in- and out-of-school prevention programs and voluntary medical male circumcision as well counseling and testing for OVC.

Kenya is a focus country for both the EP and the President's Malaria Initiative (PMI). In 2009, the EP will establish linkages with PMI and ensure OVC being supported by EP are also able to benefit from insecticide-treated bed nets (ITNs) being procured by PMI. It is estimated that a total of 670,000 ITNs will be procured by PMI in 2009, of which approximately 100,000 will be earmarked for OVC.

To ensure coordinated quality care and comprehensiveness of service delivery, EP partners will facilitate appropriate linkages with the GoK's cash-transfer program and education bursaries as well as continue its collaboration with the World Food Program (WFP) to facilitate support of OVC referred to WFP-supported facilities for food supplements by EP partners.

POLICY

The draft National Plan of Action (NPA) for OVC in Kenya for 2005/6-2009/10 provides the framework for a coordinated multi-sectoral and sustainable approach to supporting OVC in Kenya. As part of the seven key strategies laid out in the plan, the GoK emphasizes the need for OVC programs to ensure access for OVC to essential services, including but not limited to education, health care, and birth registration. This emphasis aligns with EP support to OVC through the six core program areas, which is inclusive of the NPA service package. In 2009, the EP will support transition of the NPA from its current draft form to final policy and will also support its printing and dissemination.

The EP will continue to indirectly support OVC by working on improvements to policies and legislation that protect vulnerable children. In particular, the EP will advocate for a review of the current National Counseling and Testing Guidelines to facilitate an enabling environment for the testing of children as an entry point to HIV prevention, care, treatment, and support.

SUSTAINABILITY

Capacity building and systems strengthening of local indigenous partners in OVC will remain an important part of EP-supported activities. The EP will continue to work closely with GoK to ensure services are fully integrated into the Ministry of Gender and Children Affairs (MGCA) work plans. EP will support the meaningful engagement and participation of children officers at the provincial and district levels to ensure sustainability. EP funds will also support the development and implementation of a comprehensive capacity building plan that will target children officers stationed country-wide, in line with priorities identified jointly with the MGCA.

MONITORING AND EVALUATION

The EP will work with GoK and relevant stakeholders to design a national database on children, which will be housed at the MGCA, while ensuring appropriate linkages with NACC.

To enhance strategic decision-making for OVC programming, the EP will strengthen the capacity of its partners to collect, store, retrieve, report on, and analyze data stratified by age group, single/double orphan hood, and type of vulnerability.

WORK OF HOST GOVERNMENT AND OTHER PARTNERS

The EP will continue to work with the GoK to ensure services being provided by EP partners are in line with the NPA for OVC and that OVC are directly served either through primary or supplemental support. Through continued participation at the National Steering Committee for OVC, the USG will continue to work closely with GoK and other stakeholders, and provide technical assistance and leadership to guide OVC work in Kenya. The GoK, UNICEF, World Bank, and DFID will continue to provide cash transfers to OVC caregivers, while the EP will continue to support its partners to ensure appropriate linkages with the cash-transfer program.

ACHIEVEMENTS AND OUTSTANDING CHALLENGES

Key remaining barriers include (i) lack of enabling environment to support HTC services among OVC; (ii) inadequate programming for adolescent OVC; and (iii) insufficient EP partner capacity in ensuring quality service delivery to OVC. In 2009, the EP will support the development of updated HTC guidelines for HIV-exposed children, support a program evaluation of the specific vulnerabilities of adolescent OVC and build the capacity of EP partners in OVC service standards and quality improvement measures in line with GoK priorities. The greatest achievement of the Kenya OVC program has been its ability to rapidly scale up services. In its first year, the EP was providing direct support to 155,352; as of FY 2008, the EP was reaching 410,150 OVC with essential services.

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3543.09	Mechanism: Lea Toto
Prime Partner: Children of God Relief Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 4918.20378.09	Planned Funds: \$600,000
Activity System ID: 20378	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner Children of God has been competitively selected to implement the activity.
- + Activity will expand to include 4 more centers; 3 in Nairobi and 1 in Kitui.
- + activity will also focus on empowering of caregivers through self-help groups and eventually facilitate referrals to micro-business training for family income support and other micro-credit services.
- + The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 5,400 with testing and counseling. Of those tested, approximately 430 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will be used to support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$18,000 towards Economic Strengthening through the support of income generating activities to support increased household food security and technical support to savings led activities. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$30,000. A further \$6,000 will be attributed to provision of safe water guards for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to an activity in Counseling and Testing (#6894).

2. ACTIVITY DESCRIPTION

Children of God Relief Institute/Lea Toto Project will provide care and support services to 6,000 orphans and vulnerable children (OVC) with high quality home based care and other support services. This activity is a continuation of the project which started in September 1999, and implemented in selected slums in Nairobi in Kangemi, Kariobangi, Kibera, Kawangware. Lea Toto will work with trained community workers at the activity sites and will provide or facilitate access to a range of services for families and OVC caregivers. It is anticipated that these two services will include training for family income support and psycho-social support, including succession planning. Other program activities include nutritional support, micro-finance an empowering of caregivers through self help groups. Lea Toto will also strengthen the ability of targeted of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs. Lea Toto will work with trained community workers at the activity level and will provide or facilitate access to a range of services for OVC The goal of the Lea Toto project is to mitigate the impact of HIV/AIDS and decrease the risk oh HIV transmission through the provision of a comprehensive home based care package. Some of the activities include group therapy sessions, life skills training, disclosure meetings, support groups meetings and follow up counseling sessions. Life skills training sessions which are held with adults and children aged between 7 and 16 years address issues related to drug adherence, basic hygiene and nutrition. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling and other support services for HIV+ children and their families. Other program activities include nutritional support, micro-finance and empowering of caregivers through self help groups.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-Year strategy, will increase the number of OVC receiving HIV/AIDS care and support, and will reach 6,000 OVC with comprehensive quality services and train 540 caregivers.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to ARV treatment (#6862), counseling and testing services (#6860) and palliative care (#6863) implemented by COGRI and also linked to USG CT programs managing test kits procurement and distribution.

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers of OVC, community leaders as well as community based Faith-Based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues being addressed is stigma and discrimination through enhanced medical and psychological well-being and demonstrated improved quality of life. This activity also addresses the wrap around issues of food.

7. EMPHASIS AREAS

Major emphasis is Community Mobilization and participation and a minor emphasis in Training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14751

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14751	4918.08	U.S. Agency for International Development	Children of God Relief Institute	6936	3543.08	Lea Toto	\$600,000
6861	4918.07	U.S. Agency for International Development	Children of God Relief Institute	4216	3543.07	Lea Toto	\$400,000
4918	4918.06	U.S. Agency for International Development	Children of God Relief Institute	3543	3543.06	Lea Toto	\$100,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$18,000

Education

Estimated amount of funding that is planned for Education \$30,000

Water

Estimated amount of funding that is planned for Water \$6,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3811.09	Mechanism: Community-based Care of OVC
Prime Partner: Christian Aid	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5650.20382.09	Planned Funds: \$167,342

Activity System ID: 20382

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$19,870 towards economic empowerment activities through the provision of technical support existing Savings and Loans Associations (SLAs) in the communities Christian Aid is working. The activity will also attribute a portion of its budget to food and nutrition by providing agricultural inputs to households enrolled in the Savings and Loans Associations (SLAs) in the amount of \$14,900 and will also attribute the same amount (\$ 14,900) to supporting educational activities targeting OVC from SLA participating households.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8782 and #8777), ART (#8792 and #8826).

2. ACTIVITY DESCRIPTION

Christian Aid (CA) is a UK based international development agency with over 40 years of experience supporting more than 550 indigenous non-governmental and faith-based organizations in 60 countries. CA will work with community and faith based organizations to provide holistic care and support to orphans and vulnerable children (OVC) in Eastern and Nyanza Provinces. CA will work with two faith-based community development organizations in Kenya's Western and Eastern Provinces. These organizations are the Benevolent Institute of Development Initiatives (BIDII), which is operating in Machakos and Makueni districts (Lita, Mbee, Kathiani, Mavivye, Kiima-kiu, and Kilome sublocations), and Inter Diocesan Community Development Services (IDCCS), which is operating in Siaya, Rachuonyo, Kisumu, Migori, Homa-Bay, Bodo, and Nyando districts (Siaya, Yala, Kisii, Kisumu, Migori, Homa-Bay, Bondo, and Ahero sublocations). The expected impact of the CA Track 1 project is improved quality of life for at least 9,800 OVC and 1,800 care givers. This will be done through building the technical knowledge and material capacity of over 100 OVC households to produce nutritious food for the long term, benefiting the OVC in these households. Provide income generation support to at least 600 OVC household guardians and older OVC, to enable them to operate new, profitable income generating activities (IGAs). Ensure that OVC regularly receive quality psychosocial support through community-based volunteers and caregivers. This intervention will include health care, provision of fees to enable OVCs to access education and also mobilize the local community volunteers to build or repair basic housing for OVC. To ensure clean water availability, the program will fund and organize for four water springs to be protected in Kathiani impact zones. This will enable at least 800 OVC households to access safe drinking water for their everyday needs, benefiting OVC in these households. To protect OVC from stigma and discrimination, community volunteers will be mobilized to establish Child Protection Committees (CPCs) and actively promote messages geared to reducing stigma and discrimination on OVC and promoting child rights. This will lead to a reduction of at least 30% of community members with negative and discriminating attitude towards OVC and an increase of at least 30% in the proportion of community leaders, guardians and general community members that acknowledge and recognize the extent of exploitation, violence and abuse experienced by OVC. Support CPC members to monitor discrimination and abuse of OVC through community based home visit programs, which will be operational in six sub locations. Mobilize the formation of youth clubs in approximately 150 villages. Peer educators will provide life skills training to OVC in the youth clubs. The life skills will help OVC avoid situations where they can fall victim to exploitation, violence and sexual abuse. CPC members will be trained on children's rights and counseling skills and conduct exchange visits and attend a reflection workshop in Uganda towards the end of the period, to reflect on progress made, what has worked well and what has not and to share innovative approaches and tools. Lessons learned will be fed into the interventions for the following year, resulting in improved effectiveness and quality of support provided to OVC and OVC households.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The program will reach 9,800 OVC through complementary and integrated care and support interventions and 1,800 care givers will be trained in a number of complementary areas, including income generation, sustainable food production, psychosocial support, and child protection.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to Counseling and Testing program and ART services.

5. POPULATIONS BEING TARGETED

This program will target orphans and vulnerable children and their caregivers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues to be addressed include stigma and discrimination and ensuring that as many as girl OVC benefit as well as boys. Data will be gender disaggregated to ensure gender equity in all the project's various interventions. Support to food security, micro-finance, micro-credit and education sectors will be addressed. Work will also be undertaken to link women and girls to the project's educational support, food security, and income generation interventions.

7. EMPHASIS AREAS

Major emphasis area is community mobilization/participation and training and minor emphasis area is development network/linkages/referral systems and quality assistance and supportive supervision.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14754

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14754	5650.08	U.S. Agency for International Development	Christian Aid	6937	3811.08	Community-based Care of OVC	\$231,770
6864	5650.07	U.S. Agency for International Development	Christian Aid	4217	3811.07	Community-based Care of OVC	\$175,665
5650	5650.06	U.S. Agency for International Development	Christian Aid	3811	3811.06	Community-based Care of OVC	\$36,279

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$14,900

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$19,870

Education

Estimated amount of funding that is planned for Education \$14,900

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3733.09	Mechanism: Weaving the Safety Net
Prime Partner: Christian Children's Fund, Inc	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5486.20383.09	Planned Funds: \$363,323
Activity System ID: 20383	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8976) and Palliative Care: Basic Care and Support (#8936).

2. ACTIVITY DESCRIPTION

Christian Children's Fund (CCF)'s Weaving the Safety Net project aims to reduce the impact of HIV/AIDS on orphans and other vulnerable children and adolescents in Thika and Kiambu Districts in Kenya. The project responds to the current gap in psychosocial programming while strengthening community structures to care and support OVC and youth. To meet this goal, CCF supports the provision of sustainable, high-quality essential services through: strengthening the capacity of families to cope with their problems; mobilizing and strengthening community-based responses; increasing the capacity of children and young people to meet their own needs; raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS; and developing, evaluating, disseminating, and applying best practices and state-of-the-art knowledge in the area of quality OVC programming. In order to reach many OVC with quality interventions and to facilitate sustainability of program impact, CCF's main implementation approach is partnership. Program activities will cover a broad range of services. In the area of psychosocial support (PSS) and Journey of Life (JOL), the Trainer of Trainers (TOTs) on Psychosocial Programming and JOL will continue to facilitate training for the OVC and Community's Own Resource Persons who will include their caregivers (teachers, guardians, CBO/FBO and other community leaders). Monitoring of the PSS will be intensified to ensure that the children receive the service and enhance their resilience. In child protection, the program will continue to scale up paralegal activities through the TOTs trained and strengthen linkages with service providers. The participants will include: OVC parents/guardians, religious leaders, chiefs, HBC supervisors, teachers, and representatives from the Children's Department, probation and other relevant departments. Working together with the local implementing partners (LIPs), the paralegals will be assisted to form community paralegal clinics in order to make their services more easily accessible to the community. The paralegals will also be involved in all community fora organized by LIPs, HBC teams, religious leaders and other CORPs as a way of raising awareness on child protection issues. The program will support formation/strengthening of the Child Right's club's activities (ROC) in the various schools, where the teachers and the children were trained on (ROC) in the second year. Children and youth will be facilitated to air their views on issues affecting them through radio features that will be supported by the program. The program will support in development of various IEC materials with messages pertaining to the plight of OVCs and youth. Youth tournaments will be supported at various levels at the community for awareness creation in addition to increasing youth participation as well as planning and monitoring of the program. CCF will also work in the area of economic strengthening, by providing support to schools' income generating activities. The program will continue to improve household income through support to micro credit services to vulnerable households in partnership with a leading micro finance institution (K-Rep Development Agency). The educational support component of CCF's program will include identification of the OVC for vocational training, and other areas of interest that can be supported by the program. All the adolescents benefiting from vocational training will also be linked to basic business management, counseling support, training in life skills, mentoring and recreational facilities to ensure a holistic approach to their development. The guardians of these OVC will be targeted for home-based care services as well as other safety net services such as income generating activities and psychosocial support through support groups. In shelter and nutrition, CCF will continue to forge stronger partnership with the local implementing partners to provide a meal a day to the OVC at early childhood development centers through the provision of unimix whereas in shelter, clothing and bedding will be the focus

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The program will reach 20,000 OVC and train 2,000 caregivers in various areas/services described above. This will be done with the local implementing partners to ensure continuity and ownership of the interventions.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to home based care services and counseling and testing.

5. POPULATIONS BEING TARGETED

The target population is primarily the young OVC (0-18 year – HIV infected and affected children), their caregivers, HIV affected and/or infected families, children who are head of households, abused and neglected children.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues to be addressed include wrap-around activities of food, microfinance/microcredit, secondary school fees for OVC, stigma and discrimination.

7. EMPHASIS AREAS

Major emphasis area is community involvement/ownership, development and strengthening linkages/referral system and minor emphasis is monitoring and evaluation, IEC and quality programming.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14755

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14755	5486.08	U.S. Agency for International Development	Christian Children's Fund, Inc	6938	3733.08	Weaving the Safety Net	\$500,000
6865	5486.07	U.S. Agency for International Development	Christian Children's Fund, Inc	4218	3733.07	Weaving the Safety Net	\$0
5486	5486.06	U.S. Agency for International Development	Christian Children's Fund, Inc	3733	3733.06	Weaving the Safety Net	\$1,000,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$4,980

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3724.09	Mechanism: Breaking Barriers
Prime Partner: PLAN International	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5452.20195.09	Planned Funds: \$1,155,000
Activity System ID: 20195	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross cutting attributions in education (\$115,500) through provision of scholastic materials, including procurement of school uniforms as well covering fees for older OVC enrolled in vocational trainings. \$346,500 of the budget will be attributed to food and nutrition activities that specifically target malnourished children as well as continued support to the project's feeding program in Siaya district. In addition, \$231,000 of the budget will be attributed to supporting economic empowerment initiatives a sustainable approach to supporting caregivers beyond procurement of food commodities.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8760, #8976, #8777), PMTCT (#8734, #8729, #8738), ARV Services (#8774, #8765, #8826) and Palliative Care: Basic Health Care and Support (#8928, #8936, #8931).

2. ACTIVITY DESCRIPTION

Plan USA is the prime for Breaking Barriers, a Track One Centrally Funded program, among a consortium of Hope for African Children Initiative (HACI). The partners in Kenya include Save the Children (HACI member), World Conference of Religions for Peace (HACI member), Pandpieri Catholic Center, Rangala Child and Family Development Program, St. Johns Community Center and the Inter-religious Council of Kenya (IRCK). Program activities are concentrated in the urban areas of Kisumu (Nyanza Province) and Nairobi and in rural parts of Siaya district in Western Kenya. The program will emphasize expanding OVC access to school and school-based services such as HIV awareness, prevention and psychosocial support; home-based care and nutritional support for OVC and families and in engaging religious groups and PLWHA in combating stigma and discrimination. Over 120 OVC households in rural Siaya will receive farm inputs, while over 100 OVC households in Nairobi will receive IGA training and support. IRCK will also train 1300 religious leaders on advocacy and stigma reduction, support 6 PLWHA groups in psychosocial support (PSS) and 6 organizations in capacity building. The project will make substantial strides towards its strategic objective to expand sustainable, effective, quality OVC programs in education, psychosocial support and community-based care for children and families affected by HIV/AIDS, using an extensive network of schools (both formal and informal) and religious institutions as a coordinated platform for rapid scale up and scale out. Intermediate results are threefold. The first is to improve the education, psychosocial support, and community-based care services for 12,500 OVC and families affected by HIV/AIDS. Education, life skills training, and HIV-prevention will be accomplished by supporting formal and non formal school options, which expand OVC enrollment and attendance and promote teacher and child knowledge of HIV/AIDS and behavior change skills to prevent HIV infection. PSS will be promoted in schools through teacher training, development of new curriculum and organization, support of child counseling, recreational activities and peer support groups. FBOs and other groups will be strengthened in their efforts to provide referrals, counseling and spiritual support for children and families, identify unmet basic material needs and increase access to resources to meet them. The second intermediate result is building capacity and mobilizing resources for care and support to OVC and families. This result will increase the capacity of vulnerable children, families and communities to mobilize and manage internal and external resources needed for quality care and support for children and families affected by HIV/AIDS. This goal is accomplished by building the capacity of local organizations in skills such as needs assessment, strategic planning, project design, resource mobilization, community organizing, program management, and monitoring and evaluation. Building capacity of individuals will be done by training 1,200 community resource people (teachers, caregivers, religious leaders, and children) in improved methods for provision of education, psychosocial support, and community based care. The third intermediate result is to create a supportive environment for OVC and their families. This entails creating an environment in which children, families and communities working with the government, faith-based organizations and civil society advocate for the provision of essential services, and reduce stigma and discrimination related to HIV/AIDS. Religious leaders trained in stigma reduction and advocacy skills will campaign, in collaboration with PLWHA, community leaders and children, with positive messages to raise HIV/AIDS awareness. Non-discriminatory school policies, positive environments, and activities that reduce stigma and empower OVC through a collaboration of children with teachers and administrators will be designed and implemented.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Breaking Barriers seeks to increase OVC access to education, psychosocial support and home-based care for both children and their caregivers. Thus, access to education shall be increased both directly, by eliminating common barriers keeping OVC from school, and indirectly, by addressing their psychosocial and physical health needs and those of their families, and by addressing HIV/AIDS-related stigma. The program will reach 12,500 OVC and train over 1,200 individuals in caring for OVC.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to health facilities in the area on issues of Counseling and Testing (#8760, #8976, #8777), PMTCT (#8734, #8729, #8738), HIV/AIDS treatment: ARV Services (#8774, #8765, #8826) and Palliative Care: Basic Health Care and Support (#8928, #8936, #8931).

5. POPULATIONS BEING TARGETED

Target population will be children and youth, OVC and their caregivers, HIV affected and/or infected children and their families and people living with HIV/AIDS. This activity will also reach street youth and out of school youth, religious leaders, volunteers, policy makers, teachers, health care providers, community and faith based organizations and rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues addressed will be volunteers, stigma and discrimination, and education.

7. EMPHASIS AREAS

Major emphasis area is community mobilization/participation and minor emphasis area is information,

Activity Narrative: education and communication and local organization capacity development.
New/Continuing Activity: Continuing Activity

Continuing Activity: 14968

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14968	5452.08	U.S. Agency for International Development	PLAN International	6989	3724.08	Breaking Barriers	\$920,040
7017	5452.07	U.S. Agency for International Development	PLAN International	4272	3724.07	Breaking Barriers	\$576,975
5452	5452.06	U.S. Agency for International Development	PLAN International	3724	3724.06	Breaking Barriers	\$305,739

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$346,500

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$231,000

Education

Estimated amount of funding that is planned for Education \$115,500

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 441.09	Mechanism: Capable Partners
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 4947.20341.09	Planned Funds: \$4,583,569
Activity System ID: 20341	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner Academy for Educational Development has been competitively selected to implement the activity.
- +The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 36,000 with testing and counseling. Of those tested, approximately 2,880 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level. Particular emphasis will be placed on improving services based on quality assessments carried out in 2008.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- +In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported are also able to benefit from mosquito nets procured by PMI.
- +In FY09, this includes field support for Hope Worldwide's Track 1 activity (see separate narrative below).

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$129,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$215,000. A further \$43,000 will be attributed to provision of safe water guards for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This relates to Capable Partners activities in Other Prevention (#6830), Palliative Care (#6827), AB (#6832) and CT (#6829).

2. ACTIVITY DESCRIPTION

AED/Capable Partners is funded to convene the participating sites of the Muangalizi initiative (University of Washington, Eastern Deanery AIDS Relief Program, New York University, TBD/Moi University School of Medicine, and KEMRI/South Rift Valley) on a quarterly basis and to develop and monitor standard indicators. As Capable Partners also serves as an umbrella organization funding nearly 50 grassroots organizations (many of them OVC programs), they will help the sites develop referral links to needed community support services. Finally, they will secure contracted legal/ethical, child psychology/psychiatry and other consulting services to be made available to all sites during the course of the one-year development phase of the initiative. USAID placed support to organizations under an umbrella grant mechanism, the Capable Partners Program (CAP) implemented by the Academy for Educational Development (AED). The Capable Partners Program is designed to strengthen the organizational capacity and sustainability of NGOs, NGO networks, intermediate support organizations (ISOs) and coalitions. In Kenya, the Capable Partners Program strengthens the organizational and technical capacity of organizations working at the community level with HIV/AIDS-affected orphans and vulnerable children, organizations working more broadly to address HIV/AIDS in Kenya and NGOs in other sectors that plan to introduce an HIV/AIDS component into their work. The program manages grant funds to organizations that have been selected through competitive processes. AED's experience in grants management has shown that a grant program is most effective when technical and institutional capacity building are incorporated in the grant-making process. With FY 2008 PEPFAR funds, the Capable Partners Program supported over 40 partners delivering services to OVC. In FY 2009 the Capable Partners Program will continue to support the same number of partners. Having worked with many of these organizations for a number of years, the focus in FY 2008 will be to scale up their activities to reach more OVC with quality services. It is anticipated that most organizations will have developed the capacity to manage larger grants. All activities are planned within the scope of the national program guidelines on OVC with a focus on the programming principles and strategies in the priority areas of intervention. In particular, the government's OVC guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council. This activity includes support to the following sub-recipients for activities integral to the program: - -Beacon of Hope, Church World Services, Makindu Children's Centre, Neighbors in Action, Ripples International, St. Camillus Dala Kiye Children Welfare Home, Tropical Institute of Community Health and Development, CREADIS, RAPADO, SFIC, Child Welfare Society of Kenya, Twana Twitu, Wema Center, KENWA, Ace Africa, Community Asset Building and Development Action (CABDA), COLIDEF, HEART, Helpage International, Homeless Children International, Hope Worldwide Kenya, HVFI, Rafiki ya Maendeleo Trust, St Mary's Medical Centre, Kapsoya, Tesia Isanga Organization, Youth Action for rural development, Women and youth against AIDS and poverty (WAYAAP) as well as ten new grants

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Activities that will be implemented under the Capable Partners Program will continue to support the National Plan of Action for Orphans and Vulnerable Children. In FY 2008 CAP will work with each partner to expand their coverage and reach at least 25% more OVC. CAP will assist all partners in the design and delivery of quality programs consistent with national policies and initiatives for orphans and vulnerable children. Through its partners, CAP will reach 40,000 OVC with care and support, and will train 3,600 providers and caretakers of OVC.

4. LINKS TO OTHER ACTIVITIES

CAP has developed an excellent working relationship with the Department of Children's Services in the Office of the Vice President and Ministry of Home Affairs. This will enable CAP to create linkages between

Activity Narrative: sub-recipients and children's officers in the districts in which projects are being implemented. At the community level, organizations will be assisted to create and sustain linkages with other appropriate USG-funded programs. These are programs that have interventions aimed at: strengthening community mechanisms to cope with the impact of HIV/AIDS, prolonging the lives of and providing care and support to PLWHAs, and linking with other programs providing and promoting Palliative Care: Basic Health Care and Support (#6827), Abstinence and Be Faithful (#6832), Counseling and Testing (#6829) and Other Prevention (#6830). This activity is linked to APHIA II's HBHC activity (#5285) for home based care services, CT activity (#4190) for counseling and testing and ARV Services (#5367) for treatment.

5. POPULATIONS BEING TARGETED

This activity primarily targets orphans and vulnerable children, adolescents, particularly girls, as well as young adults, caregivers and community-based and Faith-based organizations as well as NGOs.

6. EMPHASIS AREAS

The major emphasis is Local Organization Capacity Development and the minor emphases are training, and development of network/linkages/referral systems.

Field Support for the Hope WorldWide Track 1 OVC activity

ACTIVITY DESCRIPTION

HOPE Worldwide Kenya (HWWK) will continue to scale up its work in Mukuru Slums and other underserved areas where it has strong partnerships with local community stakeholders and entry points into OVC care and support. In 2007 work was extended to Mathari, near Huruma, and Maringo. The work in Mathari is in collaboration with the Rotary Club of Nairobi. Work in Maringo was born out of collaboration with the Area Advisory Council whereby the need for work in this area was identified. Related to work being done with youth in Makindu, youth have been trained in Psychosocial Support and development of Kids Clubs. In 2007 the OVC work linked with the USAID funded ABY programs in Huruma, Dandora, Muchatha, Gachie, and Makadara to focus on development of Kids Clubs in the schools that have ABY programs. HWWK will continue to upscale the work being done in the Mukuru Slums where it has strong partnerships with local community stakeholders and entry points into OVC care and support. In 2007 work progressed within the 3 villages of Kwa Ruben, Kwa Njenga and Lunga Lunga and is provided direct support to 651 OVC through Kids Clubs and Support Groups. Indirect support was given to over 500 children through trainings in PSS and Kids Clubs in Mukuru, Mathari, and Makadara. In 2007 HWWK continued to facilitate direct support to OVC through capacity building of local CBOs, NGOs, FBOs, Community Leaders, and Schools, and Rotary partnerships, with a target of direct support to 1,000 OVC. Community stakeholders will be incorporated into the process of establishing these support mechanisms to increase effectiveness through community ownership and participation. HWWK will work closely with the Department of Children's Services through Provincial and District Children's Officers and Area Advisory Councils. This will facilitate a mechanism for identification of the most needy OVC and caretakers for training and support. Close collaboration will be maintained with local VCT and PMTCT centers, as well as with community health clinics, schools and FBOs, and other relevant care and social services. Rotary Clubs, and HWWK staff and volunteers will be actively engaged in providing community support, including identification of resources and staff to sustain activities. Partners will help establish links with vocational training sites to support older OVC with skills training, mentoring, and apprenticeships. HWWK will work closely with the Department of Children's Services (DCS) to provide training in PSS and Kids Clubs to caretakers, teachers, and others where the DOCS is providing support through the Cash Transfers for support of OVC. Currently HWWK is working with 191 caregivers in Mukuru Slums who care for 651 children. Through 2009 the goal is to continue strengthening this group and increasing their capacity to train, educate, and build the capacity of themselves and other caretakers in their communities. Focus is on maintaining quality of service provision to the caretakers, children, and ultimately to the communities. In 2007 400 staff, caretakers, and organizational members were trained in caring for OVC. HWWK staff and volunteers have experience in community mobilization approaches and will continue to facilitate skills-building workshops in communities on Capacity-Building Strategies. Key national, local and community representatives will be invited to participate in the workshops so as to gather their insight on appropriate approaches to program implementation. This will help consolidate buy-in, collaboration, establish communication channels and promote OVC and youth participation. Experienced local HWWK trainers will use participatory and outcome-based training methodologies. Topics will include those such as global and country specific overview of statistics and projections of the HIV/AIDS epidemic and its impact on children and families; 'Best Practice' strategies for developing and strengthening effective community-based OVC responses; transferring of technical skills needed to carry out the methodological framework for developing competent communities; and identify other partner training needs around OVC issues. In 2007 HWWK provided 2 sub-grants to NGOs who have a focus on child care with the primary goal of strengthening community and household responses. HWWK will provide technical assistance to sub recipients on organizational capacity development and programmatic issues. Regular mentoring and feedback sessions will be held to review program progress, effectiveness, and level of potential sustainability. The 2009 goal is to reach 8,000 children. This will be done through services provided through the Kids Clubs, trained caregivers and providers, community partner organizations, and OVC served through sub grants. A big focus will be on integration and coordination between community-based agencies, and combined coordinated efforts with community leaders and stakeholders, and the government of Kenya, donors, and civil society.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14718

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14718	4947.08	U.S. Agency for International Development	Academy for Educational Development	6920	441.08	Capable Partners	\$4,300,000
6831	4947.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$4,200,000
4947	4947.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$3,200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$129,000

Education

Estimated amount of funding that is planned for Education \$215,000

Water

Estimated amount of funding that is planned for Water \$43,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4915.09

Mechanism: APHIA II - Nyanza

Prime Partner: Engender Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 9071.20435.09

Planned Funds: \$6,500,000

Activity System ID: 20435

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Prime partner EngenderHealth has been competitively selected to implement the activity.
- +Activity will expand its coverage and initiate OVC activities in 3 key districts, namely, Siaya, Nyando and Bondo to facilitate the provision of integrated USG support in these districts that already have on-going treatment programs.
- +Working with trained community health workers the activity will strengthen home based care and other support interventions suitable for the children's well being and development.
- +Linkages to food support; vocational training; educational opportunities; income generating activities; health services and pediatric HIV services; will be strengthened through appropriate community organizations.
- +The activity will work in close collaboration with relevant community groups and government departments to form networks that will address health improvement, capacity building and food support, vocational and micro-business training for family income support.
- +The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; this activity will test 90% of OVC enrolled; targeting approximately 81,900 with testing and counseling. Of those tested, approximately 6,550 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- +In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will be used to support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- +In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported are also able to benefit from mosquito nets procured by PMI.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$195,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$ 325,000. A further budget amount of \$ 65,000 will be attributed to provision of safe water guards for households looking after OVC.

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1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#9059), Palliative Care: basic health care and support (#8928), ARV services (#8774), and counseling and testing (#8760).

2. ACTIVITY DESCRIPTION

APHIA Nyanza project implemented by Engender Health initiated support to OVC in Nyanza Province in FY 2006. It addresses OVC needs adopting the Kenya PEPFAR strategy of addressing seven essential elements of OVC support. These essential services include: Nutrition, Education, Health, Protection, Psychosocial support, Basic Material needs and Livelihood Capacity Building. This activity will continue to employ a broad range of strategies and activities to build the capacity of communities, families and orphans to meet their needs, and to build the capacity of community-based partners to deliver sustainable high quality OVC interventions. The APHIA Nyanza project will serve 91,000 orphans and vulnerable children and provide training to 8,190 caregivers. Working with trained community health workers the project will implement home based care and other support interventions suitable for the children's well being and development. Household members will be trained in palliative care for HIV+ children. Linkages to food support; vocational training; educational opportunities; income generating activities; will be strengthened through appropriate community organizations. The project will also build linkages to pediatric HIV services and other relevant health services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will reach 91,000 OVC and train 8,190 caregivers in Nyanza province. It will augment the ability of communities to provide comprehensive services including basic medical and nursing care, counseling and psychological support, relief for social needs and prevention of HIV. It will strengthen the capacities of families and communities to make informed decisions on who needs what care and how best to provide it. The project will work in close collaboration with relevant community groups and government departments to form networks that will address health improvement, capacity building and food support, vocational and micro-business training for family income support.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to APHIA II Nyanza activities in TB/HIV (#9059), Palliative Care: basic health care and support (#8928), ARV services (#8774), and counseling and testing (#8760).

5. POPULATIONS BEING TARGETED

This activity will address individuals infected and affected by HIV/AIDS by targeting caregivers of OVC. OVC - especially the girl child, as well as building the capacity of other community based and faith based organizations by working closely with community and religious leaders in the delivery of care to OVC in each community.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address issues in increasing gender equity in HIV/AIDS programs as well as wrap around services in food and education.

Activity Narrative: 7. EMPHASIS AREAS

Major emphasis area is in development of local organization capacity and minor emphasis in network/linkages/referral, community mobilization and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14782

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14782	9071.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$6,150,000
9071	9071.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$4,400,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$195,000

Education

Estimated amount of funding that is planned for Education \$325,000

Water

Estimated amount of funding that is planned for Water \$65,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 282.09

Mechanism: N/A

Prime Partner: Eastern Deanery AIDS Relief Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 12477.20424.09

Planned Funds: \$250,000

Activity System ID: 20424

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#6879), Palliative care: HBHC, PDCS, Counseling and Testing (#6881), and PMTCT (#8654).

2. ACTIVITY DESCRIPTION (WITH FY09 UPDATES)

The Muangalizi component of the program will be enhanced to include post disclosure support to normalize the experience of HIV in the family, with a focus on households looking after HIV positive children under the Muangalizi model. The activity will also support the evaluation of the Muangalizi pilot in collaboration with the other 4 USG supported and participating sites to facilitate lessons learnt and identification and documentation of the effectiveness of different approaches to facilitate scale up. This activity was begun with 2007 plus-up funds and is part of a five-site effort to strengthen the link between clinical and household settings for HIV+ children. All sites meet regularly with a sixth entity, AED/Capable Partners, for real-time sharing of lessons learned and review the effectiveness of different approaches in preparation for scale-up. The Muangalizi model is being tested in response to concern expressed by clinicians that assuring optimal care for HIV+ OVC was difficult in many instances because they were accompanied to different clinic visits by different relatives or community members, necessitating constant re-education of adults managing care of children. Central to the approach is recruitment of adult patients who are successfully managing their own care to accompany pediatric patients to all clinic visits when a consistent caregiver from the household is not available. A total of 32 "accompagneurs" will be trained to be on watch for 150 children for development of side effects or complications, remunerated for their time, and expected to perform home visits to monitor medication consumption. They will also be expected to develop an ongoing and supportive relationship with the OVC household, assess the social environment and refer for needed services, and seek wherever possible to identify a household or community contact who can be prepared to assume the long-term responsibility of being a treatment advocate for the child. Sites were carefully selected to represent a cross section of Nairobi and coastal urban slum (Eastern Deanery, Coptic, and Bomu), peri-urban (AMPATH/Eldoret, Bomu) and rural (Kericho District Hospital) communities. Standard measures of household and clinician satisfaction with the value-added by the accompagnateur, accompagnateur satisfaction with the experience, and clinical progress of OVC participating in the program will be tracked. Numbers of OVC served are captured under care and treatment activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will expand access to ARV treatment for clinically qualified HIV-positive patients, strengthen human resource capacity to deliver ARV treatment, and strengthen the referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

This activity links to EDARP supported activities in Palliative Care, TB/HIV, PMTCT and Counseling and Testing services. The services are implemented in collaboration with the ART officer of Nairobi Province and are linked to the network center at Kenyatta National Referral Hospital, supported by university of Nairobi.

5. POPULATIONS BEING TARGETED

The populations targeted with this activity are adults with advanced HIV who are living in slums in Eastern Nairobi. They are a priority because of high rates of HIV and because the population is extremely poor and would otherwise have very limited access to health care services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphases in commodity procurement, community mobilization, development of networks/linkages/referral systems, training, human resources, information, education, and communication and supportive supervision, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14774

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14774	12477.08	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	6943	282.08		\$250,000
12477	12477.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$250,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9711.09	Mechanism: Umbrella
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 4169.20413.09	Planned Funds: [REDACTED]
Activity System ID: 20413	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Partner will be competitively selected to implement the activity.
- + The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 4,500 with testing and counseling. Of those tested, approximately 360 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will be used to support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported under this activity to ensure that they are also able to benefit from mosquito nets procured by PMI.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$15,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$25,000. A further \$5,000 will be attributed to provision of safe water guards for households looking after OVC.

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1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence/Be Faithful (#6876), Condoms and Other Prevention (#6872), Counseling and Testing (#6875), Palliative Care: Basic Health Care Support (#6870), Palliative Care: TB/HIV (#6871), Treatment: ARV services (#6869) and Other/Policy Analysis and Systems Strengthening (#6873).

2. ACTIVITY DESCRIPTION

TBD Umbrella partner will work with sub-grantees to provide services to 5,000 orphans and vulnerable children (OVC) and train 500 caregivers to provide OVC care. It will provide primary direct support to 4,000 OVC and 1,000 supplemental support. TBD Umbrella will be awarded a cooperative agreement with CDC to work with local Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) in Nyanza and other regions in Kenya to build their capacity to implement community-based HIV services. These services were previously provided by Cooperative housing Foundation of which their cooperative agreement is coming to an end March 2009. In FY 2009, TBD Umbrella will expand its scope of activities to include suitable organizations that have on-going programs for OVC. TBD Umbrella will continue supporting new partners who will be selected through close collaboration with CDC. An important element in this program is strengthening HIV prevention education among OVC to equip them with life skills that would reduce their vulnerability to the risk of HIV infection. Caregivers will be trained to strengthen the family support system and strong linkages will be established between PLWHAs, HIV-infected children and health care services, including ensuring that children and their parents or caregivers and other family members affected access appropriate care and treatment. These programs will work closely with care and treatment partners to ensure that HIV-infected children receive appropriate psychosocial support and that they have a consistent caregiver to assure adherence to treatment. The scope of the current programs will be expanded to ensure that they provide a package of essential services that qualify as primary direct support. All programs will work in close collaboration with the District Children's Department and will follow guidelines provided by the parent ministry, alongside PEPFAR guidelines.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through partnerships with local sub-partners supported, TBD Umbrella will provide 5,000 OVC with access to essential services, train 500 caregivers, and build the capacity of local, community and faith-based organizations to meet the needs of OVC in their communities. TBD Umbrella will mainstream the development of referral mechanisms and linkages among all partner organizations within a geographic region, ensuring that served OVC link with appropriate services, even if the individual NGO partner does not provide them.

4. LINKS TO OTHER ACTIVITIES

The OVC and the community will be referred to VCT centers in the health facilities where the activities are taking place. TBD Umbrella will work with the organizations undertaking home and community support in the same areas. This activity is linked to activities in the following program areas: CT (#6875); AB (#6876); OP (#6872); Policy Analysis and Systems Strengthening (#6873) and ART (#6869).

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, older OVC, widows/widowers, HIV+ children, HIV/AIDS affected families and People Living with HIV/AIDS.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity helps increasing gender equity in HIV/AIDS programs by ensuring the girl children have equal access to services, and disaggregating data on girl children. It also addresses the wrap around issues of food and education.

Activity Narrative: 7. EMPHASIS AREAS

There are six minor emphasis areas in local organization capacity development, human resources, quality assurance, and development of network linkages/referral system, community mobilization/participation and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14766

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14766	4169.08	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	6941	348.08		\$500,000
6874	4169.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$400,000
4169	4169.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$300,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening



Education

Estimated amount of funding that is planned for Education



Water

Estimated amount of funding that is planned for Water



Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 483.09

Mechanism: N/A

Prime Partner: University of Washington

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity System ID: 19972**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + The activity will be enhanced to include post disclosure support to normalize the experience of HIV in the family, with a focus on households looking after HIV positive children under the Muangalizi model.
- + The activity will also support the evaluation of the Muangalizi pilot in collaboration with the other 4 USG supported and participating sites to facilitate lessons learnt and identification and documentation of the effectiveness of different approaches to facilitate scale up.

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1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult care and support, Adult ARV services, PMTCT, pediatric care and support, Pediatric ARV services.

2. ACTIVITY DESCRIPTION

This activity was begun with 2007 plus-up funds and is part of a five-site effort to strengthen the link between clinical and household settings for HIV+ children. All sites meet regularly with a sixth entity, AED/Capable Partners, for real-time sharing of lessons learned and review the effectiveness of different approaches in preparation for scale-up. The Muangalizi model is being tested in response to concern expressed by clinicians that assuring optimal care for HIV+ OVC was difficult in many instances because they were accompanied to different clinic visits by different relatives or community members, necessitating constant re-education of adults managing care of children. Central to the approach is recruitment of adult patients who are successfully managing their own care to accompany pediatric patients to all clinic visits when a consistent caregiver from the household is not available. A total of 32 "accompagneurs" will be trained to be on watch for 150 children for development of side effects or complications, remunerated for their time, and expected to perform home visits to monitor medication consumption. They will also be expected to develop an ongoing and supportive relationship with the OVC household, assess the social environment and refer for needed services, and seek wherever possible to identify a household or community contact who can be prepared to assume the long-term responsibility of being a treatment advocate for the child. Sites were carefully selected to represent a cross section of Nairobi and coastal urban slum (Eastern Deanery, Coptic, and Bomu), peri-urban (AMPATH/Eldoret, Bomu) and rural (Kericho District Hospital) communities. Standard measures of household and clinician satisfaction with the value-added by the accompanateur, accompanateur satisfaction with the experience, and clinical progress of OVC participating in the program will be tracked. Numbers of OVC served are captured under care and treatment activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ART for clinically qualified HIV-positive children, and strengthen referral networks for AIDS services.

4. LINKS TO OTHER ACTIVITIES

These activities link to non-ART services supported by University of Washington, referral to pediatric HIV services provided at Coptic Hope Center and ART services coordinated by and supported through the National AIDS and STD Control Program (NASCOB).

5. POPULATIONS BEING TARGETED

These activities target, children living with HIV/AIDS. A key focus of the family clinic is the provision of services to children with HIV, and the identification of children with HIV as a way of reaching entire families that are affected by HIV. Treatment services for diagnosis and treatment of very young children will be established through a relationship with Kenya Medical Research Institute (KEMRI), whereby filter paper samples are transported to the KEMRI lab for polymerase chain reaction (PCR) infant testing. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills. Included among the populations served by these services will be participants in U.S. government funded research programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in community mobilization, development of networks/linkages/referral systems, human resources, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15038

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15038	12475.08	HHS/Centers for Disease Control & Prevention	University of Washington	7020	483.08		\$150,000
12475	12475.07	HHS/Centers for Disease Control & Prevention	University of Washington	4301	483.07		\$150,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 342.09	Mechanism: Health Policy Initiative
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5104.20288.09	Planned Funds: [REDACTED]
Activity System ID: 20288	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ Prime partner will be competitively selected to implement the activity
+Activity will support expansion of services to address gender-based violence (GBV).

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will contribute \$ 640,000 of its total budget towards human capacity development by building the capacity of the department of children services in developing policies that safe guard the rights of the OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Systems Strengthening and Policy Analysis (#7040), Palliative Care: Basic Health Care and Support (#8863, #8867, #8928, #8929, #8931, #8934, #8936), TB/HIV (#9059, #9062, #9065, #9066, #9068, #9069, #9072), CT (#8760, #8776, #8777, #8778, #8781, #8782, #8976) and OP (#8874, #8927, #8930, #8932, #8937, #8942, #9040).

2. ACTIVITY DESCRIPTION

Various issues beleaguer OVC support in Kenya today and include the following: the government has a National OVC response plan but it is yet to be operationalized; the Ministry of Home Affairs has taken on increased responsibilities in mainstreaming OVC issues into its cores functions but lacks the requisite technical and management capacity to deliver effectively; the need to build the capacity of communities and PLWHA groups to promote women and OVC's access to services and property ownership; the need to link OVC to available support like bursaries, psychosocial support and counseling services. This activity will serve to ameliorate the above problems and result in creating a supportive social and policy environment for OVC and caregivers to access basic services. This will be achieved through: providing technical assistance to strengthen government systems and structures to enact OVC legislation and responsive laws and support policy dialogue and advocacy on the protection of children's rights with the HIV/AIDS and OVC networks; strengthening the technical and management capacity of the Ministry of Home Affairs (Children's Department) to co-ordinate OVC policy implementation including monitoring and supervision; providing technical assistance to strengthen legal and traditional community structures to promote OVC and women access to essential services and property ownership under the Women Property Ownership and Inheritance Rights (WPOIR) initiative; providing technical assistance and training to Kenya Network of Positive Teachers (KENEPOTE), Parents-Teachers Associations (PTA) and caregivers to improve OVC access to education and strengthen related psychosocial support; and, train and build the capacity of indigenous CBOs/NGOs to scale-up and/or initiate new and sustainable programs on OVC psychological support through small grants programs. In FY 09 activities will expand to include working with the Sexual Offences Bill Task Force to address protection issues of OVC (both legal and physical). This will be done through training of local community organizations, health providers, local religious leaders, prosecutors, magistrates and local law enforcement officers. The Task Force will be strengthened to be able to disseminate the Bill up to the grassroots.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

It is anticipated that in FY 2009 this activity will contribute to the indirect target of over 50,000 affected/infected OVC. This will be done through the dissemination and roll out of Sexual Offences Bill, OVC Policy, dialogue and advocacy to community based, non-government and faith based organizations, policy makers, community leaders, religious groups and various HIV/AIDS and OVC networks.

4. LINKS TO OTHER ACTIVITIES

This activity links to HPI's activities in: Systems Strengthening and Policy Analysis (#7040), that seek to enhance the capacity of local institutions and PLWHA networks; Palliative care (#8863, #8867, #8928, #8929, #8931, #8934, #8936) that expand access to community based non-clinical palliative care and strengthen referral networks to OIs and TB medical treatment services; Counseling and Testing (#8760, #8776, #8777, #8778, #8781, #8782, #8976) that enhances CT amongst people with disabilities (differently-abled persons) and other prevention (#8874, #8927, #8930, #8932, #8937, #8942, #9040) that promotes HIV/AIDS prevention amongst positives through other behavior change messages beyond abstinence and being faithful by providing technical assistance to PLWHA networks to develop their own behavior change messages.

5. POPULATIONS BEING TARGETED

This activity targets policy makers, community and religious leaders and Country coordinating mechanism. It also targets people affected by HIV/AIDS and specifically orphans and vulnerable children and also caregivers of OVC, widows and widowers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses issues related to gender increasing women's legal rights and access to services.

7. EMPHASIS AREAS

The main emphasis area for this activity is capacity of local organizations specifically the Children's department in the Ministry of Gender, Children and Social Development and minor emphasis is community mobilization/participation serving to increase the participation of PLWHA groups in caring for OVC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15011

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15011	5104.08	U.S. Agency for International Development	To Be Determined	7007	342.08	Health Policy Initiative	██████████
7041	5104.07	U.S. Agency for International Development	The Futures Group International	4286	342.07	Health Policy Initiative	\$1,300,000
5104	5104.06	U.S. Agency for International Development	The Futures Group International	3232	342.06	POLICY Project	\$394,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 286.09	Mechanism: N/A
Prime Partner: New York University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 12476.20210.09	Planned Funds: \$150,000
Activity System ID: 20210	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult care and support, Adult ARV services, PMTCT, pediatric care and support, Pediatric ARV services.

2. ACTIVITY DESCRIPTION

The Muangalizi component of the program will be enhanced to include post disclosure support to normalize the experience of HIV in the family, with a focus on households looking after HIV positive children under the Muangalizi model. The activity will also support the evaluation of the Muangalizi pilot in collaboration with the other 4 USG supported and participating sites to facilitate lessons learnt and identification and documentation of the effectiveness of different approaches to facilitate scale up. This activity was begun with 2007 plus-up funds and is part of a five-site effort to strengthen the link between clinical and household settings for HIV+ children. All sites meet regularly with a sixth entity, AED/Capable Partners, for real-time sharing of lessons learned and review the effectiveness of different approaches in preparation for scale-up. The Muangalizi model is being tested in response to concern expressed by clinicians that assuring optimal care for HIV+ OVC was difficult in many instances because they were accompanied to different clinic visits by different relatives or community members, necessitating constant re-education of adults managing care of children. Central to the approach is recruitment of adult patients who are successfully managing their own care to accompany pediatric patients to all clinic visits when a consistent caregiver from the household is not available. A total of 32 "accompagneurs" will be trained to be on watch for 150 children for development of side effects or complications, remunerated for their time, and expected to perform home visits to monitor medication consumption. They will also be expected to develop an ongoing and supportive relationship with the OVC household, assess the social environment and refer for needed services, and seek wherever possible to identify a household or community contact who can be prepared to assume the long-term responsibility of being a treatment advocate for the child. Sites were carefully selected to represent a cross section of Nairobi and coastal urban slum (Eastern Deanery, Coptic, and Bomu), peri-urban (AMPATH/Eldoret, Bomu) and rural (Kericho District Hospital) communities. Standard measures of household and clinician satisfaction with the value-added by the accompagnateur, accompagnateur satisfaction with the experience, and clinical progress of OVC participating in the program will be tracked. Numbers of OVC served are captured under care and treatment activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ART for clinically qualified HIV-positive children, and strengthen referral networks for AIDS services.

4. LINKS TO OTHER ACTIVITIES

These activities link to non-ART services supported by NYU and FHI, referral to pediatric HIV services provided at Coast Provincial Hospital through FHI, a network center, and ART services coordinated by and supported through the National AIDS and STD Control Program (NASCOP). There are also further links to community-based activities currently supported by FHI, advanced training in HIV care supported through FHI, and network strengthening activities being implemented by the Kenya Pediatric Association, a sub-partner of the Umbrella TBD.

5. POPULATIONS BEING TARGETED

These activities target, children living with HIV/AIDS. A key focus of the family clinic is the provision of services to children with HIV, and the identification of children with HIV as a way of reaching entire families that are affected by HIV. Treatment services for diagnosis and treatment of very young children will be established through a relationship with Kenya Medical Research Institute (KEMRI), whereby filter paper samples are transported to the KEMRI lab for polymerase chain reaction (PCR) infant testing. Public health care providers, including doctors, nurses, pharmacists, and laboratory workers are targeted for increased HIV care and treatment knowledge and skills. Included among the populations served by these services will be participants in U.S. government funded research programs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.

7. EMPHASIS AREAS

This activity includes minor emphasis in community mobilization, development of networks/linkages/referral systems, human resources, and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14948

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14948	12476.08	HHS/Centers for Disease Control & Prevention	New York University	6984	286.08		\$150,000
12476	12476.07	HHS/Centers for Disease Control & Prevention	New York University	4270	286.07		\$150,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9776.09

Mechanism: N/A

Prime Partner: United Nations High Commissioner for Refugees

USG Agency: Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 16387.20002.09

Planned Funds: \$200,000

Activity System ID: 20002

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will attribute \$ 10,000 of its budget to supporting education services for OVC as well as \$ 1,000 for hygiene improvement and an additional \$ 6,000 will be directed to economic strengthening activities geared at improving household food security for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Adult care and support (#), Adult ARV services, PMTCT (#), pediatric care and support, Pediatric ARV services (#).

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will provide support services to 2,000 orphans and vulnerable children and train 200 caregivers in the Dadaab Refugee Camp in North Eastern Province, Kenya. Others who will be trained will include 60 reproductive health motivators who will receive an OVC orientation so that OVC support is incorporated into their broad RH education and outreach. Dadaab, established in 1991, consists of three settlements (Ifo, Hagadera and Dagahare), and hosts an estimated total of 173,000 refugees, including 153,000 Somali refugees and 20,000 Kenyan Somali. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV seroprevalence among ANC clinic attendees, 1.7% among STI patients, indicating a generalized epidemic and providing estimate of 2300 HIV-infected refugees. UNHCR will build upon and expand HIV Prevention and care activities being provided by its three major implementing partners, GTZ, National Council of Churches of Kenya (NCCCK), and CARE Kenya's Emergency and Refugee Operations (ERO). There are currently approximately 1410 orphans, 351 unaccompanied minors and 3,784 persons with disability. The OVC program will be implemented mainly by two partners; CARE and NCCCK, and others as UNHCR may consider appropriate. OVC will receive a package of services including as per the PEPFAR and other UN guidelines, complementary to others services that are already provided through the overall UNHCR refugee framework. An important element in this program is strengthening HIV prevention education among OVC to equip them with life skills that would reduce their vulnerability to the risk of HIV infection. Caregivers will be trained to strengthen the family support system and strong linkages will be established between PLWHAs, HIV-infected children and health care services, including ensuring that children and their parents or caregivers and other family members affected access appropriate care and treatment. The scope of the current programs will be expanded to ensure that they provide a package of essential services that qualify as primary direct support. All programs will work in close collaboration with the District Children's Department and will follow guidelines provided by the parent ministry, alongside PEPFAR and UNHCR guidelines. In 2000, UNHCR and its three partners initiated HIV prevention, care and support services on a limited scale. These partners depend on UNHCR for 80-95% of their Dadaab program funding. Financial constraints have prevented UNHCR to meet the increasing demand for a comprehensive HIV program, and additional funding and technical support are necessary to expand the scope and quality of existing services. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camp and the slow start up expected in initiating programs in the first year of funding. UNHCR will work in close collaboration with CDC and other USG agencies for technical guidance on all Emergency Plan program areas.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

UNHCR will contribute 0.4% of PEPFAR-Kenya country targets through providing primary direct support services to 2000 OVC and training 200 caregivers to support OVC. HIV Prevention education will be strongly integrated to the OVC program, both for the OVC as well as their caregivers.

4. LINKS TO OTHER ACTIVITIES

These activities will link to Abstinence/ Be Faithful (#9215), condoms and other prevention UNHCR (#9235) and Counseling and Testing UNHCR (#8980), ARV services (#8982), Basic Health Care and Support (#8736). The various implementing partners in Dadaab camp will work collaboratively under UNHCR guidance to offer appropriate interventions to OVC and their caregivers.

5. POPULATIONS BEING TARGETED

This activity targets the Dadaab refugee community, specifically, their orphans and vulnerable children and their caregivers, unaccompanied minors, older OVC, widows/widowers, HIV/AIDS affected families and People Living with HIV/AIDS.

6. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

This activity helps increasing gender equity in HIV/AIDS programs by ensuring the girl children have equal access to services, and disaggregating data on girl children. It also addresses the wrap around issues of food and education. It will focus on reducing violence and coercion especially as it affects young refugee girls and women. It will also contribute to addressing stigma and discrimination, a rampant problem among the refugees and host population.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16387

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16387	16387.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7009	4921.08		\$200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$6,000

Education

Estimated amount of funding that is planned for Education \$10,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3729.09	Mechanism: Support to Orphans and Vulnerable Children Affected by HIV/AIDS
Prime Partner: World Concern	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5467.19940.09	Planned Funds: \$825,000
Activity System ID: 19940	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross cutting attributions in education (\$115,500) through provision of scholastic materials, including procurement of school uniforms as well covering fees for older OVC enrolled in vocational trainings.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8976, #8782, #8760, #8776, #8781, and #8777), Palliative Care (#7102, #8936, #8863, #8928, #8929, #8934, and #8931), ARV services (#8765, #8792, #8774, #8797, #8813 and #8826).

2. ACTIVITY DESCRIPTION

Ten member agencies of the Association of Evangelical Relief and Development Agencies (AERDO) have come together in the AERDO HIV/AIDS Alliance (AHA) to mobilize comprehensive community and faith-based responses to HIV/AIDS. Six of these AHA agencies are in Kenya and will work together to meet the needs of orphans and vulnerable children (OVC). Building upon the complementary strengths and coverage of these agencies, the AHA will integrate community interventions for the care of OVC. These agencies share the distinction that they all work in partnership with local churches and community-based organizations. They will collaborate to help churches and communities increase their compassionate care and support to OVC while improving their quality of life. A firm foundation for the program has been laid in the first and second year with programs expanded and goals met. This third year will see a larger outreach in the numbers of OVC as the agencies have a full year to mobilize the churches and CBOs. There has been strong success in the recruiting and retaining of volunteers that are the core of providing individual care to the children in need. The creation of programs within the national churches and CBOs allows for program self sustainability. As identifying OVC individually as HIV/AIDS affected can create significant stigma we have focused our areas of intervention in high prevalence areas. Possible interventions include training and/or inputs for the following: help doing regular chores, business training, micro credit loans, vegetable gardens, livestock, protection of property, basic health care, psychosocial support, care giver support groups, food, adult role models, formal education and/or vocational training. The need and resources will be considered for each OVC and a plan made on how to help. The volunteers will bring training to the household on the many issues above as they apply to that household. Their resources are being mobilized and volunteers trained so that they can continue serving OVC and their caregivers after USAID grant funding ends. This activity also includes support to the following sub recipients for activities integral to the program World Relief (WR), Christian Reformed World Relief Committee (CR), Food for the Hungry (FH), Nazarene Compassionate Ministries (NC), Medical Assistance Program (MA) and World Concern Development Organization (WC).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy by reaching 15,500 OVC affected by HIV/AIDS and training of 1000 caregivers.

4. LINKS TO OTHER ACTIVITIES

In many areas of OVC need we will be linking with other agencies. For health care each partner will find available services in their area of operation. They will then refer OVC and care givers in need to the hospital or clinic as required. Referrals will be made to local VCT centers in each location.

5. POPULATIONS BEING TARGETED

This project is narrowly focused on OVC and their care givers. The goal is to work primarily with HIV/AIDS affected households, but care will be taken to not create stigma. To accomplish this work we will work through community leaders, teachers, religious leaders and volunteers. CBO and FBO in the form of churches and para-church organizations will be the foundation of the project.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Through the OVC project we will work with women care givers to provide economic activities. Wrap rounds for food, micro credit and education are all interventions that will be carried out during the year as part of supporting care givers and caring for OVC.

7. EMPHASIS AREAS

The major emphasis of the program will be information, education, communication, local organization capacity development and minor emphasis will be community mobilization/participation and development of network/linkages/referral systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15067

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15067	5467.08	U.S. Agency for International Development	World Concern	7030	3729.08	Support to Ophans and Vulnerable Children Affected by HIV/AIDS	\$426,896
7130	5467.07	U.S. Agency for International Development	World Concern	4311	3729.07	Support to Ophans and Vulnerable Children Affected by HIV/AIDS	\$1,177,280
5467	5467.06	U.S. Agency for International Development	World Concern	3729	3729.06	Support to Ophans and Vulnerable Children Affected by HIV/AIDS	\$791,525

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$115,500

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3725.09

Mechanism: N/A

Prime Partner: Associazione Volontari per il Servizio Internazionale

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5457.20358.09

Planned Funds: \$992,000

Activity System ID: 20358

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross cutting budget attributions amounting to \$704,320 in education through support to OVC through AVSI's network of 22 local partners to provide educational support to Orphans and Vulnerable children. The activity will also attribute \$79,360 for food and nutritional activities and an additional \$9,920 to support economic household strengthening for households looking after OVC.

SUSTAINABILITY STRATEGY

A focus for FY 2009 will be revising and implementing the program's transition and sustainability strategies in light of the extended closing date of June 2010. In Kenya the following guideline approach have been put in place:

- the program will support a child in secondary school only if he/she starts F1 from 14 years of age or below and his/her aggregate of above 300 marks in KCPE examinations. In the event that some children who will perform extremely well in KCPE their case must be well evaluated and we try to find ways in which such a child gets further funding after June 2010. For example we try to find those children private sponsors from Italy. Those who will not do well in KCPE we shall propose a short vocational course that will be over by 2010.
- the program will support the education of children only until F4 unless again a child does extremely well; we however can only indeed help facilitate his /her getting a government bursary or other sponsorship programs such as the one with USAID scholarship.
- most of our children belong to very vulnerable families which cannot support the cost of their studies in secondary and university schools. It is therefore important to propose to them skills training in vocational schools that can give employment opportunities.
- economic strengthening activities for families will be increased, so that many guardians can be empowered to self sustain their families at the end of the project.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in counseling and testing ((#8976, #8782, #8781, and #8776); palliative care (#7102, #8936, #8863, #8929, and #8934) and ARV services (#8765, #8792, #8797, and #8813).

2. ACTIVITY DESCRIPTION

The Associazione Volontari per il Servizio Internazionale (AVSI) program will provide quality services to orphans, vulnerable children (OVC), caregivers and the communities through an operative network of 22 local partners. AVSI will follow a strategic approach, outlined in the following:

- a) to primarily focus on the child as a unique and unrepeatable human being, endowed with dignity and potential, and by nature, not only by necessity, in relationship with family and community;
- b) to follow a bottom-up approach in the identification of beneficiaries and the choice and delivery of support, that is, to listen to and involve the beneficiaries to the highest degree possible in order to provide them with that which is consistent with their real needs and expectations, in a gender-sensitive manner, and not according to "external" blueprints. Priority will be given to fostering education, since AVSI considers the educative process of the child the main concern, even in the most distressful situations, and key for any other development;
- c) to ensure that every child supported be cared for by an adult, either in the family or by someone in the community or of a Community Based Organization (CBO);
- d) to rely on and to enhance the operational capacity of the CBOs through close and continuous working relations between AVSI personnel and every single partner, as well as among the partners themselves through an operational and stable network. The activities and services combine indirect and direct forms of assistance. Direct assistance will include requirements for school attendance, learning materials, after-school programs, vocational training, health care, recreational and emotional support. Indirect assistance will consist of support to quality education, income generating activities (IGAs), community projects and sensitization and family support. The identification of the children is done by the local partners who work in strict collaboration with local administration such as the Chief and the assistants. This method allows to reach the most vulnerable ones, not forgetting that HIV/AIDS is but one of the root causes of vulnerability of children and it is interrelated with other factors including poverty and conflict in what is often a vicious cycle. AVSI will work in close contact with its local partners and social workers to jointly establish and update the selection criteria and the characteristics of intervention within each specific community. The identification of the OVC included as direct beneficiaries of the program is left up to each local partner, because we believe that they really know the community and the needs of the children inside their community since they live with them. The activities and services given to each child are decided case by case, according to the personal and family needs. Direct assistance for school requirements of the OVC represents the main percentage of child expenditure and assistance, being the need for education the main need of orphans and the best response for their growth and to promote their self esteem and sustainability for the future. Training and consultations will be provided for individual partners and local networks to address institutional and operational weaknesses and to improve capacity, efficiency and quality. AVSI's strategic approach, in any project and any country, begins with the person at the center, with a "primarily focus on the child as a unique and unrepeatable human being endowed with dignity and potential, and by nature, not only by necessity, in relationship with family and community." Consistent with this method and to guide project implementation, social workers and teachers' training is one of the activities organized specifically to help adults to pay more attention to the child as a person. The fact that near each child who is supported in the program there is always an adult/educator to evaluate his/her situation, to respond to his/her needs and the ones of the family and community, is a method through which each activity is concretely focused on "the child as a person." Given the number of on-the-ground stakeholders, training activities organized for teachers, AVSI social workers, local partners, and families can help to harmonize this way of working. The "Risk of Education" training module takes this principle as its starting point to convey a holistic approach to the adventure of educating a child.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will reach 2894 orphans and vulnerable children and train 1047 caregivers.

Activity Narrative: 4. LINKS TO OTHER ACTIVITIES

This activity is linked to counseling and testing, through the referrals to hospitals and dispensaries.

5. POPULATIONS BEING TARGETED

This activity will target OVC and their caregivers, community leaders, program managers, religious leaders, volunteers, CBOs, FBOs and NGOs. AVSI will build the capacity of OVC caregivers, such as social workers and teachers. During the training sessions for the social workers, psychosocial trauma, family value, provision of adequate and balanced nutrition will be some of the main topics. The methods of observation of the child, the identification of his/her needs and how to respond is going to be a continuous focus in all weekly meeting with the social workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The individualized approach to the identification and care of beneficiaries, including the choice of direct and indirect activities to be implemented, is also gender sensitive, in the sense of paying particular attention to the needs of girls, who are generally underestimated in these countries. The personal adult relationship is particularly important for girls to receive the attention and services best suited to their life situation. The other issue to be addressed is stigma and discrimination and wrap around in education and food.

7. EMPHASIS AREAS

Major emphasis area is linkages with other sectors and initiatives and local organization capacity development. Minor emphasis to be addressed is information, education and communication and infrastructure.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14734

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14734	5457.08	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	6929	3725.08		\$537,829
6847	5457.07	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	4208	3725.07		\$358,280
5457	5457.06	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	3725	3725.06		\$511,135

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$79,360

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$9,920

Education

Estimated amount of funding that is planned for Education \$704,320

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3726.09

Prime Partner: CARE International

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 5459.20359.09

Activity System ID: 20359

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$444,500

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross cutting attributions in education (\$44,450) through provision of scholastic materials, including procurement of school uniforms as well covering fees for older OVC enrolled in vocational trainings.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8976), Palliative Care (#7102 and #8936), ARV services (#8765).

2. ACTIVITY DESCRIPTION

CARE Local Links Project is part of CARE (USA) two-country program. The project supports communities to care for OVC households especially those affected by HIV/AIDS. Local Links mainly works through Community Based Organizations and groups to mobilize available resources (human, economic and knowledge systems) for the care and protection of OVC households. Project Activities focus on: 1) Strengthening economic coping mechanisms of OVC families; 2) Capacity building of civil society organizations; and 3) Reducing stigma and discrimination against PLWHA and their children. Local Links will continue to implement in five selected villages in Nairobi's Kibera informal settlement in partnership with 30 civil society organizations, 10 faith-based groups and 12 youth groups and 14 informal primary schools. Local Links will provide further training on areas including economic empowerment, child protection and Lobby and Advocacy aimed at improving their capacity in providing quality services to OVC. Local Links will continue to work with the 10 selected early childhood development (ECD) centers in Kibera to improve the quality of ECD services to OVC in the pre-primary school category. The centers will be supported to provide 1,500 OVC with basic education, food, psychosocial support, legal protection, play and recreation opportunities and safe drinking water. A total of 500 caregivers of the OVC in the ECD centers will be provided with diverse skills in basic hygiene, safe water systems, child protection and economic empowerment so as to ensure quality ECD services for OVC both in the centers and within the household. In 2008 Local Links will continue working with the local CSO partners already receiving support to scale up the provision of quality services to OVC and their families. A total of 510 staff members of partner CBOs will be trained on Child Protection, Paralegallism, Project Development and Management, Resource Mobilization, Lobby and Advocacy, Home Based Care, Psychosocial support, Child Participation and ECD service provision.

3. CONTRIBUTION TO OVERALL PROGRAM

CARE Local Links project will train 600 caregivers (including caregivers of the OVC in the ECD centers) which will directly benefit OVC in residents' families. These caregivers will care for 5,700 OVC. CSOs staff and OVC caregivers will be trained on running Income Generating Activities (IGA), with direct benefits expected to reach OVC under their care. As OVC caregivers establish well run IGAs, Local Links will create linkages between the caregivers operating businesses and external marketing agencies.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to counseling and testing, home based care, and ART services.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues being addressed are stigma and discrimination against PLWHA and OVC under their care, strengthening of the legal protection of the rights of children in general and those of OVC in particular and provision of ECD services to children in marginalized communities by the government. In addition, the youth will be supported to conduct Participatory Education Theater (PET) aimed at changing the community's perception of HIV/AIDS and subsequently reducing the stigma and discrimination experienced by PLWHA and their families.

6. POPULATIONS BEING TARGETED

Target population include OVC, caregivers, HIV affected/infected families, youth, PLWHA, community and religious leaders, volunteers, program managers, CBO, civil society organizations, FBOs and NGOs.

7. EMPHASIS AREAS

Major emphasis in these activities is on community mobilization/participation. Minor emphasis is on development of network/linkages/referral systems, human resources, IEC, linkages with other sectors and initiatives and local organization capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14735

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14735	5459.08	U.S. Agency for International Development	CARE International	6930	3726.08		\$297,379
6848	5459.07	U.S. Agency for International Development	CARE International	4209	3726.07		\$265,389
5459	5459.06	U.S. Agency for International Development	CARE International	3726	3726.06		\$396,880

Emphasis Areas

Gender

* Reducing violence and coercion

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$44,450

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4685.09

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5448.20363.09

Planned Funds: \$489,455

Activity System ID: 20363

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Through its existing partnerships in Kilifi District in the Archdiocese of Mombasa, this activity support cross cutting budget attributions to education through payment of school levies and procurement of school uniforms for target OVC. The activity will also contribute \$19,578 towards education of local communities on food and nutrition and will also attribute \$19,578 of the 2009 budget towards providing support to community based groups in initiating and managing savings led groups.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity links to activities in counseling and testing (#8781 and #8776), ARV services (#8797 and #8813), and palliative care (#8797 and #8813).

2. ACTIVITY DESCRIPTION

Catholic Relief Services' Track 1 orphans and vulnerable children (OVC) Project in Kenya is implemented in Kilifi District in the Archdiocese of Mombasa (ADM). Kilifi District is along the main transport corridor road from the port of Mombasa to Central African countries. The highway has thus heavy truck traffic contributing the HIV prevalence rate of 7% in the District. This situation is also fueled by some cultural practices such as early marriages, polygamy and wife inheritance. With an overall goal of improving the quality of life of orphans and vulnerable children (OVC), the program is designed to use a two-fold strategy: to increase the capacity of communities, families and orphans to respond to the needs of OVC and to increase the institutional capacity of the partner to deliver high quality and sustainable OVC interventions. This strategy is in line with the broader Kenya government goal, which seeks to provide OVC with quality care, support and protection. The program targets 20,000 OVC that were identified in the first year of the project implementation. Through its HIV/AIDS unit, CRS Kenya provides the technical backstopping and administrative support for the program while the Archdiocese of Mombasa (through its Parish management and Village management committees and CBOs on the ground) does the actual activity implementation on the ground. Services provided via the program include education support, health care, psychosocial support, food and nutrition, and economic strengthening. The traditional extended family fostering system is believed to be a more effective way of caring for OVC since their social, cultural and psychological needs can be met as they interact with different members of the society. The program is designed to use the home based care approach, in which a packaged care and support service delivery strategy is employed to deliver various services to orphans and vulnerable children in an affordable, accessible and sustainable way. The program is designed to use two main strategic objectives: OVC are better able to meet their needs, and local faith- and community-based organizations (FBOs/CBOs) have a sustained capacity to deliver quality services to OVC. Under the first strategic objective, the program is designed to ensure that OVC use and enjoy improved access to required services. These services include community-based child care, psychosocial and education support, and nutrition. This is attained through community mobilization and training, and partnership and networking with other key stakeholders on the ground, namely some CBOs, Parish and Village management committees. Under this strategy, the OVC are identified based on agreed criteria of selection. Their specific needs are identified and documented and include education, health, psychosocial and economic needs. Follow up efforts and support is provided through home visits using a network of 400 volunteer Community Health Workers and 7,480 caregivers who have been keen and active in this cause. While many of the project activities for FY06 are a continuation of FY05 activities, new activities have emerged in FY06. For example, owing to OVC completing primary education, it was realized that there is need for vocational training so that the OVC gain useful skills to help them earn some income and support their families. Planned training programs for enhancement of partner capacity include training Trainer of Trainers (TOT) in home based care, basic counseling, basic knowledge on HIV/AIDS programming, financial management and other relevant areas such as Gender issues and HIV/AIDS. These trainings are specifically tailored to suit the training needs of the ADM and CBO partner staff. The capacity building efforts are reinforced with planned periodical supervisory visits at different levels and the provision of technical and financial support. It is envisioned that through these efforts, the organizations will attain sustained capacities to provide the much desired quality services for the OVC.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The overall goal of this project is to improve the quality of life of 20,000 OVC and their families through the provision of compassionate care and social support and also train 2,000 caregivers. Specifically, 20,000 OVC and their family members will demonstrate enhanced medical and psychological well being, will have the skills necessary to reduce their risk of HIV infection, and 75% of the targeted households and their families will demonstrate improved quality of life. Local Implementing Partners (LIPs) will strengthen their capacity to deliver quality care and support to 20,000 OVC and their families.

4. LINKS TO OTHER ACTIVITIES

This activity links to other Ministry of Health facilities, partners in the areas counseling and testing, home based care and ART.

5. POPULATIONS BEING TARGETED

This activity will target orphans and vulnerable children, their family members and care givers, and will work through FBO, CBO and other implementing partners.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue being addressed is stigma and discrimination through enhanced medical and psychological well being, and demonstrated improved quality of life. This activity also addresses the wraparound issues of food security and economic strengthening.

7. EMPHASIS AREAS

The major area of emphasis is local organization capacity development and the minor area of emphasis is community mobilization/participation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14744

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14744	5448.08	U.S. Agency for International Development	Catholic Relief Services	6933	4685.08		\$139,782
6857	5448.07	U.S. Agency for International Development	Catholic Relief Services	4685	4685.07		\$0
5448	5448.06	U.S. Agency for International Development	Catholic Relief Services	3544	3544.06	Support of Orphans & Vulnerable Children Affected by HIV/AIDS	\$0

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$19,578

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$19,578

Education

Estimated amount of funding that is planned for Education \$293,673

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 238.09

Mechanism: N/A

Prime Partner: Live With Hope Centre

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 4929.20244.09

Planned Funds: \$500,000

Activity System ID: 20244

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Live With Hope Center OVC Program will support the implementation of OVC activity programs of two other sub-partners namely: AIC Litein Hospital and Tenwek Mission Hospital's Community Health and Development Programs
- + \$100,000 will support AIC Litein to identify and serve 1500 Orphans and Other Vulnerable Children
- + \$ 100,000 will support Tenwek Mission Hospital identify and serve 1500 Orphans and Other Vulnerable Children
- +In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported are also able to benefit from mosquito nets procured by PMI.
- +The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 5,940 with testing and counseling. Of those tested, approximately 475 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, this activity will support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$15,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$250,000. A further \$5,000 will be attributed to provision of safe water guards for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6968), Antiretroviral Therapy program (#6973), Abstinence and/or being faithful (#6981), Counseling and Testing (#6979) and Orphans and Vulnerable Children (#7035).

2. ACTIVITY DESCRIPTION

The Live with Hope Center is faith-based organization that has been providing comprehensive HIV/AIDS services in a markedly underserved and difficult-to-reach area of Kericho as well as its surrounding rural communities since 2000. The LWHC has been providing spiritual, psychosocial, nutritional, and home-based care services to over 200 People Living With HIV/AIDS (PLWHA) since the inception of the program. The LWHC has been an Emergency Plan partner since 2003 in the areas of counseling and testing, abstinence and being faithful, as well as palliative community health care and support. In FY09, LWHC will support the implementation of OVC programs in Bureti and Bomet districts through AIC Litein and Tenwek hospitals respectively. The additional sub-partners will serve a total of 3000 OVC. In FY06, the LWHC began its OVC program by bridging an existing gap in their service delivery through the extension of care and support to 500 orphans and vulnerable children (OVC) that already existed on the periphery by being the dependents of past and present active support group members as well as part of their community health care program. The LWHC has been struggling to ensure the provision of basic needs and medical services to these OVC since the inception of their program in 2000 and with the assistance of the Emergency Plan in FY 2006 the LWHC succeeded in strengthening the community to provide orphan support in the already existing family environment. The LWHC has been active in the communities in which they serve and have been instrumental in alleviating the household burden to ensure that families remain together despite the economic hardships experienced. LWHC also has established a very active support group and community care system for children living with HIV between the ages of 0 to 18. In FY 2006, LWHC was able to work closely with the pediatric Antiretroviral Therapy (ART) Program to follow-up the care and support of 100 children infected with HIV. LWHC also works closely with the children of the immediate community who have been made vulnerable to HIV by establishing an after school program for these children and ensuring that basic needs of 200 children are ensured on a daily basis. Along with this program LWHC has been working closely with the Ministry of Education and the Ministry of Home Affairs in establishing care and support programs for the OVC identified as living on the streets or detained in the children's rehabilitation center where over 300 boys and girls out of 400 have been mandated for correctional services through the juvenile justice system due to being made vulnerable by HIV-AIDS. In FY 2009, LWHC will continue to ramp up the existing programs that are directly identifying the most vulnerable children in Kericho and ensuring that the core areas of essential services are met. In FY 2009, LWHC through a child counselor will work closely with the Kericho District Hospital through Mwangalizi project in the identification and follow-up psycho-social support of OVC in the pediatric ART program including issues surrounding disclosure. LWHC will continue to bolster the family centered approach to care for OVC by training 260 existing care givers in the provision of basic care and support and the possible psychosocial needs of the OVC.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The LWHC will target 6,600 OVC by continuing care and support through the provision of nutrition, education, food security, psychosocial support, shelter and protection either through primary direct support or supplemental support as outlined in the PEPFAR OVC guidance. This target is inclusive of 3000 OVC that will be served by AIC Litein and Tenwek Mission hospitals respectively. The LWHC is consistent with the 5-Year Strategy of caring for the OVC by strengthening partnerships with the local government systems and other community organizations in providing comprehensive and quality services with the best interest of the child in mind.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to Henry Jackson Foundation Medical Research International (HJFMRI) South Rift Valley (SRV) - Kericho District Hospital anti-retroviral therapy: ARV (#6973). The LWHC has actively

Activity Narrative: worked with HJFMRI/SRV Kericho District Hospital in the early identification, diagnosis, and subsequent treatment of over 100 children currently receiving anti-retroviral viral (ARV) medication. They will continue to link their OVC program with the HJFMRI/SRV counseling and testing (CT) program (#6968) in the provision of early diagnostic testing and counseling to at-risk children orphaned by parent(s) who were HIV positive. LWHC will also integrate their OVC program with their existing abstinence and/or being faithful program (6981), HJFMRI/SRV AB program and HJFMRI/SRV OVC-Mwangalizi project to ensure that the OVC receive proper training in the prevention of HIV infection/re-infection. Coordination will also be done with the partner OVC program Samoei Community Development Program in coordination of OVC programs (7035) in Kericho, Bureti and Bomet districts.

5. POPULATIONS BEING TARGETED

The LWHC OVC program will target People affected by HIV/AIDS by focusing on training the existing caregivers of OVC in basic care and support; linking care and support to HIV positive children by improving basic access to health care and ART; assisting HIV/AIDS affected families by paying for school fees and the provision of proper nutrition; ensuring the community based support for OVC; by augmenting the support to People Living with AIDS in their ability to care for their children and by assisting widows or widowers with the burden of caring for the OVC. In order to ensure that the OVC interventions continue to strengthen the community efforts to provide care and support, the LWHC will continue to use volunteers from the churches and other community based groups. Street children will also be a focus in FY 2009 to target in assessing the impact HIV-AIDS had on their homeless status and address the specific needs of the population.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The LWHC will ensure that local community based structures continue to provide for the needs of the OVC by being an integrated part of the wrap-around services that exist to ensure the basic nutritional, educational, legal, and psycho-social needs of the OVC are successfully cared for. Wrap-around services will be ensured by the LWHC partnering with local government offices and other agencies in the delivering of comprehensive services to the OVC.

7. EMPHASIS AREAS

The LWHC will focus the majority of their efforts on community mobilization/participation in their OVC program. The 5-Year Strategy in Kenya regarding OVC is to develop and strengthen local structures to adequately address the needs of the OVC and LWHC together with her sub-partners AIC Litein and Tenwek hospitals will dedicate their efforts in ensuring that existing resources are improved to address the wide spectrum of needs of the OVC in Kericho, Bureti and Bomet. The LWHC will continue to focus part of their emphasis on human resources in order to ensure the supply of skilled and competent staff that can ensure the needs of the OVC are met as well. They will also focus part of their efforts in the training needs of the caregiver as well as the larger community to ensure quality services are provided.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14916

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14916	4929.08	Department of Defense	Live With Hope Centre	6973	238.08		\$300,000
6982	4929.07	Department of Defense	Live With Hope Centre	4256	238.07		\$250,000
4929	4929.06	Department of Defense	Live With Hope Centre	3209	238.06		\$200,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Malaria (PMI)

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$15,000

Education

Estimated amount of funding that is planned for Education \$250,000

Water

Estimated amount of funding that is planned for Water \$5,000

Table 3.3.13: Activities by Funding Mechanism**Mechanism ID:** 5003.09**Prime Partner:** To Be Determined**Funding Source:** GHCS (State)**Budget Code:** HKID**Activity ID:** 4952.20089.09**Activity System ID:** 20089**Mechanism:** OVC Scholarship Fund**USG Agency:** U.S. Agency for International Development**Program Area:** Care: OVC**Program Budget Code:** 13**Planned Funds:** [REDACTED]

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + Prime partner will be competitively selected to implement the activity
 + Activity will provide referral services to OVC for other essential services
 + Activity will provide mentoring and counseling services to the scholarship recipients

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will attribute approximately \$ 2,000,000 of the budget to the provision of educational scholarships to students who have been orphaned as a result of HIV/AIDS.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in APHIA II programs in the country (#9029, #9041, #9048, #9053, #9056, #9067, #9071, #9073).

2. ACTIVITY DESCRIPTION

USAID will competitively identify a partner to provide scholarships to students who have been orphaned by HIV/AIDS and who are in secondary and tertiary institutions. This activity will result in increased access to education; increased retention rates and improved quality of education for approximately 3,300 children orphaned by HIV/AIDS with special emphasis on girls. These scholarships also include payment of school fees for the previous OVC who were being supported from FY 2005. By FY 2009 these will phase out, enough funds have been budgeted to cover up to FY 2009. The activity will administer scholarship and sponsorship nationally to needy students, with a reach to the grassroots and a capacity to reach orphans from all the regions so that they can benefit from these scholarships. This activity will advocate for the children's rights to education and develop intervention strategies to increase access to education, retention of students, and participation of orphans in education activities. The Ministry of Education in collaboration with the Department of Children's Services, head of schools and institutions, and the local administration (Chiefs) will identify these orphaned children and nominate them as the recipients of the scholarships. In each district there is an Area Advisory Council for OVC who will play a crucial role in the selection process. This will also initiate ownership and sustainability of the program once USAID support is phased out.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will give 3,300 orphans better access to higher education.

4. LINKS TO OTHER ACTIVITIES

This activity will link to APHIA II programs in the country (#9029, #9041, #9048, #9053, #9056, #9067, #9071, #9073) which are specifically targeting orphans and vulnerable children.

5. POPULATIONS BEING TARGETED

The target is orphans and other vulnerable children as well as community and religious leaders and volunteers. The activity also targets community-based and faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This program will increase gender equity in HIV/AIDS programs by promoting the education of female students.

7. EMPHASIS AREAS

The major emphasis is training with minor emphasis area being Linkages with Other Sectors and Initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14987

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14987	4952.08	U.S. Agency for International Development	Price Waterhouse Coopers	6995	5003.08		\$2,000,000
7084	4952.07	U.S. Agency for International Development	Price Waterhouse Coopers	5003	5003.07		\$1,500,000
4952	4952.06	U.S. Agency for International Development	Price Waterhouse Coopers	3618	3618.06		\$850,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education



Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 393.09

Mechanism: N/A

Prime Partner: Samoei Community
Development Programme

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 4211.20055.09

Planned Funds: \$160,000

Activity System ID: 20055

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner name changed from Samoei Community Response (SCR) Orphans and Vulnerable Children to Samoei Community Development Program (SCDP).
- +The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 1,890 with testing and counseling. Of those tested, approximately 150 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- +In 2009, this activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported are also able to benefit from mosquito nets procured by PMI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$ 4,800 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$ 8,000. A further \$ 1,600 will be attributed to provision of safe water guards for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6968), Antiretroviral Therapy program (#6973), Abstinence and/or being faithful (#6981), Counseling and Testing (#6979) and Orphans and Vulnerable Children (#7035).

2. ACTIVITY DESCRIPTION

Samoei Community Development Program is an organization that has been working with orphans and vulnerable children (OVC) in the rural communities within Kericho District for the past four years and became an Emergency Plan funded partner in FY 2005. SCDP has an established grass-root structure comprising of young and old (both men and women) and those affected by HIV/AIDS. SCDP will continue to directly care for and support 2100 OVC by ensuring that the core areas of essential services are ensured for each child that is enrolled into their OVC program. SCDP will continue to work with the people of the community as their primary partner in ensuring that the needs of each child are taken care of. They will also expand their program to address the psychosocial needs of the child by decentralizing the programs addressing this need to the community level by working with various schools and churches in the area. An emphasis in FY 2009 will also be to address issues of stigma which tend to prevent children in this community to access care. Education and support groups for the caregivers have been started in FY 2005 to teach them about how to offer support and identify psychosocial needs of OVC and this initiative will continue by using caregiver mentors to provide ongoing support and supervision to other SCDP caregivers. In FY 2009, training of 100 additional caregivers will be conducted to meet the substantial increase in OVC and the individual needs of the caregivers. Furthermore in FY 2009 SCDP will continue to provide legal protection to the OVC in case of death of guardian or loss of property by developing close partnerships with the local magistrate's office where these issues are a concern. The psycho-social needs of the older OVC will also be an area of expansion in FY 2009 by establishing support groups and Kids clubs that are developed by OVC/youth that will be trained in peer counseling and support as well as HIV prevention and issues of sexual reproductive health. All planned interventions are in full compliance with pertinent Government of Kenya policies and guidelines which are based upon ongoing discussions with local authorities and community leaders. In particular, the Kenya government's OVC guidelines will be followed as well as all other pertinent guidelines issued by the Ministry of Gender and Children Affairs and the National AIDS Control Council. SCDP will also collaborate with other relevant entities such as the Ministry of Health's Kericho District Hospital in provision of healthcare services to the OVC and the Ministry of Education in the provision of free primary education and bursaries for secondary school students. Their partnership with other local community/religious based organizations will also ensure comprehensive and quality services are delivered to the OVC without removing the OVC from the community.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

SCDP is a community based group that ensures that OVC will continue to gain care and support from their original community. They work with the existing community services or government children agencies to augment the level of community and family based support already available to the OVC. This approach is supported by the Kenya Emergency Plan in which the needs of the OVC are identified at the community level and subsequently cared for in by strengthening existing structures already in place to tend to the needs of the OVC in Kericho.

4. LINKS TO OTHER ACTIVITIES

This activity is linked with HJFMRI south Rift Valley Antiretroviral Therapy (ARV) program (#6973), and HJFMRI-South Rift Valley Counseling and Testing (CT) program (#6968). SCDP will refer OVC to the well established pediatrics AIDS program at Kericho District Hospital that already have put over 750 children on ART in an attempt for early diagnosis and subsequent treatment of OVC. In addition, HJFMRI's program of the South Rift Valley will provide counseling and testing to the OVC in hopes of early identification of HIV positive OVC. SCR will also work with Live with Hope Center (LWHC) Abstinence and Be Faithful Program (#6981) to ensure that the OVC receive correct HIV prevention information that will reduce their vulnerability for HIV infection. SCR will also link with LWHC OVC program in coordinating OVC programs for the wider district.

5. POPULATIONS BEING TARGETED

Activity Narrative: SCDP will target people affected by HIV/AIDS by focusing their training activities on caregivers to support the OVC and providing monetary and psychosocial support to HIV- positive children and HIV/AIDS-affected families which includes widows/widowers. Community leaders and teachers will also be targeted as SCDP is a community-based organization that relies on the community members to fully support the program's cause for OVC. SCDP will target leaders of the community as well as religious leaders to participate in their steering committee that is comprised of community members that meets once a month to assess the needs of OVC referred to them by schools around the area. In addition, volunteers will be targeted to add support as the program continues to expand.

6. KEY LEGISLATIVE ISSUES ADDRESSED

In accordance with the Emergency Plan FY 2008 approach to OVC care and support, SCDP will be an integral part of a community wrap around service that will address the needs of the whole child. Every orphan under the auspices of SCDP will be ensured that food, education, legal protection, and other psychosocial support will be provided to the OVC either directly or indirectly through referral and linkages with existing community or government based services.

7. EMPHASIS AREAS

A major emphasis area of focus for SCDP is community mobilization/ participation. SCDP will focus their attention on increasing the involvement of community members in program planning and implementation of the activities for OVC. A minor emphasis of SCDP's efforts will be establishing and strengthening linkages of other sectors and initiatives. SCDP will be linked with schools to provide assessment of OVC and subsequently providing partial school fees and uniforms to OVC. SCDP will also focus part of their efforts on training of caregivers and volunteers to meet the diverse needs of OVC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15004	4211.08	Department of Defense	Samoei Community Development Programme	7003	393.08		\$250,000
7035	4211.07	Department of Defense	Samoei Community Development Programme	4283	393.07		\$250,000
4211	4211.06	Department of Defense	Samoei Community Development Programme	3244	393.06		\$150,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$4,800

Education

Estimated amount of funding that is planned for Education \$8,000

Water

Estimated amount of funding that is planned for Water \$1,600

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3588.09	Mechanism: APHIA II - Health Communication & Marketing
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 9053.20099.09	Planned Funds: \$200,000
Activity System ID: 20099	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ Prime partner Population Services International has been competitively

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will contribute \$160,000 of its budget to human capacity development by building the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, information and communication strategy, and distribution network that improves availability and access by key populations to information related to HIV/AIDS.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#8950, #8725, #8731, #9070, #9074, #8994, #8989), Counseling and Testing (#8760, #8776, #8777, #8778, #8781, #8782, #8976), PMTCT (#8729, #8733, #8734, #8738, #8752, #8764) and ARV Services (#8765, #8774, #8792, #8797, #8805, #8813, #8826).

2. ACTIVITY DESCRIPTION

Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve health outcomes through increased care, prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. The objectives of this activity in HIV/AIDS is to build the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, information and communication strategy, and distribution network that improves availability and access by key populations to information related to HIV/AIDS; develop and manage a communications initiative to increase knowledge and change behavior of Kenyans with respect to HIV/AIDS including interpersonal communication; and develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. This will improve the care and understanding of orphans and vulnerable children and their caregivers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2009, this partner will develop and disseminate communication messages/materials on OVC issues in a wider forum. It will also promote messages on abstinence and the importance of faithfulness within marriage. This activity will generate demand for information about OVC and caregivers. However no direct targets will be achieved but more population will be enlightened on OVC issues and it is assumed that more OVC and caregivers will be reached indirectly.

4. LINKS TO OTHER ACTIVITIES

The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with projects working at the regional level. These projects will "feed into" the development of population-specific messages which will strengthen peer education interventions implemented on the ground. This activity has links in the following activities: Abstinence and Being Faithful (#8950, #8725, #8731, #9070, #9074, #8994, #8989), Counseling and Testing (#8760, #8776, #8777, #8778, #8781, #8782, #8976), PMTCT (#8729, #8733, #8734, #8738, #8752, #8764) and ARV Services (#8765, #8774, #8792, #8797, #8805, #8813, #8826).

5. POPULATIONS BEING TARGETED

OVC messages will primarily focus general population, caregivers, widows, widowers, policy makers, community and religious leaders as well as community-based and faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication, make linkages with other sectors for message development (e.g. CT, PMTCT), and train individuals in message development and communication.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14983

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14983	9053.08	U.S. Agency for International Development	Population Services International	6994	3588.08	APHIA II - Health Communication & Marketing	\$400,000
9053	9053.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$600,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$160,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4918.09	Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 9073.20075.09	Planned Funds: \$4,500,000
Activity System ID: 20075	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner Program for Appropriate Technology in Health has been competitively selected to implement the activity.
- + Activity will be on the strengthening of the coordinating and supervisory role of the AAC for partners and local community/faith based organizations (CBO/FBO) involved in support and care of OVC and extend services to older OVC.
- + SWAK will strengthen paralegal networks of trained Community Health Volunteers, provincial administration, the judicial system, police, civil society, counselors, social services and spiritual leaders on paralegal issues, referrals and role of each player (chain value) in the referral and action system.
- + World Vision will coordinate with EGPAF and JHPIEGO to expand the scope of CHW child monitors to strengthen health referral systems linking the OVC to specialized pediatric services, including pediatrics ART and 2-way clinic-community referrals.
- + The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 54,000 with testing and counseling. Of those tested, approximately 4,320 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- + In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported also able to benefit from mosquito nets procured by PMI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$135,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$225,000. A further \$45,000 will be attributed to provision of safe water guards for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in counseling and testing (#8777), TB/HIV (#9068), PMTCT (#8738) and Palliative Care: home based care (#8931).

2. ACTIVITY DESCRIPTION

The majority of Kenya's 1.7 million orphans, having lost one or more parents to AIDS, live in precarious conditions. OVC are frequently left behind in terms of education, life skills, access to health services and nutrition, and they are at greater risk of HIV infection and domestic violence. The FY 2007 COP activity addressed OVC needs within the context of the six essential elements of OVC support. These essential services were agreed upon by all stakeholders and include: nutrition, education, health, protection, psychosocial support, basic material needs and livelihood capacity building. In order to ensure an agreed upon level of quality for each of these services, all seven are being defined by the OVC ITT and OVC PEPFAR stakeholders. The FY 2006 focus of AED/Speak for the Child Program was to train household mentors through community based organizations to support OVC. AED has implemented global health programs for more than 30 years and planned to work with existing local implementing partners in the new districts to enroll new OVC and extend services to older OVC. In its scale up AED/Speak for the Child program selected experienced community based organizations (CBOs) with extensive outreach to OVC. CBOs were to recruit and train household mentors in the SFC program, establish school, health clinic, and pharmacy agreements and procure commodities. Trained mentors visit households weekly to facilitate household problem-solving with caregivers on issues of health, nutrition, and psychosocial care. In FY 2006 COP, the COPHIA activity applied approaches and activities to include: a Community Health Worker role in monitoring health; training service providers in pediatric HIV/AIDS; strengthening linkages to specialized pediatric services; 2-way clinic-community referrals; vocational training; provision of uniforms, books and shoes; linking secondary students to bursaries; nutrition education; food production; income generating activities; training teachers in child counseling; support to community based counselors, paralegals and support groups; obtaining clothing and housing improvements; and involving the community for improved linkages with relevant services. The FY 2006 COP focus for World Vision Kenya activity included training of church leaders, traditional birth attendants, youth peer educators, community psychosocial counselors, PMTCT service providers and community based organizations/faith based organizations (CBO/FBO) staff in providing HBC, supporting voluntary counseling and testing (VCT) services, providing food aid and treatment of infections for needy HIV-positive orphans and vulnerable children (OVC), life skills training for older OVC, micro-enterprise development for foster families and assisting with the payment of OVC school fees. This FY 2009 COP APHIA II Western activity will continue the expansion of support for orphans and vulnerable children in Western Province, building on the support previously provided through USAID's World Vision, COPHIA, and AED projects. The detailed activity will be enunciated through discussions with the consortia that will be awarded the cooperative agreement.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The FY 2009 activities will reach 60,000 OVC and train 5,400 caregivers. The APHIA II Western will respond to the National OVC Action Plan by mobilizing communities, building family and community capacity to protect and care for OVC, and improving access to health, education, food and shelter. The APHIA II Western will ensure that GOK policies and guidelines are utilized and communicated, and staff participates in national level HIV Technical Working Groups.

Activity Narrative: 4. LINKS TO OTHER ACTIVITIES

OVC activities are an element of home and community support. Prevention is a cross-cutting theme. CHWs link clients with PMTCT, ART and non-ART services and provide follow-up. This activity is linked to the APHIA II for Palliative Care: home and community support (#8931), counseling and testing (#8777), TB/HIV (#9068), and PMTCT (#8738).

5. POPULATIONS BEING TARGETED

Individuals infected and affected by HIV/AIDS, OVC - especially the girl child and caregivers. By focusing on building the local capacity of caring for the OVC efforts will also target community and religious local leaders as well as partnering with community and faith based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Increased gender equity in HIV/AIDS will be addressed by ensuring the girl child receives equitable OVC services. Wrap around services in the area of food and education will also be addressed by building the local capacity along other existing community institutions in serving the needs of the OVC.

7. EMPHASIS AREAS

The major emphasis area is in development of network/linkages.

The referral and minor emphasis is training and community mobilization as well as in local organization capacity and development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14997

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14997	9073.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$4,400,000
9073	9073.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$3,100,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$135,000

Education

Estimated amount of funding that is planned for Education \$225,000

Water

Estimated amount of funding that is planned for Water \$45,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4917.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 9056.20177.09

Activity System ID: 20177

Mechanism: APHIA II - Central

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$3,400,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 43,200 with testing and counseling. Of those tested, approximately 3,400 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- + In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported are also able to benefit from mosquito nets procured by PMI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$ 102,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget (\$ 170,000) to supporting educational activities targeting OVC enrolled in the program. A further \$ 34,000 will be attributed to provision of safe water guards for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to counseling and testing (#8976), ARV Services (#8765) and palliative care: Basic Health Care and Support (#8936).

2. ACTIVITY DESCRIPTION

This activity relates to expanded support to be provided to OVC. Once competitively identified, the lead partner in APHIA II Central will partner with other NGOs/CBOs to provide integrated, age-appropriate services to build resilience of children infected with and affected by HIV/AIDS. Emphasis will be placed on development of healthy and supportive home and community environments where OVC and guardians/families have access to psychosocial support, education, health and nutrition services, economic livelihood support, shelter and protection from exploitation and abuse. Institutional capacity and technical expertise of implementing partners will be strengthened. OVC support will be integrated with and linked to the project's home and community support. Village Health Committees and implementing partners will identify OVC, who are often in the same households as those individuals receiving home-based care and support.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

It is anticipated that in FY 2009 a total of 48,000 OVC in Central Province will be reached. Training of individuals in caring for OVC will cover 4,320 caregivers. The activity will identify implementing partners that will be supported to provide care and support for OVC. This will contribute to the overall 2009 emergency Plan OVC targets for Kenya.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked with other APHIA II activities in the areas of counseling and testing (#8976), ARV Services (#8765) and Palliative Care: Basic Health Care and Support (#8936) in Central Province.

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers, Community Health Workers, guardians and educators involved with OVC. Capacity building efforts with the local communities will focus on the community and religious leaders as well as partnering with other community and faith based groups that exist in the area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues addressed are stigma and discrimination and the wrap around services in food and education.

7. EMPHASIS AREAS

This activity includes major emphasis in the development of the local organization and minor emphasis in the areas of community mobilization and participation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14963

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14963	9056.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$1,650,000
9056	9056.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$2,700,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$102,000

Education

Estimated amount of funding that is planned for Education \$170,000

Water

Estimated amount of funding that is planned for Water \$34,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4919.09	Mechanism: APHIA II - North Eastern
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 9067.20189.09	Planned Funds: \$500,000

Activity System ID: 20189

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner Pathfinder International has been competitively selected to implement the activity.
- + The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 4,500 with testing and counseling. Of those tested, approximately 360 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- + In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported are also able to benefit from mosquito nets procured by PMI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$ 15,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$ 25,000. A further \$ 5,000 will be attributed to provision of safe water guards for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to counseling and testing (#8778), ARV Services (#8805) and Palliative Care: basic health care and support (#8867).

2. ACTIVITY DESCRIPTION

This activity relates to expanded support to be provided to OVC in hard to reach areas. APHIA II NEP will provide integrated, age-appropriate services to build resilience of children infected with and affected by HIV/AIDS. Emphasis will be placed on development of healthy and supportive home and community environments where OVC and guardians/families have access to psychosocial support, education, health and nutrition services, economic livelihood support, shelter and protection from exploitation and abuse. Institutional capacity and technical expertise of implementing partners will be strengthened. OVC support will be integrated with and linked to the project's home and community support. Village Health Committees and implementing partners will identify OVC, who are often in the same households as those individuals receiving home-based care and support. It is anticipated that in FY 2009 a total of 5,000 will be reached. Training of individuals in caring for OVC will cover 450 care givers. Local implementing partners and community based organizations will be given capacity as appropriate in order provide care and support for OVC. Caretaker support groups will include OVC needs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall FY 2009 Emergency Plan OVC targets for Kenya ensuring equity in these marginalized, inhospitable and hard to reach areas. Through its OVC activities APHIA II NEP will address the primary needs of 5,000 OVC and train 450 caregivers.

4. LINKS TO OTHER ACTIVITIES

This activity will be closely linked with other APHIA II North Eastern Province activities in counseling and testing (#8778), ARV Services (#8805) and Palliative Care: basic health care and support (#8867).

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers, community health workers, teachers, guardians, educators and volunteers involved with OVC. It also targets community-based and faith-based organizations in the area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues addressed are stigma and discrimination by developing education for the community about OVC in an effort to reduce stigma as well as wrap around services for the OVC in the area of food and education.

7. EMPHASIS AREAS

This activity includes major emphasis on child protection through capacity building of local implementing partners and community health workers (CHWs). Minor emphasis is in the area of community mobilization and the development of information, education and communication as they relate to the needs of the OVC. Community involvement in the design and implementation of activities will play an integral part in ensuring the success of this result area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14702

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14702	9067.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$1,200,000
9067	9067.07	U.S. Agency for International Development	To Be Determined	4919	4919.07	APHIA II - North Eastern	██████████

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$15,000

Education

Estimated amount of funding that is planned for Education \$25,000

Water

Estimated amount of funding that is planned for Water \$5,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4916.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Mechanism: APHIA II - Rift Valley

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 9029.20458.09

Planned Funds: \$6,200,000

Activity System ID: 20458

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner Family Health International has been competitively selected to implement the activity.
- + The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 81,000 with testing and counseling. Of those tested, approximately 6,480 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity supports the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- + In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported are also able to benefit from mosquito nets procured by PMI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$186,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$310,000. A further \$62,000 will be attributed to provision of safe water guards for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to Abstinence and Be Faithful (#9070), Counseling and Testing (#8776), Palliative Care: basic health care (#9065), PMTCT (#8733), TB/HIV (#9065), Other Prevention (#9040), and ARV (#8797).

2. ACTIVITY DESCRIPTION

Orphans and Vulnerable children remain a key challenge in the provision of care and support and Rift Valley Province faces huge challenges in this area as it is estimated to have the second highest number of OVC in Kenya after Nyanza Province. There are already existing programs responding to the needs of OVC but these are in most cases providing a scattered and uncoordinated response. A corresponded response will be achieved by provision of a comprehensive package of support by APHIA Rift Valley directly but also work to coordinate partners to ensure that a comprehensive package of support to OVC is provided by all partners. Through the technical leadership of World Vision and Social Impact the capacity of NGOs, CBOs, FBOs will be strengthened through training of trainers so as to enable them train caregivers to provide a high quality comprehensive care to OVC. Recognizing the role that they play in the response to taking care of their own, key community stakeholders who include civic leaders, parents, caregivers, community leaders, religious leaders and community groups will be engaged through capacity development activities to survey vulnerable children and their needs, assess existing community resources and gaps, establish a coordination and referral mechanism, plan and monitor a joint response to the OVC. CLUSA (Cooperative League of the USA), one of the APHIA Rift Valley technical partners will provide support in mobilizing the community to lead the response to OVC.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity therefore seeks to provide comprehensive support to 90,000 orphans and vulnerable children and their households directly and through leveraged resources from other partners in the region and also train 8,100 caregivers. This will contribute significantly to the overall 2009 emergency plan targets for Kenya.

4. LINKS TO OTHER ACTIVITIES

This activity links to APHIA Rift Valley other activities in Abstinence and Be Faithful (#9070), Counseling and Testing (#8776), Palliative Care: basic health care (#9065), PMTCT (#8733), TB/HIV (#9065), Other Prevention (#9040), and ARV (#8797) that are intended to enhance service delivery and linkages between the community and service delivery sites as well as strengthening the referral network for care.

5. POPULATIONS BEING TARGETED

This activity targets people affected by HIV/AIDS and specifically orphans and vulnerable children and also caregivers of OVC. In addition this activity will target the community including community leaders and religious leaders as well as community based and faith based organizations in the capacity development of the community to serve the needs of the OVC.

6. KEY LEGISLATIVE ISSUE ADDRESSED

This activity will address mainly issues in gender, particularly for the girl child, as they relate to issues of child labor, increasing women and girls access to income and productive resources and addressing the issues of inheritance rights and protection of property rights for children and women. Wrap-around issues as they relate to food and education will also be addressed.

7. EMPHASIS AREAS

The major emphasis area will be in community mobilization/participation with minor emphasis in the area of local organization capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14802

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14802	9029.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$4,700,000
9029	9029.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$3,200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$186,000

Education

Estimated amount of funding that is planned for Education \$310,000

Water

Estimated amount of funding that is planned for Water \$62,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4913.09	Mechanism: APHIA II - Coast
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 9048.20472.09	Planned Funds: \$2,000,000
Activity System ID: 20472	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner Family Health International has been competitively selected to implement the activity.
- +The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 22,500 with testing and counseling. Of those tested, approximately 1,800 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- +In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported are also able to benefit from mosquito nets procured by PMI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$60,000 towards Economic Strengthening through the support of income generating activities to support increased household food security and technical support to savings led activities. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$100,000. A further \$20,000 will be attributed to provision of safe water guards for households looking after OVC.

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1. LIST OF RELATED ACTIVITIES

The APHIA II Coast orphans and vulnerable children activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), Other Prevention (#8930), HBHC (#8934), TB/HIV care activities (#9062), AB (#8950) and PMTCT (#8764).

2. ACTIVITY DESCRIPTION

This activity will lead to provision of comprehensive support to 25,000 OVC and their households both directly and through leveraged resources from other partners in the region. There are existing programs responding to the needs of OVC but this is, in most cases, a scattered and an uncoordinated response. Initial activities will therefore focus on strengthening that and ensuring it is comprehensive package as laid out in the USG guidelines. Through the technical leadership of CRS (Catholic Relief Services) and Social Impact the capacity of NGOs CBOs, FBOs will be strengthened through training of trainers so as to enable them train at least 2,250 care givers provide a high quality comprehensive care to OVC. Recognizing the role that they play in the response to taking care of their own, key community stakeholders who include civic leaders, parents, care givers, community leaders, religious leaders and community groups will be engaged through capacity development activities to survey vulnerable children and their needs, assess existing community resources and gaps, establish a coordination and referral mechanism, plan and monitor a joint response to the OVC. CLUSA, who are one of the strategic Partners for APHIA Coast will provide technical leadership in mobilizing the community to lead the response to OVC.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and will increase the number of OVC receiving HIV/AIDS care and support, and will reach 25,000 OVC with comprehensive quality services and train 2,250 caregivers.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Coast OVC activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), Other Prevention (#8930), home based care services (#8934), abstinence and be faithful (#8950), prevention of mother to child transmission (#8764) and TB/HIV (#9062). This activity will provide referral, as appropriate, to OVC and their community to necessary HIV/AIDS services especially counseling and testing and treatment.

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers of OVC, and community health workers. The local capacity of each organization will be strengthened by working with community leaders, religious leaders, volunteers as well as partnering with other existing community-based and faith-based organizations that exist in the same community.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues being addressed is stigma and discrimination through close links in building the capacity of the community to address the local needs of the OVC in each community as well as in training the caregivers of the OVC. This activity also addresses the wrap around issue of food and education. Ensuring the needs of the girl child will also be addressed as the needs relate to being an OVC.

7. EMPHASIS AREAS

Major emphasis is in community mobilization/participation and minor emphasis areas in developing network/linkages, local organization capacity development and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14811

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14811	9048.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$4,950,000
9048	9048.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$1,700,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$60,000

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Estimated amount of funding that is planned for Water \$20,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 521.09

Prime Partner: Indiana University

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 12474.20502.09

Activity System ID: 20502

Mechanism: USAID-AMPATH Partnership

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$1,000,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Prime partner Indiana University has been competitively selected to implement the activity.
- +EP will support the AMPATH's expansion of its existing OVC program from the five sites (Eldoret, Mosoriot, Burnt Forest, Port Victoria and Turbo) to other AMPATH catchment areas within Rift Valley and Nyanza province. Priority will be provided to areas with high volumes of OVC as will have been identified through the Home-based Counseling and Testing (HCT) that is currently on-going at AMPATH.
- +Activity will establish a safety net of services to OVC within the targeted catchment areas.
- +Activity will create a computerized OVC data repository and will develop unique encounter forms tailored for each staff encounter with OVC.
- +Activity will create a virtual research laboratory for introduction of new models of care with special attention to the most cost effective means of improving meaningful outcomes for OVC.
- + The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; EP will test 90% of OVC enrolled; targeting approximately 9,000 with testing and counseling. Of those tested, approximately 720 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- + The Muangalizi component of the program will be enhanced to include post disclosure support to normalize the experience of HIV in the family, with a focus on households looking after HIV positive children under the Muangalizi model.
- + The activity will also support the evaluation of the Muangalizi pilot in collaboration with the other 4 USG supported and participating sites to facilitate lessons learnt and identification and documentation of the effectiveness of different approaches to facilitate scale up.
- +In 2009, the activity will focus on establishing appropriate linkages with PMI and ensure that OVC being supported by EP are also able to benefit from mosquito nets procured by PMI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$21,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$35,000. A further \$7,000 will be attributed to provision of safe water guards for households looking after OVC.

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1.LIST OF RELATED ACTIVITIES

The APHIA II Coast orphans and vulnerable children activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), Other Prevention (#8930), HBHC (#8934), TB/HIV care activities (#9062), AB (#8950) and PMTCT (#8764).

2. ACTIVITY DESCRIPTION

This activity was begun with 2007 plus-up funds and is part of a five-site effort to strengthen the link between clinical and household settings for HIV+ children. All sites meet regularly with a sixth entity, AED/Capable Partners, for real-time sharing of lessons learned and review the effectiveness of different approaches in preparation for scale-up. The Muangalizi model is being tested in response to concern expressed by clinicians that assuring optimal care for HIV+ OVC was difficult in many instance because they were accompanied to different clinic visits by different relatives or community members, necessitating constant re-education of adults managing care of children. Central to the approach is recruitment of adult patients who are successfully managing their own care to accompany pediatric patients to all clinic visits when a consistent caregiver from the household is not available. These "accompagnateurs" will be trained to be on watch for development of side effects or complications, remunerated for their time, and expected to perform home visits to monitor medication consumption. They will also be expected to develop an ongoing and supportive relationship with the OVC household, assess the social environment and refer for needed services, and seek wherever possible to identify a household or community contact who can be prepared to assume the long-term responsibility of being a treatment advocate for the child. Sites were carefully selected to represent a cross section of Nairobi and coastal urban slum (Eastern Deanery, Coptic, and Bomu), peri-urban (AMPATH/Eldoret, Bomu) and rural (Kericho District Hospital) communities. Standard measures of household and clinician satisfaction with the value-added by the accompagnateur, accompagnateur satisfaction with the experience, and clinical progress of OVC participating in the program will be tracked. Numbers of OVC served are captured under care and treatment activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA.

This activity therefore seeks to provide comprehensive support to 10,000 orphans and vulnerable children and their households directly and through leveraged resources from other partners in the region and also train 900 caregivers. This will contribute significantly to the overall 2009 emergency plan targets for Kenya.

4. LINKS TO OTHER ACTIVITIES

This activity links to APHIA Rift Valley other activities in Abstinence and Be Faithful (#9070), Counseling and Testing (#8776), Palliative Care: basic health care (#9065), PMTCT (#8733), TB/HIV (#9065), Other Prevention (#9040), and ARV (#8797) that are intended to enhance service delivery and linkages between the community and service delivery sites as well as strengthening the referral network for care.

5. POPULATIONS BEING TARGETED

Activity Narrative: This activity targets people affected by HIV/AIDS and specifically orphans and vulnerable children and also caregivers of OVC. In addition this activity will target the community including community leaders and religious leaders as well as community based and faith based organizations in the capacity development of the community to serve the needs of the OVC.

6. KEY LEGISLATIVE ISSUES BEING ADDRESSED

This activity will address mainly issues in gender, particularly for the girl child, as they relate to issues of child labor, increasing women and girls access to income and productive resources and addressing the issues of inheritance rights and protection of property rights for children and women. Wrap-around issues as they relate to food and education will also be addressed.

7. EMPHASIS AREAS.

The major emphasis area will be in community mobilization/participation with minor emphasis in the area of local organization capacity development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14830

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14830	12474.08	U.S. Agency for International Development	Indiana University	6953	521.08	USAID-AMPATH Partnership	\$550,000
12474	12474.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$300,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$21,000

Education

Estimated amount of funding that is planned for Education \$35,000

Water

Estimated amount of funding that is planned for Water \$7,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3727.09

Prime Partner: Hope Worldwide

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 5460.20481.09

Activity System ID: 20481

Mechanism: ANCHOR

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$342,977

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross cutting attributions in Food and Nutrition (\$25,297) and will provide goats to caregivers to enhance food production and consumption at the household level; Economic empowerment (\$50,595) through provision of activities aimed at improving economic empowerment at the household level as well as contribute US\$37,947 to education support by paying school levies, providing school uniforms and fees for target OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to an activity in Counseling and Testing (#6894).

2. ACTIVITY DESCRIPTION

HOPE Worldwide Kenya (HWWK) will continue to scale up its work in Mukuru Slums and other underserved areas where it has strong partnerships with local community stakeholders and entry points into OVC care and support. In 2007 work was extended to Mathari, near Huruma, and Maringo. The work in Mathari is in collaboration with the Rotary Club of Nairobi. Work in Maringo was born out of collaboration with the Area Advisory Council whereby the need for work in this area was identified. Related to work being done with youth in Makindu, youth have been trained in Psychosocial Support and development of Kids Clubs. In 2007 the OVC work linked with the USAID funded ABY programs in Huruma, Dandora, Muchatha, Gachie, and Makadara to focus on development of Kids Clubs in the schools that have ABY programs. HWWK will continue to upscale the work being done in the Mukuru Slums where it has strong partnerships with local community stakeholders and entry points into OVC care and support. In 2007 work progressed within the 3 villages of Kwa Ruben, Kwa Njenga and Lunga Lunga and is provided direct support to 651 OVC through Kids Clubs and Support Groups. Indirect support was given to over 500 children through trainings in PSS and Kids Clubs in Mukuru, Mathari, and Makadara. In 2007 HWWK continued to facilitate direct support to OVC through capacity building of local CBOs, NGOs, FBOs, Community Leaders, and Schools, and Rotary partnerships, with a target of direct support to 1,000 OVC. Community stakeholders will be incorporated into the process of establishing these support mechanisms to increase effectiveness through community ownership and participation. HWWK will work closely with the Department of Children's Services through Provincial and District Children's Officers and Area Advisory Councils. This will facilitate a mechanism for identification of the most needy OVC and caretakers for training and support. Close collaboration will be maintained with local VCT and PMTCT centers, as well as with community health clinics, schools and FBOs, and other relevant care and social services. Rotary Clubs, and HWWK staff and volunteers will be actively engaged in providing community support, including identification of resources and staff to sustain activities. Partners will help establish links with vocational training sites to support older OVC with skills training, mentoring, and apprenticeships. HWWK will work closely with the Department of Children's Services (DCS) to provide training in PSS and Kids Clubs to caretakers, teachers, and others where the DOCS is providing support through the Cash Transfers for support of OVC. Currently HWWK is working with 191 caregivers in Mukuru Slums who care for 651 children. Through 2009 the goal is to continue strengthening this group and increasing their capacity to train, educate, and build the capacity of themselves and other caretakers in their communities. Focus is on maintaining quality of service provision to the caretakers, children, and ultimately to the communities. In 2007 400 staff, caretakers, and organizational members were trained in caring for OVC. HWWK staff and volunteers have experience in community mobilization approaches and will continue to facilitate skills-building workshops in communities on Capacity-Building Strategies. Key national, local and community representatives will be invited to participate in the workshops so as to gather their insight on appropriate approaches to program implementation. This will help consolidate buy-in, collaboration, establish communication channels and promote OVC and youth participation. Experienced local HWWK trainers will use participatory and outcome-based training methodologies. Topics will include those such as global and country specific overview of statistics and projections of the HIV/AIDS epidemic and its impact on children and families; 'Best Practice' strategies for developing and strengthening effective community-based OVC responses; transferring of technical skills needed to carry out the methodological framework for developing competent communities; and identify other partner training needs around OVC issues. In 2007 HWWK provided 2 sub-grants to NGOs who have a focus on child care with the primary goal of strengthening community and household responses. HWWK will provide technical assistance to sub recipients on organizational capacity development and programmatic issues. Regular mentoring and feedback sessions will be held to review program progress, effectiveness, and level of potential sustainability. The 2009 goal is to reach 8,000 children. This will be done through services provided through the Kids Clubs, trained caregivers and providers, community partner organizations, and OVC served through sub grants. A big focus will be on integration and coordination between community-based agencies, and combined coordinated efforts with community leaders and stakeholders, and the government of Kenya, donors, and civil society.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

HWWK's 5 year goal for the number of OVC reached is 25,300. In 2009, HWWK will reach 8,000 OVC and train 600 caregivers inclusive of community leaders, volunteers, community stakeholders, and partner organizations.

4. LINKS TO OTHER ACTIVITIES

Services will be linked to VCT through HWWK youth programs in the targeted communities, local schools, clinics, and service organizations.

5. POPULATIONS BEING TARGETED

Activities target children and families infected and or affected in the community. Also caregivers and providers of care to the OVC, community based organizations and NGOs who provide service and care to OVC, and community health care providers, leaders, and stakeholders.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues include increasing gender equity in the HIV/AIDS programs and increase in women's access to

Activity Narrative: income and productive resources.

7. EMPHASIS AREAS

Major emphasis in this program is on training caregivers/ providers, and the community, to care for OVC. Minor focus will be community mobilization and human resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14816

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14816	5460.08	U.S. Agency for International Development	Hope Worldwide	6949	3727.08	ANCHOR	\$450,000
6891	5460.07	U.S. Agency for International Development	Hope Worldwide	4227	3727.07	ANCHOR	\$311,228
5460	5460.06	U.S. Agency for International Development	Hope Worldwide	3727	3727.06	ANCHOR	\$208,929

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$25,297

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$50,595

Education

Estimated amount of funding that is planned for Education \$37,947

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1244.09

Mechanism: Kenya Department of Defense

Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5099.20592.09

Planned Funds: \$76,000

Activity System ID: 20592

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +The focus for KDOD OVC program has shifted from service provision to identification, tracking and linking the OVC to the local agencies offering services within their respective locality.
- +The target number of the KDOD OVC to be identified tracked and linked local OVC program agencies changes to 1000.
- +The target for social workers intended to be hired changes to 2. The social workers will be responsible for identifying, tracking and linking the OVC as appropriate and follow-up to ensure the intended services are adequately delivered.
- +The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 900 with testing and counseling. Of those tested, approximately 72 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will be used to support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- +In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported by this activity are also able to benefit from mosquito nets procured by PMI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$2,280 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$3,800. A further \$760 will be attributed to provision of safe water guards for households looking after OVC.

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1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Counseling and Testing (#6957), ARV services (#6958) and Palliative Care: Basic Health Care and Support (#6960).

2. ACTIVITY DESCRIPTION

KDOD initiated the orphans and vulnerable children (OVC) activity in FY 2006 following the recent trend of an increased number of deaths among military personnel resulting from HIV/AIDS. It is estimated that 75% of the deaths in the military are HIV related. The result of increased number of deaths in the military has directly increased the number of OVC left without care and support to approximately 5,000 children. Prior to the KDOD OVC program, these children orphaned by HIV/AIDS had no support from the KDOD as a government institution. With funding in FY 2006, the KDOD has been able to establish a program that focuses on care and general support to 800 OVC located through the assistance of Ministry of Home Affairs (MOHA) children's department. The military OVC population has created close links with community organizations and Government of Kenya offices to identify and ensure that each child enrolled in the program receives a comprehensive care package that addresses the essential services required of Emergency Plan OVC activities. The OVC in the KDOD program are collectively monitored and cared for through the establishment of the OVC military coordination offices in 5 existing KDOD sites throughout the country. In FY 2009, the KDOD will continue to provide the 1,000 OVC of the military with both components of Primary and Supplementary support. The program will continue to take the lead in ensuring that the survivors of the servicemen and women are identified and given preference in this unique OVC military activity. The KDOD will ensure increased access to education for their OVC through relevant district Ministry of Education (MOE) offices in the identification and subsequent provision of bursary funds and vocational training opportunities. The KDOD will also continue to implement the care and support of these OVC by strengthening the capacity of the current caregivers in the local community and continue the tradition of communal and familial support of the OVC. 100 additional caregivers will be trained in basic care and support of the OVC as well as on issues regarding the psychosocial health of the child. The KDOD will hire continue to support the services of 6 social workers to maintain the regional OVC military coordination offices for better de-centralized service delivery. The KDOD OVC program will continue to work with the existing community services or government children agencies to augment the level of community and family based support already available to the OVC through the wrap-around approach. This approach is supported by the Emergency Plan in which the needs of the OVC are identified at the community level and subsequently cared for by strengthening existing structures already in place to tend to the needs of the OVC in the various regions throughout the country.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The KDOD will work closely with other government systems and structures as well as local community and faith based organizations in the wrap-around approach to caring for OVC which is the foundation to the sustainability of all EP OVC activities. The 1,000 children and 90 caregivers that will be reached by KDOD will contribute to the EP national target of identifying and caring for 550,000 OVC and 53,900 caregivers in FY2009.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to KDOD CT services (#6957) that are established throughout the country. Through the early identification and subsequent care and treatment of those servicemen and women in the KDOD identified as HIV positive, early support and care can also be provided to their dependents. This activity is also linked to KDOD ART program (#6958) by ensuring that all OVC receive subsequent care and treatment from the KDOD medical facilities. The palliative care program (#6960) under KDOD will also be linked to the OVC activity by ensuring the provision of care and support for all HIV+ OVC in the military community.

Activity Narrative: 5. POPULATIONS BEING TARGETED

This activity targets people affected by HIV/AIDS including military personnel and caregivers of OVC by ensuring they are actively supported and linked to services. This activity is also targeting the OVC by ensuring that they are protected, their rights are guarded and basic needs are met. The KDOD in this activity will also directly take a leading role to ensure that the OVC that have been diagnosed as HIV positive receive psychosocial support and medical care required as early interventions for quality care.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will actively address issues surrounding stigma and discrimination by encouraging the formation of psychosocial support groups for the OVC. By focusing on many of the adolescent OVC, the KDOD hopes to establish a youth friendly support network that can work on tackling many of the issues surrounding stigma and discrimination faced by the OVC. The KDOD OVC program will also be an integral part of a wrap around approach to caring and supporting for the OVC through establishing links with other community or religious organizations in ensuring the needs of the OVC are met fully.

7. EMPHASIS AREAS

The major emphasis area of this activity is focused on providing the Primary and Supplementary needs of the OVC. Minor emphasis areas will be in maintaining adequate staff in the regional OVC military coordination offices through human resources as well as training needs for the caregivers of the OVC. The other emphasis area will be on developing appropriate information, education, and communication for the OVC and their caregivers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14897

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14897	5099.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$150,000
6964	5099.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$250,000
5099	5099.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$200,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$2,280

Education

Estimated amount of funding that is planned for Education \$3,800

Water

Estimated amount of funding that is planned for Water \$760

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 353.09	Mechanism: Voices in Health
Prime Partner: Internews	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 9076.20529.09	Planned Funds: \$100,000
Activity System ID: 20529	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner Internews has been competitively selected to implement the activity.
- + In FY09, Internews will increase public awareness and media savvy around issues concerning orphans and vulnerable children. This will be done through hosting a formal five day photo journalism training workshop for 8 photo journalists, who will explore the ethics of photo stories about children.
- + As part of supporting an enhanced public awareness on issues concerning OVC, a travel grant will be awarded to a photo journalist to explore issues affecting OVC in rural areas resulting in 5 sensitive, compelling photo essays on children who are vulnerable.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will contribute \$3,000 towards Human capacity development by training journalists on OVC issues.

COP 2008

1. LIST OF RELATED ACTIVITIES

This Internews/Local Voices Orphans and Vulnerable Children activity relates to activities in HIV/AIDS Treatment services (#6915), Policy Analysis and Systems Strengthening (#6918), and PMTCT (#6916), Counseling and Testing (#6917) and Blood safety (#8705).

2. ACTIVITY DESCRIPTION

This activity will organize two workshops for 8 radio journalists on OVC issues as well as two training sessions in effective media relations for 8 NGOs working in OVC issues. Media can be a powerful force in raising awareness, building knowledge and influencing public opinion. USAID's Local Voices project, implemented by Internews Network, has increased the use of these mass media channels to disseminate information about prevention and care and supporting radio journalists in HIV reporting of such issues as OVC. These training sessions will result in 16 radio features about OVC. In addition, Internews will conduct similar courses for television staff. They will conduct seminars and follow up assistance for TV journalists to help them produce higher quality stories on OVC. Through training and a media resource center, better knowledge of OVC issues by journalists and talk show hosts can dispel rumors, misinformation, and increase demand and support for OVC. By training 4 TV journalists and 4 camera operators, at least eight features on prime time TV will reach 4.5 million viewers, increasing demand for OVC services. The training will include a TOT program for six long-term media trainers with a focus on those in academic institutions such as the Kenya Institute for Mass Communications. This TOT will train lectures, incorporating coverage of OVC issues into on-going curricula. The training program will be supported by on-going mentoring as well as 4 travel grants, 2 for TV and 2 for radio. This activity will result in the expansion of television and print media with a specialty in HIV/AIDS journalism. The media can be a powerful force for raising awareness, building knowledge, and influencing public opinion. It has a critical role to play in helping to create an enabling environment for social change. The proposed activity will build on the Internews' current efforts to train and equip the broadcast media to play this essential role. Up until FY 2005 Internews organized and presented trainings on HIV/AIDS feature reporting for radio professionals and some TV journalists; in FY 2006 Emergency Plan funds supported the expansion of support to include television and the print media in the country, with the launch of the television in November 2006.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Internews' Network's program addresses the important function of increased media awareness and accurate reporting of HIV/AIDS nationwide and contributes to Kenya's 5-Year focus on greater transparency and understanding of HIV/AIDS among policy makers and the general population.

4. LINKS TO OTHER ACTIVITIES

This activity links to all other activities within the Orphans and vulnerable children program area and is also linked to activities in HIV/AIDS Treatment services (#6915), Policy Analysis and Systems Strengthening (#6918), and PMTCT (#6916), Counseling and Testing (#6917) and Blood safety (#8705).

5. POPULATIONS BEING TARGETED

The activity targets broadcast journalists, who in turn effectively reach policy makers and the general population. Other targeted populations include community and religious leaders and Groups/Organizations which include community-based and faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is stigma and discrimination.

7. EMPHASIS AREAS

This activity has a major emphasis on local organization capacity building and a minor training emphasis.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14849

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14849	9076.08	U.S. Agency for International Development	Internews	6957	353.08	TBD	\$100,000
9076	9076.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$100,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4914.09	Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 9041.20608.09	Planned Funds: \$4,600,000
Activity System ID: 20608	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner JHPIEGO has been competitively selected to implement the activity.
- + Activity will strengthen the roles of the children's department at the provincial level and in all districts within Eastern Province.
- +The activity will focus on supporting processes for strengthening sustainable OVC responses at implementing partner, community and household levels in all the districts in Eastern Province.
- + The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 53,100 with testing and counseling. Of those tested, approximately 4,250 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- +In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported are also able to benefit from mosquito nets procured by PMI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$138,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$230,000. A further \$46,000 will be attributed to provision of safe water guards for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8782), ARV services (#8792), Palliative Care: Basic Health Care and Support (#8863).

2. ACTIVITY DESCRIPTION

The Ministry of Home Affairs, particularly the Children's Department, in partnership with the Ministries of Health and Education, provide leadership and coordination to the National OVC program. Part of the GOK's role has been the development of a policy on OVC. The APHIA II-Eastern project will use this policy as a framework to support locally based NGOs, CBOs and FBOs to provide services to OVC as part of a comprehensive care system. In FY 2006, APHIA II Eastern worked with PMO staff, the District Children's Officers and the DHMT to adapt a grant-making process and cycle modeled after the Maanisha model that has been in place in Nyanza and Western for several years. With AMREF, the developer and successful implementer of the model, taking the lead on this activity, the grant-making process, including the formation of the technical review committee, establishing criteria, and identifying local partner capacity-building needs has commenced. In FY 2009, the process will be expanded to reach a larger number of OVC. Organizations that will be selected for grants will identify OVC and families and support communities to support OVC in non-institutional settings in a variety of ways, depending on the focus of the organization. Examples include working to keep OVC in school (paying for school fees and uniforms), providing them with vocational training, providing psycho-social support assisting them to obtain health services and/or nutritional support, and otherwise engaging them in ways that will minimize their risk of engaging in unsafe behaviors. All sub-grantees will, as part of this training and the ongoing mentoring through supportive supervision that constitutes an essential program activity, be updated on national policy and international standards. Selected groups are not simply given funds and asked for reports, but they are provided with both structured capacity-building support as well as on-the-job type training and reinforcement. This ongoing relationship will include assisting sub-grantees to better access local services, to participate in community mobilization, and to share the results of their work with other local groups.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The 2009 activities will serve 59,000 OVC and train 1,000 more caregivers. APHIA II Eastern will also train 30 Area Advisory Council members and strengthen capacity of CBOs, and FBOs that will serve as outlets for OVC. Through its activities APHIA II Eastern will emphasize strengthening community-level capacity to develop, implement and sustain appropriate responses to the HIV/AIDS crisis.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the counseling and testing (#8782) and efforts to prevent future HIV infections, home based care (#8863) community services and provision of care for those already infected, and creating a positive image of VCT. Efforts will link to work being done on offering effective ART (#8792) and provision of care to HIV infected children so that families with affected and infected children can benefit from appropriate care. This will be accompanied with appropriate child and caregiver counseling, treatment adherence support, nutrition support and accompanying the family in the disclosure process.

5. POPULATIONS BEING TARGETED

This activity directly targets OVC and adults that are involved in providing them with care. It also indirectly targets adults in the general population through its efforts to reduce the stigma surrounding OVC and policy makers. Building the local capacity of these communities will rely on closely working with community and religious leaders as well as local community based and faith based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will reduce stigma associated with being affected by HIV/AIDS as well as increasing gender

Activity Narrative: equity in programming through the delivery of key messages. Linkages will be created with systems/groups offering support in food, microfinance, education, and as appropriate, reproductive health.

7. EMPHASIS AREAS

Major emphasis will be development of networks/linkages and referral systems while minor emphasis is information, education and communication, and strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14866

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14866	9041.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$5,500,000
9041	9041.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$2,500,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$138,000

Education

Estimated amount of funding that is planned for Education \$230,000

Water

Estimated amount of funding that is planned for Water \$46,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4955.09

Mechanism: Community Grants Program

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 9079.20572.09

Planned Funds: \$0

Activity System ID: 20572

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is related to the community grants program administrative and sponsorship support (#9079).

2. ACTIVITY DESCRIPTION

The PEPFAR Coordination Office in Kenya continuously receives concept papers proposing community-level interventions for HIV/AIDS related activities, with the majority of requests focused on support to AIDS orphans and other vulnerable children. In past years, the Coordination Office has shared these unsolicited requests with its "umbrella" implementing partners, the Cooperative Housing Foundation (CHF) and Academy for Educational Development's Capable Partners Program, for action. However, these umbrella groups are unable to absorb the high demand for support. To better meet the needs of these community organizations, the PEPFAR Coordination Office will establish a PEPFAR Community Grants Program (CGP) within the Ambassadors' Special Self-Help Fund (SSH) at the U.S. Embassy. Local organizations including community-based organizations (CBOs), faith-based organizations (FBOs), and registered self-help groups providing support to AIDS orphans and vulnerable children will be eligible to apply for funding under the HKID program area. These grants will be designed to provide one-time assistance to communities with small-scale projects that provide care and/or economic support to children affected by AIDS at the grassroots level. These grants may include support for developing micro credit enterprises for caregivers or older youth, school fees program, and youth-friendly centers that offer a safe place to learn about HIV and AIDS prevention and treatment, among others. Working with current SSH partners such as the District Social Development Officers, grassroots groups may also be identified for support. Unsolicited proposals will be ranked and evaluated by the grants manager prior to review by a full committee comprised of representatives from the PEPFAR Coordination Office, CHF, and the Capable Partners Program. The committee will meet with the grants officer on a quarterly basis to review final applicants and to share lessons learned on community grants program implementation. HKID funding for this activity will cover costs of grants. In FY 2009 we will support approximately 15-25 grants of \$4,000 - \$10,000 each. At least 2600 OVC and 375 care givers will receive support under this activity.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes to broadening support for basic health care and support in both the palliative care and orphans and vulnerable children program areas. Establishing a dedicated office for awarding community grants not only provides an opportunity to assist those most in need, but also develops local organizational capacity to handle future funding from the USG and other support systems.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to correlated activities in the HBHC program area (#9079), and cross-cuts with other OVC activities.

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, HIV/AIDS-affected families, people living with HIV/AIDS, CBOs and FBOs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The Community Grants Program will support wrap around issues in food, microfinance, and education.

7. EMPHASIS AREAS

Major emphasis areas include local organization capacity development with minor emphasis in community mobilization/participation and food/nutrition.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15042

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15042	9079.08	Department of State / African Affairs	US Department of State	7028	4955.08	Community Grants Program	\$350,000
9079	9079.07	U.S. Agency for International Development	US Agency for International Development	5450	5450.07	Community Grants Program	\$0

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10491.09	Mechanism: Track 1 OVC Field Support
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 24548.09	Planned Funds: ██████████
Activity System ID: 24548	
Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:	

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Through its existing partnerships under centrally funded mechanisms, this activity will support cross cutting budget attributions to education through payment of school levies and procurement of school uniforms for target OVC in the amount of US\$ 56,095. An additional 11,219 of the partners' budget will be attributed to waste and sanitation while \$33,765 will be spent on economic empowerment activities to facilitate food security in households that are looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity links to activities in counseling and testing, ARV services, and palliative care.

2. ACTIVITY DESCRIPTION

The goals of the President's Emergency Plan for AIDS Relief (PEPFAR) include care for 10 million HIV/AIDS affected individuals, including orphans and vulnerable children (OVC). In November 2003 and again in March 2004, USAID issued an Annual Program Statement (APS) "To Provide Support to Orphans and Vulnerable Children Affected by HIV/AIDS" to expand and strengthen care and support efforts under PEPFAR. Specifically, it asked for proposals to increase care and support to orphans and other vulnerable children (OVC) and adolescents affected by HIV in two or more of the focus countries under the Presidential Initiative. Eight Cooperative Agreements (CA) were awarded that have been implementing programs in Kenya. These include, Associazione volontari per il servizio Internazionale (AVSI), Care International, Catholic Relief Services, Christian Aid (Community Based care of OVC), Christian Children's Fund (Weaving the safety net), Hope Worldwide (ANCHOR), Plan International (Breaking Barriers) and World Concern (Support to OVC affected by HIV/AIDS). The key objectives of these OVC programs are:

- 1) To provide comprehensive and compassionate care to improve the quality of life for orphans and other vulnerable children.
- 2) To strengthen and improve the quality of OVC programs through the implementation, evaluation and replication of best practices in the area of OVC programming.

In view of the fact that various Cooperative Agreements for these 8 projects were coming to an end at varying months in early 2010, USAID Washington decided to extend all of the Track 1 OVC to a common end date of June 30, 2010. The purpose behind this decision was to build in adequate transition time for these programs to build sustainability and work with country teams to ensure that no beneficiaries in need of continued services are completely dropped at the end of these projects. At the same time, the AIDS, Population and Health Integrated Assistance Project (APHIA II), the mechanism through which PEPFAR programs are implemented will be ending in September 2010. This activity will facilitate a continuation of service provision to the 83,100 OVC being reached by Track 1.0 OVC partners for the period July-September 2010 while the mission works on an APHIA III program design that will incorporate strategies for ensuring continued service delivery to these OVC and their families.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The overall goal of this project is to improve the quality of life of 83,100 OVC and their families through the continued provision of compassionate care and social support.

4. LINKS TO OTHER ACTIVITIES

This activity links to other Ministry of Health facilities, partners in the areas counseling and testing, home based care and ART.

5. POPULATIONS BEING TARGETED

This activity will target orphans and vulnerable children, their family members and care givers, and will work through FBO, CBO and other implementing partners.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue being addressed is stigma and discrimination through enhanced medical and psychological well being, and demonstrated improved quality of life. This activity also addresses the wraparound issues of food security and economic strengthening.

7. EMPHASIS AREAS

The major area of emphasis is local organization capacity development and the minor area of emphasis is community mobilization/participation.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7792.09	Mechanism: New Partners Initiative
Prime Partner: Christian Reformed World Relief Committee	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 23291.09	Planned Funds: \$0
Activity System ID: 23291	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

CRWRC's activities in this program area are closely linked with its other activities under the Palliative Care program area. Based on year one and two evidence, in most cases the OVCs identified to receive care will be residing in households where there is also a person living with AIDS who is receiving palliative care. OVC who are HIV positive will be referred to pediatric care and treatment and other related program interventions e.g. counseling and testing.

2. ACTIVITY DESCRIPTION

In partnership with three faith-based organizations in Kenya, namely; Western Region Christian Community Services, an agency of the Anglican Church of Kenya, will implement the program in all eight districts of the Western Province. KAMATAKIMO, which is also an agency of the Anglican Church, will target the districts of Kitui and Mwingi in Eastern Province. MKCCS will cover Central Province with a focus on Murang'a South district and Maragua ridge location. Christian Reformed World Relief Committee (CRWRC) will continue to engage with church and community leaders to raise their awareness about the needs of OVCs in their communities and will provide training and assistance to them as they establish community committees and recruit volunteers to respond to those needs. CRWRC and its partners will provide care to 6,100 OVCs and train at least 1,200 caregivers to care for OVCs.

Under this program, community committees will expand services to additional OVCs. These committees enable caregivers to form caregiver groups and ensure that they are getting the needed support from community members and religious bodies

Caregivers will be trained using the Our Children manual developed by World Relief, which is effective for inspiring and mobilizing churches and communities and teaching the essential principles of orphan care and support by portraying experiences and lessons learned by church members and community volunteers involved in OVC care and support. The program will support OVCs by linking them to health facilities, providing them with home-based care, and empowering them with advocacy, education about prevention, linkages to legal services, and providing access to nutritious food and skills in agriculture (bio intensive farming) and animal husbandry. The program will also mobilize church and community groups to provide food contributions to OVC. Partners will mobilize OVC committees to source for relief food from government and other agencies in their areas. An inventory of OVCs in each community will be created during the first two quarters of the year and home visit schedules will be developed for staff and volunteers to visit OVC homes. Following the training, caregiver support groups will be initiated.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will contribute toward the 5-year target of providing care to 10 million people infected or affected by HIV/AIDS. OVC care activities have been designed to enhance community ownership and build local capacity for long-term sustainability of OVC care services. OVCs are supported within family and community structures as opposed to institutional care. There is an emphasis on strengthening the capacity of families to cope with their problems and on increasing the support offered to these households by other members of the community or church congregation.

4. LINKS TO OTHER ACTIVITIES

CRWRC and its partners are committed to work alongside the OVC National Steering Committee and the Government of Kenya to bring comprehensive support to OVCs to scale by working closely with the children's department in all the three partner locations as is the case with the World Concern OVC program. Partners will continue to be encouraged to participate in monthly Children's Department meetings where applicable and collaborate with the said departments in the marking of The Day of the African Child, World AIDS Day and any other important events as advised by the Department.

5. POPULATIONS BEING TARGETED

CRWRC and its partners will scale up OVC care services in all eight districts of the Western Province, the districts of Kitui and Mwingi in Eastern Province, and the district of Uasin Gishu in Rift Valley Province. And thus CRWRC and its partners will reach 6,100 new OVC, up from 1,200 from the same partner sites in previous years under the OVC program. The program is targeting OVCs aged 0 to 17 years (boys and girls), including child headed households. An inventory of OVCs will be created by the community committees and the caregivers will provide the needed care and support based on the needs as highlighted during the inventory process.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues are included in the emphasis areas described in section 7 below.

7. EMPHASIS AREAS

The program will also focus on increasing women's access to income and productive resources through some of the activities targeted at female youth. To ensure sustainability beyond the life of the project for OVCs in child headed families, the program will coordinate with wraparound programs in economic strengthening to channel funding to support vocational training and income generating activities for the 10-17 year old children. The program will also train OVC and caregivers regarding children's rights so that needy OVC can seek legal support to reposes property and assets. CRWRC and its partners will also focus on human capacity development through in-service training of caregivers. Lessons on volunteer retention will be drawn from the ongoing OVC and other development programs. Other emphasis areas to be addressed by this program area include CRWRC's on-going local organization capacity building of the three partner organizations and coordination of the health management information system for tracking services provided to OVCs. This program is funded through the New Partners Initiative.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7456.09

Mechanism: National M&E Support Program

Prime Partner: SCI Koimburi Tucker and Company

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 23598.09

Planned Funds: \$134,457

Activity System ID: 23598

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

The Ministry of Gender, Children and Social Development will be working with stakeholders to develop a sustainable management information system for the national response to children in Kenya. In line with the Emergency Plan's commitment to the Government of Kenya, through USAID, this activity will provide support to the development of a comprehensive national M & E framework for children's services. SCI Koimburi will collaborate closely with GoK, other USG agencies, other donors, including UNICEF to ensure that, to the extent possible, this monitoring and reporting system meets the reporting requirements of all participating agencies, through harmonized national indicators for children's services including OVC. This approach will allow each agency to fund a portion of the system at the country level and provide complementary technical assistance. Specifically and through USAID's existing funding mechanism with SCI Koimburi, the EP will:

- Provide technical expertise through USG's participation in a multi-disciplinary OVC monitoring and evaluation technical working group under the leadership of the Department of Children Services.
- Support the establishment of a comprehensive M & E framework and national database to be housed at the national level and work with members of the aforementioned TWG to establish reporting protocols from the field offices.
- Facilitate the development and harmonization of measurable indicators at national, provincial and district level that will feed into the national M & E database so as to measure the national response to OVC in Kenya
- Support the capacity building of relevant children officers' at all levels in the collection, storage, retrieval and reporting and analysis of OVC indicators (alongside those that will have been developed to monitor the well being of other types of children).
- Facilitate appropriate linkages with the National Aids Council to ensure coordinated reporting on community-based HIV/AIDS related responses in Kenya. The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute evidence based planning and decision making for GoK and PEPFAR with a focus on capacity building for the long term development of a national workforce.

3. LINKS TO OTHER ACTIVITIES

This activity will link to APHIA II programs, MACRO/APHIA II Evaluations, NASCOP, which do activities relating to OVC.

4. POPULATIONS BEING TARGETED

N/A

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will contribute \$4,000 towards human capacity development through the training of children officers in various levels in the management of the proposed information system for children.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$4,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10302.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 23825.09

Activity System ID: 23825

Mechanism: Health Care Improvement Project

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$125,000

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

This activity will support the Development and Implementation of Service Delivery Standards for EP supported OVC programs in Kenya. In FY2008, Kenya embarked on Phase 1 of this activity and supported the sensitization and training of children officers on service standards and quality improvements for OVC. Trainer of Trainers (ToTs) identified through these trainings then conducted sensitization activities involving key stakeholders at the provincial and district levels. In FY2008, a TWG was identified to work on developing national standards building on consensus building processes conducted in FY2007 and FY2008 at both national and regional levels. In FY2009, this activity will support Phase 2 of this process by providing technical support to GoK and the TWG in developing a framework and process for standards development taking into account feedback from the provinces. The activity will support the drafting of the standards, vetting and refining of standards as well as support a process for the finalization of these standards. The second phase will also involve communicating standards to those who will need to implement them, developing the communication strategy, developing a work plan and communication strategy for informing service providers, families and children about the standards. The activity will also focus on building knowledge of and competency for the standards at the level of the service providers. Strategies include tailored versions of standards to inform partner, volunteers and children of what they can expect; development of job aids to assist service providers to meet the standards and dissemination/sensitization workshop for local partners about standards. The Third Phase will focus on Quality Improvement through the building learning communities to develop best practices for monitoring and improving the quality of OVC programs. The activity will also develop the measures of quality to facilitate measuring the quality of OVC programs, including which indicators will be collected. Tools for assessing the quality of OVC programs will also be developed and field tested. Learning communities will be established and strategies for enhancing Quality Improvement capacity among service providers and their support systems will be identified. The emphasis areas are Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will support the Development and Implementation of Service Delivery Standards for EP supported OVC programs in Kenya

3. LINKS TO OTHER ACTIVITIES

This activity will link to APHIA II programs in the country (#9029, #9041, #9048, #9053, #9056, #9067, #9071, #9073) which are specifically targeting orphans and vulnerable children.

4. POPULATIONS BEING TARGETED

This activity specifically targets orphans and vulnerable children as well as build the capacity of EP partners in designing and implementing quality programs for OVC.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will contribute \$6,250 towards support to education activities for OVC as well as attribute \$3,750 towards economic strengthening of households for OVC and additional \$1,250 for support to safe hygiene practices for OVC and their households.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$3,750

Education

Estimated amount of funding that is planned for Education \$6,250

Water

Estimated amount of funding that is planned for Water \$1,250

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9247.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 23798.09

Activity System ID: 23798

Mechanism: APHIA II - Nairobi

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$1,000,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + A prime partner will be competitively selected to implement the activity.
- + The activity will place an emphasis on the HIV counseling and testing of children with a focus on provider-initiated home and community-based testing as an entry for care and support services to children. Using the opt-out approach; the activity will test 90% of OVC enrolled; targeting approximately 12,600 with testing and counseling. Of those tested, approximately 1,000 will be identified as HIV-exposed or infected and enrolled into facility-based HIV care and treatment services to receive cotrimoxazole (CTX), evaluation for ART eligibility and other basic HIV care services.
- + In 2009, the activity will support the referral of particularly vulnerable OVC to the Nutrition and HIV/AIDS Program and ensure that an increased number of OVC requiring food and nutritional services will be reached with food supplements procured through the NHP.
- + In 2009, the activity will support the development of OVC standards for Kenya and in supporting quality improvement approaches for monitoring and improving the quality of OVC programs at the provincial level.
- + In FY09, the activity will also focus on integrating prevention activities. The activity will link with prevention programs to support male circumcision and counseling and testing for OVC as well as prevention with positives for adolescents.
- + In 2009, the activity will also focus on establishing appropriate linkages with PMI and ensure that OVC being supported are also able to benefit from mosquito nets procured by PMI.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support key cross cutting attributions of the budget amounting to \$30,000 towards Economic Strengthening through the support of income generating activities to support increased household food security. The activity will also attribute a portion of its budget to supporting educational activities targeting OVC enrolled in the program in the amount of \$50,000. A further \$10,000 will be attributed to provision of safe water guards for households looking after OVC.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to counseling and testing (#8976), ARV Services (#8765) and palliative care: Basic Health Care and Support (#8936).

2. ACTIVITY DESCRIPTION

This activity relates to expanded support to be provided to OVC. Pathfinder International (PI), the lead partner in APHIA II Nairobi/Central, will partner with Christian Children's Fund (CCF) to provide integrated, age-appropriate services to build resilience of children infected with and affected by HIV/AIDS. Emphasis will be placed on development of healthy and supportive home and community environments where OVC and guardians/families have access to psychosocial support, education, health and nutrition services, economic livelihood support, shelter and protection from exploitation and abuse. Institutional capacity and technical expertise of implementing partners will be strengthened. OVC support will be integrated with and linked to the project's home and community support. Village Health Committees and implementing partners will identify OVC, who are often in the same households as those individuals receiving home-based care and support.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

It is anticipated that in FY 2008 a total of 14,000 OVC in Nairobi will be reached. Training of individuals in caring for OVC will cover 1,260 people in Nairobi. This will contribute to the overall 2008 emergency Plan OVC targets for Kenya.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked with other Pathfinder International APHIA II activities in the areas of counseling and testing (#8976), ARV Services (#8765) and Palliative Care: Basic Health Care and Support (#8936) in both Central and Nairobi Provinces.

5. POPULATIONS BEING TARGETED

This activity targets orphans and vulnerable children, caregivers, Community Health Workers, guardians and educators involved with OVC. Capacity building efforts with the local communities will focus on the community and religious leaders as well as partnering with other community and faith based groups that exist in the area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Issues addressed are stigma and discrimination and the wrap around services in food and education.

7. EMPHASIS AREAS

This activity includes major emphasis in the development of the local organization and minor emphasis in the areas of community mobilization and participation.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$30,000

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Estimated amount of funding that is planned for Water \$10,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 384.09

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 23486.09

Activity System ID: 23486

Mechanism: APHIA II OR

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$300,000

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

Basic Program Evaluation: What are the social and economic determinants of sexual vulnerability among adolescent OVC? Which interventions are most effective in preventing or mitigating this vulnerability?

Given the lack of information on the impact of care and support strategies for orphans and vulnerable children (OVC), and their HIV risk, there is an urgent need to learn how to improve the effectiveness of program efforts. Growing evidence highlights the elevated risk of adolescent orphans for acquiring HIV infection and sexually transmitted diseases (Gregson et al., 2005; Kang et al., 2008). While all youth within Kenya are at sexual risk, adolescent orphans are an underserved and higher risk group due to earlier age of sexual onset and higher likelihood for teenage pregnancy and engagement in transactional sex (Gregson et al., 2005; Juma et al., 2007; Nyamukapa et al., 2008; Thurman et al., 2006). Increased understanding of the multi-faceted needs of adolescent OVC and identification of interventions effective in addressing these needs are critical. Since adolescents comprise the majority of the OVC population (United Nations Children's Fund [UNICEF], 2006); however, evidence suggests that the bulk of OVC programs only reach younger youth (Osborn, 2007; Ruland et al., 2005). OVC programs generally tend to neglect the particular psychosocial, educational, reproductive health, and livelihood needs of adolescent orphans (Schueller et al., 2006). In spite of the growing evidence highlighting sexual risk behaviors among adolescent orphans, they may also lack sufficient access to HIV prevention messages (Juma et al., 2007). Given that the vast majority of prevention and life skills programs operate within schools (Gallant & Maticka-Tyndale, 2004), and that orphans consistently have lower school enrollment rates (UNICEF, 2006), many OVC may not be reached by these services. It is also unknown how many OVC are reached with prevention messages through out of school programs (Juma et al., 2007). Further, considering the complex psychosocial challenges facing orphans, it is clear that programs should not focus on HIV education alone.

Comprehensive care and protection packages are necessary to reduce the sexual risk of adolescent OVC so as to decrease HIV infection among this generation of youth (Thurman et al., 2006). To achieve this end, a holistic understanding of the situation of adolescent OVC and identification of best practices is imperative. Considering the scarcity of data in this area, this activity will conduct a basic program evaluation to help identify which interventions are most effective in mitigating the vulnerability of adolescent OVC. The activity will identify two EP supported OVC programs within two programs within three unique sites: one operating within an urban environment, one within a peri-urban setting and one that is operating within a rural setting. Urban and rural areas have varying HIV rates and adolescents within these environments have different sexual behavioral patterns and face varying cultural and contextual issues that affect program design and success. Thus, including a range of models across diverse settings provides valuable insight on the varying factors and circumstances that affect the well-being of adolescent OVC. The scale-up of services for OVC is desperately needed, though program design and resource allocation should be grounded in an evidence base. To fully implement National Plans of Action for OVC, governments, donors and program managers need comprehensive information on how to reach more OVC with services that improve their well-being. Information on these topics is very limited and has not been well disseminated. Program implementers, policymakers, and donors require data on (1) how best to develop and deliver age appropriate programs and (2) what kinds of programs will have the most impact on improving the quality of life and promoting a promising future among OVC (reducing their HIV risk). More information about the various types of interventions, lessons learned from program implementation to date, priority needs of OVC and best practices for meeting those needs and reducing the impact of HIV on adolescent OVC can ultimately increase the quality and effectiveness of interventions. Assessments would be conducted to identify key program priorities and best practices for serving adolescent OVC, reducing their HIV risk, and helping them achieve their full potential. Assessments will focus on existing EP funded OVC programs working with underserved, high risk group—adolescent OVC. Within the proposed three settings, including urban, peri-urban and rural environments, quantitative and qualitative data will be collected at two different times, yielding data on determinants of quality throughout the three year project period. Child participatory approaches will be used to ensure feedback from adolescent OVC is incorporated in this activity. The activity will also incorporate dissemination mechanisms to ensure that policy makers, EP funded partners are kept abreast of emerging best practices as will have been identified during the course of this evaluation. The scale-up of services for adolescent OVC is desperately needed, though program design and resource allocation should be grounded in an evidence base. Program implementers, policy makers, and donors require data on how best to develop and deliver age appropriate programs and what kinds of programs will have the most impact on improving the quality of life and promoting a promising future among adolescent OVC. The emphasis area is Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The study is strongly committed to ensuring that the information from these evaluations is disseminated and will work with local partners and stakeholders at all levels to encourage the use of the data at the program and policy levels as well as ensuring that best practices in programming for adolescents are identified and well documented to facilitate replication and scale up.

3. LINKS TO OTHER ACTIVITIES

This activity will link to APHIA II programs in the country (#9029, #9041, #9048, #9053, #9056, #9067, #9071, #9073) which are specifically targeting orphans and vulnerable children.

4. POPULATIONS BEING TARGETED

This activity specifically targets orphans and vulnerable children as well as build the capacity of EP partners in identifying best practices for delivering essential services to adolescent OVC.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will contribute \$15,000 towards support to education activities for adolescent OVC as well as attribute \$9,000 towards economic strengthening of households for adolescent OVC.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$9,000

Education

Estimated amount of funding that is planned for Education \$15,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1125.09

Prime Partner: Academy for Educational Development

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 23266.09

Activity System ID: 23266

Mechanism: Nutrition and HIV/AIDS

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$500,000

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

Increasingly the food security needs of OVC in Kenya are being met through community programs, yet links between these programs and clinical services remain weak, which limits the extent to which households caring for OVC and currently receiving food and nutrition from the USAID funded Nutrition and HIV Program (NHP) are able to link to longer term food security programs. Furthermore, food insecurity among OVC and their households is increasingly becoming an urban problem, which is exacerbated by the food price crisis, yet effective urban models for improving food security are often lacking. Since 2006, the PEPFAR NHP program has provided food and nutrition services to over 50,000 clients of whom 39% (19,500) are OVC. The NHP program is expected to expand over the next five years and will focus on working with Community Based Organizations (CBOs) and Non-Governmental Organizations (NGOs) that are working with OVC. It is anticipated that an increased number of OVC requiring food and nutritional services will be identified as a result of this expansion. Food prices have increased by 40% in Kenya since June 2007, and inflation is at 15%. With the increase in food prices and taking into account current program resources, the NHP will be unable to meet all the food and nutritional needs of PLWHA and OVC that will have been identified as a result of this expansion. To further exacerbate the problem, the food price crisis is likely to lead to an increased number of OVC in urban areas who are food insecure and at the same time increase the duration of stay in the NHP program. Though the government has implemented approaches to address the effect of the food prices, most have not impacted the poor who buy small quantities of foods on daily or weekly basis (e.g. a 90 kg sack of maize costs Kshs 3,820/\$ 58 which averages at Kshs 42/Kilo but in the Mathare Slums of Nairobi, a kg of maize costs Kshs 54). The activity will document possible approaches for addressing food security in urban areas and develop a methodology and tools for communicating the related skills and knowledge to groups and service providers supporting OVC. Establish a continuum of care model for the needs of food insecure OVC and their families in Kenya (e.g. management of acute malnutrition through therapeutic and supplementary foods ? micronutrient supplementation ? food security/livelihood support). This work will build on ongoing efforts by USAID's Office of Food for Peace (FFP) examining strategies for food assistance in urban settings, an effort made more urgent by the food price crisis. As part of the continuum of care, support the development of a Community Management of Acute Malnutrition (CMAM) model for urban settings that is coordinated and consistent with the NHP program approach and that links clients directly to livelihood strengthening services. The activity will aim to foster strategic alliances that will ensure a continuum of care and support for OVC which will include organizations working in nutrition and income generation activities in urban and peri-urban settings and will build capacity of NGOs that work in nutrition and food security to provide services to OVC and their families, thereby increasing food security for OVC at the household level. This will include developing the educational and counseling skills of existing community care staff in OVC care, developing eligibility criteria for OVC eligibility for food supplement support at the community level, while promoting collaboration and referral linkages between health facility sites and community support programs that provide food resources. The activity will target 6,250 OVC and their households. The expected outcome is increased access to food supplements for targeted OVC living in urban and peri-urban areas and increased food security for households caring for these OVC through the identification and implementation of community based approaches for addressing food security among OVC in urban and peri-urban settings. The major area of emphasis is Food/Nutrition. Minor areas include Logistics (distribution to OVC program sites), and Training of OVC program staff).

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to a comprehensive support to 6,250 OVC receiving other essential services from APHIA II programs. 550 Community care staff will receive educational and counseling skills.

3. LINKS TO OTHER ACTIVITIES

This activity will link to APHIA II programs in the country (#9029, #9041, #9048, #9053, #9056, #9067, #9071, #9073) which are specifically targeting orphans and vulnerable children.

4. POPULATIONS BEING TARGETED

This activity specifically targets orphans and vulnerable children. In addition this activity will build capacity of NGOs that work in nutrition and food security to provide services to OVC and their families, thereby increasing food security for OVC at the household level.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will 100% of its budget (\$ 500,000) towards procurement of food supplements for particularly malnourished OVC based on a prescribed targeting system.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$500,000

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9248.09

Prime Partner: Baptist AIDS Response Agency, Kenya

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 22550.09

Activity System ID: 22550

Mechanism: New Partners Initiative

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$0

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

The Baptist AIDS Response Agency (BARA), an NPI Round 2 awardee, will build the organizational and technical capacity of Kenyan Faith Based organizations and provide sub-grants to church organizations, resulting in the provision of community care and support services to 600 OVC and training 60 caregivers. These will be served with a package of primary direct and supplemental services. Caregivers will be trained on essential elements of care to OVC, and will be linked with services that may increase the well-being of the OVC, including the essential elements. OVC will be linked to services that may provide pediatric counseling, testing and care and caregivers will be linked to care and treatment programs. An integral part of the OVC program will be HIV Prevention services for the orphans, caregivers and their families to reduce their vulnerability to HIV acquisition. Where feasible, caregivers will be enrolled to participate in the Families Matter intervention to improve their skills on communicating HIV prevention and sexuality to their adolescents. 400 OVC will receive primary direct support and all 600 will receive supplemental support. Services will include education, housing, shelter, psychosocial support and healthcare among others. This activity will support a community approach to OVC care by supporting them within familial or community households. Identification and coordination of all programs will be done in close collaboration with the GoK's children's department. Sensitization and training on stigma and discrimination will be incorporated and the selection and services to OVC will assure that their dignity as children is assured, without further stigmatization or labeling of OVC. Community and project leaders will also receive training on OVC programming to enlist their support. The key activities of BARA will be to develop the organizational and technical capacity of nine FBO partners through setting up local prevention programs and provide supportive supervision. These partners include the Free Pentecostal churches of Kenya, The Deliverance churches of Kenya, Pentecostal Assemblies of God, Church of God, East Africa Pentecostal Church, CHRISCO, Full Gospel Church and Grace Community Church. The Baptist church will also form part of the FBOs under the BARA umbrella and implement prevention activities. The project will cover activities in four districts, namely Teso, Trans Nzoia, Meru South and Malindi. The capacity building strategy will focus on District-level management structures of the FBOs, who will be substantially involved in determining the selection of activity implementation locations in their districts. One of the key activities the local FBOs will be supported to provide is home-based care for PLWHA. Post-test clubs will be established in connection with BARA's VCT program and those clubs will identify individuals in need of additional care. Community health workers will ensure consistent access to medical attention, nutritional support, and linkages to other community support programs through home visits with PLWHA and their families.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to serving 600 orphans and training 60 caregivers. Some OVC and caregivers may be PLWHIV, hence will benefit from targeted PwP services. Prevention will be integrated to the OVC program and will form a key element of the program. Sub-partners under this activity will benefit from a capacity building process that will train the church consortium in the target districts in OVC programming so that these activities can be sustained over the long term.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to BARA HVAB and HVCT OVC and caregivers in the program will be linked to Pediatric as well as basic care and treatment program should they need HIV care. Caregivers will also be educated and encourage to access counseling and testing services and whenever feasible, services will be provided to the household.

4. POPULATIONS BEING TARGETED

The primary target populations are orphans who have lost one or both parents and are considered vulnerable to/owing to HIV/AIDS. Majority of the church consortiums will reach underserved rural populations. Through the integrated program, couples and young people in the hosting churches or communities will be reached with targeted interventions. The activity will also target training and capacity building of local community organizations and support groups. The activity also targets to include community-based and faith-based organizations and NGOs in the area.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will address Human Capacity Development through training community health workers in care and support of OVC. These CHWs will contribute to task shifting as they will serve as the link between community and health facilities. They will also participate as members of the community strategy, particularly to provide education on stigma and discrimination as well as sensitizing the community on OVC needs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 3476.09**Prime Partner:** Henry M. Jackson Foundation
Medical Research
International, Inc.**Funding Source:** GHCS (State)**Budget Code:** HKID**Activity ID:** 12478.20783.09**Activity System ID:** 20783**Mechanism:** South Rift Valley**USG Agency:** Department of Defense**Program Area:** Care: OVC**Program Budget Code:** 13**Planned Funds:** \$300,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime Partner Henry Jackson Foundation International (HJFMRI) South Rift Valley has been competitively selected to implement this activity in the place of KEMRI.
- +The Muangalizi component of the program will be enhanced to include post disclosure support to normalize the experience of HIV in the family, with a focus on households looking after HIV positive children under the Muangalizi model.
- + The activity will also support the evaluation of the Muangalizi pilot in collaboration with the other 4 USG supported and participating sites to facilitate lessons learnt and identification and documentation of the effectiveness of different approaches to facilitate scale up.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6968), Antiretroviral Therapy program (#6973), Abstinence and/or being faithful (#6981), Counseling and Testing (#6979) and Orphans and Vulnerable Children (#7035).

2. ACTIVITY DESCRIPTION

This activity was begun with 2007 plus-up funds and is part of a five-site effort to strengthen the link between clinical and household settings for HIV+ children. All sites meet regularly with a sixth entity, AED/Capable Partners, for real-time sharing of lessons learned and review the effectiveness of different approaches in preparation for scale-up. The Muangalizi model is being tested in response to concern expressed by clinicians that assuring optimal care for HIV+ OVC was difficult in many instances because they were accompanied to different clinic visits by different relatives or community members, necessitating constant re-education of adults managing care of children. Central to the approach is recruitment of adult patients who are successfully managing their own care to accompany pediatric patients to all clinic visits when a consistent caregiver from the household is not available. These "accompagneurs" will be trained to be on watch for development of side effects or complications, remunerated for their time, and expected to perform home visits to monitor medication consumption. They will also be expected to develop an ongoing and supportive relationship with the OVC household, assess the social environment and refer for needed services, and seek wherever possible to identify a household or community contact who can be prepared to assume the long-term responsibility of being a treatment advocate for the child. Sites were carefully selected to represent a cross section of Nairobi and coastal urban slum (Eastern Deanery, Coptic, and Bomu), peri-urban (AMPATH/Eldoret, Bomu) and rural (Kericho District Hospital) communities. Standard measures of household and clinician satisfaction with the value-added by the accompagnateur, accompagnateur satisfaction with the experience, and clinical progress of OVC participating in the program will be tracked. Numbers of OVC served are captured under care and treatment activities. The HJFMRI-South Rift Valley program will also leverage additional funding available through the Muangalizi project to reach an additional 500 OVC with comprehensive care packages through existing faith based organizations such as Tenwek Mission Community Health and AIC Litein's community health program. Kericho District Hospital has been providing HIV treatment and care since 2004. The number of pediatrics receiving the services as at the end of March 2008 was 723. A total of 285 are on ARVs whereas 438 are on care. The Muangalizi concept was founded on the premise that HIV positive children experience better health outcomes when there is a continuum of care between the health facility and the home in the form of consistent follow up and clinic accompaniment by a caregiver or Muangalizi. The psycho-social needs of the older OVC will also be an area of expansion in FY 2009 by establishing support groups and Kids clubs that are developed by OVC/youth that will be trained in peer counseling and support as well as HIV prevention and issues of sexual reproductive health.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

HJFMRI-SRV OVC Program will ensure that OVC continue to receive care and support from their original community. This approach is supported by the Kenya Emergency Plan in which the needs of the OVC in terms of consistent care are identified at the community level and subsequently cared for. Muangalizi will continue working with the children by strengthening the linkage between clinical and household settings for better quality and continuum of care. This intervention is not an expansion of the OVC programming and will serve all HIV positive children who are currently or will one day be on ART.

4. LINKS TO OTHER ACTIVITIES

This activity is linked with HJFMRI South Rift Valley Antiretroviral Therapy (ARV) program (#6973), as the Muangalizi are encouraged to be members of the clinics' ART program or are other HIV positive individuals who are living positively. It is also linked with HJFMRI-South Rift Valley Counseling and Testing (CT) program (#6968). In addition, HJFMRI's program South Rift Valley will provide counseling and testing to willing caregivers and households of the OVC and all HIV positive children in hopes of having more people knowing their status. HJFMRI-South Rift Valley will also work with South Rift Valley Abstinence and Being Faithful and Live with Hope Center (LWHC) Abstinence and Be Faithful Programs (#6981) to ensure that the OVC receive correct HIV prevention information that will reduce their vulnerability for HIV infection.

5. POPULATIONS BEING TARGETED

HJFMRI South Rift Valley will target people affected by HIV/AIDS by focusing their training activities on caregivers to support the OVC and providing psychosocial support to HIV positive children and HIV/AIDS-affected families which includes widows/widowers and other caregivers. Community leaders and teachers will also be targeted as HJFMRI South Rift Valley will work closely with them in an effort to fight stigma and discrimination towards children infected with HIV, which often leads to neglect and or lack of appropriate care which leads to non adherence to ART and clinic appointments among the children.

6. KEY LEGISLATIVE ISSUES ADDRESSED

In accordance with the Emergency Plan FY 2009 approach to OVC care and support, HJFMRI-South Rift Valley OVC Muangalizi model will be an integral part of a community wrap around service that will address the needs of the whole child. Every child enrolled at the Kericho District Hospital ART clinic under the auspices of HJFMRI-South Rift Valley will be ensured a consistent follow up as well as psychosocial support.

Activity Narrative: 7. EMPHASIS AREAS

HJFMRI-South Rift Valley OVC Program will focus their attention on increasing the involvement of community members in addressing factors that hinder the HIV positive children from receiving optimal clinical care. Another emphasis of HJFMRI-South Rift Valley's efforts will be establishing and strengthening the capacity of caregivers to facilitate disclosure in a sensitive and culturally appropriate manner.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14906

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14906	12478.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$300,000
12478	12478.07	Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$150,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$32,980,007

Program Area Narrative:

Key Result 1: Through Emergency Plan (EP) support, at least 5 million Kenyans will be counseled and tested for HIV in 2009, using the different approaches.

Key Result 2: Scale up provider initiated HIV testing and counseling in health facilities (PITC), testing 1.5 million patients and family members to make HIV testing part of routine care in health facilities.

Key Result 3: Implement HIV testing campaigns at national and sub-national levels, with USG supporting 1 million of 3 million to be tested, in order to expand knowledge of HIV status and promote stigma reduction, including 500,000 in PITC.

Key Result 4: Increase emphasis on couple and family testing in all HIV testing and counseling services, including PMTCT and ART clinics so that at least 500,000 couples are tested together in either community or health facility settings.

Key Result 5: Use recent national survey findings to guide expansion of Home-based HIV Testing and Counseling (HBTC) to high HIV burden regions, testing at least 1 million people to increase access to HIV prevention, care and treatment.

CURRENT PROGRAM CONTEXT

The Government of Kenya (GoK) is committed to the achievement of Universal Access to HIV Testing and Counselling (HTC) and has set a target that 80% of adult Kenyans and all exposed children will have been tested for HIV by 2010. Kenya's national testing target will enhance access to prevention as well as care and treatment services. HTC services will therefore be expanded vertically and horizontally, through multiple delivery modes, and in all strata of society, across age and gender.

In order to increase the pace of expansion of HTC services in the country, all EP-funded programs will be encouraged to incorporate HTC into their activities. Other prevention, care, and treatment programs have the potential to leverage resources to integrate HTC services by strengthening referral systems and enhancing collaboration across programs.

STATISTICS

Data from the 2007 Kenya AIDS Indicator Survey (KAIS) show that there has been a significant increase in knowledge of HIV status in Kenya. At least 36% of Kenyans have ever been tested, up from 14% in 2003 (KDHS, 2003). The proportion of those who have ever been tested has more than doubled in the four years since the onset of PEPFAR. The same data show that this increase is greater among women than men, largely due to expansion of PMTCT services. Predictably, the increase is also greater in urban versus rural areas. Despite the impressive increase in coverage, the majority of adult Kenyans have never been tested for HIV. Among HIV-positive persons in Kenya, nearly 80% are unaware of their correct status and have thus not benefited from the rapidly expanding EP-supported prevention, care and treatment services. Moreover, there is a high rate of couple discordance in Kenya, with 45% of married HIV-positive persons having an HIV-negative spouse or co-habiting partner.

Nyanza Province still has the highest HIV prevalence (15.3%) in Kenya, followed by Nairobi (9%). North Eastern Province has the lowest prevalence (1%). In 2009, EP HTC resources will be more deliberately focused on regions with the highest prevalence. In these regions, population-level activities, such as HBCT, will be expanded to improve access to HTC services and also as a key strategy to encourage couple HTC. Particular emphasis will also be placed on the early identification of HIV-positive individuals through expansion of PITC in health facilities. In the other regions, more targeted approaches, such as mobile and workplace HTC, will be employed.

In 2009, it is anticipated that EP funds will be used to provide HTC services for five million people. We anticipate that EP funding will directly support well over half of Kenya's national HTC services in 2009 in both health facility and community settings. Health facility settings include PMTCT and tuberculosis (TB) settings, whereas community settings include mobile and outreach HCT as well as home based HTC. In 2009, EP will also support indirect activities, such as procurement of test kits and media campaigns. Overall, EP support will facilitate the achievement of 80% of Kenya's national target, either directly or indirectly, by 2010.

SERVICES

In health facilities, HTC services are primarily provided through in-patient services and selected out-patient sites. KAIS showed that the majority (72%) of those who had ever been tested received HTC services in a government or private health facility. The goal of HTC in health facilities is the integration of HTC into the general health system, so that HTC becomes part of the basic health care package. HTC services in health facilities are chiefly provided by health care workers. In order to improve the attitude of health care workers toward HIV, greater sensitization and training activities will be implemented. This includes expanding access to HTC and Post-Exposure Prophylaxis (PEP) for health workers. Health worker professional associations, welfare groups, and training institutions will also be engaged. Rapidly expanding Voluntary Medical Male Circumcision (VMMC) interventions will consistently include PITC as part of their comprehensive prevention activities.

In the community, HTC is provided either at home, in a mobile HTC site, at the workplace, or at free-standing HTC sites. HTC can be provided in any community facility that adheres to national standards. Experience from pilots in Kenya and elsewhere have shown that HBCT is less expensive than stand-alone fixed services and effectively reaches couples and those in lower economic strata. For these reasons, HBTC will be expanded in areas of high prevalence and low knowledge of HIV status in 2009. According to KAIS, 85% of Kenyans nationally are willing to be counseled and tested for HIV in their homes and, HBTC programs in Kenya have shown very high rates of acceptance. This unique community approach has ensured that couples and families are tested together which enhances family and community support for HIV prevention, care, and treatment.

Couple HTC will remain an important area of focus in 2009. Training and mentorship for couple HTC will be expanded in all health facility or community service points. Specific partners will be funded to facilitate training and mentorship for couple HTC and development of information booklets and other IEC materials to support couples. In addition, a national media campaign targeting couples will be launched and executed in 2009. A national indicator for couple HTC will be adopted and monitored by all HTC and PMTCT partners, to further emphasize – and measure – its status as a national priority.

KAIS data also demonstrates that among youth aged 15 to 24, HIV prevalence is four times higher among women than same-aged men. To help address this, EP support for youth-friendly HTC centers and services will be strengthened and expanded in 2009. Prevention partners will also leverage public-private partnership resources, in collaboration with the Partnership for an HIV-Free Generation, to promote youth HTC. Ongoing linkages and expanded leveraging of HTC services within Orphan and Vulnerable Children (OVC) activities will also ensure children access HIV testing and are linked appropriately into care and treatment.

In 2008, the national HTC training curriculum was standardized and harmonized into a single modular training package. In 2009,

this will be rolled out nationally, necessitating updating of national trainers and printing of the new training materials.

In 2009, APHIA II Health Communication and Marketing (HCM) will continue to promote HTC interventions through their national media campaigns. Community-based mobilization and local promotion through radio will remain important interventions to ensure community awareness of HTC activities.

REFERRALS AND LINKAGES

Kenya's new National HTC Guidelines are aimed at improving referral and linkage from HTC services to comprehensive HIV prevention, care, and treatment, as well as other health services. The Guidelines promote a shift from anonymous to confidential HTC and prioritize integration of HTC into other health services, as well as incorporation of other services into HTC. To make operational these broad national strategies, the EP will support HTC in all health facilities, including TB, STI, and in-patient services. All EP-funded care and treatment partners will be encouraged to implement HTC within their geographical areas, both within health facilities and at the community level. All prevention partners will similarly be encouraged to include HTC in their activities.

Working closely with the Ministries of Public Health & Sanitation (MPHS) and Medical Services (MMS), and other stakeholders, the EP will further strengthen key referral systems through review of referral tools, printing and distribution of such tools, and conducting regular assessments of the system.

POLICY

New national HTC guidelines were released in 2008 and further dissemination will occur in 2009. The National AIDS and STI Control Program (NAS COP), in conjunction with international organizations and the USG, developed the guidelines to harmonize approaches in line with international policy recommendations. In 2009, new training curricula and other operational tools will be produced to improve quality of services.

EP funds will contribute to the procurement of test kits to complement planned procurements through Global Fund (GFATM) and the Japanese International Cooperation Agency (JICA). As a substantial contribution to national scale-up, the EP will secure sufficient test kits for at least five million individuals to be tested and counselled in 2009.

SUSTAINABILITY

Capacity building and systems strengthening of local indigenous partners in HTC remains an important part of EP-supported activities. HTC activities in Kenya are developed in partnership with the GoK to ensure full integration into the larger health plan. PITC activities and services are implemented through staff from local MPHS/MMS facilities to promote sustainability. In 2009, PITC training will be incorporated in all medical training colleges so that all new health care professionals are trained in HTC.

MONITORING AND EVALUATION

The EP program in Kenya supports and works closely with MPHS/MMS at national and regional levels to strengthen data management and reporting through provision of technical guidance and review and printing of data collections tools. EP will also provide critical staff support to MPHS/MMS with short- and longer-term deployment of epidemiologists and behavioral scientists to assist and strengthen program evaluation. The EP will also continue to support system development such as the electronic medical records and e-health.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

In 2009, the EP will continue to work closely with MPHS and MMS, as well as other key stakeholders. The EP will support national capacity for coordination and supervision to strengthen field capacity in implementing programs. This support will focus on (1) policy development and review, (2) monitoring and evaluation, and (3) commodity security. At the national level, the USG will work with NAS COP and the Kenya Medical Supply Agency (KEMSA). In the field, the USG will work closely with Provincial and District Health Management Teams to ensure HTC services are implemented according to national guidelines and standards.

ACHIEVEMENTS AND OUTSTANDING CHALLENGES/GAPS

To date, the greatest achievement of the Kenyan HTC program is the broad scope of HTC approaches, which expands the opportunities and options through which people may learn their HIV status. Areas requiring more efforts include (1) expanding couple HTC to deal with high rates of discordance; (2) reaching more children and youth with HTC; (3) urgently addressing the discrepancy between men and women being tested and counseled, especially in rural areas; and (4) improving the quality of HTC services provided.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3476.09	Mechanism: South Rift Valley
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 4828.20784.09	Planned Funds: \$2,100,000
Activity System ID: 20784	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + The HJFMRI-South Rift Valley CT Program will now include the targets and budgetary allocation for Live With Hope Center and Tenwek Mission Hospital.
- + The number of individuals counseled and tested according to national and international guidelines is 210,000 individuals.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + geographic coverage has been expanded to include Kisumu West district in Nyanza Province and Kipkelion district in Rift Valley Province
- + the target population has been expanded to include the general population in home based counseling and testing

1. LIST OF RELATED ACTIVITIES

The Henry Jackson Foundation Medical Research International- South Rift Valley Counseling and testing activities will relate to HIV/AIDS treatment/ARV services, TB/HIV, Abstinence/Being Faithful, Orphans and Vulnerable children and Condoms and Other Prevention.

2. ACTIVITY DESCRIPTION

In FY 2009, Henry Jackson Foundation Medical Research International (HJFMRI) South Rift Valley will continue to provide HIV counseling and testing (CT) services in partnership with the Ministry of Health (MOH) in seven districts in the south Rift Valley Province and one district in Nyanza province. Together the eight districts represent a collection of 70 MOH district hospitals, sub-district hospitals, and health facilities as well as Live With Hope Center, Tenwek Mission Hospital, AIC Litein Mission Hospital and Kericho Youth Center that will be equipped and supported to serve as nationally registered CT sites in reaching communities with Counseling and Testing services. In FY 2009, the eight districts will provide CT services to over 210,000 people in the traditional voluntary counseling and testing (VCT) sites as well as through the provider initiated testing and counseling (PITC), Mobile/Moon Light VCT and Household/Family Testing strategies. Twenty (20) individuals will be trained in voluntary counseling and testing, while (fifty) 50 clinicians will be trained in Provider Initiated Tested Counseling; to enable them provide PITC in health facilities. An additional twenty (20) will be trained in couple counseling & Testing and an additional 10 will be trained in home based counseling and testing. In implementing this, HJFMRI-South Rift Valley will work closely with the district AIDS/STI coordinators (DASCO) in order to strengthen coordination and referral, especially between CT and care services. Technical assistance will be provided by 3 locally employed staff. The combination of client-initiated (VCT) and provider-initiated CT services will significantly contribute to an increased proportion of Kenyans learning their HIV status in the south Rift Valley Province, which has a population of greater than 2.5 million and a HIV prevalence rate of approximately 7%. HJFMRI-South Rift Valley CT Program will also continue to maintain the 1 youth friendly stand alone site in Kericho which combines recreational services as well as CT services in this very dynamic approach to behavior change and HIV prevention among the youth. The center was established in partnership with Kericho District Hospital with support from PEPFAR in FY 2004, and has successfully assisted over 1000 youth between the ages of 15-24 per month to learn their HIV status. The center also offers youth-friendly mobile VCT services in collaboration with mobile reproductive health clinics in the larger district. HJFMRI will also continue to work in developing mobile VCT activities in conjunction with MOH to reach populations of the districts who have poor or no access CT services. This will be the primary method used in Transmara District, because part of the population in the district has a nomadic lifestyle and also there are parts of the district that are hard-to-reach. The prevalence rate in this district which borders Tanzania is estimated to be around 8-9% but accessibility of HIV services is extremely limited. HJFMRI south Rift Valley Mobile VCT activities will reach at least 90,000 individuals in FY 2009 in the eight districts served by HJFMRI. This number will part of the annual CT target for HJFMRI south Rift, referred to above.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The South Rift Valley Province is one of the areas in Kenya that have large rural populations which account for 70% of all HIV infections (KAIS 2007). These rural areas will be the main target of the CT initiative in FY 2009. Together with the MOH, HJFMRI-South Rift Valley will provide high quality CT services both to the Tea farming community and to the general community through mobile/Moonlight CT services. Currently, mobile CT services are conducted weekly and reach between 100 and 250 clients per week. In order to meet the needs of rural Kenya, KEMRI-South Rift Valley CT Program will assist the MOH to scale up mobile CT services in these areas. These coordinated CT activities will successfully provide VCT as well as PITC to over 200,000 Kenyans in the south Rift Valley Province. This combined effort to extend quality CT services to this geographical area will successfully contribute to 7% of 2009 Emergency Plan CT targets for Kenya.

KEMRI-South Rift Valley will be instrumental in contributing to the national objectives of extending CT to hospital patients and TB patients in both the inpatient and outpatient clinical settings. The youth recreational center and VCT site in Kericho will continue to consistently target out of school and in-school youth, a special population that has become a national focus in the provision of VCT services through scaling up their services to reach rural youth in Kericho and Kipkelion districts.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to HJFMRI-south Rift Valley ARV services by ensuring that every individual who has tested positive for HIV in the CT service is linked to care and treatment. This activity is also linked to HJFMRI-south Rift Valley TB/HIV to ensure that every person who tests positive for TB is given the opportunity to test for HIV in the PITC setting. This activity is also linked to prevention activities by Live with Hope AB, and KEMRI-South Rift Valley AB and KEMRI-south Rift Condoms and Other Prevention program.

5. POPULATIONS BEING TARGETED

KEMRI SRV CT activity will target the general population, including children and youth. Mobile VCT services will target migratory populations in Transmara and other hard-to reach populations. HJFMRI is working in partnership with the MOH offices in eight districts and therefore will be in a position to train public health care workers in PITC in the clinical settings as well as private health care workers in AIC Litein

Activity Narrative: Mission, Tenwek Mission Hospital, Kericho Youth Center and Live With Hope Center. HJFMRI, in FY 2009, will train and equip 50 public health care workers in PITC in order to support the national scale-up of CT in clinical settings within Kenya. The youth center in Kericho will also target its CT services to out-of school youth as well as other most at risk youth like street youth. AIC Litein shall also put efforts into reaching people with disabilities particularly the deaf. In general, VCT activities provide CT services to the most at-risk populations. CT activities are done collaboratively with National AIDS control Program staff at the local level.

6. KEY LEGISLATIVE ISSUES ADDRESSED

HJFMRI-South Rift Valley, in partnership with the MOH and other partners, will improve gender equity in accessibility of CT services within the eight districts in South Rift Valley. CT will be an important intervention strategy in challenging current sexual norms that have contributed to the risks of contracting HIV in many of the rural communities. Through information and education material stigma surrounding issues of knowing HIV one's status will also be addressed.

7. EMPHASIS AREAS

HJFMRI South Rift Valley efforts in CT will be divided between community mobilization/participation, human resources, information and communication, infrastructure, and training. HJFMRI-SRV will improve the awareness of its CT services by focusing a part of its efforts in community mobilization and participation. Other efforts will also go towards the training of 50 health care workers in the provision of CT services in the clinical setting. Many of the health care settings do not have the existing space to provide CT services and therefore some of the efforts in FY 2009 will be to make minor renovations in the already existing infrastructure of the medical health facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14907

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14907	4828.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$1,280,000
6968	4828.07	Department of Defense	Kenya Medical Research Institute	4249	3476.07	South Rift Valley	\$750,000
4828	4828.06	Department of Defense	Kenya Medical Research Institute	3476	3476.06	South Rift Valley	\$560,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 323.09

Mechanism: N/A

Prime Partner: Kenya AIDS NGO Consortium

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8748.20617.09

Planned Funds: \$200,000

Activity System ID: 20617

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

The only changes to the program since approval in the 2007 COP are:

+ Target population has been expanded to include other high risk groups such as men who have sex with men (MSM)

+ In FY 2008, KANCO will cover institutions of higher learning such as universities and colleges. They will engage the leadership of these institutions on the best strategy for each institution. In some institutions a CT campaign strategy may be appropriate, whereas other institutions would prefer information and education and referral information. The education component will be linked the PEPFAR funded AB and OP activities.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in AB and OP.

2. ACTIVITY DESCRIPTION

The Kenya AIDS NGOs Consortium (KANCO) is an umbrella organization, which was formed in 1994, to support non-governmental organizations (NGO's) working in the area of HIV/AIDS in Kenya. Since FY 2005, they have received support from the President's Emergency plan to implement HIV prevention activities. They have done so in collaboration with other NGOs, who have expertise or experience in a specific area. In CT they have worked mainly with WHEMIS in the Thika area. In FY 2009 KANCO will provide counseling and testing services to 20,000 people, both adults and youth. They will train 20 counselors who will work in 10 mobile and static VCT sites located in Nairobi and in neighboring towns of Thika, Athi River and Ongata Rongai. Both the mobile and the static sites will have a youth emphasis, whereby they will serve as comprehensive youth centers. KANCO will also coordinate the provision of mobile VCT services to communities in the target areas. These include slum dwellings in Athi River and around the Mlolongo area inhabited by migrant workers and Ongata Rongai which has quarry workers. KANCO will also target truckers, sex workers and their partners and the jua kali (informal sector) workers by providing mobile VCT services at the Mlolongo hotspot at convenient hours, including late in the night to cater for truckers and those clients who would be more available at night. The RAY project's monitoring and evaluation system will be improved and a data base set up to closely monitor the counseling and testing interventions. KANCO will also work closely with health service providers to offer diagnostic testing and counseling alongside STI screening and treatment. Following on from the provision of CT services, the project will also ensure referrals and follow up for ART and basic care and treatment for opportunistic infections.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The CT services that will be provided by KANCO will contribute modestly towards less than 1% of the total CT target supported by the President's Emergency plan in FY 2009. However, their support for high risk groups like commercial sex workers and migrant workers is important. Also, their work in the informal commercial sector (Jua Kali) is noteworthy.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to KANCO's AB and OP activities.

5. POPULATION BEING TARGETED

As stated above, this activity will target high risk groups such as commercial sex workers, together with their clients, truckers and migrant workers. It will also target the out of school youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will reduce the HIV related stigma and discrimination, as well as address the problem of gender in-equity. This will allow women and girls to access HIV/AIDS services without any obstacles or limitations.

7. EMPHASIS AREAS

The activity will have a major emphasis on community mobilization and minor emphasis in capacity building for other organizations. To a lesser extent, the activity will focus on the production of information, education and communication materials. Another minor emphasis area is in the field of human resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14874

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14874	8748.08	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	6963	323.08		\$200,000
8748	8748.07	HHS/Centers for Disease Control & Prevention	Kenya AIDS NGO Consortium	4245	323.07		\$60,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9711.09	Mechanism: Umbrella
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 16459.22536.09	Planned Funds: ██████████
Activity System ID: 22536	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to TBD/Umbrella activities in AB, OP, ARV Services, and TB/HIV.

2. ACTIVITY DESCRIPTION

The To Be Determined (TBD) will build the organizational and technical capacity of Kenyan organizations and provide sub-grants to NGOs, FBOs, and CBOs, resulting in 140,000 people being counseled and tested for HIV, which will be provided in 80 CT outlets. This will require training of 400 health workers and lay counselors. The key activities of the TBD will be to develop the organizational and technical capacity of local, preferably indigenous, organizations and provide supportive supervision. Funds granted through TBD to sub-partners will be used to provide different models of HIV counseling and testing services including client initiated and provider initiated approaches in accordance with national and international guidelines. This will include the support for static and mobile VCT sites, home based CT activities, as well for CT in health settings. Other activities that the TBD will undertake include expand existing programs and identifying new sub-partners for capacity building and support. Capacity building activities will include both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific technical ability to implement HIV counseling and testing services, logistics and commodity forecasting, and routine program monitoring and evaluation activities). This activity will include support to sub-recipients for activities integral to the program.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the rapid scale up of CT programs in Kenya, through increased human resource capacity and through community mobilization at all levels. There will also be support for strengthening referral from CT to care and treatment. This partner has a key role in building the organizational and technical capacity of local organizations so that these activities can be sustained over the long term.

4. LINKS TO OTHER ACTIVITIES

In addition to building the capacity of sub-grant recipients, an important aspect of the TBD's activities is to support development of referrals/linkages between the TBD-supported organizations and clients to other HIV prevention and treatment activities.

5. POPULATIONS BEING TARGETED

The primary target population will be patients visiting health facilities, adults and youth in the community, couples and families as entry point units and the general public. The activity will also target training and capacity building of public health care workers, mainly doctors, nurses, pharmacists, and laboratory workers. The activity also targets community-based and faith-based organizations and NGOs.

6. EMPHASIS AREAS

This activity includes emphasis in the areas of local organization capacity development, training, and increasing gender equity in HIV programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16459

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16459	16459.08	HHS/Centers for Disease Control & Prevention	Catholic Relief Services	12006	12006.08	Umbrella	\$417,750

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 9248.09**Prime Partner:** Baptist AIDS Response Agency, Kenya**Funding Source:** GHCS (State)**Budget Code:** HVCT**Activity ID:** 22548.09**Activity System ID:** 22548**Mechanism:** New Partners Initiative**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Prevention: Counseling and Testing**Program Budget Code:** 14**Planned Funds:** \$0

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

The Baptist AIDS Response Agency (BARA), an NPI Round 2 awardee, will build the organizational and technical capacity of Kenyan Faith Based organizations and provide sub-grants to church organizations. The key activities of BARA will be to develop the organizational and technical capacity of nine FBO partners. These partners include the Free Pentecostal churches of Kenya, The Deliverance churches of Kenya, Pentecostal Assemblies of God, Church of God, East Africa Pentecostal Church, CHRISCO, Full Gospel Church and Grace Community Church. The Baptist church will also form part of the FBOs under the BARA umbrella. The project will cover activities in four districts, namely Teso, Trans Nzoia, Meru South and Malindi. The capacity building strategy will focus on District-level management structures of the FBOs, who will be substantially involved in determining the selection of activity implementation locations in their districts. One of the key activities the local FBOs will be supported to provide is voluntary counseling and testing through both fixed and mobile approaches. First, ten church-based VCT sites will be established in Chuka, Naivasha, Nairobi, Kitui and Teso. The sites will be managed by the local faith communities and will include family and couples counseling and testing. BARA will provide training and ongoing supervision to the local VCT sites. Second, BARA will support counseling and testing services through mobile camps to remote villages in the four target districts, with particular emphasis given to areas where BARA is also conducting AB prevention activities.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the expansion of comprehensive VCT services for couples and family testing in the four target districts. In addition, human resource capacity will be strengthened in the training of VCT counselors from local faith communities. This partner has a key role in building the organizational and technical capacity of local organizations so that these activities can be sustained over the long term.

3. LINKS TO OTHER ACTIVITIES

In addition to building the capacity of sub-grant recipients, an important aspect of BARA's activities is to support development of referrals/linkages between the FBO partners and targeted populations to other HIV prevention, care and treatment activities.

4. POPULATIONS BEING TARGETED

The primary target populations are adults and youth who are members of the partner churches. Some sub-partners reach remote or vulnerable populations who are otherwise unable to access care services. The activity will also target training and capacity building of local community organizations and support groups. The activity also targets to include community-based and faith-based organizations and NGOs in the area.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9776.09

Mechanism: N/A

Prime Partner: United Nations High
Commissioner for Refugees

USG Agency: Department of State /
Population, Refugees, and
Migration

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 21483.22796.09

Planned Funds: \$200,000

Activity System ID: 22796

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

The only changes to the program since approval in the 2007 COP are:

+ In FY 2008 UNHCR will implement a broader scope of counseling and testing approaches. This includes mobile and other integrated outreach CT activities. UNHCR will facilitate the integration of HIV/AIDS service at community level. In health facilities UNHCR will facilitate training and mentorship for health workers in all clinical areas. This will lead to expansion of CT in health facilities. This support will be extended to the nearby health center and other government facilities in the neighboring areas.

1. LIST OF RELATED ACTIVITIES

This activity is related to AB, OP, Basic Care and support and ARV services.

2. ACTIVITY DESCRIPTION

IN FY 2009 The United Nations High Commissioner for Refugees (UNHCR) will support counseling and testing services to 20,000 individuals, for whom 100 counselors and health workers will be trained in 5 sites. They will be trained in VCT, PITC and couple CT and will work in the Dadaab Refugee Camp in North Eastern Province, Kenya. The trained CT providers will provide CT services both in the static and mobile VCT sites as well as in the health facilities in and around the camp. Dadaab Refugee Camp was established in 1991 and consists of three settlements (Ifo, Hagadera and Dagahaley). It hosts 140,000 Somali refugees and 20,000 Kenyans of the Somali tribe. Each camp has a hospital and three satellite health centers. Sentinel surveillance activities in 2005 reported a 1.4% HIV sero-prevalence among ANC clinic attendees, 1.7% among STI patients, indicating that there a generalized epidemic in the camp. From these statistics, it is estimated that there are 2300 HIV-infected refugees in the camp. UNHCR has been coordinating health care services in the camp in collaboration with other partners, notably GTZ, National Council of Churches of Kenya (NCCK), and CARE Kenya. Health providers trained in PITC will provide services in the refugee camp hospitals and health centers. Activities will be conducted in close collaboration with the Ministry of Health personnel to ensure compliance with MOH guidelines as well as to provide logistical support on the ground. CDC will provide technical support to this activity through conducting site and service assessments and providing training for counselors through a CDC-designated training agency. Owing to the low uptake of CT services in Dadaab, intensive community mobilization will be carried out in conjunction with other activities funded under PEPFAR including OP and AB. Community outreach activities for primary health care will be integrated so that CT services are seen as an integral part of health care delivery.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The activity will contribute less than 1% of the USG supported CT services in Kenya in FY 2009. However, the refugee population is considered to be a vulnerable to HIV/AIDS because of the poverty and the unstable lifestyle. Secondly, there has been insecurity in northern Kenya and Somalia. This means that services are not readily available or accessible. Kenya, with the support of friendly governments and international agencies, has an obligation to provide comprehensive health care to refugees and other displaced persons. Those who will be found to be HIV positive will be referred to care and treatment facilities.

4. LINKS TO OTHER ACTIVITIES

UNHCR has been working with various sub-partners in Dadaab, in the provision of health services. In FY 2009, it will continue with this trend, by supporting the sub-partners to provide different components of the HIV/AIDS interventions. This activity will therefore be linked to AB, OP, Palliative Care and ARV services.

5. POPULATIONS BEING TARGETED

This activity will target the entire population in the refugee camp. This includes adults, youth and children. It will also include refugees and migrant workers

6. KEY LEGISLATIVE ISSUES ADDRESSED

By targeting the entire population, the activity will address issues of gender equity and stigma.

7. EMPHASIS AREAS

The activity will emphasize community mobilization and capacity building of local organizations. To a lesser extent they will focus on training, production of IEC materials and development of networks.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21483

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21483	21483.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6965	1246.08	Uniformed Services Project	\$100,000

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5093.09	Mechanism: Prisons Project
Prime Partner: International Medical Corps	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 23187.09	Planned Funds: \$200,000
Activity System ID: 23187	

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

Kenya Prison Services received support from the Emergency Plan to implement a comprehensive HIV/AIDS program since FY 2005. These activities have previously been supported thru the KEMRI CoAg. In FY09 this program will be supported by International Medical Corps (IMC). One of the key components of this program is HIV testing and counseling (HTC), which is required, both for prevention and for ensuring access to care. Prison Population, including the prisoners, can be classified as high-risk, given that they often travel far away from their families and live in congregate settings respectively. A comprehensive HIV/AIDS program, including HTC is therefore essential in the Prison Population. In FY 09 Kenya Prisons will expand its HTC activities in both the static sites and through community and mobile (outreach) activities. Old operational sites will be maintained while 4 new VCT sites will be created. Core activities will include training and continued support to the existing VCT sites and counselors, introducing them to new counseling protocol especially PITC approach. By so doing Prisons will have adequate capacity to provide CT to an additional estimated 20,000 people, including Prison Staff and their dependants, Prisoners, civilian employees, and the general population living in the neighborhood. All those who test HIV positive will be referred to the nearest Prison clinics for care. In terms of training, 200 people (mostly health care workers and lay counselors) will be trained and retrained in Provider-Initiated Testing and Counseling (PITC), lay counselors including PLWHA will be trained in VCT .In FY 2009, the Prison program will intensify mobile VCT services targeting the distant prisons with no fixed site in all regions in Kenya (Nairobi, Central, Rift Valley and Coast). In addition, greater involvement of people living with HIV/AIDS (GIPA) will be sought and encouraged as one of the ways of reducing the stigma associated with CT and by formation of Post test clubs in major prisons. Quality assurance (QA) for both counseling and testing will be expanded to cope with increased service uptake during the planned scale up in FY 2009. The QA program will be done in keeping with national and international standards. QA for counseling will involve monthly support supervision to practicing counselors.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Kenya Prisons CT program will contribute to the overall national CT target by providing CT services to the Prison Officers and their dependants and also the inmates which are a special high risk population, as well as civilians living in the neighborhood of prisons. The mobile VCT services will improve access to HIV prevention and care services in remote areas that do not have fixed VCT sites, thus ensuring better access to CT services and contributing to universal access. This activity will also contribute substantively to Kenya's 5-year strategy that emphasizes universal knowledge of HIV status amongst Kenyans. Links between CT services and medical sites where AIDS care and treatment are available.

3. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive HIV care and treatment program within the Prisons program and it is linked to other services such as AB, OP, TB/HIV and ART. Linkages between CT services and care outlets will be harmonized and strengthened to improve utilization of care opportunities in the Kenya Prison Service health infrastructure through PEPFAR funding.

4. POPULATIONS BEING TARGETED

This activity will mainly target the Kenya Prisons personnel, their dependants, the inmates and members of the general public in the immediate neighborhoods. The Prisons Health facilities and VCT sites are open to the general public and are popular health service delivery points for the surrounding communities. New sites will include facilities with large populations and will be placed strategically to optimize service delivery, either to the prisoners or the Staff/civilians in the neighborhoods.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

There are no secondary cross-cutting budget attributions for this activity.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 9942.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 23200.09

Activity System ID: 23200

Mechanism: Provider Initiated Testing and Counseling

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: [REDACTED]

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

The TBD partner will strengthen HIV testing and counseling in all the health facilities in Kenya as a means of promoting early diagnosis of HIV infection which leads to increased access to comprehensive prevention, care and treatment services. TBD will work towards making HIV counseling and testing part of the routine package of services in health facilities, using the provider initiated HIV testing and counseling (PITC) strategy. TBD will work closely with the Ministry of Health (MoH) and other relevant health sector players, in the following specific areas. In collaboration with NASCOP and NACC address any national-level policy barriers and develop guidelines and operational tools for training, monitoring and evaluation, quality assurance, management and supervision and any other system related issue in PITC.

They will also coordinate and implement PITC training for health care workers and other providers, who will then provide HIV counseling and testing in the health facilities. TBD will also coordinate and facilitate PITC promotion programs to increase uptake and utilization of counseling and testing services in health facilities. Also, this TBD partner will support the provision of PITC services for children and adolescents. TBD will work with MoH and other players to support HIV test kit logistics. They will also develop specific strategies and systems to strengthen linkage to prevention, care and treatment services for individuals, couples and families. Also, and of crucial importance, they will assist in strengthening the Monitoring and Evaluation system for PITC. TBD will aim to provide HIV counseling and testing services to at least 130,000 individuals in 300 health facilities in Kenya. To achieve this, they will train at least 2000 health care workers and lay counselors on PITC.

2. CONTRIBUTIONS TO THE OVERALL PROGRAM AREA

This activity will increase the access of counseling and testing services by making it a routine activity in all the targeted health institutions. This will be part of the wider goal of universal access to HIV counseling and testing. Secondly, through its referral linkages to care and treatment services, more people will be able to access ARV treatment. Thirdly, by identifying those who are negative or those who are discordant; the program will ensure that prevention activities are emphasized and targeted.

3. LINKS TO OTHER ACTIVITIES

This activity is associated with pediatric and adult prevention, care, and treatment programs including provision of ARVs.

4. POPULATIONS BEING TARGETED

This activity will target infants, children, and adults, couples and families attending the various public health facilities across the country. Public health care providers, including doctors, nurses, and lay health workers are targeted for training in HIV counseling and testing in clinical settings (PITC).

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

There are no secondary cross-cutting budget attributions for this activity.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 287.09

Mechanism: N/A

Prime Partner: University of Manitoba

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 23206.09

Planned Funds: \$50,000

Activity System ID: 23206

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

The University of Manitoba primarily works in the area of prevention among sex workers in central business district of Nairobi. This include normalizing and creating a demand for HIV counseling, testing and routine STI screening among sex workers and promoting safer sexual behaviors thereby preventing and minimizing HIV/AIDS and other sexually transmissible infections. In 2009 University of Manitoba will integrate HIV counseling and testing (CT) services into the comprehensive prevention package. The specific CT activities will include the establishment of stand-alone sites and Mobile VCT services in areas that are not covered with VCT services. Included in these strategies will be night time VCT services (sometimes called "Moonlight" VCT services). Since most of the clients that are served by University of Manitoba are sex workers, this particular VCT strategy will be especially convenient to these clients. It is clear that sex workers are exposed to sexually transmitted infections (STIs) due to their high-risk sexual behaviors. The project will also provide treatment and care services for sexually transmissible infections and provide linkage to its HIV/AIDS Care and Treatment facility. In 2009, health workers in these clinics will be trained and supported in provider-initiated HIV testing and counseling (PITC). After this, a PITC program will be initiated in these clinics. The establishment of these systems will lead the provision of HIV counseling and testing services to at least 5,000 people in 5 sites of central Nairobi. To facilitate this, 10 VCT providers and health care workers will be trained in different approaches of CT.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of counseling and testing services, especially among high risk populations. It will also enhance human resource capacity to deliver HIV counseling and testing services. The program will reach 5,000 individuals with counseling and testing services and train at least 10 counseling and testing providers.

3. LINKS TO OTHER ACTIVITIES

These activities link closely to ART services provided by University of Manitoba, Prevention Services (OP) provided by University of Manitoba, PMTCT services at PMH provided by University of Nairobi, and to services provided at Kenyatta Hospital, a network center through University of Nairobi.

4. POPULATIONS BEING TARGETED

This activity will mainly target sex workers and their clients. This will entail targeting most of the people in the central business district of Nairobi. The expanded net will include mothers seeking antenatal and maternity services, and others in the geographic area. These populations include vulnerable women and children, in particular current and former sex workers who might not otherwise seek/access medical care and who may be high risk to transmission HIV particularly in the absence of appropriate treatment and support. Public health workers will be targeted, mainly doctors, nurses, pharmacists and laboratory workers.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

There are no secondary cross-cutting budget attributions in this activity.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 1246.09**Prime Partner:** Program for Appropriate
Technology in Health**Funding Source:** GHCS (State)**Budget Code:** HVCT**Activity ID:** 23140.09**Activity System ID:** 23140**Mechanism:** Uniformed Services Project**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Prevention: Counseling and
Testing**Program Budget Code:** 14**Planned Funds:** \$200,000

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

The Non-military Uniformed Services received support from the Emergency Plan to implement a comprehensive HIV/AIDS program since FY 2005. The Non-Military Uniformed Services comprises of the Kenya Police, The Administration Police, The National Youth Service and the Kenya Wildlife Service. Activities in these uniformed groups have previously been supported thru the Community Housing Foundation (CHF) CoAg. In FY09 this program will be implemented and managed by PATH. One of the key components of this program is HIV testing and counseling (HTC), which is required, both for prevention and to ensure access to care. The Uniformed Services population can be classified as a high-risk population, due to a high proportion of the personnel being posted away from their families and living in communal settings. A comprehensive HIV/AIDS program, including HTC is therefore essential in the Uniformed Services Population. In FY 2009 Uniformed Services will expand its CT activities in both the static sites and through community and mobile (outreach) activities. Old operational sites will be maintained while 5 new CT sites will be created, to have a total of 25 sites, either stand alone or integrated in Health facilities. Core activities will include training and continued support to the existing VCT sites and counselors, introducing them to new counseling protocol especially PITC approach. By so doing Uniformed Services will have adequate capacity to provide HTC to an additional estimated 20,000 people, including staff and their dependants, civilian employees, and the general population living in the general area. All those who test HIV positive will be referred to the nearest Uniformed Service clinics for care. In terms of training, 200 people (mostly health care workers) will be trained and retrained in Provider-Initiated Testing and Counseling (PITC), while lay counselors, including PLWHA, will be trained in VCT. In FY 2009, the Uniformed Services program will intensify mobile VCT services targeting the distant uniformed camps with no fixed site in all regions in Kenya (Nairobi, Eastern, Central, Rift Valley, Western and Coast). In addition, greater involvement of people living with HIV/AIDS (GIPA) will be sought and encouraged as one of the ways of reducing the stigma associated with HIV. Quality assurance (QA) for both counseling and testing will be expanded to cope with increased service uptake during the planned scale up in FY 2009. The QA program will be done in keeping with national and international standards. QA for counseling will involve monthly support supervision to practicing counselors.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The Uniformed Services CT program will contribute to the overall national CT target by providing CT services to the Non-military Uniformed Officers and their dependants, as well as civilians living in the neighborhood of Uniformed Services camps. The mobile VCT services will improve access to HIV prevention and care services in remote areas that do not have fixed VCT sites, thus ensuring better access to CT services and contributing to universal access. This activity will also contribute substantively to Kenya's 5-year strategy that emphasizes universal knowledge of HIV status amongst Kenyans. Links between CT services and medical sites where AIDS care and treatment are available.

3. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive HIV care and treatment program within the Uniformed Services program and it is linked to other services such as AB, OP, TB/HIV and ART. Linkages between CT services and care outlets will be harmonized and strengthened to improve utilization of care opportunities in the Uniformed Services health infrastructure through PEPFAR funding.

4. POPULATIONS BEING TARGETED

This activity will mainly target the Non-military uniformed personnel, their dependants and members of the general public in the immediate neighborhoods. The Uniformed Services Health facilities and VCT sites are open to the general public and are popular health service delivery points for the surrounding communities. New sites will include facilities with large populations and will be placed strategically to optimize service delivery.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

There are no secondary cross-cutting budget attributions for this activity.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9943.09	Mechanism: Home Based Testing Nairobi
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 23201.09	Planned Funds: [REDACTED]
Activity System ID: 23201	

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

In FY08, Kenya Medical Research Institute (KEMRI) and the Centers for Disease Control and Prevention (CDC) embarked on a home based counseling and testing (HBCT) evaluation in Kibera as a joint program between CDC's Global AIDS Program (GAP) and the International Emerging Infections Program's (IEIP) Population Morbidity Study. The HBCT project in Kibera focused on two villages, Gatwikira and Soweto, and targeted 20,000 individuals who were enrolled in the IEIP program in the area. The prevalence rate of HIV in the HBCT project in Kibera averages around 17% and the project is able to counsel and test approximately 65% of those individuals who had never tested before. The program has been highly welcomed by residents of Kibera with an acceptance rate of approximately 90% from those who were offered the HTC services in their homes. These indicators from the HBCT project in Kibera demonstrate a larger need for a service delivery approach that can be rolled out to the rest of the villages in Kibera beyond the IEIP study area.

Kibera is the largest slum in Africa with an estimated population of 600,000 people living in an area of 5Km². The high rate of those individuals in Kibera who have never received an HIV test despite the existence of VCT sites in the area gives support to the HBCT approach in this overcrowded slum. In FY09, the HBCT TBD partner will build on the success of the KEMRI HBCT project by counseling and testing 130,000 people in the first year of the program. The program will accomplish this goal by training an additional 40 counselors in HBCT as well as train 20 medical health personnel in the Carolina for Kibera Tabitha clinic in Provider Initiated Testing and Counseling (PITC). Carolina for Kibera has been a partner of the IEIP program since the beginning of the morbidity study and has also started care and treatment services for the two villages of Kibera as well as a new clinic that will be a major referral point for those who test HIV positive. TBD will work closely with other international and local NGOs in Kibera to ensure that those that have agreed to the HBCT services access care and support.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Kenya has adapted the UNAIDS goal of universal access and have set a goal of having 80% of the adult population counseled and tested for HIV by 2010. This activity will make considerable contributions to this goal by counseling and testing 140,000 people in Kibera. TBD will work closely with the Ministry of Health in Kenya and specifically the National AIDS and STI Control Program to ensure that best practices that are being used in Kibera's HBCT project can be duplicated and rolled out to similar informal overcrowded settlements in Nairobi as well as other urban areas of Kenya. This program's activity is consistent with PEPFAR's 5-year strategy to rapidly scale-up the access of HTC services and have more Kenyans learn their HIV status to further strengthen efforts in prevention, care and treatment.

3. LINKS TO OTHER ACTIVITIES

This activity will directly be linked to care and treatment programs in Kibera, specifically with the IEIP care and treatment site as well as with AMREF. This activity will also be linked to prevention activities, specifically for those living with HIV. TBD will also link this activity with further community support services for those to be infected or affected by HIV.

4. POPULATIONS BEING TARGETED

TBD through the HBCT project in Kibera will target their HTC intervention to all adult men and women above the age of 15 as well as children that are suspected to have been exposed to HIV through a confirmed HIV infected mother or a mother who is deceased and the cause is unknown. According to the Kenya AIDS Indicator Survey (KAIS) Nairobi Province has a HIV prevalence of 9% and urban areas in Kenya have a prevalence of 9 percent. This activity will also target couples in Kibera to ensure that couples access HTC together as well as ensure there is gender equality in accessing HTC services. HBCT will also ensure that older adults in Kenya above the age of 55 are also targeted for the services of HTC.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

There are no secondary cross-cutting budget attributions for this activity.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9247.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 21433.22911.09

Activity System ID: 22911

Mechanism: APHIA II - Nairobi

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$900,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + APHIA II Nairobi/Central has been split into two activities: APHIA II Nairobi and APHIA II Central.
- + APHIA II Nairobi will expand counseling services within the province and include outreach services provided through existing and new CT sites that are integrated within health facilities. The CT services will include, PITC, home testing, and door to door testing of family members of the infected individuals receiving care and treatment within the facility.
- + APHIA II Nairobi will also support the annual national HIV testing campaigns with a focus on Nairobi Province
- + HBCT will be initiated in the Mukuru slum in Nairobi

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment services, abstinence and be faithful, OVC, and HBHC, TB/HIV care activities, other prevention, PMCT and strategic information.

1. ACTIVITY DESCRIPTION

This activity relates to support to be provided to increase VCT coverage while taking account of the need to emphasize provider initiated/diagnostic testing and counseling (PITC/DTC) as well. New VCT sites may be needed, for example, in large companies where employees lack easy access. Mobile VCT will complement fixed sites. Youth friendly services will be emphasized. Where possible, VCT will be integrated with facility and community level treatment and social support services for individuals testing positive and with prevention activities for discordant couples and individuals testing negative. PITC/ DTC will be scaled up in support of the National AIDS and STI Control Program. APHIA II Nairobi will continue strengthening of C & T in existing site facilities, PMTCT and blood transfusion sites and in district hospitals, sub-district hospitals and health centers with laboratory capacity. A subcontractor will train counselors from target facilities and work with GOK and NGO counterparts to ensure supervision. Individuals who test positive will be systematically referred to CCC and higher levels for comprehensive care and treatment and linkages to community services. APHIA II Nairobi will liaise with NASCOP to ensure HIV test kits supply is not interrupted. It is anticipated that in FY09, 100,000 people in Nairobi will be tested in 50 sites. In FY09, 100 people in Nairobi will be trained in counseling and testing, including couple counselling and adherence counselling. In addition counsellor supervisor trainings will be supported. Continued emphasis will be placed on paediatric psychosocial support through training of health workers and play therapists. The project will continue with its partnership with KNH VCT in support of C & T at the country's largest referral hospital.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan Counseling & Testing targets for Kenya. Integrating promotion of VCT into all community outreach for treatment and care will significantly contribute to PEPFAR goals for primary prevention.

3. LINKS TO OTHER ACTIVITIES

Support to counseling and testing will be a linchpin activity in APHIA II Nairobi resulting in increased numbers of individuals accessing care, treatment and support and in strengthening prevention efforts. This activity will specifically be linked to treatment services (APHIA II Nairobi), TB/HIV (APHIA II Nairobi) and care and support services (APHIA II Nairobi).

4. POPULATIONS BEING TARGETED

This activity targets a wide range of population groups, including, for DTC, those receiving other clinical services, and for VCT, the general population, with emphasis on sexually active individuals, youth, OVCs and high risk groups such as bar workers, matatu and boda-boda, and other transport workers and discordant couples. Health service providers will be targeted for training.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the GOK VCT policy and guidelines and legislation related to protection of human rights and confidentiality. It will address gender issues to ensure that women who are disproportionately affected by HIV are identified and linked with care and treatment programs. Couples in discordant relationships will also benefit from knowing their status so that they can make informed decisions in their sexual relationships.

6. EMPHASIS AREAS This activity includes major emphasis on training to build capacity of Counseling & Testing providers and CHWs. The activity emphasizes VCT as a major prevention strategy. Implementing Partners, Community Own Resource Persons and other community level implementing partners are key to its success.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21433

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21433	21433.08	U.S. Agency for International Development	Pathfinder International	9253	9253.08	APHIA II - Nairobi	\$750,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7888.09

Prime Partner: Macro International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 22934.09

Activity System ID: 22934

Mechanism: Measure III DHS

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$200,000

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity has two main components. The first component will be the carrying out of 2009 Kenya Service Provision Assessment. This activity will jointly be funded by 5 program areas (PMTCT, CT, Care and Support, Systems Strengthening and Strategic Information. SI funding (\$450,000) will cover technical assistance including questionnaire adaptation, sampling and data processing, training, report writing, hiring of data dissemination specialist, editorial support and travels; while contributions from other program areas (\$750,000) will cover local costs such as interviewer training and supervision, data collection and analysis, local consultants, accounting firm, printing final reports, and other dissemination products. UNICEF and DFID will be approached to provide additional funding to the tune of \$500,000 to support local costs. The second component (\$150,000) will support the development of a 5-day curriculum, introducing the KDHS to graduate and undergraduate students from the University of Nairobi, and other public health programmers, planners and researchers. Targeted audience will be taken through a process of capacity building in further analysis of DHS data, data presentation and communication skills for policy makers. In overall, 2009 KSPA will help USG Kenya team to monitor changes over time in terms of the quality of services being provided to clients and build capacity of Kenyans on the KSPA survey methodology.

The emphasis area for this activity will be health-related wrap around programs. KSPA will provide national and sub-national information on the availability and quality of services on child health, family planning, maternal health (antenatal and delivery care), STIs, TB and HIV/AIDS. The findings will help in identifying areas that require immediate remedy in all service delivery areas if the health sector were to continue offering quality health services to clients.

2. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will provide technical assistance to 4 local organizations and community based structures in strategic information in addition to supporting the training of 100 public health programmers, planners, researchers and others like M&E/HMIS Officers, and program managers in health facility assessment methodology and other SI related topics.

3. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by NASCOP, here NASCOP will be rolling out Form 711 and program specific client registers for data collection and reporting at health facilities. It is also related to Macro International/APHIA II Evaluation, that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities. It is related to strategic information activity to be carried out SCI Koimburu/USAID National M&E Support Program which will support the development of data management infrastructure and supportive field supervision of COBPAR activities by the M&E Coordinator. It is also related to the strategic information activities implemented by KDOD, APHIA II projects and CDC/KEMRI.

4. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG personnel in KSPA survey methodology, data processing including analysis, interpretation, report writing and different information dissemination strategies at national and regional levels.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9829.09	Mechanism: New Partners Initiative
Prime Partner: Matibabu Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 22913.09	Planned Funds: \$0
Activity System ID: 22913	
Activity Narrative:	
1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS Matibabu Foundation Kenya (MFNGO) is a non-profit, non-governmental organization that provides medical care, training, and community health programs in Ukwala and Ugunja divisions of Ugenya constituency, Nyanza Province, Kenya. MFNGO will provide counseling and testing in both facility-based and community settings. In the community, there will be both static and mobile counseling and testing services. Clients will be recruited through schools, women's groups, churches, markets, and youth events. MFNGO will partner with local organizations to coordinate recruitment and education outreach activities, then will provide mobile VCT opportunities in target communities. The goal is to ensure that every person reached by education efforts has access to a VCT opportunity at least once per month within a 5 kilometer radius of where they live.	
2. CONTRIBUTIONS TO OVERALL PROGRAM AREA These activities will contribute to expansion of voluntary counseling and testing, strengthened human resource capacity to deliver counseling and testing services, and a strengthened referral network from VCT to care and treatment services for people with HIV/AIDS.	
3. LINKS TO OTHER ACTIVITIES This activity links to ARV services and TB/HIV services, supported by KEMRI and coordination of ARV scale-up activities supported through the National AIDS and STD Control Program (NAS COP). Palliative care services will also link to PMTCT services supported through Care International, through the linkage of care to HIV positive women identified through the PMTCT program.	
4. POPULATIONS BEING TARGETED These activities target people living with HIV/AIDS. Services for them are being established and expanded at all sites.	

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

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Education

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Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9809.09

Prime Partner: Tearfund

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 24973.09

Activity System ID: 24973

Mechanism: New Partners Initiative

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$0

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

Tearfund recognizes HIV counseling and testing as an important component in promoting safer behavior and reducing the risk HIV transmission. This project aims to increase the availability and uptake of counseling and testing (CT) services, particularly targeting hard-to-reach populations. Thirty three sites (static and mobile) will operate CT services in remote pastoral communities in Narok, Transmara and Kirinyaga districts, and in high density urban communities within less affluent neighborhoods of Nairobi. Other target districts are Thika, Machakos, Nakuru, Mtwapa, and Nyamira, all aiming to reach 34,880 people with CT services and results returned. Within CPAK, 5 of the implementing partners will be involved with CT activities. CT promotion will be integrated into the health, marriage support and youth development ministries of church congregations and community training within the BCC activities. The CT services will be offered by NASCOP certified and registered CT providers attached to static church based health facilities and MOH health facilities. All of the static CT services will be managed within government ministry of health registered church health facilities, also all the mobile CT services, except those run by TRDP, will be run by the staff from the church health facilities. TRDP will facilitate the ministry of health staff with transport to reach people in the remote areas with CT services.

The CT facilities will be linked to other complementary services such as post-test support clubs to adopt and sustain protective behavior.

Partners involved in CT promotion will invest in the training and deployment of 57 health workers (nurse/counselors, laboratory personnel). The health workers, who will be from the church based health institutions, will be trained by MOH trainers using the MOH CT curriculum. On completion of their training, they will be certified and registered by MOH to provide CT services. As part of the strategy to increase the uptake of CT, community volunteers will also be trained to promote CT in the churches and community. The program will work with religious leaders and other community leaders to ensure community support and protection of confidentiality with regard to HIV status.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the COP 2009 targets of number of individuals counseled and tested and trained. Tearfund will contribute to the overall program area with 33 service outlets that provide counseling and testing, 34,880 individuals will receive counseling and testing and 57 individuals will be trained to provide VCT

3. LINKS TO OTHER ACTIVITIES

This activity is linked to Tearfund's activities in MTCT and HVAB.

4. POPULATIONS BEING TARGETED

CT services in remote pastoral communities in Narok, Transmara and Kirinyaga districts, and in high density urban communities within less affluent neighborhoods of Nairobi. Other target districts are Thika, Machakos, Nakuru, Mtwapa, and Nyamira.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4061.09	Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 26480.09	Planned Funds: \$113,328
Activity System ID: 26480	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 +COP 08 funding for this activity was captured only under HVMS. In COP 09 the funding is distributed across the program areas.

COP 2008

CDC-Kenya, including GAP-Kenya, is co-located with the Kenya Medical Research Institute (KEMRI) in Nairobi and Kisumu, with most PEPFAR-supported staff based in Nairobi, Kenya. Due to the dramatic scaling up of PEPFAR activities in Kenya, and the resulting expansion of staff since the inception of PEPFAR, the capacity of the existing offices has been exceeded. CDC proposes to renovate the existing structure, however, due to site and structural constraints, this will avail only limited additional space. CDC therefore proposes to build a second building to house the expanded CDC-KEMRI HIV program. The proposed building, on the campus of KEMRI, will become part of the KEMRI complex; CDC will not hold title to the building.

A total of \$1,200,000 in FY 08 funds was programmed to RPSO for this purpose; however, these funds were allocated in the absence of a fully developed staffing plan, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY 09 funds are sought to meet the funding shortfall resulting from the unplanned-for A&E services contract, as well as the under-estimated cost of construction.

Costs for the total CDC-KEMRI project have been allocated across GAP program areas, based on projected space utilization.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

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Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4914.09

Mechanism: APHIA II - Eastern

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8782.20609.09

Planned Funds: \$1,300,000

Activity System ID: 20609

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Target population will be expanded to include testing for OVCs
- + APHIA II Eastern will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door CT and testing of family members of the infected individuals receiving care and treatment within the facility and other outreaches as well as institutionalizing testing and counseling in health care settings. PITC services will be scaled up.
- + This activity will also provide support at the provincial and district levels for the annual national HIV testing campaigns.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + geographic coverage has been revised and expanded to include additional districts in the Eastern Province
- + target population will be expanded to include OVCs
- + APHIA II Eastern will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in TB/HIV care activities, HIV/AIDS treatment services, abstinence and be faithful, OVC, HBHC, other prevention and PMCT.

2. ACTIVITY DESCRIPTION

In 2009, APHIA II Eastern project will intensify CT services and concentrate more on quality assurance and control. Focus will be on institutionalizing quality assurance and quality control in facilities offering CT activities APHIA II Eastern will strengthen MOH capacity to sustain a high quality service provision and maintain a system that will deliver these services The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility. In 2009 alone, this activity will reach 120,000 individuals with CT services including PITC, VCT and HBCT through 50 outlets and will train 300 providers.

Project will continue to promote the availability and delivery of high quality counseling and testing (CT) services in public Ministry of Health (MOH) facilities, an essential element of clinical and preventive care. We have found that ART initiation is increased when the diagnostic testing and counseling program was established. APHIA II Eastern project will collaborate with the Ministry of Health's (MOH) National AIDS and STI Control Program (NASCO) and National TB and Leprosy program (NLTP) to strengthen structures and systems at provincial, district, facility and community level for the management and coordination of Counseling and Testing. This will be done through the following strategies; strengthen planning, implementation and coordination of CT in-service training; develop a provincial core team of trainers by conducting a training of trainers course (TOT) for NASCO/NLTP / and Provincial Health Management team (PHMT). In the remaining period, this activity will be expanding its geographical coverage to increase access for couples and families. A total of 20 new VCT sites will be established in public and faith based health facilities. Training in VCT and PITC will be provided for 60 counselors and health care workers respectively. Approaches that will increase access to HIV counseling and Testing will ensure that eligible HIV infected people are able to access antiretroviral therapy. The program will focus on supporting the MOH to scale up PITC in clinical settings. PITC outreaches in the communities will ensure that as many people as possible are able to receive counseling and Testing. Existing VCT counselors will be trained in other HIV testing approaches to ensure no missed opportunities to HIV counseling and Testing. VCT sites are particularly well placed to support these efforts; they will be strengthened to support DTC efforts e.g. supporting start up activities, providing testing for partners and other family members of index patients, and providing ongoing counseling. Testing in clinical settings will require supportive supervision, ongoing monitoring, and mainstream CT reporting. The project will continue supporting the governments efforts of accelerating counseling and testing through innovative approaches such as moonlight CTs, participation in national HTC campaigns and CT mobile outreaches targeting couples and young people aged 24 and below. Targeted CT outreaches will also be carried out in institutions of higher learning in Eastern province. The project will also scale up gender based prevention program and counseling programs. This will entail training of clinicians in clinical management of survivors of sexual violence, GBV sensitization sessions for the provincial administration, HCWs, teachers, FBOs, CBOs, the police and other stakeholders in the province. CT messaging encouraging first time HIV testers will be developed to encourage people who have never tested before to go for HIV testing. Strengthening of the CT referral systems will be critical in ensuring that eligible CT clients are enrolled into ART programs. The project intends to develop an exit strategy towards the end of the program to ensure smooth handing over process to the ministries involved.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Eastern project will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention. Targets in this project will contribute to numbers counseled and tested for HIV/AIDS. The proposed program contributes to COP 2008 targets, and is consistent with the PEPFAR 5-Year Strategy, in the following manner: Increased access to counseling and testing clinical services, and increased availability of counseling and testing clinical services.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Eastern Counseling and Testing activities will relate to HIV/AIDS treatment services, Abstinence and Be Faithful Program, OVC, HBHC, TB/HIV care activities, OP, and PMCT. This activity will ensure referral for services for those that test positive especially to prevention services and post test clubs and to care services such as TB, and treatment while others will be referred to post test clubs.

5. POPULATIONS BEING TARGETED

This activity will target the general population including adults (men, women, FP clients, youth), People

Activity Narrative: affected by HIV/AIDS (children born of HIV infected mothers, spouses of HIV infected persons, family members of an HIV infected person), community members including faith based organizations, non-governmental organizations, and community based organizations. Health providers both in the private and public sector providers will be targeted.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender is a key legislative issue addressed in this activity. This includes activities supporting counseling that challenges norms about masculinity, delayed sexual activity and reduced multiple sex partners for boys and men and transactional sex. The activity also include support for testing and support services for victims of sexual abuse and violence, training on couple counseling, risk assessment, stigma reduction, and supporting women to mitigate potential violence.

7. EMPHASIS AREAS

This activity supports the development and implementation of referral systems, quality assurance and supportive supervision for CT counselors. The activity will also support the training of additional counselors especially targeting testing for youth and in clinical setting. The activity will also work with local organizations and MOH in Eastern province to strengthen their capacity to implement programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14867

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14867	8782.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$1,200,000
8782	8782.07	U.S. Agency for International Development	JHPIEGO	4914	4914.07	APHIA II - Eastern	\$630,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

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Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 353.09

Prime Partner: Internews

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4174.20530.09

Activity System ID: 20530

Mechanism: Voices in Health

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$200,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

COP 2008

Other changes since approval in 2007:

+ in FY08, Internews will expand its training of radio journalists to Western Kenya. According to the Kenya demographic and Health Survey, Western Kenya is the province with the highest HIV infection rate in the country. A number of emerging radio stations in Kisumu have expressed interest in being trained in HIV-related issues.

+ Internews will train 8 radio professionals (journalists or talk show hosts) from Western Kenya and support them in producing 16 radio programs. A 10-day radio training will be held at our Nairobi offices, during which each trainee will produce a 3 minute feature on CT related issues, which can be used as an introduction to a call-in show at their respective stations. At least two follow-up visits will be made to each station for onside mentoring. A "mentoring travel trip" will also be organized for the best 4 journalists, during which an Internews trainer will accompany the journalists on a CT related story in their district, and assist them with producing programs thereafter.

+ training will be expanded to include print journalists.

1. LIST OF RELATED ACTIVITIES

This INTERNEWS/Local Voices Counseling and Testing activity relates to activities in HIV/AIDS Treatment services, OVC, and PMTCT, Blood safety, and Policy Analysis and Systems Strengthening.

2. ACTIVITY DESCRIPTION

According to KAIS 2007, 57% of Kenyans have never tested for HIV. As many as 4 out of 5 HIV-infected people don't know their status. The same finding was reported in 2003 for the Kenyan Demographic and Health Survey (DHS), indicating knowledge of status has not improved in four years. A quarter of those surveyed in KAIS 2007 reported themselves uninfected, but in fact tested positive. ART specialists at delivery sites report a lower than expected uptake and their observation suggests it is due to the low uptake of CT services. Stigma and discrimination mean many Kenyans prefer not to know their status. As a result, they forfeit treatment options.

In FY09 Internews will increase demand for counseling and testing (CT) services through innovative communications and by encouraging reporting on the subject via the print media and by engaging journalists from all media via a roundtable training discussion on the subject. primary strategy will be to train print journalists to equip them with the skills to accurately report on complex CT related issues, which are common sources of rumors, misconceptions, and public misinformation. In FY09, Internews will continue to expand its training of journalists in all Provinces greatly affected by HIV. According to the KAIS 2007, Nairobi, Nyanza and Rift Valley are the Provinces with the highest prevalence rates in the country. A number of emerging media houses in Nyanza and the Rift Valley have expressed interest in being trained in HIV-related issues.

Internews will train 8 radio professionals and support them in producing 16 quality radio features on CT issues. Five-day radio training will be held at our Nairobi offices, during which each trainee will produce two features on CT related issues. Follow-up visits will be facilitated, for the journalists to benefit from resources in our Media Resource Centre. A "mentoring travel trip" will also be organized for a deserving journalist, during which an Internews trainer will accompany the journalist on a CT related story in an outlying district, and assist him/her with producing programs thereafter.

Internews will also provide another Nairobi based print journalist with a CT related travel grant and mentor him/her to produce at least four stories on CT related issues outside of Nairobi. Internews will also hold a roundtable, inviting all media, during which CT-related issues are discussed and story ideas generated. Each journalist attended will be expected to produce at least two stories on the topic. This activity will contribute to increased access to and utilization of diagnostic, routine, and voluntary counseling and testing. Further, an e-learning course will be offered, to 8 print journalists, unable to attend a full weeks' training to complete modules required for the successful completion of a standard 5-day training. This will result in at least two stories each. Training will also be offered to 6 accomplished journalists, exploring complex story angles on this theme – resulting in 12 quality features.

SUMMARY:

- One 5 day training for 8 radio journalists, including a follow-up visit to the MRC. This will result in at least 16 print stories being published with CT-based content.
- We will provide a CT related travel grant to a Nairobi based senior radio journalist that will result in at least 5 CT related programs or stories, outside of Nairobi
- We will provide a mentored travel grant, during which an Internews trainer accompanies a senior journalist on a complex and engaging series of stories – resulting in 5 quality features on the topic.
- One roundtable for all media on a CT-related topic, which will result in at least 26 stories/features.
- One senior training for 6 accomplished journalists to hone their skills in this important area of HIV writing – resulting in at least 12 stories across media.
- One e-learning course for 8 print journalists, resulting in 16 published stories.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya 5-Year Strategy that focuses on number of people Counseled and Tested. This activity will contribute to increased access to and utilization of diagnostic, routine, and voluntary counseling and testing.

4. LINKS TO OTHER ACTIVITIES

This INTERNEWS/Local Voices Counseling and Testing activity relates to activities in HIV/AIDS Treatment services, OVC, and PMTCT, Blood safety, and Policy Analysis and Systems Strengthening.

5. POPULATIONS BEING TARGETED

Targeted populations include the general Population (Men and women), People Living with AIDS, Host country government workers, especially Policy makers, who are involved in the training sessions.

Activity Narrative: 6. KEY LEGISLATIVE ISSUES ADDRESSED

Through the training sessions stigma and discrimination are addressed.

7. EMPHASIS AREAS

Internews places major emphasis on Training and minor emphasis on capacity building for media houses targeting journalists and talk show hosts. Information, Education and Communication is another minor emphasis area in which Internews will continue to provide services through the media resource center set up by the project.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14850

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14850	4174.08	U.S. Agency for International Development	Internews	6957	353.08	TBD	\$200,000
6917	4174.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$150,000
4174	4174.06	U.S. Agency for International Development	Internews	3234	353.06	Local Voices	\$150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism**

Mechanism ID: 1244.09	Mechanism: Kenya Department of Defense
Prime Partner: Henry M. Jackson Foundation Medical Research International, Inc.	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 4249.20593.09	Planned Funds: \$100,000

Activity System ID: 20593

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Number of service outlets providing counseling and testing according to national and international standards changes to 17
- + Number of individuals who received counseling and testing for HIV and received their test results changes to 7,500
- + Number of individuals trained in counseling and testing (CT) /Providers Initiated Testing and Counseling (PITC) according to national and international standards changes to 25.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: TB/HIV, Treatment: ARV services, Abstinence/Being Faithful and Condoms and Other Prevention.

2. ACTIVITY DESCRIPTION

Kenya's Department of Defense (KDOD) has received support from the Emergency Plan to implement a comprehensive HIV/AIDS program since FY 2004. One of the key components of this program is HIV counseling and testing (CT), which is useful, both for prevention and for access to care. A large majority of the military personnel and their families are young people. Also, a sizable proportion of the actual military personnel can be classified as high-risk, given that they often travel far away from their families. A comprehensive HIV/AIDS program, including CT is essential in the military. In FY 2008 KDOD expanded its CT activities in both the static sites and through community and military mobile (outreach) activities. Two new VCT sites will be created to make a total of 30 VCT sites. Core activities included training and continued support to the existing 28 VCT sites. With these activities on ground, in FY 2009 the KDOD has adequate capacity to provide CT to an additional estimated 7,500 people, including military personnel and their dependants, KDOD civilian employees, and the general population living near the barracks. All those who test HIV positive will be referred to the nearest military clinics for care. In terms of training, 25 people (mostly health care workers) will be trained and retrained in Provider-Initiated Testing and Counseling (PITC). In FY 2009, the KDOD program will intensify mobile VCT services targeting the Military Hot spots and high density non military communities around the 4 major military regions (Nairobi, Central, Rift Valley and Coast). It will also take advantage of the military logistics support to provide CT services to the underserved areas in the North Eastern Province. In addition, greater involvement of people living with HIV/AIDS (GIPA) will be sought and encouraged as one of the ways of reducing the stigma associated with CT. Quality assurance (QA) for both counseling and testing will be expanded to cope with increased service uptake during the planned scale up in FY 2009. The QA program will be done in keeping with national and international standards. QA for counseling will involve monthly support supervision to practicing counselors.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

KDOD'S CT program will contribute to the overall national CT target by providing CT services to the military, which is a special, high risk population. The mobile VCT services will improve access to HIV prevention and care services in remote areas that do not have fixed VCT sites, thus ensuring better access to CT services. This activity will also contribute substantively to Kenya's 5-year strategy that emphasizes universal knowledge of HIV status amongst Kenyans. Links between CT services and care will be enhanced.

4. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive HIV care and treatment program within the KDOD linked to other services such as AB, OP, TB/HIV and ART. Linkages between CT services and care outlets will be strengthened to improve utilization of care opportunities that have been created in KDOD's health infrastructure through PEPFAR funding.

5. POPULATIONS BEING TARGETED

This activity will mainly target the Military personnel, their dependants, KDOD Civilian personnel and adult members of the general population. Trainings will target health care workers, lay people and PLWHA.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will empower and increase awareness through counseling and targeted messages for the military personnel. Vigorous campaigns to educate them on the benefits of VCT services, couple VCT and mutual disclosure of HIV status will be undertaken. Testing and counseling will also be promoted in clinical setting, especially TB, STD, PMTCT Clinics and medical wards to enhance identification and timely referral of those requiring care. It will also seek to empower and inform the KDOD staff, families and communities through counseling and targeted messages. The increased availability of CT services and their popularization among the Military personnel will reduce stigma and ensure equitable access to CT services across gender.

7. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and training with minor emphasis in infrastructure improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14898

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14898	4249.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$120,000
6957	4249.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$80,000
4249	4249.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$75,000

Emphasis Areas

Gender

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

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Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4076.09	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 18039.20580.09	Planned Funds: \$139,000
Activity System ID: 20580	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED, BUT THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.

Other changes:

+ Two additional personnel will be hired in FY 08. One will support counseling and testing in health facilities, while the other will support home-based counseling and testing. These two new CT approaches are expected to grow rapidly in FY 08 and this will need strong, regular technical support. Although these personnel will be based in CDC, they will be available for the entire US government team in Kenya.

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in the Counseling and Testing program area.

2. ACTIVITY DESCRIPTION

HIV Counseling and Testing (CT) has a central role in both prevention and treatment of HIV infection. With support from CDC and other partners, Kenya has achieved great success in implementing Voluntary Counseling and Testing since 2000. Recent scale up of ART services in the country, made possible largely through Presidential Emergency Fund, now means that CT clients found to be HIV+ can be readily referred for care and treatment services. But these emerging care opportunities are not fully utilized because majority of Kenyans (86%) don't know their HIV status and yet knowledge of status is the entry point to comprehensive HIV/AIDS care. Personal knowledge of HIV status is a priority intervention in the Kenya 5 Year Strategy, and increasing access to CT services continues to be a high priority for the Emergency Plan in Kenya. During FY 2008 CDC will continue to work with government of Kenya and non-governmental partners to promote CT in both clinical and non clinical settings including STI clinics, TB clinics, medical and pediatric wards, antenatal clinics as well as integrated, stand alone and mobile VCT sites. In FY 2008 there will be an effort to encourage the government and other partners to implement home based VCT, especially in high prevalence regions, as this will lead to the identification of many patients who would benefit from care and treatment. The CDC Kenya's multidisciplinary CT team will continue to provide technical guidance for these activities. This technical support involves consolidating and disseminating the most up-to-date technical information relating to CT, working with the government of Kenya to ensure that policies relating to CT are appropriate and technically sound and monitoring CT activities of local partners to ensure adherence to national and international standards. Technical activities of the CT team also involves collecting and analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved. The CDC CT team has three technical staff and one program assistant working in CT on full-time basis in CDC's Nairobi office. The technical staff includes a medical officer with expertise in both VCT and CT in medical settings, a counselor who works directly with the counseling staff of implementing partners and a mobile VCT coordinator who works with local partners to deliver mobile VCT services. In addition to these, there is a new technical advisor position to provide technical guidance to VCT and CT partners in Nyanza province, the part of Kenya with the highest HIV prevalence and the principal geographic focus area for CDC Kenya. The program assistant is engaged in a variety of tasks to support the technical team, such as reviewing and assembling training curricula and other technical materials, organizing training programs, and other duties to support the technical work of the CT staff. This team will be supported by seven locally employed regular drivers whose work is devoted to supporting CT activities. Four drivers will drive mobile VCT trucks operated by CDC to address CT needs of remote Kenyan communities; these vehicles have been purchased with Emergency Plan funds in previous fiscal years. The other drivers will enable the technical staff to conduct regular field visits and technical supervision. The total proposed CT management budget for FY 2008 is US\$ 700,000.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18039

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18039	18039.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7024	4076.08		\$25,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 210.09	Mechanism: N/A
Prime Partner: Kenya Medical Research Institute	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 4087.20638.09	Planned Funds: \$2,400,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + The KEMRI Home Based Counseling and Testing activity will expand its geographic area to include Kibera
- + All references to Diagnostic Testing and Counseling have been changed to Provider Initiated Testing and Counseling in an attempt to offer HIV testing routinely to everyone that enters a health facility or hospital in Nyanza.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + The target population has been expanded to include a special emphasis on couples and family members
- + In FY 2007 KEMRI received supplementary funds for the expansion of HIV counseling and testing services in Nyanza province. With these additional resources KEMRI was able to establish a home based HIV counseling and testing program in the underserved and very high-prevalence areas of Asembo, Gem and Karemo. These enabled KEMRI to reach an additional 70,000 people with HIV counseling and testing services. Funds were used to employ additional personnel, especially VCT counselors, as well as data personnel. It was also used to improve logistics such as transport for outreach personnel, and for the procurement of essential commodities. A small component was used for community mobilization at various levels, including mass media and employment of community mobilizers.
- + In FY 2008, these activities will be consolidated and expanded. KEMRI will also support couple counseling and testing services country-wide. For this to succeed, KEMRI will work closely with Partners in Prevention, which has four satellite centers in Kisumu, Eldoret, Nairobi and Thika. These four sites will be used as the nuclei for the rapid expansion of couple counseling and testing in the country. These centers will support training, mentorship, supervision and development of materials for couple counseling and testing.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in AB, OP, ART, PMTCT, TB/HIV, and Lab.

2. ACTIVITY DESCRIPTION

In FY09 Kenya Medical Research Institute (KEMRI) will strengthen and expand HIV counseling and testing (CT) services in Nyanza province, the region with the highest prevalence in the country. CT services in Nyanza include both client and provider initiated CT approaches, and is provided both in health facilities and in the community. In FY 2009, KEMRI will put more resources into provider-initiated, couple and home-based CT. In provider-initiated CT, KEMRI will support dissemination of policies and guidelines, training and supervision. In the same FY 2009 KEMRI will expand the implementation of home based CT in Asembo, Gem and Karemo, as part of a comprehensive community HIV/AIDS program. Other components of the home based counseling and testing program will be PMTCT, ART, Lab and TB-HIV. Proper implementation of the home-based CT program in Nyanza will lead to many previously undiagnosed people knowing their status and being referred to care and treatment. It will also support community and client education about HIV/AIDS. Special efforts will be made to promote couples VCT and to provide prevention services for discordant couples. In FY 2009, KEMRI will provide CT services to at least 240,000 people in the region. In order to achieve this, they will train 400 counselors and health workers. Most of these will be deployed to the home-based CT program. Currently there are 12 health facilities that provide PITC in both out-patient and in-patient services in the whole of Nyanza. In FY 2009, this service will be expanded to cover 120 sites in the province. In FY 2009, KEMRI will also facilitate quality assurance for both counseling and testing.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CT in this high prevalence area will result in identification of many previously undiagnosed HIV positive individuals and discordant couples who will benefit from prevention, care and treatment that have been made available through the President's Emergency Fund. This partner is expected to contribute 7% the total USG target for CT during FY 2009. These planned activities will contribute to the result of increased access to CT services, particularly among underserved and high risk populations. In health care settings, increased availability of diagnostic CT services will lead to identification of many HIV infected patients who are eligible for ART. The activity also contributes substantively to Kenya's 5-Year Strategy that focuses on encouraging Kenyans to learn their status and emphasizes HIV testing as standard package of care in medical settings. The strategy also emphasizes the development of strong links between CT services and care outlets and also between the community and the health care system.

4. LINKS TO OTHER ACTIVITIES

KEMRI CT activities in Nyanza province and neighboring areas will refer increased number of HIV positive patients requiring care to the Emergency fund supported Comprehensive care centers in the three districts of Kisumu, Bondo and Siaya. Strengthened linkages between CT centers and care outlets will improve utilization of care opportunities created through the President's Emergency Fund and other partners. This activity is linked to KEMRI AB activity, KEMRI-ART activity, KEMRI PMTCT activity, KEMRI TB/HIV activity and KEMRI OP activity. This activity is also linked to KEMRI Lab activity.

5. POPULATIONS BEING TARGETED

This activity will mainly target rural communities in the project site, working together with community and religious leaders in each community. In this area, the whole population will be targeted, including adults, youth and children (including infants). The activity will also target symptomatic individuals seeking care at health facilities especially in medical wards, STI clinics, TB clinics and other service outlets targeting conditions that are commonly associated with HIV. In addition, health care providers in both public and private medical settings will be trained to provide CT services to patients as part of routine medical care.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity through family approach to CT, during the home based CT program. The low CT service uptake by couples and low disclosure rate by partners will be addressed through vigorous campaigns to educate people of Nyanza on the benefits of couple VCT and mutual disclosure of HIV status. The much increased availability of CT services in clinical and community settings will help to reduce stigma and discrimination besides addressing people's right to access the highest standards of CT

Activity Narrative: and care services.

7. EMPHASIS AREAS

In FY 2009 KEMRI will implement home based CT. Major Emphasis areas for this activity are in the area of training. In addition, part of the implementation of this activity will involve a minor emphasis on targeted evaluation activities. But for this to succeed there will be need for other emphasis to be in the areas of human resource development, community mobilization and development of network/linkages. In some instances, there may be need for infrastructural support to facilitate referral. Apart from the home based CT program KEMRI will continue to provide oversight technical support to CT activities in the entire Nyanza region, for quality assurance and quality improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14880

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14880	4087.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$3,300,000
6941	4087.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$2,260,000
4087	4087.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$400,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3478.09

Mechanism: ACCESS

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 4155.20599.09

Planned Funds: \$900,000

Activity System ID: 20599

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + geographic coverage has been revised and expanded to include Eastern, North Eastern, and Nairobi and Central provinces
- + to provide Provider Initiated Counseling and Testing.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in TB/HIV care activities, HIV/AIDS treatment services, abstinence and be faithful, OVC, HBHC, other prevention and PMCT.

2. ACTIVITY DESCRIPTION

Since 2005, ACCESS has provided critical support to NASCOP to introduce quality Diagnostic Testing and Counseling (DTC) and later Provider-Initiated Testing and Counseling (PITC) to meet the Government of Kenya's priority of expanding access to testing and counseling services through the health system. As part of this support, state-of-the-art materials in HIV testing and counseling have been developed and disseminated, 95 trainers have been developed at central and provincial levels, and over 400 service providers trained on PITC.

ACCESS will build on the successes and lessons learned from FY 2005, FY 2006 and FY 2007 activities to continue to promote the availability and delivery of high quality HTC services in public Ministry of Health (MoH) facilities and communities. In FY 2007, ACCESS is supporting the National AIDS and STI Control Program (NASCOP) to develop new and harmonized HIV testing and counseling guidelines, which includes client-initiated counseling and testing, provider-initiated testing and counseling, home-based testing and self testing. Over the next two years, ACCESS will disseminate these guidelines, develop an orientation package to build skills in testing and counseling in clinical and home settings. Working with the APHIA provincial partners, selected districts/facilities will be supported to demonstrate the provision of high quality PITC services and effective referral linkages with HIV-related services such comprehensive HIV care centres (CCC), psychosocial support services, legal and other services available in the community.

In subsequent years, ACCESS will support efforts in expanding counseling in care for HIV clients and other emerging priorities in the area of HTC. Currently, most of the testing and counseling services have focused on identification of HIV-infected persons, an essential component in HIV prevention, care, and treatment. As more people are identified and brought to care, there is need to build/strengthen the capacity of health providers to offer continued counseling for infected persons (counseling in care). Counseling in care addresses the continued support needs of people living with HIV such as psychosocial support, gender issues, adherence to therapy, child counseling, and couple counseling. The ACCESS steps to building sustainable training capacity and its comprehensive approach to training will be the foundation in each priority area.

Activities include

- Dissemination of HTC guidelines
- Develop/adapt training materials including orientation packages and job aids for clinical, home and self testing
- Development of HTC trainers at provincial level
- Development of supervisors and mentors at provincial level
- Training/orientation of service providers at selected districts
- Orientation of service providers through the cascade / echo approach
- Implement SBM-R approach for quality improvement for HTC
- Assist APHIA II partners to implement the training and orientation of service providers

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2008 Emergency Plan result for increased availability of diagnostic counseling and testing through training of health workers. It will enable service providers to identify the large numbers of HIV infected patients who are potential candidates for ART. This activity will increase access to prevention and treatment services particularly among underserved and high risk populations. It also contributes to Kenya's 5-year strategy emphases of encouraging Kenyans to learn their status and developing strong links between counseling and testing and HIV services for those who are HIV positive and in need of health care.

4. LINKS TO OTHER ACTIVITIES

JHPIEGO/ACCESS activities are focused on trainings and are therefore linked to counseling and testing activities conducted by the APHIA II partners in counseling and testing in the different provinces: Coast, Rift Valley, Western, NEP, Eastern, Nairobi/Central, Nyanza. It is also related to NASCOP/MOH counseling and testing. This activity is also related to JHPIEGO/ACCESS activities in Injection safety.

5. POPULATIONS BEING TARGETED

This activity targets MOH staff including program managers in the NASCOP, public health care doctors and nurses, other health care workers including community health workers. 4,000 health care workers will be trained.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma associated with HIV status by increasing the availability of routine testing for diagnosis in medical settings.

7. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis in development of network/linkages/referral systems as detailed in the activity description in Section 1 above as well as minor emphasis on policy and guidelines.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14859

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14859	4155.08	U.S. Agency for International Development	JHPIEGO	6959	3478.08	ACCESS	\$800,000
6924	4155.07	U.S. Agency for International Development	JHPIEGO	4239	3478.07	ACCESS	\$500,000
4155	4155.06	U.S. Agency for International Development	JHPIEGO	3478	3478.06	ACCESS	\$500,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 375.09

Prime Partner: Hope Worldwide

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4786.20486.09

Activity System ID: 20486

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$600,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

The only changes to the program since approval in the 2007 COP are:

- + Geographic coverage has been expanded to include the entire transport corridor from the coastal town of Mombasa to Busia near the border with Uganda. HWWK provides mobile VCT services to these populations including Moonlight VCT. This expansion includes opening up of new sites in the vicinity of the northern corridor, such as in Eldoret and in Makindu.
- + The target population has been expanded to include people living in the informal settlements, especially in parts of Rift Valley. Moonlight VCT services target female sex workers and their clients along the highway, matatu drivers and turn-boys and communities that are adjacent to the highway "hot spots".
- + HWWK will make a concerted effort in FY 08 to meet the needs of the communities surrounding fixed VCT centers by offering home-based CT services to these communities. They will continue providing other prevention and care services such as Family Planning integration, STI treatment services, prevention with positives and counselor-assisted disclosure.

1. LIST IF RELATED ACTIVITIES

This activity relates to activities with Hope Worldwide AB program and ANCHOR/Hope Worldwide OVC program.

2. ACTIVITY DESCRIPTION

In FY08 Hope Worldwide Kenya (HWW) will continue to provide youth-friendly CT services in Nairobi and Makeni as part of its comprehensive HIV prevention program for the youth. In addition HWW will promote the uptake of VCT services in high-risk sites along the busy Nairobi-Mombasa highway especially targeting Female Sex Workers (FSW) and long distance truck drivers. HWW is a faith-based charity founded in 1991 by the International Churches of Christ. In the year 2004, HWW was awarded a CDC cooperative agreement to scale up its youth targeted interventions. Its programs are designed to provide medical treatment, poverty relief and to restore hope among those who struggle as a result of disease, poverty or abandonment. In FY06 HWW implemented innovative CT approaches in Kenya. These included Youth Friendly VCT, Mobile VCT and Moonlight VCT. The Moonlight VCT program received international acclaim in FY06. The program mainly serves the long distance truck drivers and female sex workers (FSW) at truck stops along the main highway in Kenya. The general population living near the truck stops is also able to access VCT services through this program. During Moonlight VCT, HWW also provides STI treatment as an additional service and as an entry point to comprehensive care. In order to increase accessibility of CT, Moonlight VCT services are provided in a Mobile VCT van between 6pm and 2am by 4 counselors and 1 nurse. Providing services at night is more expensive per person served but is an innovative and creative approach worthy of support; additional funds are needed to support this outreach. HWW also operates 5 youth friendly VCT sites in Nairobi and Makeni. In FY 2008, these programs will be expanded to 10 service centers. Mobile and Moonlight VCT services will continue to be scaled up through partnership with Truckers Associations, bar owners, companies producing alcohol, and advertising companies. Outreach services to remote areas will be coordinated from the fixed VCT sites. HWW will also implement peer education programs for FSW and Truckers, work with communities to discourage commercial sex work and increase condom. Youth outreach programs will be scaled up through partnership with youth organizations, schools and churches. The youth friendly sites will train peer educators and will also provide outreach HIV/AIDS education with a focus on CT to neighboring schools. In FY 2008, HWW expects to train an additional 50 counselors and increase the number of individuals provided with CT to 50,000. Moonlight VCT activities are expected to provide CT to an additional 5,000 high risk and difficult to reach individuals along the truck stops.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The CT activities supported by HWW will result in improved access to CT for a highly vulnerable group of young people as well as high-risk individuals including FSW and Truck drivers along the Nairobi- Mombasa highway. These activities constitute a modest contribution to the overall 2008 Emergency Plan CT targets for Kenya. Consistent with the mandates of the Five-Year Strategy, this activity improves equity in access to HIV services, focuses on youth, FSW and truckers as priority areas, encourages Kenyans to learn their serostatus, and improves linkages between CT and care services.

4. LINKS TO OTHER ACTIVITIES

HWW CT activities in Nairobi slums, Makindu and Kibwezi are closely linked to Hope Worldwide AB and OVC activities which are an integral part in the youth CT program initiative. CT and AB interventions and related trainings will be provided regularly in these programs.

5. POPULATIONS BEING TARGETED

This activity targets the youth, especially young women. It especially targets the high risk populations including long distance truck drivers and FSW along Nairobi-Mombasa highway. HWW recognizes the importance of involving and soliciting the input of significant community leaders as a strategy for creating community awareness of CT services, which are also promoted through education outreach efforts in primary and secondary schools.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase equity in programming through the dissemination of counseling messages aimed at vulnerable young people, FSW and long distance truckers. The increased availability of CT services for these vulnerable and high-risk groups will help normalize HIV testing among them, reduce stigma and discrimination, and promote further uptake of associated services. The youth friendly VCT sites will also provide unique opportunities for entertainment and education of youth on reproductive health issues.

7. EMPHASIS AREAS

This activity includes major emphasis on community mobilization for Mobile and Moonlight VCT services. The targeted groups are FSW, Truckers and rural communities in difficult to reach areas. Another area of emphasis is the human resources that will provide integrated prevention and care services. The focus will be on engaging and retaining service providers capable of providing high quality VCT services. Linkages

Activity Narrative: with other outlets that provide additional services to these target groups will also be strengthened. Another minor emphasis will be in the area of training to ensure on-going training in areas of CT as well as training new CT counselors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14819

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14819	4786.08	HHS/Centers for Disease Control & Prevention	Hope Worldwide	6950	375.08		\$600,000
6894	4786.07	HHS/Centers for Disease Control & Prevention	Hope Worldwide	4228	375.07		\$350,000
4786	4786.06	HHS/Centers for Disease Control & Prevention	Hope Worldwide	3240	375.06		\$300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 521.09

Prime Partner: Indiana University

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8758.20503.09

Activity System ID: 20503

Mechanism: USAID-AMPATH Partnership

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$700,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Target population will be expanded to include testing for OVC
- + HBCT services will be provided in AMPATH Area in Rift Valley.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in PMTCT, Palliative Care: Basic Health Care, TB/HIV and ARV.

2. ACTIVITY DESCRIPTION

In 2009 this activity will provide counseling and testing services to 250,000 individuals through 18 outlets and train 300 providers in PITC, VCT and HBCT. PITC programs will be expanded. For those clients that will be diagnosed with HIV, appropriate referrals are planned for the management of opportunistic infections and HIV/AIDS treatment using the existing AMPATH network of HIV care and treatment sites.

In 2009, this activity will provide counseling and testing services to 250,000 people through the broadened entry points which include the clinical care settings through the provider initiated testing (PIT) and the traditional VCT sites, both integrated and free standing. The MOH already has an approved HIV testing serial testing protocol using whole blood and simple rapid tests. Previous efforts concentrated on diagnostic testing mainly of patients who had clinical indications of AIDS. This time, all clients visiting health facilities for different services will be given an opportunity to know their HIV status as a routine test in the package of care. This will be strengthened further through routine counseling and testing of TB and STI patients. Also previous efforts concentrated on integrating HIV testing in level III and IV health care facilities. This will be scaled up to the lower level health facilities especially in Districts where CC-ART sites have been decentralized.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to increased access to CT services, particularly among underserved and high risk populations and result in increased availability of diagnostic counseling and testing services in medical settings to identify the large numbers of HIV infected patients who are potential candidates for ART.

4. LINKS TO OTHER ACTIVITIES

The CT activities of the AMPATH in the Rift Valley region relate to AMPATH's Palliative Care activities, ARV services, PMTCT and TB/HIV services.

5. POPULATIONS BEING TARGETED

This activity targets the general population, adults of reproductive health age, pregnant women, high risk children family planning clients, University students, infants, and HIV positive pregnant women. Behavior Change and Communication (BCC) activities will involve community leaders and community based organizations to increase demand for services amongst community members. Strategies to improve quality of services will target health care providers in public health and private facilities including lay counselors, nurses, mid wives and other health care workers such as clinical officers and public health officers. This activity will also target most at risk populations like commercial sex worker, discordant couples and street youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

It is envisaged that increased availability of Counseling and Testing services will help reduce stigma and discrimination at community and facility level.

7. EMPHASIS AREAS

The major emphasis for this activity is in home-based counseling and testing, quality assurance and supportive supervision. This activity supports the development and implementation quality assurance and supportive supervision for CT counselors. Other minor emphasis areas in this activity will be in the support of training of additional counselors especially targeting testing in community and clinical settings. The activity will also work with the MOH in the program area to strengthen their capacity to implement programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14831

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14831	8758.08	U.S. Agency for International Development	Indiana University	6953	521.08	USAID-AMPATH Partnership	\$700,000
8758	8758.07	U.S. Agency for International Development	Indiana University School of Medicine	4230	521.07		\$200,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 692.09

Prime Partner: Impact Research and
Development Organization

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8751.20493.09

Activity System ID: 20493

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prevention messages and programs will be integrated with the home based HIV counseling and testing program to ensure that discordant couples and adult men and women above the age of 50 are targeted.
- + The HBCT program geographic coverage will be expanded to include the larger Kisumu East District
- + Voluntary Medical Male Circumcision key messages will also be discussed in all CT activities as part of their integrated approach to prevention.
- + All MC activities described in the FY08 narrative are now incorporated in their own narratives in the FY09 under MC.

COP 2008

The only other changes to the program since approval in the 2007 COP are:

- + In FY 2008 IRDO will implement home-based HIV counseling and testing (HBCT) for urban slum dwellers in Kisumu city. This is an expansion of the CT activities from FY 07, which were mainly site-based. In FY 08, IRDO will establish a fully fledged HBCT program including a communication strategy. This will lead to a large increase in the number of people counseled and tested and accessing care and treatment with the support of IRDO.
- + They have also successfully implemented youth prevention programs that included counseling and testing. They will therefore use their experience and community structures to promote CT as a primary activity. IRDO will receive support in training of CT providers including supervisors. Since home based CT in urban slums is a new concept, this activity will be evaluated from time to time.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in AB and OP.

2. ACTIVITY DESCRIPTION

In FY 2009, Impact Research & Development Organization's (Impact Research) Tuungane project will provide HIV counseling and testing (CT) services to 50,000 individuals in Kisumu's slums and other underserved areas. This activity will respond to the high demand for counseling and testing created through Tuungane's behavior change activities targeting youth and at-risk populations. Tuungane will work through the 20 youth-friendly satellite centers in 5 major slums of Kisumu, in Nyanza Province and a central referral and coordination center. They will train at least 200 counselors to support their fixed, mobile and Home Based CT services. Tuungane has made remarkable strides in targeting hard to reach and underserved populations such as adolescent girls and young mothers through targeted activities. Other high risk subpopulations to be targeted include bodaboda and matatu operators, street youth, out of school youth, partners and clients of sex workers, bar workers and discordant couples. Most importantly, Tuungane will implement a prevention-with-positives program, working with PLWHAs. Additionally, Tuungane will support couples counseling and disclosure. Communities will be educated on couple discordance and the importance of couples knowing their HIV status together. Tuungane will also incorporate CT into their community outreach activities. Tuungane will also introduce diagnostic HIV testing and counseling (DTC) at its clinic at the Tuungane central youth facility where STI treatment is provided. Nurses and clinical officers currently working in the clinic will be trained and supported to provide DTC. Tuungane will continue providing youth-friendly services and addressing barriers that hinder access to counseling and testing. A coupon referral system and free boda boda transportation will ensure that transportation costs do not hinder people from seeking services. Through its linkage with USCF's FACES project, Tuungane will ensure access to care and treatment, including ART for positive people identified through the project. This far, Tuungane has demonstrated a remarkable strength in implementing intensive and quality interventions in the community and has useful lessons which will be scaled up to the underserved and highly vulnerable population of Suba district in Nyanza. Tuungane will work with high-risk groups in a site in Suba including the beach community to provide counseling and testing services, alongside its behavioral interventions of condoms and other prevention services. This project will actively involve existing youth community groups to enable it make rapid scale up of services. Service delivery will be improved through mobile integrated services including provision of free counseling services for youth and high-risk groups and referrals for free STI treatment.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The Tuungane's CT program will contribute not only to the overall CT portfolio in Kenya, but will also target a special and vulnerable population. They will target the youth, especially young girls in a slum area in Kisumu town. Kisumu town is in Nyanza region, which has the highest HIV prevalence in Kenya. They will also work in the beaches of Suba district, which is also a high risk population. Through this work Tuungane will help implement operational models which can be replicated elsewhere in Kenya with vulnerable populations. Thus Tuungane's contribution is very strategic and should help with future PEPFAR programming.

4. LINKS TO OTHER ACTIVITIES

In the past Tuungane has implemented several prevention activities. These will be linked to the CT activity. Some of these programs include; AB, OP and STI treatment. HIV-infected persons identified through this program will be linked to Care and Treatment activities.

5. POPULATION BEING TARGETED

The activity will mainly target both the street and out-of-school youth, both male and female. It will also target discordant couples in stable relationships, who will benefit from couple counseling support. It will also target commercial sex workers and some migrant workers among the beach population in Suba.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The activity will mainly address gender equity concerns as well as stigma and discrimination issues. By focusing on young people, especially girls, Tuungane will strengthen gender equity and facilitate women's access to HIV/AIDS services.

7. EMPHASIS AREA

Tuungane's CT program will focus mainly on community mobilization and participation. To a lesser extent

Activity Narrative: they will focus on human resource and training to support the continuity of the program. Service Delivery in Facilities and through Mobile approaches: In collaboration with the MOH, the Nyanza Circumcision Consortium, through IRDO, will work on targeted roll-out of MC services in Nyanza. Service delivery capacity-building will be rolled out in district hospitals and some private facilities where providers have been trained and where other USG PEPFAR partners, including KEMRI, are currently working. In addition to training, support will be provided for non-consumable commodities (i.e. autoclaves, instrument packs, surgical lamps, etc...) personnel and other infrastructure that will be necessary for MC service provision. Service roll-out will initially target areas with high existing demand for MC services and will be integrated into discordant couples' services for discordant male partners of women in care and treatment programs. Mobile service provision will be provided by mobile teams consisting of approximately five people (including 1 clinical officer, 1 VCT counselor, 1 surgical nurse, 1 sterilizer/cleaner and 1 driver) targeting high risk groups, such as uniformed services personnel and truck drivers, and areas of very high HIV prevalence. For example, mobile services will be provided in Suba District, Kenya's highest HIV prevalence district, to complement the current door-to-door VCT program that PEPFAR is supporting there. In addition, services will be provided within areas such as the Demographic Surveillance Study area where operational evaluation can be conducted and in other areas where PEPFAR services exist. A critical component of this activity will be the provision of VCT services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14824

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14824	8751.08	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	6952	692.08		\$500,000
8751	8751.07	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	4229	692.07		\$260,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 305.09	Mechanism: N/A
Prime Partner: International Rescue Committee	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14

Activity ID: 4774.20521.09

Planned Funds: \$200,000

Activity System ID: 20521

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + In FY 2008 IRC will expand their support for CT beyond the refugee camp. They will support PITC training for all health facilities in the Kakuma and Lokichoggio areas.
- + IRC will also implement other CT approaches such as Mobile CT and Home Based CT. Because of security concerns this can only be done within the refugee camp. Technical support will be provided by other PEPFAR funded partners who have adequate experience in HBCT. In this regard they will leverage resources from HIV prevention and care.

COP 2008

- + in FY 2008 IRC will expand their support for CT beyond the refugee camp. They will support PITC training for all health facilities in the Kakuma and Lokichoggio areas.
- + IRC will also implement other CT approaches such as Mobile CT and Home Based CT. Because of security concerns this can only be done within the refugee camp. Technical support will be provided by other PEPFAR funded partners who have adequate experience in HBCT. In this regard they will leverage resources from HIV prevention and care.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in AB, HBHC, ART, OP, and PMCT.

2. ACTIVITY DESCRIPTION

With support from CDC, International Rescue Committee (IRC) has implemented HIV counseling and testing (CT) and other HIV/AIDS intervention programs for refugees at Kakuma Camp and neighboring communities in Turkana District in Northwestern Kenya since 2001. The CT component of the IRC program in Turkana is implemented at four outlets whose capacities will be expanded to provide CT more people during FY 08. During this period, 150 additional counselors and health workers will be trained and deployed at these sites and there will be a shift of focus towards providing CT within medical settings as part of clinical care. Through these efforts, IRC will provide CT to 10,000 people during FY 2008 HIV positive individuals identified in this CT program will be referred to care and treatment outlets operated in the same geographical area by IRC through support from the President's Emergency fund. CT services target the local community, comprised primarily of the nomadic Turkana tribe, humanitarian aid workers, refugees, fishermen from Lake Turkana, commercial sex workers, and the youth. With the signing of the peace agreement in Sudan and the expectation of eventual returning home of the Sudanese refugees, significant emphasis is given to building the capacity of Sudanese nationals, to enable them to initiate similar programs when they return home. Founded in 1933, the IRC is a leading non-sectarian, voluntary organization providing relief, protection and re-settlement services for refugees and victims of oppression or violent conflict. IRC is committed to promoting freedom, human dignity and self-reliance. This commitment is reflected in well-planned resettlement assistance, global emergency relief, rehabilitation and advocacy for refugees in 33 countries around the world. IRC has been operational in Kenya since 1992, focusing initially on health outreach activities in Kakuma Refugee Camp. Since 1997, IRC has been the sole implementing partner for the health activities in Kakuma, under the operational umbrella of UNHCR. With additional support from CDC, IRC started an HIV/AIDS prevention and care program in Kakuma in September 2001, in Lokichoggio in February 2004, and in Kalokol in July 2005. Remote and arid, Turkana district covers a vast area where government infrastructure and social services are weak and poverty is high. The Local people are mainly nomadic pastoralists, but the weather is harsh and rainfall unpredictable. This poverty situation is worsened by insecurity and cattle rustling. The total population in the target area is 271,000 people, of whom 91,000 are refugees. Currently there are an estimated 16,000 HIV infected individuals in Turkana, with less than one percent receiving any form of care. IRC is one of the few agencies working to meet these needs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CT activities implemented by IRC in this geographical area will result in CT for 10,000 people who will be served in varied settings, including health facilities and stand-alone CT outlets. IRC activities will also result in the training of 150 additional CT service providers. IRC's activities will contribute 2% of the overall USG CT target for Kenya in FY 2007. However this activity will also contribute to Kenya's Five-Year Strategy which encourages Kenyans to learn their status and supports development of strong links between CT care service provision for those who are HIV positive and in need of health care.

4. LINKS TO OTHER ACTIVITIES

IRC CT activities in Kakuma are part of a comprehensive program and will be linked to other services the IRC will offer in AB, OP, PMTCT, HBHC and ART activities in Kalokol and Lokichoggio. These services will be provided through IRC's partner, the African Inland Church. AIC is well-positioned to identify and implement strategies for linkage in these two locations.

5. POPULATIONS BEING TARGETED

This activity targets the highly underserved populations in the Turkana District of Northern Kenya. Specific groups targeted for CT activities include the nomadic/pastoralist local community, fishermen, truck drivers, refugees, relief workers and commercial sex workers. These nomadic populations and the commercial sex workers are particularly at risk for HIV infection. Relief workers who often live apart from their families while serving among refugees are also at increased risk of infection. In providing HIV services to refugees, efforts will focus on identifying opinion leaders in the refugee community who will encourage the refugee community to utilize available services.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is under the "other" category for refugees and other nomadic, underserved groups. Legislative issues regarding gender equity and reducing discrimination will also be addressed through advocacy and health outreach.

7. EMPHASIS AREAS This activity includes major emphasis on human resources and minor emphasis on infrastructure, quality assurance, community mobilization and training as detailed in the activity description above. The factors that increase project costs include insecurity, isolation, distance between inhabited

Activity Narrative: areas, poor infrastructure, difficulty in recruiting and retaining qualified staff, and the higher staff salaries needed to compensate for the hardship in this location. Project costs reflect the current lack of local capacity and need to provide trainings and other capacity building support to partners in the district.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14845

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14845	4774.08	HHS/Centers for Disease Control & Prevention	International Rescue Committee	6956	305.08		\$200,000
6912	4774.07	HHS/Centers for Disease Control & Prevention	International Rescue Committee	4235	305.07		\$200,000
4774	4774.06	HHS/Centers for Disease Control & Prevention	International Rescue Committee	3225	305.06		\$200,000

Emphasis Areas

Gender

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

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 662.09

Mechanism: N/A

Prime Partner: International Medical Corps

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 4772.20514.09

Planned Funds: \$900,000

Activity System ID: 20514

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

COP 2008

The only changes to the program since approval in the 2007 COP are:

+ Geographic coverage has been expanded to include Migori district in Nyanza province. They will provide the same services in Migori as in Suba. The same level of care and treatment services in Suba will also be available in Migori, provided by UCSF which is the same PEPFAR funded agency for Suba. The good partnership between IMC and UCSF (FACES) in Suba will therefore be extended to Migori.

+ The home based CT has been well received in Suba (with acceptance rates of over 90%), hence the expansion to Migori. However, in order to strengthen referral to care and treatment, IMC in FY 2008 will continue to support establishment of community based support groups for people living with HIV/AIDS. IMC will also carry out follow up visits, especially to the homes with HIV positive people. During this second visit, they will take evaluate the impact of the intervention using different methodologies. Where necessary, acceptable and logistically feasible, blood will be taken for CD4 testing at Suba district hospital. IMC will also continue supporting Male Circumcision through its community level networks.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in PMTCT and TB/HIV.

2. ACTIVITY DESCRIPTION

In FY 2009, International Medical Corps (IMC) will continue to work in Suba, promoting uptake of Counseling and Testing (CT) in medical facilities, fixed and outreach VCT outlets and through door-to-door testing in both Suba and Migori districts. Door-to-door HIV testing was first piloted in Suba by IMC in FY 2006, because Suba had the highest HIV prevalence in Kenya. A door-to-door approach will identify large numbers of previously undiagnosed individuals who will benefit from the rapidly emerging care opportunities and will also increase couples counseling and testing and facilitate the identification of discordant couples. Thus, the initiative will contribute towards realization of Kenya's national prevention, care, and treatment targets. Through these multiple approaches for VCT, IMC will provide CT services to 80,000 individuals, with at least 15,000 of them being referred for care and treatment. An estimated 3,000 discordant couples will also be identified and counseled. Core activities will include establishment of 40 additional CT sites in health facilities, provision of mobile VCT, door-to-door CT, strengthening the networks for referral of those testing HIV positive to care. Support to the ten existing VCT sites operating in collaboration with local community based organizations (CBO) will also continue. Periodic Mobile VCT to selected underserved areas of the district will be provided as part of integrated outreach package coordinated jointly with Ministry of Health and CDC/KEMRI GAP program for Nyanza. Service elements during such integrated outreach activities will include CT, TB screening and referral, Prevention with positives interventions, PMTCT and immunization. 80 new CT service providers will be trained to meet personnel requirements for new CT sites and expansion of service through door-to-door testing. These activities will result in increased CT access and better linkage of HIV positive persons to care. In FY 2008 IMC will strengthen its network with the local CBOs to educate the community in Suba and Migori on the benefits of CT for prevention and care. In the two districts stigma and fear remain major barriers to uptake of CT and utilization of available HIV/AIDS care services. In order to address this challenge, IMC will work with the Ministry of Health and other partners to institutionalize HIV testing as part of diagnostic work up of patients and to strengthen referral linkages between door-to-door CT and care services. IMC will also strengthen compliance with national guidelines for CT services, quality assurance and data management at all points of services delivery including home settings. IMC will also work with local leaders, the religious community and the local media to promote education and dissemination of information.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

IMC's CT work in Suba and Migori, is appropriately targeted towards identifying large numbers of HIV infected individuals who are potential beneficiaries of the prevention, care and treatment opportunities created through President's Emergency Fund. The planned CT service output of 90,000 for FY 2008 represents a significant increase from FY 2006 target. At national level, it represents only a modest contribution to the overall 2008 Emergency Plan CT targets for Kenya, but is highly relevant since it targets a population with the highest HIV prevalence in the country. Planned mobile and door-to-door VCT will improve equity in access to essential HIV/AIDS services and will help normalize HIV testing in this high prevalence district. Linkages initiated with FY 2007 funds between CT services and care will be strengthened to ensure achievement of Emergency plan targets.

4. LINKS TO OTHER ACTIVITIES

The IMC CT activities in Suba District relate to IMC activities in PMTCT and TB/HIV activities and collectively constitute an effective comprehensive response to HIV/AIDS epidemic in this area.

5. POPULATIONS BEING TARGETED

This activity targets a district with the highest HIV burden in Kenya and where practices that encourage HIV spread such as widow inheritance and premarital sex are common. The district in focus is one where HIV/AIDS services are not readily available to the entire population, partly because of the geography of the area. For example a large part of the district is covered by the water of Lake Victoria, and therefore access is by boat. In FY 2008 the main focus of IMC's effort in Suba will be door-to-door CT. This activity targets the entire population and will be done in phases. The first phase was started in FY 2006, and the acceleration phase was in FY 2007. The essence of this community-based CT work is to educate the entire population in the district, with the family as the focus. By educating the entire family, IMC will be achieving several strategic prevention, care and treatment objectives, the main ones being stigma reduction and family support for people in care and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will reduce gender based disparities in the provision of HIV/AIDS services. Part of this will be done through the promotion of couple counseling and disclosure. Analysis of VCT client data at existing IMC sites indicates a low service uptake by couples and low disclosure rate amongst sex partners. The much increased availability of CT services through door-to-door testing, Mobile VCT and in health facilities

Activity Narrative: will help to reduce gender disparities in access to CT and reduce stigma.

7. EMPHASIS AREAS

The planned activities will require a major emphasis on human resources for successful implementation since the target district has a severe shortage of service providers both in public and private. Resources to expand human resource capacity to provide other essential HIV/AIDS services are also lacking. IMC will therefore dedicate considerable efforts and funds during FY 2007 towards addressing human resource deficit for its planned activities. Innovative approaches that increase access to CT within home settings and within medical facilities in this area will be implemented. Minor emphasis will be on infrastructure, training of service providers and enhancing linkages to care services outlets to match increased identification of HIV positive individuals that will result from improved CT uptake in the district. Another minor emphasis will be in the area of community mobilization. Part of the Kenya's MC roll-out strategy will be to build on existing PEPFAR activities. IMC is currently implementing door-to-door testing in Suba District, Kenya's highest prevalence district. Plus-up funding will be used to expand IMC's VCT work to target those who may be eligible for MC services. IMC will develop and incorporate communication messages in their VCT package about MC, together with referral information for facility and mobile service delivery which will also be provided in Suba District with Plus-up support through IRDO. The MC mobile service provision will be provided by mobile teams consisting of approximately five people (including 1 clinical officer, 1 VCT counselor, 1 surgical nurse, 1 sterilizer/cleaner and 1 driver). These mobile teams will be coordinated with IMC's HBVCT and mobilization efforts.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14839

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14839	4772.08	HHS/Centers for Disease Control & Prevention	International Medical Corps	6955	662.08		\$1,200,000
6907	4772.07	HHS/Centers for Disease Control & Prevention	International Medical Corps	4234	662.07		\$1,150,000
4772	4772.06	HHS/Centers for Disease Control & Prevention	International Medical Corps	3256	662.06		\$380,500

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 443.09

Mechanism: N/A

Prime Partner: Institute of Tropical Medicine

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8746.20509.09

Planned Funds: \$100,000

Activity System ID: 20509

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in AB and OP.

2. ACTIVITY DESCRIPTION

The Institute of Tropical Medicine (ITM) has a long international history of operational research on HIV in Africa including Kenya. In previous years, they have received Emergency Plan funds, through CDC, for the implementation of AB and OP activities in Nyanza Province, the region that has the highest HIV prevalence in Kenya. The main strength of ITM has been their work with youth in HIV prevention and evaluation. In FY 2009 they will continue to work with youth to support HIV in prevention, but they will also carry out specific CT activities in the same region. This includes expanding the scope of the two stand-alone VCT sites and facilitating mobile and outreach VCT services in areas where VCT services are not available. Mobile VCT will be provided in markets, beaches, near schools and during community events. Mobile VCT will be preceded with extensive community mobilization and awareness creation. In the past, ITM has facilitated the establishment of support groups for HIV positive youth. In FY 2009 these established groups will be used to disseminate information about CT in the community. This will improve uptake of CT services as well as reduce HIV-related stigma in the area. All these efforts should lead to at least 10,000 being counseled and tested for HIV. This will require an additional 10 counselors to be trained, both for the 10 stand-alone and the mobile VCT services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

As stated above, Nyanza province has the highest HIV prevalence in Kenya. The Kenya Demographic and Health Survey of 2003 showed that majority of the HIV positive Kenyans (including those in Nyanza) do not know their HIV status. Despite the relatively small numbers of people projected to receive CT services in FY 09, by working with the youth, ITM will be working towards achievement of national CT targets. They will also be working towards the realization of Kenya's five-year strategy of preventing infections among the youth. But apart from this longer term contribution, ITM will promote greater access to comprehensive HIV/AIDS care, through increased knowledge of status.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to AB and OP activities implemented by the Institute of Tropical Medicine in Nyanza province. Personnel that carry out community mobilization can pool resources to maximize the benefit. Also, the OP and AB activities can be used to increase uptake of CT.

5. POPULATIONS BEING TARGETED

The primary population being targeted is rural youth, including both in-school and out-of-school youth. Ages of youth targeted range from 13 to the early 20's. In addition, their parents and community and religious leaders are targeted by the project.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including increasing young women's access to income and productive resources. The activity will also facilitate stigma reduction through community mobilization and through widespread CT activities.

7. EMPHASIS AREAS

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 14835

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14835	8746.08	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	6954	443.08		\$100,000
8746	8746.07	HHS/Centers for Disease Control & Prevention	Institute of Tropical Medicine	4232	443.07		\$60,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4913.09	Mechanism: APHIA II - Coast
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 8781.20473.09	Planned Funds: \$2,400,000
Activity System ID: 20473	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Geographic coverage has been revised and expanded to include additional districts in the Coast Province
- + Target population will be expanded to include testing for OVCs
- + APHIA II Coast will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door CT and testing of family members of the infected individuals receiving care and treatment within the facility and other outreaches like moonlight VCT as well as institutionalizing testing and counseling in health care settings. PITC services will be scaled up.
- + HBCT services will be provided in Mombasa town beginning in the slum areas and HBCT will be initiated in Kwale district.
- + This activity will also provide support at the provincial and district levels for the annual national HIV testing campaigns

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + geographic coverage has been revised and expanded to include additional districts in the Coast Province
- + target population will be expanded to include OVCs
- + APHIA II Coast will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in TB/HIV care activities, HIV/AIDS treatment services, abstinence and be faithful, OVC, HBHC, other prevention and PMCT.

2. ACTIVITY DESCRIPTION

In 2009, this activity will reach 250,000 individuals with Counseling and Testing services including PITC, VCT, and HBCT. 500 providers will be trained in counseling and testing according to national standards. In 2009, this activity will provide counseling and testing services to 250,000 people through the broadened entry points which include the clinical care settings through the provider initiated testing (PIT) and the traditional VCT sites, both integrated and free standing. The MOH already has an approved HIV testing serial testing protocol using whole blood and simple rapid tests. Previous efforts concentrated on diagnostic testing mainly of patients who had clinical indications of AIDS. This time, all clients visiting health facilities for different services will be given an opportunity to know their HIV status as a routine test in the package of care. This will be strengthened further through routine counseling and testing of TB and STI patients. Also previous efforts concentrated on integrating HIV testing in level III and IV health care facilities. This will be scaled up to the lower level health facilities especially in Districts where CC-ART sites have been decentralized. The coast region has already established counseling and testing services but some Districts have hard to reach populations. Outreach mobile teams will be facilitated to conduct CT services to these communities. Home/family based CT services will be initiated in Mombasa, Malindi and Kilifi who already have index clientele enrolled in care. This will require the recruitment, training or orientation of lay counselors to support this activity. Voluntary counseling and testing will be scaled up through community mobilization and outreach services for youth and adolescents in the region. This will be done in collaboration with National organization for Peer Educators (NOPE) who is one of the Strategic Partners to promote the culture of the need to know one's sero status among the youth. Building on NOPE's work with workplace HIV/AIDS programs, CT and testing will be integrated in workplace programs that already have HIV/AIDS policies and care and treatment programs so that there is an active linkages for those testing HIV positive. The broadening of entry points to counseling and testing will require that at least 150 service providers are trained in routine and diagnostic counseling and testing especially at lower levels of health care provision. The training will encompass aspects of care and treatment and the need for systematic referral. In addition, CT services will targeted to reach most at risk populations such as sex workers, truckers, couples, OVCs, substance abusers and training in couple counseling and youth and adolescent counseling for all existing counselors will also be conducted. Through the collaboration with (CLUSA) and using the FHI model for SBC, community mobilization campaigns for couple counseling and testing will be conducted. Quality assurance and quality improvement are key to the fulfillment of the government objectives and the Districts will be supported to provide supervision to the service providers including training of more people in support supervision. Sub agreements in this program will be awarded to National Organization for Peer Educators (NOPE) and the Ministry of Health.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Coast project will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention. Targets in this project will contribute to numbers counseled and tested for HIV/AIDS. The proposed program contributes to COP 2008 targets, and is consistent with the PEPFAR 5-Year Strategy, in the following manner: Increased access to counseling and testing clinical services, and increased availability of counseling and testing clinical services.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Coast Counseling and Testing activities will relate to HIV/AIDS treatment services, Abstinence and Be Faithful Program, OVC, HBHC, TB/HIV care activities, OP, and PMCT. This activity will ensure referral for services for those that test positive especially to prevention services and post test clubs and to care services such as TB, and treatment while others will be referred to post test clubs.

5. POPULATIONS BEING TARGETED

This activity will target the general population including adults (men, women, FP clients, youth), People affected by HIV/AIDS (children born of HIV infected mothers, spouses of HIV infected persons, family members of an HIV infected person), community members including faith based organizations, non-governmental organizations, and community based organizations. Health providers both in the private and public sector providers will be targeted.

Activity Narrative: 6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender is a key legislative issue addressed in this activity. This includes activities supporting counseling that challenges norms about masculinity, delayed sexual activity and reduced multiple sex partners for boys and men and transactional sex. The activity also include support for testing and support services for victims of sexual abuse and violence, training on couple counseling, risk assessment, stigma reduction, and supporting women to mitigate potential violence.

7. EMPHASIS AREAS

This activity supports the development and implementation of referral systems, quality assurance and supportive supervision for CT counselors. The activity will also support the training of additional counselors especially targeting testing for youth and in clinical setting. The activity will also work with local organizations and MOH in Coast province to strengthen their capacity to implement programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14812

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14812	8781.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$2,000,000
8781	8781.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$900,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4916.09

Mechanism: APHIA II - Rift Valley

Prime Partner: Family Health International

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8776.20459.09

Planned Funds: \$1,400,000

Activity System ID: 20459

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Geographic coverage has been revised and expanded to include additional districts in the Rift Valley Province
- + Target population will be expanded to include testing for OVC
- + APHIA II Rift Valley will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door CT and testing of family members of the infected individuals receiving care and treatment within the facility and other outreaches like moonlight VCT as well as institutionalizing testing and counseling in health care settings. PITC services will be scaled up.
- + HBCT services will be provided in Nakuru.
- + This activity will also provide support at the provincial and district levels for the annual national HIV testing campaigns.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + geographic coverage has been revised and expanded to include additional districts in the Rift Valley Province
- + target population will be expanded to include OVC
- + APHIA II Rift Valley will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment services, abstinence and be faithful, OVC, HBHC, TB/HIV care activities, other prevention, PMCT and strategic information.

2. ACTIVITY DESCRIPTION

In 2009, this activity will reach 200,000 individuals with CT services provided through 100 sites and will train 400 providers in VCT, PITC, and home based testing. This activity will provide counseling and testing services to people through the broadened entry points which include clinical care settings through the provider initiated testing (PIT) and the traditional VCT sites, both integrated and free standing. Whereas previous efforts concentrated on diagnostic testing mainly of patients who had signs and symptoms of HIV disease and clinical indications of AIDS, APHIA will strengthen universal testing for all in and outpatient clients in various service areas. The project will continue to support dispensaries to provide CT services. Home-based/family CT will also be initiated in most of the 25 APHIA supported districts starting with the families of index patients who are enrolled in home based care and OVC programs. This will require continuous orientation and training session staff and community counselors who will work closely with mobile/outreach teams. Building on NOPE's work with workplace HIV/AIDS programs, APHIA will continue to integrate CT in workplace programs and actively link those that are infected to care and treatment either through the public program or the Gold Star Network. The increased service provision will require that at least 137 service providers are trained in PITC especially at lower levels of health care provision. The training will encompass aspects of care and treatment and the need for systematic referral. The training will infuse elements of prevention for positives and discordant couples to enable counselors address prevention for PLWHAs. Using the FHI model for SBC, community mobilization campaigns for universal counseling and testing will be conducted.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Rift Valley project will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention. Targets in this project will contribute to numbers counseled and tested for HIV/AIDS. The proposed program contributes to COP 2009 targets, and is consistent with the PEPFAR 5-Year Strategy, in the following manner: Increased access to counseling and testing clinical services, and increased availability of counseling and testing clinical services.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Rift Valley Counseling and Testing activities will relate to HIV/AIDS treatment services, Abstinence and Be Faithful Program Abstinence and Be Faithful Program, OVC, HBHC, TB/HIV care activities, OP, PMCTC and strategic information. This activity will ensure referral for services for those that test positive especially to prevention services and post test clubs and to care services such as TB, and treatment while others will be referred to post test clubs.

5. POPULATIONS BEING TARGETED

This activity will target the general population including adults (Men, Women, FP clients, Youth), People affected by HIV/AIDS (Children born of HIV infected mothers, Spouses of HIV infected persons, Family members of an HIV infected person, OVC), Community members including Faith based organizations, Non-governmental organizations, and Community based organizations. Health providers both in the private and public sector providers will be targeted. This activity will also target most at risk populations like commercial sex workers, discordant couples, street youth, truck drivers, migrant workers, out-of-school youth and partners of CSWs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender is a key legislative issue addressed in this activity. This includes activities supporting counseling that challenges norms about masculinity, delayed sexual activity and reduced multiple sex partners for boys and men and transactional sex. The activity also include support for testing and support services for victims of sexual abuse and violence, training on couple counseling, risk assessment, stigma reduction, and supporting women to mitigate potential violence.

7. EMPHASIS AREAS

This activity has a major emphasis in the promoting universal testing within health facilities and strengthening the referral systems while not losing sight of quality assurance and supportive supervision for

Activity Narrative: CT counselors.
New/Continuing Activity: Continuing Activity
Continuing Activity: 14803

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14803	8776.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$1,200,000
8776	8776.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$650,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3672.09	Mechanism: Central Province
Prime Partner: Columbia University Mailman School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 19410.20397.09	Planned Funds: \$200,000

Activity System ID: 20397

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION

The International Center for AIDS Care and Treatment Programs (ICAP) was established within the Mailman School of Public Health at Columbia University in New York in 2004 to support HIV care and treatment activities in resource-limited settings. In Kenya, with funding from the Centers for Disease Control and Prevention (CDC), ICAP is working with the Kenyan National AIDS and STI Control Program (NAS COP) to support HIV care and treatment in health facilities in the Central and Eastern Provinces of Kenya. This support started in April 2006 in 4 facilities in Central Province and has now expanded to 40 health facilities in Central Province and 11 in Eastern South Province. In total, the facilities supported in both regions include one provincial general hospital, twelve district hospitals, eight sub district hospitals, twenty seven health centers, one university hospital and one mission hospital.

ICAP recognizes that HIV testing and counseling is the key entry point to care and treatment. Because of this it is supporting provider-initiated HIV testing and counseling (PITC) and family testing in the health facilities. This is in support of the Kenya government's efforts to increase knowledge of HIV status among all Kenyan citizens. In 2009 ICAP will facilitate the provision of PITC in all ICAP-supported facilities to ensure that more people are aware of their HIV status, to promote early and timely diagnosis of HIV infection so as to enhance prompt care and treatment and improve prevention efforts.

ICAP will strengthen provider-initiated HIV testing and counseling in Central Province through sensitization of hospital management teams on the importance and relevance of PITC. It will also promote the use of national guidelines and other operational tools to ensure that PITC is provided to all patients and clients visiting health facilities. The program will also increase the number of health care providers trained on provider-initiated HIV testing and counseling, resulting in 100 HCW trained and supported. ICAP will also strengthen family testing and counseling for all the people enrolled in comprehensive care clinics. ICAP will also expand pilot home-based HTC in the surrounding community of two ICAP-supported health facilities. This will begin with the provision of HIV counseling and testing services to family members of patients enrolled in the ART clinics. Later on, this will be expanded to cover a wider area. All these services will lead to at least 30,000 individuals knowing their HIV status in 2009.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will increase the number of people in Kenya who know their HIV status, towards universal access by 2010. Knowledge of HIV status will lead to enhanced access to prevention, care and treatment, especially among people living with HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

This activity will link to Columbia University's care and treatment services.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

There are no secondary budget attributions in this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19410

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19410	19410.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6940	3672.08		\$200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 4917.09**Prime Partner:** Pathfinder International**Funding Source:** GHCS (State)**Budget Code:** HVCT**Activity ID:** 8976.20178.09**Activity System ID:** 20178**Mechanism:** APHIA II - Central**USG Agency:** U.S. Agency for International Development**Program Area:** Prevention: Counseling and Testing**Program Budget Code:** 14**Planned Funds:** \$900,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + APHIA II Central will expand counseling services within the province and include outreach services provided through existing and new CT sites that are integrated within health facilities. The CT services will include, PITC, home testing, and door to door testing of family members of the infected individuals receiving care and treatment within the facility.
- + APHIA II Central will also support the annual national HIV testing campaigns with a focus on Central Province.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + geographic coverage has been revised and expanded to include additional districts in the Nairobi and Central Province
- + target population will be expanded to include OVCs
- + APHIA II Nairobi and Central will expand counseling and testing services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment services, abstinence and be faithful, OVC, HBHC, TB/HIV care activities, other prevention, PMCT and strategic information.

2. ACTIVITY DESCRIPTION

This activity relates to support to be provided to increase VCT coverage while taking account of the need to emphasize PITC as well. New VCT sites may be needed, for example, in large companies where employees lack easy access. Mobile VCT will complement fixed sites. The MVCT will be conducted at least once a month in every district and this will be supported through APHIA II Central, Youth friendly services will be emphasized. Where possible, VCT will be integrated with facility and community level treatment and social support services for individuals testing positive and with prevention activities for discordant couples and individuals testing negative. HCW will be trained in VCT, Couple counseling and testing and provider initiated counseling and testing (PITC). APHIA II Central will support counselor supervision meetings at the district level and supervision of counselors. PITC will be scaled up in support of the National AIDS and STI Control Program. Year 1 will see expansion and strengthening of PITC in imperative site facilities, PMTCT and blood transfusion sites and in district hospitals and health centers with laboratory capacity. In Central Province, the ICAP Project is addressing PITC in district and sub district hospitals; therefore, APHIA will focus on bringing PITC to lower level partner facilities as well as VCT at all levels. A subcontractor will train counselors from target facilities and work with GOK and NGO counterparts to ensure supervision. Individuals who test positive will be systematically referred to CCC and higher levels for comprehensive testing and linkages to community services. Pathfinder will liaise with NASCOP to ensure HIV test kit supply. It is anticipated that in FY09, 100,000 will be tested in Central in an additional 20 sites and existing 59 sites. In FY09, 250 people in Central will be trained in counseling and testing, including training as counselors, supervisors and in PITC. APHIA II Central will undertake to train PMTCT, VCT and TB/VCT counselors in couple counseling and assist to support PMTCT sites in couple counseling by: printing and initiating use of partner invitation cards: express services for couples in ANC ; extended maternity hours to increase male testing and support counselors in high volume sites. To bolster pediatric ART: Counselors and service providers will be trained in child psychosocial support. Counselors will be supported to facilitate pediatric fun days. Child psychosocial support will be directed towards providers involved both in child counseling and testing as well as treatment. APHIA II Central will introduce door to door CT in one of the districts in Central province other than Thika. Update on CHW on child counseling and testing and establishment of referral linkages will be provided for sites providing child CT. APHIA II Central will reproduce or develop IEC materials on child CT.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan Counseling & Testing targets for Kenya. Integrating promotion of VCT into all community outreach for treatment and care will significantly contribute to PEPFAR goals for primary prevention.

4. LINKS TO OTHER ACTIVITIES

Support to counseling and testing will be a linchpin activity in APHIA II Central resulting in increased numbers of individuals accessing care, treatment and support and in strengthening prevention efforts. This activity will specifically be linked to ARV services (APHIA II Central), TB/HIV (APHIA II Central) and palliative care basic health care (APHIA II Central)

5. POPULATIONS BEING TARGETED

This activity targets a wide range of population groups, including, for PITC, those receiving other clinical services, and for VCT, the general population, with emphasis on sexually active individuals, youth, OVCs and high risk groups such as bar workers, matatu and boda-boda, and other transport workers and couples. Health service providers will be targeted for training.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the GOK HIV Testing policy and guidelines and legislation related to protection of human rights and confidentiality. It will address gender issues to ensure that women who are disproportionately affected by HIV are identified and linked with care and treatment programs. Couples in discordant relationships will also benefit from knowing their status so that they can make informed decisions in their sexual relationships.

7. EMPHASIS AREAS

This activity includes major emphasis on training to build capacity of Counseling & Testing providers and CHWs. The activity emphasizes VCT as a major prevention strategy. Implementing Partners, Community Own Resource Persons and other community level implementing partners are key to its success.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14964

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14964	8976.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$750,000
8976	8976.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$500,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 384.09

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4204.20165.09

Activity System ID: 20165

Mechanism: APHIA II OR

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$400,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ Alcohol/ substance abuse risk among out-of-school slum-dwelling youth in Nairobi
+ Integrating alcohol risk reduction in HIV counseling and testing

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in AB and OP.

2. ACTIVITY DESCRIPTION

In 2009, Population Council will:

a) Expand activities to integrate counseling and testing services into existing family planning (FP) service outlets. Integration of CT into FP offers an opportunity for increasing availability and access to CT services since FP clients will conveniently be offered opportunities for CT. The Population Council will support the integration of CT into 30 FP Clinics and train 80 FP providers with a target to provide CT to 8,000 clients. The Population Council will monitor cost effectiveness of this integration to guide decision regarding further scale up. The proposal to integrate CT into FP is based on feasibility assessment that was conducted by the Kenya government in partnership a number of partners including JHPIEGO, CDC and FHI. Provision of CT services in FP outlets will be guided by national standards for CT service delivery and quality assurance. The program has intense social mobilization to inform potential FP clients about availability and benefits of CT services at FP sites.

b) Alcohol is an associated known co-factor for HIV acquisition especially among women, but is largely overlooked in HIV counseling and testing. During COP 06, Population Council tested an alcohol risk-reduction model involving building the capacity of VCT counselors to advise clients on alcohol use. Because most VCT clients who consume alcohol do so at hazardous levels (based on WHO AUDIT scale), and because alcohol consumption is associated with 3-7-fold increases in sexual risk taking and violence, it is important that alcohol risk reduction be integrated into VCT, as part of comprehensive risk reduction. It may also be important to explore alcohol risk reduction in other CT options now available in Kenya including Provider Initiated Counseling and Testing (PICT), PMTCT, and integrated family planning.

During COP 09, Population Council will work with study partners Liverpool VCT as well as NASCOP to expand this initiative to 15 additional sites, including expanding into district hospitals in Nairobi and Coast provinces. During COP9, further expansion into 15 more sites will be undertaken, including a nested study to examine how alcohol risk reduction can be incorporated into PICT. The results of this study will be used to develop an in-service training module for use by NASCOP and others. Technical assistance will also be provided to NASCOP and to pre-service training institutions, such as the MTC, in developing training resources that could be integrated into existing pre-service training curricula for medical staff to enable them to routinely include such issues in their counseling. In addition, technical assistance will be provided to APHIA II and other partners to introduce the in-service counseling model into other service delivery sites. Technical assistance will also be given to HIV counselor training organizations interested in integrating alcohol risk reduction into their routine counseling. Anticipated outcomes of COP 09 activities:

- Technical assistance provided to the MOH and other partners to develop policy guidelines concerning inclusion of alcohol risk reduction in HIV counseling.
 - Model introduced into 15 service delivery sites.
 - Technical assistance provided to APHIA II partners and HIV counselor training organizations to integrate alcohol risk reduction in their counseling programs.
 - Pre-service training resources developed and adapted for use by key pre-service training organizations.
- c) The association between alcohol or substance abuse and sexual risk behaviors which put people at risk of HIV, is well documented. The use of alcohol and drugs has been shown to be associated with unprotected sex and having higher numbers of sexual partners, albeit a number of psychosocial factors are also correlated with these factors. In Africa, HIV risk behaviors and their relationships to alcohol abuse has been outlined in a number of recent studies. Recent research conducted in Kibera and other informal settlements in the area of Nairobi, Kenya found that youth who live in these slums are more likely than youth in the general population to have used alcohol or drugs, especially young boys and men. Alcohol and substance abusing youth are also more likely to be out of school, to have been involved in both consensual and forced sexual relationships.

Given this evidence, we propose to implement an intervention study among out-of-school youth living in Kibera during COP 08. The aims of this study will be: to conduct a baseline assessment of the characteristics, sexual behaviors, and alcohol and substance use of these youth via a representative household survey; to identify factors associated with drug use and hazardous, harmful, and dependent drinking as defined by the WHO; to refer youth identified during the survey as dependent drinkers for counseling and/or treatment; inform a new youth-targeted intervention which will be developed by the Support for Addictions Prevention and Treatment in Africa Trust (SAPTA) Centre in Kibera; and to conduct an endline evaluation after a one-year period to assess the effectiveness of the intervention. During COP 09 we plan to disseminate the outcomes of this study to APHIA II partners and to GOK partners through dissemination meetings and printing and wide distribution of the report. Anticipated outcomes:

- Adoption and scale up of alcohol and drug counseling prevention and treatment for youth program by APHIA II partners
- Lessons learned communicated to other APHIA II and relevant GOK partners.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the result of increased access to voluntary counseling and testing services. This activity also supports the National Strategy of the Ministry of Health to expand integrated HIV/FP services in Kenya. The target groups will be trained in counseling to inform clients about issues of HIV/AIDS and the need for knowing their status.

4. LINKS TO OTHER ACTIVITIES

The activity creates demand for VCT services and will link to the CT services. More information will be given to clients and the community during community meetings with the local administration so that more messages and activities are conveyed through this community channel. The activity will also be linked to

Activity Narrative: other Population Council activities in AB and OP.

5. POPULATIONS BEING TARGETED

General population will be targeted who will attend the facility for family planning services and also health facility staff, family planning clients and providers, doctors, clinical officers and nurses. These included men, women, adolescents and the community at large. Activities will be coordinated with National AIDS control program staff as well as with community based groups.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will work towards addressing the issue of stigma and discrimination faced by individuals with HIV/AIDS and their families.

7. EMPHASIS AREAS

Major emphasis will be training and minor emphasis will be information, education and communication materials which will be used as a part of community mobilization to raise awareness of knowing your HIV status.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14974

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14974	4204.08	U.S. Agency for International Development	Population Council	6991	384.08	Frontiers in Reproductive Health	\$300,000
7023	4204.07	U.S. Agency for International Development	Population Council	4274	384.07	Frontiers in Reproductive Health	\$200,000
4204	4204.06	U.S. Agency for International Development	Population Council	3241	384.06	Frontiers in Reproductive Health	\$220,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* Family Planning

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 182.09

Mechanism: Horizons

Prime Partner: Population Council

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 17854.20159.09

Planned Funds: \$0

Activity System ID: 20159

Activity Narrative: This PHE activity, "Feasibility of integrating alcohol risk reduction counseling into Provider-Initiated Counseling and Testing" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0036. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17854

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17854	17854.08	U.S. Agency for International Development	Population Council	6990	182.08	Horizons	\$200,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 448.09

Mechanism: N/A

Prime Partner: Population Council

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8753.20168.09

Planned Funds: \$250,000

Activity System ID: 20168

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ In 2008 this was a study that sought to assess the acceptance of self testing among health workers. Knowledge of HIV status among health workers is seen to be beneficial in improving attitudes towards aids patients and clients in health facilities. In 2009 population council will expand HIV testing beyond the study sites, to cover the general health worker population in national, provincial and some district hospitals. These services will be provided in at least 50 health facilities. At least 200 health providers will be trained and sensitized to support the other health workers. Population Council will counsel and test 10,000 health workers, both in public and faith based health facilities.

COP 2008

The only changes to the program since approval in the 2007 COP:

+ the geographical coverage has been expanded to include Mobile VCT outreaches which will be provided from each of the VCT static sites.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in AB and OP.

2. ACTIVITY DESCRIPTION

In FY 2009, Population Council's (PC) 'Friends of Youth' (FOY) Project working in partnership with the Family Health Options Kenya (FHOK) will provide counseling and testing services to 5,000 individuals and train 10 counselors to work in 5 sites. The provider centered workplace program will test an additional 10,000 Health Care Workers in 50 hospitals/health care centers. The Friends of Youth project initiated CT activities in the previous year and will therefore strengthen the CT activities in the areas where they have Emergency Plan supported AB and OP activities. These sites include Huruma in Nairobi, Nyeri, Nyahururu, Thika and Embu. The FOY project also works in close collaboration with existing VCT sites. In its OP activities, the FOY project works with a network of private health service providers to offer STI and reproductive health services to young people. These health providers will receive training in DTC so that they can integrate CT into the other health services, such as STI treatment. This activity will be closely linked with the AB and OP activities in the same region. The project was evaluated in a previous phase and it was found that this adult mentorship model was an effective strategy in transforming behavior among the youth. This activity is now being expanded in scope and geographic coverage within the limits of feasibility. The program will work with 100 youth organizations, and will use participatory approaches to involve youth and adults in risk-reduction education, including education and promotion of the need for counseling and testing. The FOY approach is organized along the Central Bureau of Statistics mapping and each youth organization covers a well defined catchment area to assure a comprehensive coverage. Building on this strategy, the FOY project will explore the feasibility of undertaking door to door testing, under the close guidance of trained counselors. Through the close interaction between FOY and young people, the project will therefore identify and target sexually active youth and other high-risk groups within their target locations and encourage them to learn their status. PC has done extensive work on effective youth interventions and this project will scale up a successful youth-adult behavior change model in selected urban areas in Kenya which now includes counseling and testing. It builds on tested interventions that are consistent with local cultures of adult-youth mentoring by enlisting the involvement of trusted adults and older youth in the community to act as friends of youth by promoting safer sexual behavior and changing community and social norms. Population Council will carefully study the results of this project so that lessons can be learned about this approach to youth HIV prevention.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The work of FOY will be comprehensive with an important emphasis on youth. Beyond providing VCT and DTC, they will also provide reproductive health and adult mentorship. Impartation of life skills will support HIV prevention efforts.

4. LINKS TO OTHER ACTIVITIES

The CT activities that will be implemented by FOY will be linked to other Emergency Plan supported HIV prevention activities of Population Council (Friends of Youth). These include AB and OP. Community mobilization and IEC activities will be done jointly. The youth programs will be used to encourage clients to have an HIV test.

5. POPULATION BEING TARGETED

This activity will target out-of-school youth including street youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will mainly address gender equity in access to information and health care. It will also address stigma and discrimination through increased information and awareness.

7. EMPHASIS AREAS

This activity will have a major emphasis on community mobilization and a minor emphasis in production of IEC materials. FOY will work with adult mentors and youth leaders to enable the youth to access CT and reproductive health services. They will integrate OP and AB information with CT so as to provide a comprehensive package of services. Other minor emphasis areas are in training and human resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14977

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14977	8753.08	HHS/Centers for Disease Control & Prevention	Population Council	6992	448.08		\$50,000
8753	8753.07	HHS/Centers for Disease Control & Prevention	Population Council	4275	448.07		\$50,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 448.09

Mechanism: N/A

Prime Partner: Population Council

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 17853.20169.09

Planned Funds: \$0

Activity System ID: 20169

Activity Narrative: This PHE activity, "Assessing the feasibility of HIV self-testing among health workers in Kenya" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is KE.07.0035. A copy of the progress report is included in the Supporting Documents section.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17853

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17853	17853.08	HHS/Centers for Disease Control & Prevention	Population Council	6992	448.08		\$200,000

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$0
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4918.09	Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 8777.20076.09	Planned Funds: \$1,200,000
Activity System ID: 20076	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Geographic coverage has been revised and expanded to include additional districts in the Western Province
- + Target population will be expanded to include testing for OVC
- + APHIA II Western will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door CT and testing of family members of the infected individuals receiving care and treatment within the facility and other outreaches like moonlight VCT as well as institutionalizing testing and counseling in health care settings. PITC services will be scaled up.
- + This activity will also provide support at the provincial and district levels for the annual national HIV testing campaigns.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + geographic coverage has been revised and expanded to include additional districts in the Western Province
- + target population will be expanded to include OVC
- + APHIA II Western will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door VCT and testing of family members of the infected individuals receiving care and treatment within the facility.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in HIV/AIDS treatment services, Abstinence and Be Faithful Program, OVC, HBHC, HVTB care activities, OP, PMCT, and strategic information.

2. ACTIVITY DESCRIPTION

In 2009, through APHIA II Western, it is expected that 150,000 individuals will receive CT services in 50 sites and 300 providers trained. USG has previously supported HVCT activities in Western Kenya through USAID projects. In 2006 COP, USAID's APHIA II TBD activity was funded to build on activities approved in 2005 and implemented through World Vision. The activity aimed at increasing access to VCT services, particularly among underserved and hard-to-reach populations in a few districts in Western Kenya by forging partnership with community-based organizations (CBOs) and faith-based organizations (FBOs) to mobilize communities for VCT and make appropriate referrals to MOH-supported Specialist Centers (clinics). The facilities also offered diagnostic counseling and testing services, and treatment including ARVs. The second assistance was through the FY 2006 USAID'S ACCESS project implemented by JHPIEGO. The main aim of the activity was to continue to promote the availability and delivery of high quality counseling and testing services in public Ministry of Health (MOH) facilities. The MOH's National Guidelines for Counseling and Testing in clinical and medical settings were to be disseminated in selected districts of Western Province and orientation provided to about 100 health workers. Subsequently these health workers would give service orientation to 500 health workers using a cascade on-the-job (OTJ) approach. The activity would promote the availability of PITC in Ministry of Health facilities and strengthen referrals and linkages to care, treatment, and prevention. The third previous support was through the 2006 APHIA II TBD activity that consisted of activities approved in 2005 and implemented through FHI/IMPACT. The 2006 APHIA II TBD activities was to provide counseling and testing services through existing static sites, expanded testing in clinical settings, and increased outreach services. Increasing access to antiretroviral therapy dictates that CT efforts quickly transform to accommodate active case finding through provider initiated testing (PIT) in clinical settings, in addition to the more passive client initiated testing (CIT). The activity was to ensure that existing integrated VCT sites are used to support these efforts in the interim but strengthened to support DTC efforts (e.g. supporting start up activities, providing testing for partners and other family members of index patients, providing ongoing counseling, providing bedside counseling, consolidating CT returns, and managing HIV test kit supplies etc) in the future.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2009 Emergency Plan result for increased availability of counseling and testing through training of health workers. It will enable service providers to identify the large numbers of HIV infected patients who are potential candidates for ART. It therefore contributes to Kenya's 5-year strategy emphases of encouraging Kenyans to learn their status and developing strong links between counseling and testing and HIV services for those who are HIV positive and in need of health care.

4. LINKS TO OTHER ACTIVITIES

This activity links with the APHIA II Western Counseling and Testing activities will relate to HIV/AIDS treatment services, Abstinence and Be Faithful Program, HKID, HBHC, HVTB care activities, OP, PMCT, and strategic information.

5. POPULATIONS BEING TARGETED

This APHIA II Western activity will target the general population: adult men and women of reproductive age, and HIV/AIDS-affected families, underserved and hard-to-reach populations, particularly in rural communities. It will also target MOH staff including program managers in the NASCOP, public health care doctors and nurses, other health care workers including community health workers and non-governmental organization.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma associated with HIV status by increasing the availability of routine testing for diagnosis in medical settings. Gender is a key legislative issue addressed in this activity. This includes activities supporting counseling that challenges norms about masculinity, delayed sexual activity and reduced multiple sex partners for boys and men and transactional sex. The activity also include support for testing and support services for victims of sexual abuse and violence, training on couple counseling, risk assessment, stigma reduction, and supporting women to mitigate potential violence.

Activity Narrative: 7. EMPHASIS AREAS

The major emphasis is on community mobilization and participation with minor emphases on development of network/linkages/referral systems, local organization capacity development, and quality assurance and supportive supervision. The minor emphasis is the development and implementation of referral systems, quality assurance and supportive supervision for CT counselors. Another minor emphasis is in the area of training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14998

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14998	8777.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$1,100,000
8777	8777.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$500,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism**

Mechanism ID: 3588.09

Prime Partner: Population Services International

Mechanism: APHIA II - Health Communication & Marketing

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 4930.20100.09

Planned Funds: \$2,900,000

Activity System ID: 20100

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Multi-media edutainment interventions will include key messages to clarify the importance of knowing HIV status and encourage couples to access CT services.
- + The private health providers' reproductive health network will also increase awareness of and referral to CT services.
- + Provide technical assistance to NASCOP and NACC to develop a national CT communication strategy
- + This activity will provide support for the annual National HIV Testing Campaigns.

COP 2008

Change since the COP was approved in 2007:

- + HCM will develop 3 media campaigns that promote PITC and other types of counseling and testing promotion.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful, Other Prevention, Blood safety, and PMTCT.

2. ACTIVITY DESCRIPTION

In 2009, HCM will promote CT services through a multimedia edutainment intervention. Health Communication and Marketing (HCM) is an integrated project, focused primarily (at least 75%) on HIV/AIDS prevention care and treatment in support of other PEPFAR activities in Kenya. The purpose of the HCM award is to improve health outcomes through increased prevention and other healthy behaviors. This will be done through marketing and communications activities within the health sector. This activity will also build the sustainability of local organizations to do this work. The objectives of this activity in HIV/AIDS are to 1) Improve the preventive behaviors of Kenyans related to HIV/AIDS, in particular increasing the percent of men and women aged 15-24 abstaining from sex, promoting fidelity, partner reduction, the correct and consistent use of condoms in high-risk sexual encounters, and the percent of men and women going for VCT and receiving their test results (the "ABC" approach). 2) Improve service utilization rates for voluntary counseling and testing (VCT), and prevention of mother to child transmission (PMTCT) of HIV. This includes increasing the percentage of pregnant women who access PMTCT services including VCT and increasing the number of Kenyans who use VCT services and receive their test results. 3) Build the capacity of local institution(s) in Kenya's commercial, non-governmental, and/or faith-based sectors by working in collaboration with them to develop and manage a cost-effective marketing, sales, and distribution network that improves availability and access by key populations to products related to HIV/AIDS; develop and manage a communications initiative to increase knowledge and change behavior of Kenyans with respect to HIV/AIDS including interpersonal communication; and develop the management and technical capacity of these organizations to manage and implement social marketing and communications programs. This program will not issue sub awards but will pay suppliers of goods and services directly.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In 2009, in CT, this partner will develop and disseminate communication messages/materials on counseling and testing promoting provider initiated testing and continues VCT promotion especially targeting the couple testing and discordant couples. It is anticipated to promote counseling and testing services and generate demand for CT services for both voluntary and provider initiated testing through 3 mass media campaigns. They will reach over 6 million through mass media.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful, Other Prevention, Blood safety, and PMTCT. The Health Communications and Marketing project is a national level activity that will enforce messages through mass media and interpersonal communication developed in collaboration with MOH/NASCOP CT committee at the national level and projects working at the regional level. Both NASCOP and these provincial projects will "feed into" the development of population-specific messages which will strengthen interventions implemented on the ground.

5. POPULATIONS BEING TARGETED

CT messages will primarily focus on adults both male and female, public and private health providers and NGOs and faith-based programs. This activity will also work with the National AIDS Control Program staff and policy makers in the coordination of efforts in this program area.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Messages developed will address gender norms and behavior, stigma and discrimination.

7. EMPHASIS AREAS

HCM is primarily a communications activity focusing on the development of information, education and communication. However, they will also mobilize communities through interpersonal communication and make linkages with other sectors for message development. Funds will be used to carry out media and public education activities in CT. The specific areas to be supported include Media campaigns at various levels, production of educational materials for both health facilities and in the community and the development of a CT communication strategy for Kenya. In 2009 this activity will focus on three main areas; the HIV testing week (RRI), PITC and, door-to-door CT.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14985

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14985	4930.08	U.S. Agency for International Development	Population Services International	6994	3588.08	APHIA II - Health Communication & Marketing	\$2,750,000
7049	4930.07	U.S. Agency for International Development	Population Services International	4289	3588.07	APHIA II - Health Communication & Marketing	\$1,850,000
4930	4930.06	U.S. Agency for International Development	Population Services International	3588	3588.06	APHIA II Health Communication and Marketing	\$1,050,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 360.09

Prime Partner: Liverpool VCT and Care

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4176.20249.09

Activity System ID: 20249

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$2,600,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ In 2009 Liverpool VCT and Care will use the additional funds to support the national HIV testing campaign, which will be held in October and November 2009. The funds will be used to carry out training of service providers, and also for supporting quality assurance during the campaign. A small portion of these resources will be used to strengthen communication and coordination for the campaign. With these additional resources, LVCT will counsel and test 50,000 during the campaign, which will be accounted for in the annual and semi-annual report.

COP 2008

+ In FY 2007 LVCT piloted home based counseling and testing in a peri-urban settlement in the outskirts of Nairobi. In FY 2008 LVCT will continue providing this service in this and other regions of the country. The lessons learnt from the implementation of HBCT will enable LVCT to develop HBCT training and operational materials. LVCT will also support HBCT training, supervision and quality assurance.

+ In FY 2008 LVCT will facilitate the scale up of Couple CT nationally through training, mentorship and supervision. It will also involve community education and demand creation. This will be supported by a national media campaign on couple CT which will be implemented in the same period. LVCT will support the strengthening of Couple CT in all CT services including PITC, VCT and PMTCT. Couple CT (and family CT) will be particularly crucial in care and treatment settings, so as to facilitate CT for family members of patients in care or on treatment.

+ In FY 2008 LVCT will roll out the Work Place VCT program. Under the coordination of the National AIDS Control Council many private companies in Kenya have developed company HIV/AIDS policies. One of the strong components in most of these policies is the provision of VCT services to employees. LVCT has in the past facilitated workplace VCT programs for government, non-government, faith based and commercial institutions. Because of its experience and organizational capacity LVCT was asked to host the secretariat (coordinating unit) for this program. In FY 2008 this program will experience further growth and support from other stakeholders.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV treatment/services.

2. ACTIVITY DESCRIPTION

During FY 2007, Liverpool VCT and Care program (LVCT) will continue to improve model programs of CT and care through technical assistance to non-governmental organizations (NGO), community-based organizations and faith-based organizations (FBO). Core activities will include provision of CT to 200,000 people in medical and non-medical settings, training of 1,500 service providers and quality assurance support to partners. CT services will be provided in 110 services outlets and HIV positive clients referred to comprehensive care centers established through the President's Emergency funds. Specific efforts will be aimed at promoting couple CT, assisting discordant couples, and assisting HIV infected clients to disclose their status to their sexual partners. LVCT will continue to address the CT needs of special groups including men who have sex with men and people with visual and hearing impairments. In FY 2008 LVCT will continue facilitating prompt and appropriate referrals to care. It will maintain a regional presence in Eastern province, Central Nairobi and Nyanza provinces and will implement multiple models of CT services including mobile VCT where appropriate. By the end of FY 2007, 5,000 HIV positive persons tested will be started on ART at LVCT-operated care outlets. In addition, 10,000 will receive non-ARV treatment including prophylaxis for opportunistic infections. In keeping with its commitment to enhance local capacity to provide quality HIV/AIDS services, LVCT will conduct various types of CT trainings including DTC, VCT, couple counseling and Training of Trainers courses. To enhance service delivery of CT and care to the public, LVCT will provide technical assistance, capacity building and program support to selected government institutions. LVCT will also offer ongoing quality assurance trainings for its service providers and those of collaborating partners to ensure continuous improvement in quality of CT services. LVCT will also continue to carry out counselor supervision in 14 districts of Nyanza and central provinces in support of QA improvement. LVCT is a Kenyan NGO widely known for its leading role in providing quality VCT services and trainings. LVCT has been a CDC Kenya partner since 2002 and was awarded a CDC Cooperative agreement in September 2004 to continue providing VCT using multiple approaches, to train service providers in CT and support supervision; and to expand access to both ART and non ART Care for CT clients who test HIV positive. LVCT will continue to expand these activities during FY 2008.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through LVCT's efforts, an estimated 200,000 Kenyans will access CT in settings with well-established linkages to care services created through the president's Emergency fund. LVCT's CT targets will include significant numbers of counselors trained. LVCT will also provide mobile VCT services in selected underserved parts of Central, Eastern, Rift valley and Nyanza provinces to improve access to HIV prevention and care services. Many underserved rural communities will have better access to these essential services. Linkages between outreach Mobile VCT programs and medical sites where AIDS care and treatment are available will be enhanced thereby enabling many HIV infected individuals to access appropriate medical care and prevention services.

4. LINKS TO OTHER ACTIVITIES

HIV positive individuals identified through LVCT's CT activities will be linked to LVCT's Comprehensive Care Centers whose expansion will be designed to serve geographical clusters of CT sites. The model CT sites operated by LVCT will continue to be centers for best practice and training of service providers besides forming a platform to pilot activities that will guide National CT program improvement. Model youth friendly CT sites operated by LVCT will improve the program's responsiveness to the needs of the youth thereby improving access to services by this highly vulnerable sub-segment of Kenya's population. LVCT will also receive President's Emergency Fund to implement other HIV interventions that complement CT efforts. Such interventions will include direct links to LVCT ARV treatment/services activity and other efforts that can be implemented as integrated packages.

5. POPULATIONS BEING TARGETED

This activity targets multiple high risk groups including people with disabilities, young people, as well as

Activity Narrative: other most at risk populations especially men who have sex with men and survivors of rape. Public health care workers as well as leaders of FBOs and NGOs will be trained to address the particular needs of these groups, which also include widows/widowers, HIV positive pregnant women and mobile populations such as truck drivers and migrant workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase equity in programming through expansion of CT services that are responsive to the unique needs of the deaf, blind, men who sex with men, rape survivors, the youth and other marginalized groups. Increased availability of CT services for these special vulnerable groups will help to reduce stigma and discrimination amongst them.

7. EMPHASIS AREAS

This activity includes major emphasis in trainings on provider-initiate CT, client-initiated CT and quality assurance. There will be minor emphasis on development of infrastructure to provide space for CT service delivery, especially in medical facilities that have not yet institutionalized provider initiated CT. Another minor emphasis is in the area of quality assurance through LVCT catering to the increase in interest in quality of CT by the Kenyan Ministry of Health has been demonstrated through recent approval of new National strategy and tools for supervision and quality assurance (QA) for CT. Other minor emphasis areas are in the area of community mobilization and development of network/linkages/referral systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14920

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14920	4176.08	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	6974	360.08		\$2,400,000
6983	4176.07	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	4257	360.07		\$1,520,000
4176	4176.06	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	3235	360.06		\$1,340,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7792.09

Mechanism: New Partners Initiative

Prime Partner: Christian Reformed World Relief Committee

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 17553.20389.09

Activity System ID: 20389

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$0

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

CRWRC's activities in the program area of counseling and testing are closely related and overlap to a great degree with CRWRC's activities in the PMTCT program area. The husbands and partners of pregnant women who receive PMTCT services will be strongly encouraged to also be tested in order to know their HIV status.

2. ACTIVITY DESCRIPTION.

In partnership with three faith-based organizations in Kenya, Christian Reformed World Relief Committee (CRWRC) will equip 24 health facilities during FY 2008 to provide HIV counseling and testing services in 11 districts of Kenya. These health facilities will be selected based on a review of existing health facility assessment data and with the intention of filling service gaps.

The selected health facilities will be refurbished and/or equipped in ways that may include purchasing of test kits; repair of roofing; reconnecting water; fixing gutters for rain water collection; and acquisition of examination room tables, chairs, charts, scales, HIV/AIDS reference manuals, posters, and other similar supplies.

At least 26 health workers from these health facilities will be trained together at a central location by certified Ministry of Health (MOH) trainers using Kenya's National Guidelines for CT training. After the training, the health workers will receive ongoing supervision from district-level MOH officers.

An additional 410 religious and community-based volunteers will be trained to provide HIV counseling in the communities. This training will be provided through a five-day intensive course offered by the Kenya Institute of Professional Counselors. The role of volunteers will be to encourage people to be tested, to link them to services, and to provide counseling follow-up to them after they have received their results. A barrier analysis will be used to tailor the behavior change activities and messages to the men and women most in need of being tested.

At least 4,500 individuals will receive counseling and testing from health facilities operated directly by CRWRC's local partners. Another 2,250 individuals will be referred to other health facilities for counseling and testing.

3. CONTRIBUTIONS TO OVERALL PROGRAM

CRWRC's activities in this program area will contribute toward the Emergency Plan 5-year objectives of preventing 7 million new infections and providing care to 10 million who are infected with or affected by HIV/AIDS. By being tested for HIV and receiving follow-up counseling, individuals who are HIV-positive will be encouraged to adopt behaviors that will help them to prevent infecting others. They will also be linked to treatment (if needed). Once an individual is identified as being HIV-positive, it will be possible to enroll that person in a program to receive palliative care and to enroll children in their household in an OVC support program. By filling service gaps through mobile VCT clinics and refurbishing and equipping existing health facilities, CRWRC and its partners will improve access to HIV testing services to people living in remote rural areas that are underserved.

4. LINKS TO OTHER ACTIVITIES

The program intends to establish linkages with the existing health facilities to facilitate provision of VCT as well as provide new VCT services to those without access to health facilities through mobile clinics. Additional referral linkages will be established with other HIV/AIDS services providers in the target area, including facilities where ARV treatment can be accessed.

5. POPULATIONS BEING TARGETED

In partnership with three faith-based organizations in Kenya, CRWRC will scale up voluntary counseling and testing services in all eight districts of the Western Province, Kitui and Mwingi districts in Eastern Province, and Uasin Gishu district in Rift Valley Province.

Improved and expanded VCT services will be made available to all categories of the community encompassing the male and female youth aged 15-24; women of reproductive age (aged 15-45); sexually active adult couples (ages 25 and over); orphans and vulnerable children (ages 0-17); and families and communities affected by HIV/AIDS. The religious and community-based volunteers who have been trained to provide HIV counseling services will be instrumental in identifying people who do not know their HIV status and encouraging them to be tested.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Key legislative issues are included in the emphasis areas described in section 7 below.

7. EMPHASIS AREAS

CRWRC and its partners will address gender in the VCT program area by focusing on male norms and behaviors regarding HIV counseling and testing. CRWRC and its partners will also focus on human capacity development through in-service training of clinic-based health workers in counseling and testing for men and women. CRWRC and its partners will also work with health facility workers and community health volunteers to develop a health worker and volunteer retention strategy. Other emphasis areas to be addressed by this program area include CRWRC's on-going local organization capacity building of the three partner organizations and coordination of the local partners' health management information system for tracking referrals of HIV+ men and women for ARV treatment. This program is funded by the New Partner Initiative.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17553

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17553	17553.08	U.S. Agency for International Development	Christian Reformed World Relief Committee	7792	7792.08	New Partners Initiative	\$0

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3465.09

Mechanism: N/A

Prime Partner: National AIDS & STD Control Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 4787.20224.09

Planned Funds: \$750,000

Activity System ID: 20224

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ In 2009 NASCOP will use additional resources to coordinate the national HIV testing campaign. This campaign will be held in October and November 2009 in the whole country. The resources will be used to strengthen monitoring and evaluation during the campaign. They will also be used to support national and field coordination.

COP 2008

The only changes to the program since approval in the 2007 COP are:

+ The target population has been revised. NASCOP will hand over the model VCT site; therefore there will be no direct CT targets. But in the other broad objectives that will have national coverage will remain as they were in 2007.

+ Other (NON-SUBSTANTIVE) change:

- In FY 2007 NASCOP coordinated the review and harmonization of CT policies and guidelines. In FY 2008 the completed guidelines will be disseminated

- In FY 2008 will support an accelerated CT campaign using the Rapid Results Initiative strategy. This will be a national activity and all CT partners in the country will be involved but NASCOP will supervise and coordinate the exercise.

- In FY 2008 NASCOP will participate in workplace VCT. In the past NASCOP has received requests for mobile VCT from other government ministries and departments, as well as from the private sector. In FY 2008, NASCOP will acquire basic supplies and materials for this purpose. NASCOP will also work closely with other PEPFAR supported MVCT providers.

- In 2008, NASCOP will hand over the model VCT to an implementing partner that is yet to be determined (TBD). This will reduce the burden of direct implementation from the national program. In 2008 therefore NASCOP will not have any direct CT targets.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in PMTCT, ART, Palliative care: Basic Health Care, TB-HIV, AB, OP, SI, and HLAB.

2. ACTIVITY DESCRIPTION

The National AIDS/STI Control Program (NASCOP) is the section in the Ministry of Health that coordinates all health sector based HIV/AIDS activities. NASCOP is responsible for developing and promoting the use of national policies, guidelines and standards for all HIV prevention and care activities in the country. In CT NASCOP coordinates the implementation of all types of HIV counseling and Testing (CT) approaches, including provider-initiated and client-initiated CT. The Client-initiated approach (also known as voluntary counseling and testing –VCT) has been highly successful in Kenya, since its launch by NASCOP in 2000. By December 2005, there were 680 registered VCT sites in Kenya, and in that calendar year, at least 500,000 people are counseled and tested in these sites. In VCT NASCOP is currently mainly involved in supervision and quality assurance. NASCOP has in the past developed guidelines, training curricula and operational tools for VCT in Kenya, tools which are used by all partners. In FY 2005, NASCOP published the Guidelines for HIV testing in Clinical Settings. These guidelines were developed in order to provide for the all types of HIV testing approaches possible in health care facilities. These efforts led to considerable increase in HIV testing within clinical settings in FY 2005 and FY 2006. Despite this growth in both DTC and VCT, many Kenyans still do not know their HIV status, as seen in the Kenya Demographic and Health Survey in 2003. In FY 2008, NASCOP will mobilize and facilitate stakeholders to provide all types of CT. Through planned activities in FY 2007, NASCOP will promote health workers' participation in testing and counseling and streamline referral linkages between CT and care in government facilities. Increased health worker participation in CT shall be achieved through dissemination of relevant policies and guidelines in CT and through training in all types of CT. The national guidelines and training curricula on CT will be reviewed and updated as necessary. NASCOP will continue to strengthen the capacity of its national and regional staff to monitor and evaluate CT activities, including proper data collection

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

NASCOP is in a unique position to provide leadership and support for CT activities of all partners in the country. NASCOP will receive Emergency Plan resources to develop policies and guidelines for the whole country. They will also ensure that the CT services in Kenya meet national and international standards. NASCOP is the only agency with that mandate and opportunity. The contribution of NASCOP to the goal is therefore largely broad and strategic, and in a small way it is also direct, since the NASCOP VCT site will provide CT services to a small number of people.

4. LINKS TO OTHER ACTIVITIES

NASCOP is supported to coordinate HIV/AIDS services in almost all the components. The planned NASCOP CT activities in FY2007 will increase knowledge of HIV status both for primary prevention and linkage to care services for HIV positive individuals. The NASCOP CT program will therefore relate to other NASCOP led programs like ART, PMTCT and Palliative care. This activity is also linked to NASCOP TB-HIV activity, AB activity, OP activity, SI activity, and HLAB activity.

5. POPULATIONS BEING TARGETED

This activity targets the general adult population as well as symptomatic individuals served in public health facilities, especially in Medical wards, TB wards and STI clinics. The primary goal is universal knowledge of HIV status, as well as timely identification of those who would benefit from care and treatment services. In client initiated CT sites existing sites will be strengthened and supported to provide quality services. And for the provider initiated CT services, the new sites will mainly be public health facilities that have not previously provided CT as part of diagnostic work up of symptomatic patients seeking treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help reduce HIV related stigma and discrimination by promoting routine HIV testing in clinical settings and linking HIV infected individuals to care. Patients will be sensitized to expect HIV testing as a standard package of good medical care in health facilities. Health care providers will be sensitized to understand patients' basic right to the best diagnostic services including being offered HIV test.

Activity Narrative: 7. EMPHASIS AREAS

Major Emphasis area for this activity is in the development of policy and guidelines at a national level for all CT activities. Minor emphasis areas are in the area of information, education and communication, quality assurance, strategic information and training. The Plus Up funds will be used to facilitate an accelerated HIV counseling and testing campaign in Kenya, which is an expansion of the International HIV testing day. The Government of Kenya, led by the National AIDS Council and National AIDS/STD Control Program has adopted the Rapid Results Initiative program of scaling up HIV counseling and testing with a goal of testing 300,000 people in three months. Plus up funds will complement funds from other donors and the Government of Kenya. Funds will be used for employment of short-term CT counselors, and for Mobile VCT services in the hard to reach areas of Kenya. Funds will also be used to coordination and supervision (quality assurance).

New/Continuing Activity: Continuing Activity**Continuing Activity:** 14936**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14936	4787.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$700,000
7009	4787.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$1,260,000
4787	4787.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$450,000

Table 3.3.14: Activities by Funding Mechanism**Mechanism ID:** 1501.09**Mechanism:** N/A**Prime Partner:** US Centers for Disease Control and Prevention**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAP**Program Area:** Prevention: Counseling and Testing**Budget Code:** HVCT**Program Budget Code:** 14**Activity ID:** 4788.19949.09**Planned Funds:** \$577,679**Activity System ID:** 19949

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

COP 2008

Other changes:

+ two additional personnel will be hired in FY 08. One will support counseling and testing in health facilities, while the other will support home-based counseling and testing. These two new CT approaches are expected to grow rapidly in FY 08 and this will need strong, regular technical support. Although these personnel will be based in CDC, they will be available for the entire US government team in Kenya.

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in the Counseling and Testing program area.

2. ACTIVITY DESCRIPTION

HIV Counseling and Testing (CT) has a central role in both prevention and treatment of HIV infection. With support from CDC and other partners, Kenya has achieved great success in implementing Voluntary Counseling and Testing since 2000. Recent scale up of ART services in the country, made possible largely through Presidential Emergency Fund, now means that CT clients found to be HIV+ can be readily referred for care and treatment services. But these emerging care opportunities are not fully utilized because majority of Kenyans (86%) don't know their HIV status and yet knowledge of status is the entry point to comprehensive HIV/AIDS care. Personal knowledge of HIV status is a priority intervention in the Kenya 5 Year Strategy, and increasing access to CT services continues to be a high priority for the Emergency Plan in Kenya. During FY 2008 CDC will continue to work with government of Kenya and non-governmental partners to promote CT in both clinical and non clinical settings including STI clinics, TB clinics, medical and pediatric wards, antenatal clinics as well as integrated, stand alone and mobile VCT sites. In FY 2008 there will be an effort to encourage the government and other partners to implement home based VCT, especially in high prevalence regions, as this will lead to the identification of many patients who would benefit from care and treatment. The CDC Kenya's multidisciplinary CT team will continue to provide technical guidance for these activities. This technical support involves consolidating and disseminating the most up-to-date technical information relating to CT, working with the government of Kenya to ensure that policies relating to CT are appropriate and technically sound and monitoring CT activities of local partners to ensure adherence to national and international standards. Technical activities of the CT team also involves collecting and analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved. The CDC CT team has three technical staff and one program assistant working in CT on full-time basis in CDC's Nairobi office. The technical staff includes a medical officer with expertise in both VCT and CT in medical settings, a counselor who works directly with the counseling staff of implementing partners and a mobile VCT coordinator who works with local partners to deliver mobile VCT services. In addition to these, there is a new technical advisor position to provide technical guidance to VCT and CT partners in Nyanza province, the part of Kenya with the highest HIV prevalence and the principal geographic focus area for CDC Kenya. The program assistant is engaged in a variety of tasks to support the technical team, such as reviewing and assembling training curricula and other technical materials, organizing training programs, and other duties to support the technical work of the CT staff. This team will be supported by seven locally employed regular drivers whose work is devoted to supporting CT activities. Four drivers will drive mobile VCT trucks operated by CDC to address CT needs of remote Kenyan communities; these vehicles have been purchased with Emergency Plan funds in previous fiscal years. The other drivers will enable the technical staff to conduct regular field visits and technical supervision. The total proposed CT management budget for FY 2008 is US\$ 700,000.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15054

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15054	4788.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7025	1501.08		\$639,900
7112	4788.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$400,000
4788	4788.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$402,100

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 288.09

Mechanism: N/A

Prime Partner: University of California at San Francisco

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 19411.20013.09

Planned Funds: \$100,000

Activity System ID: 20013

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

University of California San Francisco (UCSF), through its Family AIDS Care and Education Services (FACES) program, promotes family-centered, comprehensive HIV/AIDS care in Nyanza and parts of Nairobi. UCSF partners with the Ministry of Health and other local health facilities to provide services with an emphasis on strengthening local capacity for long-term local sustainability. In 2008, UCSF received PEPFAR funding through the US Centers for Disease Control and Prevention (CDC) to initiate provider initiated HIV testing and counseling (PITC) in Migori, Rongo and Kisumu districts of Nyanza province and in Nairobi.

PITC will be provided as part of routine care within outpatient and inpatients departments in all the health facilities in the said districts. Also, UCSF will promote HIV counseling and testing for the sexual partners and family members of the patients enrolled in the care and treatment services in the facility. UCSF will aim to offer HIV testing to every patient visiting a health facility regardless of the attending illness. This will lead to an increase in HIV case identification, HIV status knowledge, and enrollment into care and treatment services. UCSF will encourage HIV counseling and testing in TB, OPD, in-patient wards, male circumcision service departments, and in the community in keeping with the Kenya MOH community strategy. They will strengthen linkages between testing sites and HIV care and treatment. PLWHA will be involved in patient counseling, HIV education, and non-medical clinic work to inspire testing, positive living, and reduce perceived stigma.

Linkages from PITC to palliative care and treatment will optimize utilization of complementary services created through Emergency Plan funding. Patients testing positive in integrated care and treatment sites will enroll in palliative care within that department to streamline services and prevent unmet referral loss. At non-integrated HIV sites, HIV positive patients will be referred to the closest care and treatment department or facility for palliative care enrollment. When possible, staff will escort patients to the HIV care service point.

As part of the family model of care, the Family Information Table will be used at HIV care encounters with index patients to boost recruitment for testing, and to identify and enroll partners and family members at HIV risk. Counseling and Prevention with Positives activities will emphasize partner and child testing, provide assisted disclosure counseling, as well as provide risk reduction services. Concentrated pediatric counseling and testing strategies will increase pediatric case identification and uptake of services.

UCSF will also provide training, mentorship, and supportive supervision for all the PITC providers in the respective regions. Health care providers previously trained in HIV counseling and testing will receive sensitization training on PITC to update, sensitize, and increase PITC skills. UCSF will support MOH supportive supervision, allowing a nurse counselor to visit sites three days per month for structured mentorship.

By March 2010, the UCSF Counseling and Testing support will provide PITC services to more than 25,000 individuals in 50 health facilities in Nyanza and Nairobi. To facilitate this, UCSF will train at least 300 health care workers.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will significantly contribute to national prevention and treatment goals by averting new infections and pro-longing life through palliative care enrollment and ART treatment; strengthen local human resource capacity to provide quality health care services; and strengthen referral networks and linkages for integration of prevention and care services at facilities.

3. LINKS TO OTHER ACTIVITIES

This activity is associated with ART (adult and pediatric), Prevention of Mother to Child Transmission, Male Circumcision and TB-HIV.

4. POPULATIONS BEING TARGETED

These activities target infants, children, and adults living with HIV/AIDS, including participants in U.S. government sponsored research programs, couples with HIV, discordant couples, and families. HIV testing services for exposed infants and children are emphasized at all supported sites. Public health care providers, including doctors, nurses, and lay health workers are targeted for increased HIV care and treatment knowledge and skills.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

There are no secondary cross-cutting budget attributions in this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19411

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19411	19411.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	7011	288.08		\$100,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4919.09	Mechanism: APHIA II - North Eastern
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 8778.20190.09	Planned Funds: \$500,000
Activity System ID: 20190	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Target population will be expanded to include testing for OVCs
- + APHIA II North Eastern will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include testing of family members of the infected individuals receiving care and treatment within the facility and other outreaches. PITC services will be scaled up.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in ARV services, TB/HIV, palliative care basic health care, AB and Other Prevention.

2. ACTIVITY DESCRIPTION

In 2009, this activity will provide VCT services to 12,800 individuals through 40 sites including mobile services and will train 100 providers in VCT, PITC and HBCT. This activity relates to support to be provided to increase VCT coverage while taking account of the need to emphasize provider initiated testing and counseling (PITC) as well. Mobile VCT will complement fixed sites. Youth friendly services will be emphasized. Where possible, VCT will be integrated with facility and community level treatment and social support services for individuals testing positive and with prevention activities for discordant couples and individuals testing negative. PITC will be scaled up in support of the National AIDS and STI Control Program. Year 3 will see expansion and strengthening of PITC in high volume facilities and TB treatment sites, PMTCT and in district hospitals and health centers with laboratory capacity. Counselors from targeted facilities will be trained and they will work with GOK and NGO counterparts to ensure supervision. Individuals who test positive will be systematically referred to CCC and higher levels for comprehensive testing and linkages to community services. APHIA II NEP will liaise with NASCOP to ensure HIV test kit supply.

The project is covering the costs of 22 VCT Counselors recruited and hired through Capacity project on behalf of the Ministry of Health.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2009 Emergency Plan Counseling & Testing targets for Kenya. Integrating promotion of VCT into all community outreach for treatment and care will significantly contribute to PEPFAR goals for primary prevention. This activity will result in 12,800 people tested and counseled.

4. LINKS TO OTHER ACTIVITIES

Support to counseling and testing will be a linchpin activity in APHIA II NEP resulting in increased numbers of individuals accessing care, treatment and support and in strengthening prevention efforts. This activity will specifically be linked to ARV services, TB/HIV, palliative care basic health care, AB and Other Prevention.

5. POPULATIONS BEING TARGETED

This activity targets a wide range of population groups, including, for PITC, TB patients on treatment and those receiving other clinical services, and for VCT, the general population, with emphasis on sexually active individuals, youth, and high risk groups such as sex workers, their partners, long distance transport workers and discordant couples. Health service providers will be targeted for training.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the GOK VCT policy and guidelines and legislation related to protection of human rights and confidentiality. It will address gender issues and stigma and discrimination to ensure that women who are disproportionately affected by HIV are identified and linked with care and treatment programs. Couples in discordant relationships will also benefit from knowing their status so that they can make informed decisions in their sexual relationships.

7. EMPHASIS AREAS

This activity includes major emphasis on training to build capacity of Counseling & Testing providers and Community Health Workers. The activity emphasizes VCT as a major prevention strategy; implementing Partners, Community Own Resource Persons and other community level implementing partners are key to its success. Community mobilization and the development of network/linkages/referral systems are all minor emphasis areas in this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14703

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14703	8778.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$400,000
8778	8778.07	U.S. Agency for International Development	To Be Determined	4919	4919.07	APHIA II - North Eastern	

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 282.09

Prime Partner: Eastern Deanery AIDS Relief Program

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 6437.20425.09

Activity System ID: 20425

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$800,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ EDARP will expand home based VCT services to other parts of Nairobi, beyond the areas covered by the 2008 activity. In 2009 this will be mainly Dandora. This will lead to an increased target. The new targets are 80,000 people tested in 25 sites, with 250 trained.

COP 2008

The only changes to the program since approval in the 2007 COP are:

+ in FY08 EDARP will expand the CT program to include Home Based CT activities in the slums. This strategy will work through the community health strategy which EDARP has developed over the years. Mobilization, recruitment and follow up will be carried out by community health volunteers, whereas CT will be provided by trained VCT counselors. Those who will be found to be HIV positive will be enrolled in the PEPFAR supported care and treatment program. EDARP will therefore train more CT providers and community volunteers.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities with Eastern Deanery AIDS Relief Program in other HIV/AIDS activities of ARV treatment, PMTCT and TB-HIV.

2. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) is a faith-based organization (FBO) under the Roman Catholic Archdiocese of Nairobi established in 1993 in response to the HIV/AIDS pandemic. It works primarily among the very poor people dwelling in slum areas in the eastern part of Nairobi. In terms of HIV counseling and testing (CT), EDARP has in the past provided mainly the client initiated CT in static sites and in community outreach programs. In FY 2005, it began to expand this mandate by commencing the provider-initiated CT, starting with TB patients and later with TB suspects. In FY 2006 and FY 2007, this was further enhanced through the provision of pediatric HIV testing and family support. Because of their broad type training, counselors in EDARP are highly qualified and able to provide different types of CT services. The training they receive includes VCT, Provider Initiated Test and Counseling (PITC), couples counseling and CT in children. In FY 2008 EDARP will continue providing all types of CT services in all the previous sites, as well as in the outreach program. To facilitate the provision of all the CT services in FY 2008, EDARP will train 200 health workers and counselors on both VCT and PITC. This will lead to over 60,000 people being counseled and tested in at least 20 CT outlets. Because EDARP already has a vibrant comprehensive care and treatment program, with the support of the Emergency Plan, those who will be found to be eligible will receive appropriate care within the same facility, which should minimize loss to follow up. CT services and prevention information will also be provided for family members of patients on treatment. As part of the CT program, EDARP will also carry out community mobilization and education activities in the same area, for the purpose of increasing uptake of CT and other HIV/AIDS services and also in order to reduce the social stigma.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The services provided by EDARP will contribute less than 5% of the USG supported CT services in Kenya in FY 2008. However, EDARP will be working in a unique environment with very innovative CT programs. They have in the past and will in FY 2008 continue to consolidate provider initiated CT as well as the unique VCT programs. They will also provide CT for children, which is an underdeveloped program area in Kenya.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to the other PEPFAR supported EDARP activities, such as ARV treatment, PMTCT, STI, and TB-HIV activities. Diagnostic HIV testing, which is part of the provider initiated CT will be made available largely in TB and STI clinics. Those who will be found to be eligible will be referred to ARV services.

5. POPULATION BEING TARGETTED

EDARP works in a highly populated slum area of Nairobi. In this area EDARP serves the entire population, including all adults and children. Most of the people who live in these slums are of very low socio-economic status. CT services will be provided to patients in the health institutions as well as to the general community in the outreach program. The program will follow a family approach to CT service provision, both for adults and children, be it in health settings or in the community.

6. KEY LEGISLATIVE ISSUES

This activity will particularly address the gender disparities, as well as help reduce stigma and discrimination in HIV/AIDS.

7. EMPHASIS AREA

Major emphasis will be placed on human resource development for quality service provision. They will also undertake community mobilization and development of networks and referral systems. Another minor emphasis will be in the area of information, education and communication in an effort to reduce stigma around testing in the community and on improvement of infrastructure for CT service provision. EDARP will focus mainly on building the capacity of local organizations to implement high quality HIV/AIDS interventions responsive to the needs of target communities. The training component of the planned activities will result into increased human resource capacity to provide both diagnostic and voluntary counseling and testing at grassroots level. In settings where infrastructure for CT service provision is underdeveloped or lacking, resources will be committed for minor alterations, improvements and furnishings to create decent CT service outlets.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14775

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14775	6437.08	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	6943	282.08		\$600,000
6881	6437.07	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	4222	282.07		\$400,000
6437	6437.06	HHS/Centers for Disease Control & Prevention	Eastern Deanery AIDS Relief Program	3215	282.06		\$150,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4915.09

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 12482.20437.09

Activity System ID: 20437

Mechanism: APHIA II - Nyanza

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$900,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Target population will be expanded to include testing for OVC
- + APHIA II Nyanza will expand counseling services within the province and include outreach services provided through existing and new VCT sites that are integrated within health facilities. The CT services will include door to door CT and testing of family members of the infected individuals receiving care and treatment within the facility and other outreaches like moonlight VCT as well as institutionalizing testing and counseling in health care settings. PITC services will be scaled up.
- + HBCT services will be provided in Homa Bay district.
- + This activity will also provide support at the provincial and district levels for the annual national HIV testing campaigns.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + this activity will expand the VCT services within health facilities to provide outreach services including door to door counseling and testing services
- + APHIA II Nyanza will also provide VCT to men interested in circumcision. This will be supported by behavior change communication activities, targeting community leaders and youth.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence/Be faithful, condoms and other prevention, palliative Care: TB/HIV and ARV services.

2. ACTIVITY DESCRIPTION

The USAID APHIA II Nyanza project implemented by EngenderHealth initiated support to counseling and testing services in Nyanza Province in FY 2006 and continued in FY 2007 and FY2008. In FY 2009 this activity will continue to expand the geographical coverage of this service to increase access for couples and families. Through this activity 50,000 individuals will be counseled and Tested through 50 sites and 200 providers trained. A total of 15 new VCT sites will be established in public health facilities and 30 new VCT sites in faith based health facilities. Training in VCT and PITC will be provided for 200 counselors and health care workers respectively. Additionally training in Door to Door Counseling and Couple Counseling will be done for 150 counselors and health care workers. As a result 51,000 individuals will be counseled and tested and referred to care, treatment and other services as required. Increasing access to antiretroviral therapy dictates that CT efforts quickly transform to accommodate active case finding through provider initiated testing, PITC, in clinical settings, in addition to the more passive client initiated testing (CIT). A total of 180 mobile VCT service sessions will be conducted. As a way to capture populations at risk 30 moonlight VCT sessions will be conducted. Home based testing and door to door testing for 20,000 clients will be undertaken. Existing integrated VCT sites are particularly well placed to support these efforts; they will be strengthened to support PITC efforts e.g. supporting start up activities, providing testing for partners and other family members of index patients, and providing ongoing counseling. Testing in clinical settings will require support for logistics, creation and renovation of space especially at inpatient facilities, supportive supervision, ongoing monitoring, and mainstream CT reporting. Existing supported VCT sites already serve a large population of young people aged 24 and younger. In addition to existing dedicated youth VCT services, counselors at general VCT sites will be trained to work with young people. Targeted outreaches to youth centers and tertiary institutions, will also reach young people. Experiences with comprehensive counseling services at existing youth VCT centers including alcohol and substance abuse prevention counseling; gender based violence prevention and counseling, pregnancy prevention/FP; STI prevention, diagnosis and treatment; and referral to addiction treatment services; will be documented and used to scale up these efforts at existing general VCT sites. Outreach services, health action days, will require effective supervision, sessional staff, supplies, data collection and other logistics. BCC strategies supported by CBOs, FBOs, churches and mosques will encourage people to know their HIV status, and develop discordant couples support groups.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Nyanza project will contribute to the Kenya 5-Year Strategy that focuses on increasing access to counseling and testing clinical services. It will provide this service to 15,000 individuals in Nyanza province prioritizing youth, couples and families.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence/be faithful and condoms and other prevention to promote health behaviors and reduce stigma by encouraging individuals to know their HIV status. It also relates to Palliative Care: TB/HIV and ARV services strengthening linkages between prevention, care and treatment settings.

5. POPULATIONS BEING TARGETED

This activity targets youth and adults living in rural communities. It targets discordant couples and people living with HIV/AIDS through clinical and community interventions. Training activities target public and private based health care workers and other health workers. Community outreach activities will target community based organizations, faith based organizations, community leaders and religious leaders. At-risk populations will also be targeted with these services like commercial sex workers, discordant couples, injecting drug users, street youth, truck drivers, migrant workers, out-of-school youth and partners/clients of CSWs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The activity will address stigma and discrimination by encouraging people to know their status. The behavior change communication activities for HIV prevention will promote gender equity through partnering with women's organizations in the design and implementation of community activities.

7. EMPHASIS AREAS

This APHIA II Nyanza activity has a major emphasis on training and minor emphasis in quality assurance, quality improvement and supportive supervision and development of network/linkages/referral systems. It

Activity Narrative: has a minor on emphasis community mobilization/participation as well.
New/Continuing Activity: Continuing Activity

Continuing Activity: 14783

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14783	12482.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$800,000
12482	12482.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$200,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 441.09	Mechanism: Capable Partners
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 4847.20342.09	Planned Funds: \$500,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

COP 2008

The only changes to the program since approval in the 2007 COP are:

- + geographic coverage has been revised and expanded to include regions where the Capable Partners program is implementing OVC programs
- + the target population has been revised and expanded to include OVCs. The numbers of people counseled and tested will include OVCs and disabled populations.

1. LIST OF RELATED ACTIVITIES

This activity relates to AED Capable Partners activities in OP, and AB and OVC.

2. ACTIVITY DESCRIPTION

Handicap International began operations in Kenya in 1992 and currently has 4 location offices: Nairobi (Country office), Garissa, Kitale and Kakuma. The organization has developed two integrated HIV/AIDS projects. In Kitale, Trans Nzoia district, the project includes prevention in the communities, churches and schools, Voluntary Counseling and Testing (VCT), reinforcement of the care network through government and faith-based partners, and support of people living with the virus and their families using home based care, support groups and micro-credit. The Capable Partners Program is currently funding the youth-friendly VCT and Reproductive Health center called Chanuka, which means 'get smart'. Chanuka serves as a model VCT for reaching youth at risk and initiating behavior change. In 2009 the program will continue to use behavior change communication as a key strategy to sensitize the youth on the dangers of HIV/AIDS and promote positive behavior in the context of HIV. The project aims to increase the level of intervention by targeting both the youth in-school and the youth out-of-school.

Mobilization exercises will target the churches, schools, and tertiary institutions and youth groups and train additional youth groups in each of the administrative divisions in Kitale district, Trans zoia, West Pokot and Kapenguria Districts. The project will continue encouraging the youth and other community members to go for HIV testing at the existing VCT sites in the district. In order to reach communities and in particular, the youth, in the remote areas of the district who are unable to access fixed VCT centers Handicap International will continue to provide a mobile VCT service in all the districts of operations. A full mobile team comprising of trained VCT counselors will be deployed for this purpose. To ensure quality, counselors will continue attending monthly supervision meetings organized by the District AIDS and STI Coordination Office (DASCO) and according to the requirements of NASCOP. Staff members will continue to attend external Quality Assurance workshops in Nairobi as facilitated by Liverpool VCT and Care.

The Chanuka Youth Centre will continue providing quality VCT service to youths with special emphasis on the female youths. It is expected that at least 300 youth will visit the center and 220 will receive counseling and testing monthly. Through another AED CAP Kenya project Chanuka will make services accessible to youth with disability by bringing in specialists to provide appropriate counselors for different disabled groups. Post Test Clubs and Peer Educators Clubs will be established in West Pokot. Chanuka will continue to produce and disseminate youth focused IEC materials for the out-of-school population and an interactive magazine for the school-based populations. The activity will reach 20,000 individuals for counseling and testing (10,000 Chanuka, 10,000 mobile VCT), will train 25 individuals in CT, and will fund CT services in 10 static site and mobile sites.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the FY2009 targets of number of individuals counseled and tested and trained. Handicap International will contribute to the overall program area with six service outlets that provide counseling and testing, 20,000 individuals will receive counseling and testing and 25 individuals will be trained to provide VCT

4. LINKS TO OTHER ACTIVITIES

This activity is linked to: AED Capable Partners AB activities; AED Capable Partners OP activity; and AED Capable Partners OVC activity. This activity will also be linked to treatment, care and support services in the regions of operations.

5. POPULATIONS BEING TARGETED

The main target population is special populations including 1) persons with different types of disabilities (deaf, blind, mentally and the physically disabled) and 2) out of school youth. In the general population parents and guardians will also be involved especially for the mentally challenged to support in providing information and helping them access HIV services. Training will include public health workers in sign language for VCT. Groups and organizations includes CBOs and NGOs

6. KEY LEGISLATIVE ISSUES ADDRESSED

The project will address issues of stigma and discrimination, as it has been the major factor hindering access to HIV services for youth with disabilities. It will work to promote the rights of the disabled people for equal access to HIV related prevention and AIDs related intervention measures. The activity will also work to promote Government policies to be inclusive of needs of PWDs. Gender equity is also key in this project as within the disability fraternity issues of women with disabilities have not been well articulated and would therefore be put into consideration in all activities. The Chanuka Youth Center will continue to provide quality VCT service to youth with emphasis on the female youth.

7. EMPHASIS AREAS

The primary area of emphasis will be on Information, Education and Communication in the development of behavior change communication and peer education within and out of schools. A minor area of emphasis is on training. Peer educators (disabled youth themselves) will be trained in HIV/AIDS issues as well as leaders of post test clubs to promote positive living. VCT counselors will be trained on the needs youth with disabilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14719

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14719	4847.08	U.S. Agency for International Development	Academy for Educational Development	6920	441.08	Capable Partners	\$500,000
6829	4847.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$200,000
4847	4847.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3543.09

Prime Partner: Children of God Relief Institute

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4848.20379.09

Activity System ID: 20379

Mechanism: Lea Toto

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$300,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in TB/HIV care activities, HIV/AIDS treatment services, OVC, HBHC

2. ACTIVITY DESCRIPTION

This activity will result in counseling and testing of 10,000 children and at least 5,000 adults in 10 existing voluntary counseling and testing centers situated near the project centers selected slums of Nairobi and one in Kitui Eastern Province. In addition, 30 VCT counselors will be trained. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling services for HIV+ children and their families. Referrals for VCT services which are mainly through CHWs, caregivers, community leaders and other institutions within the program area will be strengthened. Program Counselors and Community Based Counselors (CBCs) will carry out continuous dissemination of prevention information both during Voluntary Counseling and Testing and in any other counseling and / or group therapy session organized by the project. These group therapy sessions include life skills training, disclosure meetings, support group meetings and follow up counseling sessions.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and increase the number of people counseled and tested for HIV/AIDS by training 30 VCT counselors and testing 6,000 children and 3,000 adults.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to: COGRI-Lea Toto ART activity; COGRI-Lea Toto Palliative care activity; COGRI-Lea Toto OVC activity. This activity is also linked to other USG CT program on CT promotion and procurement of test kits.

5. POPULATIONS BEING TARGETED

Targeted population include the General population (men and women), Families affected by HIV/AIDS including HIV positive infants and children, care givers, community health workers and Community Based Counselors

6. LEGISLATIVE ISSUES ADDRESSED

This activity will work to reduce stigma and address discrimination faced by individuals infected or affected by HIV/AIDS. This activity will address issues on disclosure of one's status to partner and family members.

7. EMPHASIS AREAS Training of VCT counselors to enhance their ability to provide quality HIV/AIDS services that are responsive to the clients' needs is the major emphasis area while community mobilization and participation are the minor emphasis areas

New/Continuing Activity: Continuing Activity

Continuing Activity: 14752

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14752	4848.08	U.S. Agency for International Development	Children of God Relief Institute	6936	3543.08	Lea Toto	\$200,000
6860	4848.07	U.S. Agency for International Development	Children of God Relief Institute	4216	3543.07	Lea Toto	\$100,000
4848	4848.06	U.S. Agency for International Development	Children of God Relief Institute	3543	3543.06	Lea Toto	\$40,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$83,500,000

Program Area Narrative:

Key Result 1: Sufficient quantities of ARV drug procured by USG and supplied to support treatment for 190,000 people, including 25,000 adults on second-line regimens.

Key Result 2: Resources from the Government of Kenya and other donors leveraged to expand HIV treatment to an additional 160,000 patients.

Key Result 3: Public sector commodity forecasting, procurement and distribution systems strengthened to ensure uninterrupted supplies of critical HIV commodities.

CURRENT PROGRAM CONTEXT

Since 2004, the pharmaceutical forecasting system in Kenya has steadily improved. No antiretroviral (ARV) stock-out has been experienced despite rapid scale-up in treatment services. Public sector ARV commodity reporting has improved in terms of timeliness and completeness of the reports. Monthly reporting rates on consumption of Emergency Plan (EP) and public sector ARV stocks has been 100% and 80% respectively, as re-supplies are based on actual consumption data reported by sites. Computerized ARV dispensing tools are now available in over 100 of 500 antiretroviral treatment (ART) centers. These tools – accompanied by regular training in rational drug selection, use, and storage – have contributed to improved reporting rates in the national ART program. Since 2007, nearly 5,000 new patients initiated ART every month, 10% of whom are children.

Since the EP initiated ART support, the majority of ARV commodity procurement for EP-supported partners has been achieved through a contract with the Mission for Essential Drugs and Supplies (MEDS), an FBO that supports a network of mission, NGO, public, and community health care facilities. Columbia University, Catholic Relief Services (CRS), and the Kenya Medical Research Institute (KEMRI) have also procured limited quantities of ARVs and distributed them through the MEDS system. MEDS has a central receiving warehouse that has capacity for storage, sorting, and packaging operations. It also maintains a well-developed quality assurance system that includes site visits to pharmaceutical manufacturers and other suppliers and on-site chemical analysis capability to assess the quality of received products. MEDS operates a zonal transportation system for product delivery, which ensures quick turn-around times for site ARV orders.

Management Sciences for Health (MSH) through the Strengthening Pharmaceutical Systems (SPS) project, has been the main USG technical partner supporting drug supply chain activities. In partnership with MEDS and other stakeholders, MSH/SPS coordinates forecasting and quantification of antiretroviral drugs and other pharmaceuticals, and manages the logistics management information systems (LMIS) to track procurement, warehousing, and distribution of these commodities. MSH/SPS assists with provision of strategic information from ART and other commodity sources including importers and manufacturers. At the national level, MSH/SPS provides technical assistance in commodity management to MEDS, Kenya Medical Supplies Agency (KEMSA), NASCOP, and the Department of Pharmaceutical Services to strengthen commodity supply-chain systems supporting ART and other medical and pharmaceutical commodities related to HIV. To assist in capacity building for commodity

management, SPS implements curricula for training ART healthcare workers at all levels of care. SPS also strengthens systems by developing and applying standard operating procedures for commodity management tools. In the previous year, SPS continued to work directly with KEMSA and its staff at the Logistics Management Unit (LMU) to support activities that were previously supported under the MSH/RPM+ project.

The public sector counterpart to MEDS is KEMSA, which has been a key EP partner for HIV-related commodities. KEMSA distributes ARVs purchased with Global Fund (GFATM), Clinton Foundation (CF), and GOK resources, as well as HIV test kits, laboratory reagents, and drugs for opportunistic infections. KEMSA has three central warehouses in Nairobi, which have capacity to store large volumes of medical supplies. There are eight additional provincial warehouses that cater for re-supply needs of local facilities. KEMSA has contracted transporters to distribute HIV products directly to the treatment centres. Under the Millennium Challenge Account (MCA) threshold program, USAID is working with KEMSA to improve procurement practices in the health sector. The overall MCA objective is to reform public procurement and to improve healthcare service delivery. This is a two-year project that will end in 2009.

Due to rapid scale-up and heavy demand for triple fixed-dose combinations (FDC) worldwide, coupled with limited USFDA approved stavudine FDC formulations, the supplier capacity was exceeded leading to delays in delivery of the stavudine-based FDCs. Kenya had to procure additional individual formulations to avert treatment interruptions; however, this has since been remedied by procuring from newly approved sources.

STATISTICS

As of July 2008, EP-purchased ARVs supported 117,000 patients. The COP 2007 target of 110,000 patients was exceeded six months ahead of schedule, and with current rates of scale-up, an expected 130,000 patients will be on EP-purchased ARVs by September 2008. Over 380 ART centers across the country receive EP-purchased ARVs; public sector/GOK facilities constitute 70% of these sites. In 2008 the total value of ARVs purchased was \$29,054,257, of which \$23,835,485 (82%) went to generic ARVs. Purchase of generic ARVs has resulted in huge cost savings and enabled the EP to exceed set ARV treatment targets. In 2009, the EP will provide ARVs for 190,000 patients, of whom at least 25,000 will require second-line or alternate regimens. The estimated EP drug procurement budget will be in the region of \$70,500,000. Drug storage, distribution, and systems strengthening costs will be additional to this amount.

SERVICES

In 2009, USG Kenya will continue to purchase more USFDA-approved generic ARVs, especially FDCs. FDCs will simplify quantification and procurement, reduce pill burden for patients, and promote better adherence. FDC use in EP-supported programs will closely mirror formulations already available in public sector facilities from GFATM and GOK resources.

EP-procured ARVs will be mainly adult first- and second-line drugs based on Kenya's National Treatment Guidelines (NTG). The CF will be responsible for the procurement of all pediatric first- and second-line formulations. Specific USG-procured drugs will be (1) lamivudine 150mg/zidovudine 300mg/nevirapine 200mg FDC tabs as well as the individual formulations where needed, (2) abacavir 300mg tabs, (3) didanosine 250/400mg tabs, (4) efavirenz 600mg tabs, (5) lopinavir 200mg/ritonavir 50mg tabs, (6) tenofovir 300mg tabs, and (7) stavudine 30mg based FDC (if still recommended in the NTG at that time).

As of August 2008, 60 of 94 USFDA approved or tentatively approved ARV formulations have been registered for use in-country by the Kenya Ministry of Health (MOH). Most of these ARVs are already in the Kenyan market from PEPFAR, GOK, GFATM, CF and other procurement agencies. A significant number of other USFDA approved or tentatively approved companies have also lodged their application with the Kenya MOH authorities and will soon be available in the local market. Registration pace for the USFDA approved ARVs has been acceptable, and the USG will continue to work with the MOH to expedite local registration of these products.

Although well-developed systems for drug registration exist in Kenya, post-market surveillance is weak, albeit improving. The capacity of the National Quality Control Laboratory (NQCL) is limited by available resources. Ongoing and expanded activities proposed in the 2008 COP will broadly support improvement in pharmaceutical management and pharmaco-vigilance in Kenya. The USG will continue to strengthen NQCL to assure post-market surveillance.

At the moment, most EP-purchased ARVs do not require cold storage, and heat-stable boosted lopinavir formulations have been available for over a year in the local market. However, for the pediatric formulation of this product, and other such products that have cold-chain requirements, the current contractor has adequate capacity to handle, store, and transport them without breaking the cold chain. In addition, most health facilities in the country also have capacity for cold storage.

The USG team, in partnership with GOK, GFATM, CF, and other development partners and stakeholders, have regularly held national quantification meetings to ensure adequate ARV stocks to meet national needs are procured; however, planned GFATM procurements rarely arrive on time, so USG and the CF are often requested to fill critical gaps.

In early 2009, a new bilateral ARV procurement contract will be awarded through a solicitation process that is currently nearing completion. The contractor will distribute EP-procured ARVs and improve the distribution of drugs purchased by GOK and GFATM. A small fraction of drug procurement funds are allocated to CDC's cooperative agreement with AIDSRelief to provide flexibility for contingencies.

SPS will continue to work directly with KEMSA and its staff at the LMU. This includes managing the LMIS system of parallel commodities for reproductive health, malaria, and the national TB program. MSH/SPS will maintain the database and help distribute reports to relevant MOH Divisions and agencies on stock status. The LMU will gradually transition to KEMSA, and this will entail expansion of the LMIS database to include all products warehoused and distributed by KEMSA.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

In FY 2007-08, GOK allocated \$7 million for ARVs and will support the same in FY 2008-09. The EP will work closely with the MOH to ensure an expanding allocation to ARV drug procurement continues in future GOK budgets and this commitment is reflected in the Concept Note for Kenya's Partnership Compact. Two other significant partners in ARV procurement are MSF and CF. MSF currently supports ARVs for 14,000 patients in selected sites. Since 2006, the CF has been purchasing pediatric ARV formulations, plus adult second-line from 2007; however, in 2009, CF will only purchase first-line and second-line pediatric ARVs. Since CF support for adult second-line ARVs will cease in the COP 2008 period, the EP will purchase the additional ARVs for approximately 25,000 patients in the COP 2009 period. USG will continue to work with GOK and other development partners, especially the GFATM, to identify more resources for second-line ARV purchase.

REFERRALS AND LINKAGES

The USG-supported drug procurement and distribution system closely links with the public sector system through KEMSA. USG has provided resources to strengthen KEMSA through both MCA and PEPFAR. About 60% of all facilities receive ARVs from both KEMSA and MEDS, and this has averted stock outs when GFATM procurements are delayed.

POLICY

In line with recent WHO recommendations, Kenya is currently revising national pediatric and adult ART guidelines. If adopted, these new guidelines will be put into use during 2009 and should result in the use of more recent and safer regimens, especially those containing tenofovir. The most immediate implication of the policy shift will be increased costs of treating (new) patients, as stavudine-based regimens will likely be phased out and only two tenofovir formulations are currently USFDA-approved and registered in Kenya.

MONITORING AND EVALUATION

Although there are no PEPFAR indicators in this program area, the USG has continued to monitor and support routine reporting on drug consumption through monthly reports from ordering points to central stores. This data is used in forecasting and quantification of future ARV needs, and helps ensure uninterrupted supplies.

A recent EP-supported innovation adopted by NASCOP is production of a monthly "40,000 foot" snapshot of current and projected ART stocks for principal adult and pediatric regimens. It assists policy-makers and those responsible for resource allocation to mitigate the possibility of stock-outs, modulate rates of scale-up if necessary, and ensure adequate funding for future demand.

OUTSTANDING CHALLENGES AND GAPS

While dual drug sources impose additional reporting burdens on treatment sites, dual supply is considered advantageous in preventing treatment interruptions. Efforts will be made to fully standardize reporting while maintaining the "safety net" of dual sources.

Failure to maintain timely and accurate reporting has compromised Kenya's ability to make optimal use of drug donation programs. In 2009, assistance will be provided to NASCOP to address this problem.

Finally, although the GOK continues to allocate resources for ARVs, the amounts are minimal and limit any real scale-up of programs or the ability to transition to safer but more expensive regimens. Moreover, delays in GFATM procurements continue to hamper adequate ARV availability in the public sector, and on multiple occasions USG has supplied ARVs to KEMSA to avoid stock-outs in public sites that are solely dependent on KEMSA. Many ART centers receiving dual supply have substantially increased the proportion of their ARVs that are EP-procured given their far greater reliability.

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 390.09	Mechanism: SPS
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 4209.20232.09	Planned Funds: \$2,000,000
Activity System ID: 20232	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES This activity relates to HLAB and TB/HIV services implemented by MSH/SPS, the ARV procurement contract to be awarded by USAID through a mission competitive procurement and HLAB, MTCT and HVCT activities by SCMS.

2. ACTIVITY DESCRIPTION

The USAID funded Strengthening Pharmaceutical Services Project (SPS), implemented by Management Sciences for Health (MSH) will provide technical assistance in commodity management to KEMSA, NASCOP and the Department of Pharmaceutical Services to strengthen commodity supply chain systems supporting ART and other medical and pharmaceutical commodities related to HIV/AIDS. To assist in capacity building for commodity management, SPS will continue to implement curricula for training ART healthcare workers at all levels of care. SPS will also strengthen systems by developing and applying Standard Operating Procedures for commodity management tools. In the 2009 COP implementation period, SPS will continue to work directly with KEMSA and its staff at the Logistics Management Unit (LMU) in order to support their activities that were previously supported under the MSH/RPM+ project. This includes managing the LMIS system of parallel commodities. During COP 2009 period, this database that has been maintained by MSH/SPS for some time now and has facilitated distribution of reports to relevant divisions and agencies on stock status, will be transitioned to, mainstreamed and maintained by KEMSA. When this transition happens, it will entail: expansion of the LMIS database to include all products warehoused and distributed by KEMSA, finalization of the LMIS user manual, training KEMSA and users from MOH departments (NASCOP, KEPI, RH, NLTP and essential drug programs) on how to use the LMIS and implementing facility based forms and tools for recording and summarizing commodity usage data. This component is part of the continued development of the national medical and pharmaceutical supply chain system that distributes ARVs and other medical and pharmaceutical commodities from the national warehouses to district warehouses and points of service. Over 400 points of service – public, private, mission and NGO are served by this system. SPS will work with key partners to update product selection according to MOH standard treatment guidelines, verify registration status, quantify requirements and update forecasts to enable uninterrupted procurement. The LMIS system will enable timely and accurate collection and reporting of ARV drug and other commodities to the National AIDS and STD Control Program (NASCOP), KEMSA, the new USAID ARV procurement contractor, divisions of the MOH, and other partners. These integrated activities will be jointly funded with non-HIV/AIDS funds to support the entire national procurement and distribution system, with a key emphasis on reliable distribution of HIV/AIDS commodities down to the "last mile." Key partners with whom SPS will work include: KEMSA, the Kenya Government organization responsible for procuring and distributing medical supplies to government facilities and currently responsible for distribution of all pharmaceuticals procured with resources from the Government of Kenya and the Global Fund, the Supply Chain Management System contract (SCMS), the major procurement and distribution partner of PEPFAR, and the National AIDS and STD Control Program (NASCOP), the program with overall responsibility for management of the GOK program. SPS will also work with the Department of Pharmaceutical Services and its institutions to support the policy and practice reform agenda aimed at strengthening national skills and capacity in commodity selection, quantification, procurement, distribution, quality assurance and appropriate use of commodities needed for the treatment and care of PLWHA. SPS will also support activities by the pharmacy professional associations, the NGO/private sector aimed at improving access and use of ARVs and other medicines in support of the national ART programme. These will include implementation of the revised National Drug Policy to include components supportive of the provision of effective ART commodity management services; preparation of the national strategic plan to guide the pharmaceutical sub-sector; implementation of the Strategic Plan for Pharmaceuticals services, support to stakeholders in the development and dissemination of various ART policy guidelines; and advocacy for linkages between the Department of Pharmaceutical Services, NASCOP, PPB, KEMSA, NQCL in cross-cutting issues such as pharmaco-vigilance, ART drug procurement and Quality Assurance. At site level, SPS will continue to provide technical assistance in the development and adaptation of SOPs and forms; use of inventory management tools for patient medication counseling for adherence; commodity management M&E systems, including Drug Utilization Reviews (DUR); the design and implementation of ART Drug Management Information Systems; and training and monitoring for performance improvement at site level employing the MTP methodology.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will support the establishment of a sustainable national supply chain system capable of managing medical and pharmaceutical supplies right from product selection, registration through procurement, storage, distribution and consumption reporting, in proportion to the national epidemic.

4. POPULATIONS TARGETTED

The main populations targeted are people living with HIV/AIDS, health workers in the public sector and MOH policymakers and managers.

5. EMPHASIS AREAS

The major emphasis area is systems strengthening of the public procurement and supply chain. Minor emphasis areas are logistics, QA/QI and Training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14924

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14924	4209.08	U.S. Agency for International Development	Management Sciences for Health	6976	390.08	SPS	\$4,000,000
6989	4209.07	U.S. Agency for International Development	Management Sciences for Health	4260	390.07	RPM/PLUS	\$3,200,000
4209	4209.06	U.S. Agency for International Development	Management Sciences for Health	3243	390.06	RPM/PLUS	\$1,800,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1242.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 5008.20256.09

Activity System ID: 20256

Mechanism: National Medical Supplies Agency

USG Agency: U.S. Agency for International Development

Program Area: ARV Drugs

Program Budget Code: 15

Planned Funds: ██████████

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Other/Policy and System Strengthening Laboratory Infrastructure , HIV/TB , MTCT and HVCT.

2. ACTIVITY DESCRIPTION

This activity aims to improve the capacity of the Kenya Medical Supplies Agency (KEMSA) in the procurement, warehousing, distribution, management and reporting of public sector anti-retroviral drugs, as well as other medical and pharmaceutical commodities related to HIV/AIDS. KEMSA is the government of Kenya public sector health commodities supply agent involved in ensuring the delivery of all health commodities including ARVs to public sector health institutions. In the fall of 2006, USAID supported an independent evaluation of KEMSA, and supported an MOH assessment of the MOH procurement system; both were to help inform the Ministry of Health (MOH) to develop a new procurement policy. This new policy will prescribe the role of KEMSA relative to other arms of the Ministry of Health in procurement. This activity will assist KEMSA continue to develop its role in procurement, warehousing, distribution, and information management in line with the new MOH policy. The nature of this assistance is in short and medium-term consultancies as well as short-term deployment of senior level advisors to strengthen identified weak areas. One of the major areas for improvement is in information management, and in monitoring and evaluation of distribution at the "last mile" to make sure that reports are returned to the district warehouse in order to fully implement a "pull" commodity system. Another challenge is managing the increasingly complex distribution schedule which includes increased numbers of commodities related to HIV/AIDS, and a mandate to deliver to points of service rather than district warehouses for some commodities. As a result, the warehouse is often overflowing, as trucks cannot make distributions fast enough. In 2007 the SCMS contract started to procure commodities on a large scale for the PEPFAR program, and will continue to distribute most of them through the KEMSA system. This support will ensure that these commodities are tracked and distributed in a timely manner and with the required reporting. This support will go directly to KEMSA to hire short and medium-term logistics consultants or staff experts in areas of greatest need. It may also contribute to minor renovations and computer equipment as necessary. MCC resources are leveraged in the KEMSA PEPFAR support.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to improving the public sector medical and pharmaceutical supply chain system for ARVs and other HIV/AIDS-related commodities.

4. LINKS TO OTHER ACTIVITIES

This activity links to other KEMSA support in Other/Policy and System Strengthening , MSH/SPS activities in Laboratory Infrastructure, and HIV/TB, and SCMS activities in Laboratory Infrastructure , HIV/TB , MTCT and HVCT.

5. POPULATIONS BEING TARGETED General population, people living with HIV/AIDS, and KEMSA managers.

6. EMPHASIS AREAS

The major area of emphasis is distribution logistics, and the minor emphasis areas are Local Organization Capacity Development and QA/QI/SS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14910

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14910	5008.08	U.S. Agency for International Development	Kenya Medical Supplies Agency	6969	1242.08		\$950,000
6969	5008.07	U.S. Agency for International Development	Kenya Medical Supplies Agency	4250	1242.07		\$0
5008	5008.06	U.S. Agency for International Development	Kenya Medical Supplies Agency	3261	1242.06		\$850,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3618.09

Mechanism: Kenya Pharma Project

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 4118.20329.09

Planned Funds: [REDACTED]

Activity System ID: 20329

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES: this activity relates to activities in ARV Drugs and all the activities listed in the HTXS and PDTX program areas.

2. ACTIVITY DESCRIPTION:

This activity deals with the procurement and distribution of ARV drugs for patients supported by the Emergency Plan. The objective of this drug procurement contract is to ensure reliable and uninterrupted supplies of essential ARV commodities to Emergency Plan supported sites in Kenya. This activity will be a follow-up on to the current USAID contract with the Mission for Essential Drugs and Supplies (MEDS). The contractor will be chosen through full and open competitive bidding at the mission level. The solicitation for this activity is nearing completion and a contractor is expected to be awarded in last quarter of the 2008 calendar year. The contractor will forecast, procure, store, and distribute a comprehensive formulary of ARV drugs sufficient to treat 190,000 patients, 25,000 of whom will be on second-line or alternate regimens. Illustratively, some of the ARVs the contractor is expected to procure, will include, but not be limited to; lamivudine 150mg/zidovudine 300mg/nevirapine 200mg FDC tabs as well as the individual formulations where needed, abacavir 300mg tabs, didanosine 250/400mg tabs, efavirenz 600mg tabs, lopinavir 200mg/ritonavir 50mg tabs, tenofovir 300mg tabs, and stavudine 30mg based FDCs, if still recommended in the national guidelines at that time. Also, the contractor will forecast, quantify, procure, store, and distribute drugs purchased through Emergency Plan funds, including ARVs to meet the set target of 190,000 patients by September 30, 2010. The contractor will procure the required medicines and constantly communicate with suppliers for stock availability, properly store and warehouse Emergency Plan stocks, distribute pharmaceuticals in a timely and efficient manner to ensure continuity in patients' treatment, monitor quality assurance of the items procured and distribution through a recognized quality control laboratory, and maintain appropriate records on supplies for accurate program reporting, monitoring and evaluation. The key beneficiaries of this contract will include public sector hospitals, faith based health facilities supported by PEPFAR, non-governmental and community based organizations.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA:

The procurement of ARVs will contribute to supporting 190,000 patients on treatment, therefore accounting for 55% of the USG contribution to treatment nationally.

4. LINKS TO OTHER ACTIVITIES:

These activities will complement and link intimately with all activities listed in the ARV services program area, as well as the Management Systems for Health/Strengthening Pharmaceutical Systems (MSH/SPS) program in ARV drugs activity , KEMSA ARV drugs program activity , and KEMRI ARV drugs program activity . These activities will contribute directly to the result of achieving a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.

5. POPULATIONS BEING TARGETED:

Populations targeted include people living with HIV/AIDS, private health care workers and faith-based organizations.

6. EMPHASIS AREAS:

The major emphasis area for this activity is commodity procurement, with minor emphasis areas being training, logistics and linkages with other sector initiatives.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14711

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14711	4118.08	U.S. Agency for International Development	To Be Determined	6917	3618.08	Mission Competitive Procurement / OI Drugs	[REDACTED]
6997	4118.07	U.S. Agency for International Development	To Be Determined	4291	3618.07	Mission Competitive Procurement / OI Drugs	[REDACTED]
4118	4118.06	U.S. Agency for International Development	Mission for Essential Drugs and Supplies	3210	240.06		\$35,360,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 9080.09 **Mechanism:** N/A
Prime Partner: Catholic Relief Services **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** ARV Drugs
Budget Code: HTXD **Program Budget Code:** 15
Activity ID: 19894.20563.09 **Planned Funds:** \$2,500,000
Activity System ID: 20563
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. LIST OF RELATED ACTIVITIES
This activity relates to activities in ARV Drugs and ARV Services.
2. ACTIVITY DESCRIPTION
Catholic Relief Services (CRS) will assist with the forecasting and procurement of additional antiretroviral (ARV) drugs needed to treat 190,000 Kenyans. This is in addition to \$1,000,000 allocated through the track one funding. Two other major partners – Mission competitive procurement/TBD and Management Systems for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus) will maintain primary responsibility for the procurement and distribution of pharmaceuticals nationally and under the Emergency Plan. Together with in-country USG staff, these major partners are primarily responsible for the quantification and tracking for ARVs procured with Emergency Plan funds. This alternate procurement mechanism through CRS will help avoid supply shortages and treatment interruptions.
3. CONTRIBUTIONS TO OVERALL PROGRAM AREA
These activities are essential to maintaining a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.
4. LINKS TO OTHER ACTIVITIES
These activities will coordinate with other partners (Mission Competitive Procurement/TBD, KEMSA, MEDS, MSH/RPM Plus) involved in ARV drug procurement and complement all activities listed in the ARV services program area.
5. POPULATIONS BEING TARGETED
This activity targets men, women, and children with HIV.
6. EMPHASIS AREAS
This activity includes a major emphasis in commodity procurement

New/Continuing Activity: Continuing Activity

Continuing Activity: 19894

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19894	19894.08	HHS/Health Resources Services Administration	Catholic Relief Services	6934	3670.08		\$500,000

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$29,546,334

Program Area Narrative:

Key Result 1: An improved integrated procurement and logistics management system for laboratory supplies and reagents to support equipment procurement and distribution, staff training, and reagent supply for ten million HIV tests, 500,000 sputum microscopy, 1.4 million syphilis tests, and 1.5 million HIV clinical diagnostic and monitoring tests.

Key Result 2: Support MOH in implementation of the Medical Laboratory Services 2005-2010 Strategic Plan.

Key Result 3: Improved quality assurance for services at 60 MOH laboratories and more than 1,500 sites providing HIV rapid testing in support of HIV prevention and treatment programs.

Key Result 4: Improved laboratory physical infrastructure, human resources, and information management systems at all levels of laboratory service delivery.

CURRENT PROGRAM CONTEXT

The Emergency Plan (EP) supports the National Public Health Laboratory Services (NPHLS) and other laboratory service providers to offer a broad range of testing services to support HIV prevention, care, and treatment programs. In Kenya, the EP Five-Year Strategy is focused on the strengthening and capacity building of national lab systems with emphasis on: (1) strategic planning; (2) improving diagnostic capability for opportunistic infections (OIs); (3) improving antiretroviral therapy (ART) diagnosis and monitoring; (4) development of the three reference laboratories; (5) infrastructure improvement; (6) strengthening quality assurance systems; (7) human resource capacity development; (8) strengthening laboratory networking and referral systems; (9) enhancing laboratory management information systems; (10) supporting national rollout of rapid HIV testing; and (10) improving procurement and logistics management of equipment and supplies.

In 2009, the EP will continue support to the central microbiology reference lab. In addition, the EP will support expansion of the diagnostic testing capabilities in selected microbiology labs to implement assays for the diagnosis of cryptococcal meningitis and other OIs, such as through cryptococcal antigen testing.

In 2009, HLAB will support 10 million rapid HIV tests, 500,000 TB screening tests, and 100,000 tests for opportunistic infections in HIV-positive persons.

To date, the EP has supported rollout of rapid HIV testing to 5,090 sites and early infant diagnosis (EID) capacity to 3 sites. In 2009, PEPFAR will expand EID capacity to two additional sites, expand haemoglobin screening to 200 sites, and increase access to CD4 services. An integrated quality assurance will be applied to all lab services supporting the program. The USG team will continue supporting rollout of rapid HIV testing and counseling (HTC) services in various settings. In addition, improvements will be made in assuring the supply of HIV test kits, monitoring performance of laboratory systems, and administration of proficiency testing and retesting.

Strengthening technical and managerial human resource capacity remains a key EP priority. In 2008, the in-service training curriculum for medical laboratory technologists at the Kenya Medical Training College was reviewed, and new modules covering HIV testing, treatment monitoring, quality assurance, and management were introduced. Training modules were standardized for acid-fast bacilli smear microscopy and ART monitoring. In 2009, KMTC will be supported to deliver the revised curricula. From 2006-08, over 1,200 lab technologists attended short courses to improve testing proficiency, and 36 received standardized management training; in 2009, in- and pre-service training support will be provided for enhancing the capacity of local institutions and building a sustainable system.

In 2008, EP support for the NPHLS was in line with the Maputo Declaration and involved procurement of standardized equipment and supplies and development of site-level logistic management tools. In 2009, the EP will continue to strengthen the national logistics and supply chain management system for lab supplies at all levels.

Increasingly, laboratory-related procurement will be centralized for all partners through SCMS. The EP will also work with the GOK, KEMSA, and the TBD Kenya Pharma Project to ensure coordinated procurement and monitoring of stocks of reagents and supplies. In 2008, the National HIV Reference Laboratory (NHRL), the Central Microbiology Laboratory and the 8 provincial laboratories will have been renovated, and 10 new district laboratories will have been built. The EP will also strengthen the general capacity of provincial and district hospitals through development and use of SOPs, participation in External Quality Assurance (EQA) programs, and training in bio-safety systems. Moreover, in 2009, the EP will support strengthened HIV surveillance through centralized procurement of supplies and commodities by SCMS.

Seven provincial/regional laboratories and 18 high-volume CD4 testing labs are enrolled in an external quality assessment program administered by the UK National External Quality Assessment Service. In 2009, in-country administration and data handling of this program will be transitioned to the NHRL. In addition, this program will be extended to other facilities through a yet to be determined partner. The NHRL provides retesting of 10% of samples QA of rapid HIV testing sites. This approach, however, has made it impossible to re-test all samples in a single laboratory. This activity has been decentralized to the provincial level and, in 2009, the EP will support the development of an integrated Quality Assurance plan aligned with Kenya's national standards and integrated quality monitoring systems. The EP will support the process of laboratory accreditation within the NPHLS, starting at the central level in 2009.

In 2009, the EP will maintain support for AFB smear diagnostics, provision of LED microscopes for high-volume site support, training, and EQA for TB tests. TB culture will be expanded to three provinces and new diagnostic tools to rapidly detect rifampicin, and isoniazid resistance will be introduced. The Central TB Reference Lab (CRL) will build capacity for rapid techniques for speciation and detection of MDR and X-MDR mycobacteria. In 2009, some CRL activities will be expanded to the WRP-Kericho and KEMRI-Kisumu laboratories. The CRL will also aim for ISO15189 accreditation.

STATISTICS

The EP has directly supported the National HIV and TB Reference Laboratories, as well as eight provincial and 85 district laboratories. Over 1,500 rapid HIV testing sites continue to be supported. From 2006-2008, the EP provided over 1.5 million HIV

monitoring tests, and 70 CD4 and 170 standardized haematology/chemistry machines in over 60 facilities. In 2009, the EP will further expand these capacities and assist the MOH to operationalize a lab network.

SERVICES

The National Health Services Strategic Plan II 2006-2010 recognizes laboratory services as integral to the Kenyan health care delivery system and laboratory tests as essential to supporting HIV prevention, treatment, and care programs. Laboratory systems in Kenya are managed under the Division of Laboratory Diagnostic Services within the Ministry of Health (MOH). This division manages the following laboratories: National Reference Laboratory (with responsibility for conducting reference laboratory testing related to HIV serology, biochemistry and hematology, CD4 testing, and other services in support of HIV treatment, as well as testing for surveillance activities); the CRL; the CML; a network of two referral hospital labs; eight provincial hospital labs; 20 high-volume district hospital labs; more than 80 labs at other health facilities, and over 1,500 sites providing rapid testing for HIV. Beyond this network, several laboratories support national and regional labs, including those at the Kenya Medical Research Institute, the Indiana University-supported laboratory in Eldoret, a DOD-supported laboratory in Kericho, and CDC-supported laboratories in Kisumu and Nairobi.

REFERRALS AND LINKAGES

Due to poor standardization and results disparities across facilities, the laboratory network overseeing the transfer of specimens from the lowest to the highest testing level remains inefficient. The EP has engaged international and local partners to support key aspects of laboratory infrastructure through networking and linkage building, which will continue in 2009. The Association of Public Health Labs (APHL) will support expansion of the Laboratory Information Management Systems (LIMS) to include regional and district laboratories, as well as implementation of a national quality management system. The American Society for Clinical Pathology will support in- and pre-service training, HIV, chemistry, hematology and CD4 testing, as well as the development and application of standards for MOH laboratories. The American Society for Microbiology will assist in strengthening lab diagnosis of TB and OIs. All international partners will work with local, in-country organizations to promote technology transfer and sustainability. SCMS will procure standardized equipment, high-volume commodities for central distribution, and, in collaboration with Management Sciences for Health, will assist logisticians at NPHLS and KEMSA to quantify, order, and distribute high-volume laboratory commodities, including rapid test kits, reagents and supplies for CD4 testing, and chemistry and hematology reagents for standardized machines. SCMS will also provide financial support for commodity distribution to KEMSA.

Members of the laboratory technical working group will provide short-term technical assistance to the NPHLS in various areas. The Capacity Project will engage laboratory technologists to fill gaps in key network facilities, including hiring higher level management staff for central data unit and lab quality assurance officers. In-country partners, including KEMRI, will provide continuous support to the NPHLS, specialized referral testing (e.g. EQA testing, PCR testing for infant diagnosis, viral loads, and TB culture and drug sensitivity testing), and day-to-day technical assistance with implementation of laboratory aspects of evaluation and surveillance activities. Development partners supporting the NPHLS Strategic Plan include the GFATM, European Union, DANIDA, and the Japan International Cooperation Agency. In addition, the Clinton Foundation provides all CD4 count reagents at five high-volume health facilities, which act as nodal points for regional CD4 networks, as well as fully supporting EID reagents.

POLICY

The EP supports development of the NPHLS national laboratory policy and integrated strategic plan. In line with the "Three Ones" principles, a Laboratory Interagency Coordinating Committee was formed and the EP supports the secretariat. USG representatives, implementing partners, and development partners sit on various committees and work collaboratively in implementing the plan. The NPHLS Strategic Plan for Medical Laboratory Services of Kenya was launched in 2007 to harmonize activities, build laboratory capacity, and ensure the delivery of efficient, effective, equitable, and affordable quality medical laboratory services. The strategic plan objectives are to reorganize and strengthen (1) administrative and technical management structures of the Division of Medical Laboratory Services (DMLS); (2) the provision of standardized quality laboratory services throughout Kenya; (3) laboratory support systems; (4) laboratory quality assurance; (5) human capacity development; (6) legal and regulatory systems; and (7) monitoring, evaluation, and research. Strengthening the foundation of laboratory infrastructure will improve the system's capacity to support disease-specific programs (e.g. HIV, TB, malaria). Priorities for EP support in 2009 include strengthening logistics and supply management through SCMS and MSH, human resource capacity building, information systems, QA, management systems at NPHLS, and general system strengthening.

MONITORING AND EVALUATION

LIMS are critical to effective routine management, monitoring, and accountability, and the current lack of routine LIMS present challenges regarding EP and MOH reporting. The EP has supported the development of laboratory registers for national use. In addition, it has augmented a computerized LIMS compatible with the national HMIS, which will soon be installed in three pilot sites. In 2009, the LIMS will be further expanded to all provinces, 25 districts sites, and linked to the central data unit of the NPHLS so as to capture surveillance data and monitoring and evaluation indicators for laboratory service provision. In 2009, the central data unit of NPHLS will also be strengthened to handle laboratory strategic information for decision-making.

SUSTAINABILITY

EP support has strengthened the general capacity of NPHLS leadership and specifically targeted management and strategic planning capacity to enable more efficient planning and resource utilization. Following the Kenya AIDS Indicator Survey, the NHRL has gained the capacity to provide lab testing for HIV surveillance. Ongoing support to Kenya Medical Training College will further enhance local capacity to provide high-quality training and ensure a steady supply of well-trained laboratorians. International laboratory partners will be twinned with local organizations involved in training and quality management to enhance transfer of technology and a rollout to local institutions.

WORK OF HOST GOVERNMENT

Donor coordination is a key component of the EP's strategy to optimize laboratory systems and resource management in Kenya.

The EP continues to support NPHLS coordination efforts through the Lab ICC and strengthening of management systems.

ACHIEVEMENTS AND OUTSTANDING CHALLENGES

Much has been achieved in terms of procuring equipment, supplies, building lab capacity to perform ART monitoring, surveillance lab support to programs, and strengthening of lab systems; however, key challenges remain. Major barriers to implementation include the weakness of structures, fragmentation and poor standardization of disease control program lines, multiple supervisory visits using non-standard evaluation tools, and an over-reliance on proficiency testing. Inadequate laboratory physical capacity remains a further impediment to decentralizing testing capability. In addition, some laboratory infrastructure is occupied by research organizations and many service delivery labs are neither purpose-built nor adequately designed to accommodate equipment or meet demand. Administratively, laboratory services are split between two ministries (Public Health & Sanitation and Medical Services), presenting a further obstacle to integrated service delivery. Lastly, significant gaps remain in terms of LIMS.

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 2328.09	Mechanism: Capacity Project
Prime Partner: IntraHealth International, Inc	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 5361.20538.09	Planned Funds: \$750,000
Activity System ID: 20538	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+ Accredited CPD system with laboratory professional associations in support of the National RH Training Plan
+Improved laboratory worker retention in demonstration project sites
+Short-term management and supervisory skills training for lab personnel

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity will contribute to human capacity development through management and leadership development, promotion of staff retention and training.

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1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV services, System Strengthening and Prevention of Mother To Child Transmission.

2. ACTIVITY DESCRIPTION

This activity supports the management, supervision, and administration of the 90 laboratory technicians hired by Capacity to primarily government facilities. In addition to filling critical gaps in HIV/AIDS laboratory services, the new hires support anti-retroviral therapy (ART) screening and monitoring, HIV care and prevention services. This project assists in providing critical human resource management support to ensure increased service delivery for better health outcomes, specifically in HIV/AIDS at recipient sites. The availability and retention of trained laboratory personnel, particularly in the public health sector, is the cornerstone of Kenya's response to the health needs of the country and its response to the HIV/AIDS epidemic. Currently, Kenya's public health sector and not-for-profit health organizations are overwhelmed by the strain of coping with HIV/AIDS prevention, treatment, care and support in addition to other priority health services. Their human resource systems are also unable to keep up with requirements for HIV/AIDS program planning, management and implementation. This ground breaking emergency hiring and training program seeks to increase resources in qualified human capital that will be made available to Kenya's public health sector. In areas where the bulk of health care services including ARVs are provided by facilities managed by faith-based organizations and where they are clearly faced with staffing shortages, the program has attracted and deployed health workers in such facilities. Specifically, this initiative will enhance the capacity of the public health sector in Kenya to initially expand access to treatment and care for HIV/AIDS patients and also strengthen the provision of quality health programs especially in rural priority posts. The project shall consider various approaches that hold promise for enhancing and sustaining the local health workforce both in the short and long term. As such, this initiative should be envisioned as a strategic and humanitarian intervention in a setting that currently lacks sufficient and adequately qualified health workers to mount an effective counterattack on HIV/AIDS and continue to provide other essential health services at the same time. All the available evidence seems to suggest that without such reinforcement of critical cadres of human resources for health, PEPFAR as well as the Ministry of Health's ambitious coverage and treatment targets for Kenya will be difficult if not impossible to achieve. The objectives of this emergency hiring plan are: 1) to develop and implement a fast-track hiring and deployment model that will mobilize 90 additional laboratory workers and deploy them in the public sector to urgently tackle the HIV/AIDS crisis; 2) to develop and implement training programs that will rapidly address the gaps in skills and competencies for the laboratory workers; and 3) to design and implement a monitoring, quality assurance and support system that will enable the laboratory workers at sites to increase their efficiency and effectiveness. In 2007 and 2008, the Emergency Hiring Plan (EHP) will strengthen the health sector systems to improve and sustain the new hires and facility performance to deliver the essential services. Capacity will document and develop tools and initiatives that will improve job satisfaction, supervision systems and retention for the new hires. The new hires salaries have been matched with the Ministry of Health salaries according to position and qualifications and will be paid on time at the end of each month. At the same time, Capacity will implement long-term human resource planning with the Ministry of Health. The EHP can only generate sustainable results if its lessons and promising practices are taken up, applied and combined with existing effective measures to address all the components of the Human Resources in Health (HRH) Framework. It will be important to ensure appropriate skills amongst health workers to meet the health needs of the Kenyan population, which means expansion of educational opportunities and curricula reforms. With donor support, the MOH recently completed a three year Human Resource Strategic Plan and implementation plan. The MOH will need to be encouraged and supported to take this strategic initiative forward. This project will work with health sector leaders and primary stakeholders to strengthen HRH within the national health system, assist the ministry to develop core technical capacity in HRH planning, management and offer support by a) providing targeted technical assistance to assist the MOH with the implementation of the 3 year HR strategic plan b) introducing an integrated human resource information system (HR IS), c) streamlining and strengthening HR management processes and practices especially recruitment, deployment, transfers, supervision and performance management and linking HR and payroll data, d) enrolling selected HRH leaders and managers in a leadership development course, and d) working with the OCPD on and MOH divisions to standardize curricula as needed, and e) expanding the Work Climate Improvement Initiative that seeks to improve job satisfaction and aid retention, to sites with new hires.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Capacity will support the 90 laboratory personnel who will provide HIV and AIDS services to selected sites across the country.

4. LINKS TO OTHER ACTIVITIES

Health care providers will be deployed to sites around Kenya with the greatest need in order to meet PEPFAR targets in those areas. Most of these facilities are GOK facilities, and many are supported by PEPFAR partners. This activity links to Capacity activities in other program areas as well: PMTCT, ARV Services, and System Strengthening.

5. POPULATIONS BEING TARGETED

This project targets laboratory technicians primarily in the public sector, and MOH policymakers, HR

Activity Narrative: administrators, and hospital supervisors.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the issue of increasing gender equity in HIV/AIDS programs.

7. EMPHASIS AREAS

The major emphasis area for this project is human resources as it manages and seeks to retain 90 laboratory personnel to scale up HIV/AIDS services. Minor emphasis areas are Policy and Guidelines and QA/QI/SS, as Capacity will work with the MOH on implementation of its Human Resource in Health policy, and seeks to improve on-site supervision through its Workforce Mobilization Program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14855

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14855	5361.08	U.S. Agency for International Development	IntraHealth International, Inc	6958	2328.08	Capacity Project	\$750,000
6920	5361.07	U.S. Agency for International Development	IntraHealth International, Inc	4237	2328.07	Capacity Project	\$700,000
5361	5361.06	U.S. Agency for International Development	IntraHealth International, Inc	3300	2328.06	Capacity Project	\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$750,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 4076.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 18043.20581.09

Planned Funds: \$1,089,200

Activity System ID: 20581

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + A laboratory program manager will be hired to support reagent, equipment and infrastructure development activities.
 + Lab stakeholders meeting will be organized
 + GAP Lab Staff will be trained in QMS
 + Lab information management system will be procured for the GAP lab

COP 2008:
 THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI.
 +Hiring of two expatriate senior technical laboratory scientists to assist in the programmatic and operational work of the GAP lab section
 +Hiring of three laboratory technologists to supervise HIV, TB/HIV, and OI testing and training in the Nairobi and Kisumu laboratories

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing and TB/HIV and all other Lab Infrastructure activities.

2. ACTIVITY DESCRIPTION

Through this management and staffing activity the Centers for Disease Control and Prevention (CDC) provides laboratory technical support to the National Public Health Laboratory Services (NPHLS) of the Ministry of Health and other laboratory service providers in Kenya. The CDC laboratory technical team works in collaboration with NASCOP, NPHLS, and other laboratory service providers in Kenya to develop, strengthen and implement the delivery of effective and quality laboratory services to support all the HIV and TB programs supported by PEPFAR. Key achievements in FY 2005 through FY 2006 included contribution to development of National Laboratory Policy Guidelines, the National Strategic Plan for the laboratory, Standard Operating Procedures [SOPs], National training curricula for testing and Quality Assurance Schemes, upon which lab practices that support expansion of ART services are based. The team also trains laboratory supervisors to offer support supervisory visits to peripheral HIV/TB testing sites. Four provincial based quality assurance laboratories have been established, another four are planned. The CDC laboratory technical team currently consists of: three senior technical advisors, 2 technical advisors with specialist experience in the areas of training in HIV, TB, CD4, viral load testing, early infant diagnosis and quality assurance (QA) measures. Funds are requested from GHAI for a contractor laboratory expert to operate from Nairobi and assist the team on issues related to quality assurance and laboratory accreditation, 2 additional technical advisors to focus on expansion of laboratory services in specific regions and program areas, a program manager to offer technical organizational support to the laboratory team in training sessions, Quality Assurance activities, support of laboratory networks with common standards and support supervisory visits to testing sites throughout the country. Due to expanded care and treatment activities in Kenya, and Nyanza in particular, the GAP lab team is expected to provide technical support for high quality lab service delivery including QA, training, mentorship and logistic support. Funds are included in this activity to support an expatriate position of lab advisor in Nairobi to help in articulating national issues and those of partners in the development of laboratory quality management systems. This activity also includes support to CDC-GAP lab in Nairobi for the procurement of minor equipment, back up lab reagents and/or supplies, a lab information management system and contractual services for maintenance of CDC lab equipment which is used by the lab team for training and providing clinical lab services to CDC supported HIV/TB sites. This funding will also be used to purchase reagents for specific assays not included in the planned SCMS procurements, such as long ELISAs and other reagents and supplies for use in External Quality Assurance of the NPHLS laboratories, evaluation of new technologies, and printing of national SOPs, manuals and other guidelines for quality assurance schemes. Some funds are also included to support technical assistance visits from CDC Atlanta laboratory staff; these staff are involved in providing technical support for activities and partner's across the laboratory infrastructure program area. GAP Lab staff will also be trained in quality management systems as the lab aims for ISO 15189 accreditation. Significant in-country travel will occur for site visits to support delivery of quality lab services. A laboratory stakeholders meeting will be held for the first time to crystallize objectives and harmonize activities in this sector.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18043

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18043	18043.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7024	4076.08		\$489,345

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 210.09

Prime Partner: Kenya Medical Research
Institute

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 4086.20642.09

Activity System ID: 20642

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: \$2,190,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + This activity shifts focus from development of curricula for in-service training to support good laboratory practice at service delivery points through support supervision for implementation of quality management systems.
- +Support PEPFAR programs in performance of specialized tests including viral loads, early infant diagnosis, drug resistance testing and QA for surveillance activities.
- +This activity will support attachments and mentorship training for laboratory staff from NPHLS, provincial and district laboratories at highly functioning labs in the country and region.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity has strong cross-cutting budget attributions on in-country human capacity development (HCD) through training and procurement of commodities for HIV testing. Continued provision of in-service training on emerging techniques like PCR-based diagnosis of early infant infection and HIV-drug resistance testing will not only help build the laboratory networks but also development critical mass of in country technical capacity. The activity also has cross-cutting budget attributions relating to public health evaluations that KEMRI will undertake to improve surveillance, laboratory monitoring of treatment and care.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in PMTCT, HVCT and HVTB, care and treatment and Surveillance.

2. ACTIVITY DESCRIPTION:

The Kenya Medical Research Institute (KEMRI) is a premier Government of Kenya (GOK) biomedical research institute and home of CDC offices and laboratories. KEMRI has highly trained laboratory staff who conduct research and assess laboratory technologies. Key KEMRI objectives include: i) Provide highly technical laboratory services to support HIV testing, and treatment programs. ii) Provide laboratory services to support surveillance activities iii) Provide supportive supervision iv) Assist with development and implementation of training curricula and materials required to expand capacity in clinical laboratories; v) Collaborate with the National Public Health Laboratory Services (NPHLS) to strengthen NPHLS capacities including the conduct of supportive supervision, referral laboratory services, and local evaluations of laboratory tests; vi) Support the NPHLS to improve and sustain the national quality assurance (QA) and Quality Improvement [QI] programs for HIV testing, laboratory monitoring of HIV treatment, and TB testing in district and provincial/regional hospitals. An important example of technical lab services provided through the KEMRI labs is DNA PCR assays for early infant diagnosis (EID). The KEMRI laboratories are now networked over 40 clinical sites through a courier supported transport system for filter paper samples and results. Although the capacity for infant diagnostic testing is being established /expanded at other sites, including NPHLS and the MOH Coast Provincial Hospital clinical lab, KEMRI still remains a key provider of this service. KEMRI already has a working relationship with Kilifi District Hospital in areas of DNA PCR assays for early infant diagnosis. In FY 2008, KEMRI will build on this relationship to strengthen Coast region's lab capacity to meet emergency targets. During FY 2004-2007, KEMRI conducted serologic testing for sentinel surveillance and demographic health surveillance surveys. In 2007, KEMRI was a major player in the Kenya Aids Indicator survey [KAIS 2007], in terms of training, QA testing and procurement of lab commodities. These functions are gradually being transferred to the NPHLS with support from KEMRI and KEMRI will continue to train the NPHLS staff on sample collection, processing, calibration and validation of instruments. Although various training functions are also being transferred to the NPHLS, KEMRI in collaboration with other Lab ICC members, will assist with development of training curricula and standard operating procedures [SOP] and will remain an essential provider of in-service training to clinical lab staff, particularly in the areas of rapid HIV testing and collection of samples for EID. In addition, KEMRI will also assist in the procurement of test kit stocks as a back up to those centrally funded and procured through the SCMS. KEMRI laboratories have conducted most local validations of new laboratory assays. During FY 2007, much of this function was shifted to NPHLS with KEMRI support; KEMRI will continue to assist with evaluations of highly complex assays such as alternate assays for infant diagnosis (for example ultra-sensitive p24 antigen assays), Incidence assays [BED Assays] and DBS for Viral Load assays. KEMRI will collaborate with NPHLS staff in the expansion of a proficiency testing [PT] program for HIV rapid and confirmatory tests and CD4 cell count determination. KEMRI roles in this expansion will include assistance in developing national CD4 cell count standards, development of proficiency panels, and assistance with supportive supervision and oversight of QA/QI procedures.

3. CONTRIBUTION TO OVERALL PROGRAM AREA:

KEMRI laboratory activities play a key role in enhancing capacity of the NPHLS and point-of-service labs to support surveillance, prevention, and care and treatment of HIV/AIDS and TB. Training/capacity building focuses on the NPHLS will be held to build long term sustainable laboratory capacity in Kenya. These activities will continue to support the training of 300 individuals in the provision of lab-related services and will continue to contribute to improvement of the capacity of 60 laboratories to perform HIV and CD4 and or lymphocyte tests.

4. LINKS TO OTHER ACTIVITIES:

This activity relates intimately to NPHLS, APHL and SCMS activities as well as to virtually all counseling and testing and care and treatment activities.

5. POPULATION BEING TARGETED:

This activity targets the laboratory technologists of the NPHLS throughout the country at sub-district, district and provincial levels where ARV services are being rolled out. Technologists from institutions outside the NPHLS will also be trained.

6. EMPHASIS AREAS:

This activity will place major emphasis on technical training on QA/C, new and appropriate technologies. Minor emphasis areas will include procurement of specialized laboratory commodities and operationalization of laboratory QA schemes for HIV care and treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14883

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14883	4086.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$3,050,000
6940	4086.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$1,600,000
4086	4086.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$600,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 3483.09

Mechanism: N/A

Prime Partner: American Society of Clinical Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 4819.20355.09

Planned Funds: \$460,000

Activity System ID: 20355

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + New activity emphasis on laboratory human capacity development in Kenya, through medical laboratory training curriculum revision and implementation.
- + Work with local organizations to support external quality assurance schemes for public sector (NPHLS) laboratories.
- + New activity also focuses on strengthening the in-country capacity to efficiently certify, license and regulate medical laboratory practice so as to improve laboratory standards

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

- + This activity supports of key cross-cutting budget attributions relating to human capacity development through pre-service training using the reviewed basic medical laboratory training curriculum at Kenya's main medical laboratory college, the Kenya Medical Training College (KMTC).
- + Strengthening the KMLLTB to license and regulate medical laboratory practitioners also contribute to in country HCD through human resource information systems (HRIS).

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, TB/HIV, HIV Care and treatment and PMTCT.

2. ACTIVITY DESCRIPTION

Over 60% of health Para-medical staff are trained by the Kenya Medical Training College (KMTC). This activity will ensure that pre-service curricula include appropriate HIV diagnosis and monitoring components. The national HIV reference lab has struggled to produce and distribute quality assurance material for HIV testing and monitoring sites. This however has detracted from their core business of referral and quality assurance testing. Under this activity, ASCP will work with local organizations to provide professionally prepared proficiency testing material for laboratories within the NPHLS system. Mechanisms sustainability of the EQA schemes will be developed. The Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB), established in 1999 has the fundamental objective of ensuring quality medical laboratory services countrywide. The Ministry of Health (MOH) depends on this young body to give leadership in regulating training in medical laboratory sciences and establishing systems to ensure quality laboratory practice. It is a government requirement for all practicing laboratory technicians and technologists to be registered by this Board. By end of FY 08, the KMLTTB had made significant progress including assessment of all relevant training institutions and establishing a national database for laboratory workforce. The curricula of training institutions have been reviewed and standards for professional training institutes and registration set. The board now plans to embark on a program of support to laboratories within the country to ensure they are adequately resourced to support HIV/AIDS prevention, care, treatment and surveillance programs. The ASCP will assist KMLTTB specifically to : i) establish a system to register and ensure validation of reagents for HIV diagnosis and treatment support; ii) preparation of standards and procedures to assure the competence of laboratory personnel; iii) development and implementation of program for continuing training and education program in areas of clinical chemistry, hematology and CD4 cell counts; iv) review of curricula from training institutions to ensure that ART monitoring techniques are sufficiently covered; v) establish an inspectorate for HIV testing laboratories that will review, consolidate, and revise existing documentation for registration of HIV diagnostic and treatment related reagents.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Well trained laboratory personnel will support all HIV prevention (Counseling & testing, PMTCT_ and care and treatment programs as well as HIV surveillance activities. Improved quality systems will ensure that patients get the best care based on accurate lab results. A strengthened KMLTTB will ensure regulation of laboratory practice for improved delivery of HIV services related to HIV testing, monitoring of anti-retroviral and opportunistic infection therapy, assuring safe blood supplies, measuring the burden of HIV infection in populations and monitoring trends of the epidemic (surveillance).

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the agreement with the Kenya Medical Research Institute Laboratory Infrastructure, which supports the development of National Quality Assurance Programs within the National Public Health Laboratories (NPHLS) for Blood Safety and HIV testing in Surveillance, HVCT, MTCT and monitoring of anti-retroviral treatment regimens, and all MTCT, Counseling and Testing, and HIV treatment programs.

5. POPULATIONS BEING TARGETED

This activity primarily targets laboratory workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity represents a twinning between equivalent technical agencies.

7. EMPHASIS AREAS

This activity includes MAJOR EMPHASIS in the area of local organization capacity development and minor emphasis in the area of development of laboratory policies and guidelines. Pre-service education will be strengthened through curriculum development and faculty training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14731

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14731	4819.08	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	6926	3483.08		\$600,000
6844	4819.07	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	4205	3483.07		\$400,000
4819	4819.06	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	3483	3483.06		\$149,990

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 1324.09	Mechanism: N/A
Prime Partner: Association of Public Health Laboratories	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 4261.20356.09	Planned Funds: \$0
Activity System ID: 20356	

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$500,000. Association of Public Health Laboratories (APHL) cooperative agreement ended on 31st March 2009. APHL was awarded a cost extension till 30th september 2009. Carry over funds totalling \$171,640 were approved for APHL for activities in Kenya in January 2009. Funds allocated to APHL in COP 09 will be reprogrammed to TBD / FOA 965. (CDC-RFA-PS09-965)

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Development of national quality management systems
- +Support in laboratory design for lab infrastructure development
- +Extension of Lab information management [LIMS] to regional laboratories with emphasis on lab monitoring and Evaluation Systems
- +Laboratory management training for leadership in management, quality, training and program coordination.
- +Support development of national strategic and policy documents

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

+This activity will support quality of lab testing for all HIV prevention (counseling and testing, PMTCT, blood safety), care and treatment programs as well as HIV surveillance activities. The laboratory database will contribute to improved patient care as well as PEPAFR reporting. Well founded policies will ensure sustainable systems for HIV prevention, care and treatment.

+ The activity also has cross-cutting budget attributions relating to support for development of management and leadership skills through laboratory management training.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing, TB/HIV, PMTCT and Care and Treatment.

2. ACTIVITY DESCRIPTION

The Association of Public Health Laboratories (APHL) is a non-profit organization and has developed and established international mechanisms to coordinate the assessment and improvement of multiple parameters in public health laboratory practice. During FYs 2004 - 2008, APHL assisted the Kenyan Ministry of Health with the development and implementation of a national laboratory strategic plan, provided training in laboratory management, and assisted in initial efforts to develop a laboratory information system [LIMS] for the NPHLS. In 2008 a LIS was established at three central laboratories of the NPHLS.

The APHL Laboratory Assessment Report and recommendations made by CDC and the Kenyan government through NPHLS in 2005 formed the basis for the development of the National Public Health Laboratory Strategic Plan (2005-2010). This Plan is in line with the Ministry of Health Strategic Plan and that of the National Aids Control Program (NASCO) and also the National AIDS Control Council (NACC). During FY 2009, APHL will build on the first four years of support with primary focus on continuing to implement the national laboratory strategic plan with emphasis through:

- 1.Intensified training of laboratory managers in Quality Systems, and Support Supervision with the aim of instilling good laboratory practice at reference, provincial, district, and sub-district laboratories. Training may be done locally, regionally and internationally.
- 2.Support in laboratory design for laboratory infrastructure development at provincial and district levels.
- 3.Strengthening of the Central data Unit at NPHL to manage laboratory strategic information and M&E systems. This may involve maintenance of the Internet connectivity and initiation of Peripheral Lab communication with the Central Lab and upgrading and maintenance of an electronic resource library at NPHLS.
- 4.Expansion of the LIMS capacity and capabilities from the Central Level to all 8 provincial hospitals and 20 districts.
- 5.Supporting the NPHLS in development of national strategic plans and policies and guidelines.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Implementing the strategic plan will help strengthen the NPHLS laboratory functions throughout Kenya. This will make the NPHLS better able to offer quality services and support to the programmatic expansion of HIV prevention, surveillance, care and treatment programs, particularly in the ministry of health facilities which provide over 80% of HIV related care in the country.

4. LINKS TO OTHER ACTIVITIES

This activity relates to Kenya National Public Health Laboratory Services: Laboratory Infrastructure activity.

5. POPULATIONS BEING TARGETED

APHL activities primarily target laboratory workers.

6. KEY LEGISLATIVE ISSUES

None

7. EMPHASIS AREAS

This activity includes major emphasis in the area of human capacity development through training and strengthening of management systems including data management and communication.

There is minor emphasis in the areas of laboratory infrastructure development and policy formulation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14732

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14732	4261.08	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	6927	1324.08		\$500,000
6845	4261.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	4206	1324.07		\$850,000
4261	4261.06	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	3264	1324.06		\$250,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 10245.09	Mechanism: Logistics and Commodity Management
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 23599.09	Planned Funds: ██████████
Activity System ID: 23599	

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

This activity provides logistics and commodity management for laboratory commodities including test kits, equipment, and reagents that support ART for patients supported by the Emergency Plan. This includes all aspects of logistics and supply chain management systems, forecasting, and information systems. The objective of this Logistics and Commodity management contract is to ensure proper logistics management of lab commodities (distribution and consumption reporting) to Emergency Plan supported sites in Kenya.

This activity will follow-on to the current USAID contract with the Management Science for Health (MSH/SPS) and the contractor will be chosen through full and open competitive bidding at the mission level. The solicitation for this activity will be prepared early in 2009 and expected to be awarded by the second quarter of the 2009 calendar year. Re-programming of funds to the current partner, MSH/SPS will be done before then to ensure continuity of planned activities. The contractor will support NPHLS and NASCOP to improve existing laboratory management information systems (MIS); strengthen laboratory commodity management systems in support of ART; roll out Standard Operating Procedures (SOPs) for quality and efficiency of laboratory services; train providers in Good Laboratory Practices (GLP); work with NPHLS to implement manual and electronic M&E tools to track workload and commodity use; strengthen management and coordination of the laboratory network; contribute to the development and implementation of a standardized in-service laboratory training curriculum; and implement internal and external quality assurance/control procedures. The contractor will provide technical assistance to strengthen laboratory services in support of ART by working synergistically with the Laboratory ICC and other stakeholders. All laboratory activities will be conducted under the auspices of the NPHLS. This includes support for national-level activities such as those mentioned above as well as the implementation of the national laboratory policy; implementation of the national laboratory policy strategic plan; and development of institutional capacity by institutionalizing laboratory SOPs.

The contractor will also support NPHLS activities aimed at strengthening and scaling up laboratory activities at priority ART sites and nodal sites which would also be supported to implement internal and external quality assurance procedures. The contractor will support development of tools for accreditation and strengthening of laboratory practices, commodity management and lab networks as well as support the establishment of provincial Lab ICCs in-collaboration with the Provincial Medical Laboratory Technologists (PMLTs). In addition, this project will assist laboratories by providing guidance on the ART policy, professional and operational information and materials as needed as well as developing SOPs on equipment maintenance. The project will also provide support to laboratory supervisors to strengthen their management and coordination of laboratory services (supervisory check lists, job aids, monitoring tools, operational planning guides), and will help institutionalize laboratory quality assurance procedures including performance of internal quality controls (QCs) and calibration of equipment; training on the laboratory MIS, monitoring and evaluation (M&E) tools and the use of routine laboratory data. The contractor will work in the key health related wraparound programs to strengthen laboratory services for malaria, safe motherhood (particularly for PMCT) and TB commodity access and use.

The major emphasis area for this activity is logistics and commodity management, with a minor emphasis on linkages with other sector initiatives.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will result in support to the MOH in implementation of the Medical Laboratory Services 2005-2010 Strategic Plan in particular improving access and use of quality diagnostic laboratory services through improved laboratory policies, networking and logistics management.

3. LINKS TO OTHER ACTIVITIES

These activities will complement and link intimately with all activities listed in the ARV prevention, care and treatment program areas, and will contribute directly to the achievement of the overall EP ART goals.

4. POPULATIONS BEING TARGETED

Populations targeted include the general population in particular people living with HIV.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 12230.09	Mechanism: Umbrella
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 29799.09	Planned Funds: \$75,000
Activity System ID: 29799	
Activity Narrative: Updated April 2009 Reprogramming. Partnership Framework: Support to MoH labs	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 12233.09	Mechanism: PS-09-965 - Lab FOA
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 29801.09	Planned Funds: [REDACTED]
Activity System ID: 29801	

Activity Narrative: Updated April 2009 Reprogramming. The Association of Public Health Laboratories (APHL) cooperative agreement ended on 31st March 2009. APHL was awarded a cost extension until 30th September 2009. Carry over funds totalling \$171,640 were approved for APHL for activities in Kenya in January 2009. Funds allocated to APHL in COP 09 are reprogrammed to TBD / PS-09-965 (CDC-RFA-PS09-965).

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 10243.09

Mechanism: Laboratory Training

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 23595.09

Planned Funds: ██████████

Activity System ID: 23595

Activity Narrative: 1. ACTIVITY DESCRIPTION & EMPHASIS AREAS

All HIV prevention and treatment activities are dependent on laboratory support for diagnosis, monitoring of treatment and detection of opportunistic infections and malignancies. The 2007 Kenya AIDS Indicator Survey found that 1.4 million Kenyans are living with HIV. Up to 83% of HIV infected persons do not know their HIV status. Over half a million persons are receiving HIV care and treatment. The laboratory has an immense task ahead. To enhance local capacity in delivery of quality laboratory services, the TBD will conduct various types of trainings for laboratory staff including rapid HIV testing, ART monitoring, quality management systems, early infant diagnosis, good laboratory practice, monitoring and evaluation, and laboratory equipment maintenance. The TBD will work with NPHLS, NASCOP and other stakeholders to develop standardized training materials. Training may take various formats including, classroom teaching, laboratory based practical training, workshops, seminars and distance learning. Evaluations will be conducted periodically to assess transfer and implementation of skills. The TBD will liaise with MOH to ensure that training activities do not interfere with routine service delivery. As far as possible the TBD will collaborate with local training institutions including KMTC and the universities to update pre-service curricula as appropriate and institutionalize HIV related laboratory training. Additionally, the TBD will train trainers within the institutions and health facilities to facilitate continuous downward cascade of knowledge, skills and information. Training will target, all levels of laboratory personnel and particularly focus on peripheral laboratories at provinces, districts and sub-district level. The major emphasis is Human Capacity Development through training.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to FY 2009 targets by training 200 laboratory health workers to enhance their ability to provide quality HIV/AIDS services that are responsive to clients' needs.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to all HIV prevention, care and treatment programs.

4. POPULATIONS BEING TARGETED

This activity targets laboratory health care workers.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 10244.09	Mechanism: Quality Assurance
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 23597.09	Planned Funds: [REDACTED]
Activity System ID: 23597	

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

Since 2000 when the Government of Kenya declared HIV/AIDS a national emergency, Kenya has scaled up counseling and testing (CT) services through a mix of service delivery models using provider-initiated testing and counseling (PITC), community based CT and promotional campaigns. Currently there are more than 1200 HTC sites in Kenya, approximately 80% of which are integrated into existing health facilities. In addition to HTCs, there are more than 3,000 sites for the prevention of mother-to-child transmission (PMTCT), and hospitals and health centers have begun incorporating provider-initiated HIV testing and counseling as a routine standard of care. Through the combination of all these sites, the country proposes to conduct about 11,000,000 tests in FY 09.

Owing to the shortage of trained and qualified laboratory technicians and technologists, Kenya strategically task shifted both counseling and testing to auxiliary health workers and cadres including nurses, clinical officers, doctors, and professional or lay counselors, after adequate training on performing the tests. However, as efforts to achieve universal access, particularly using lay counselors-continue, poor quality and consistency of results have been highlighted, pointing to the need to establish and implement a time-sensitive external quality assurance (EQAS) program according to established guidelines. Among the HTCs, PMTCT settings continue to record less than satisfactory performance in regard to quality and consistency of testing. Possible explanations for this include: inadequate training and on-site supervision given to the PMTCT facilities by the laboratory team, and the fact that laboratory testing in a non-core duty of the nurses working in PMTCT settings.

Development and roll out of an EQAS system continues to be a challenge, with most of the provincial and district laboratories burdened with routine hospital work. This leaves a huge burden on the National HIV Reference Laboratory. Presently, the national HIV reference laboratory (NHRL) provides retesting of 1/10 samples for the rapid HIV testing sites. This plan, however, has not worked well as it has been impossible to retest all samples in one laboratory. Since FY08, this activity has been decentralized to the provincial level. In FY09 PEPFAR will support the development of an integrated QA plan inclusive of a national set of standards and integrated quality monitoring systems. Part of this new plan is to do proficiency testing in larger /existing sites. As part of the on-going efforts at improving quality of laboratories services, in FY 09 PEPFAR will also support the process of laboratory accreditation within the NPHLS, starting from the central level. As the planned activities require a considerable effort partnering with the QA dedicated staff at the NHRL and regional laboratories, the TBD will coordinate QA training on a national scale to develop and maintain Quality Assurance (QA) programs for HIV rapid testing in counseling sites and at laboratories offering monitoring for patients on ARVs to support provision of accurate, reproducible, and traceable Laboratory results for diagnosis of HIV and for Monitoring of HIV/AIDS patients on ART. The TBD will work with the USG, partners and country representatives to implement the national strategic plans for laboratory quality systems and ensure that laboratory testing is available, accurate, reliable and timely. Following nation wide training, the TBD will focus on two provincial hospitals, one district hospital and 10 VCT sites to develop comprehensive laboratory Quality management systems. Additionally, the TBD will strengthen the Ministry of Health Microbiology Reference Laboratory in QA for the diagnosis of opportunistic infection in HIV/AIDS patients. The TBD will support the national QA plan including national needs for quality testing and training. The TBD is expected to leverage its expertise to development and use of standard operating procedures for specimen tracking, testing procedures, results reporting, equipment maintenance and inventory.

This activity includes major emphasis in the area of local organization capacity development and minor emphasis in the area of development of laboratory policies and guidelines.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These functions are essential for the implementation and sustenance of all HIV /AIDS prevention strategies such as Counseling and Testing (HVCT), Prevention of Mother to Child Transmission (MTCT) and ARV treatment programs.

3. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Counseling and Testing and TB/HIV, PMTCT, HLAB. This activity is linked to the agreement with the Kenya Medical Research Institute Laboratory Infrastructure, which supports the development of National Quality Assurance Programs within the National Public Health Laboratories (NPHLS) for Blood Safety and HIV testing in Surveillance, HVCT, MTCT and monitoring of anti-retroviral treatment regimens, and all MTCT, Counseling and Testing, and HIV treatment programs.

4. POPULATIONS BEING TARGETED

This activity primarily targets laboratory workers.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting budget attributions relating to human capacity development through performance assessment and on-site supervision and training on essential elements of a quality laboratory system.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 3476.09

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 16508.20788.09

Activity System ID: 20788

Mechanism: South Rift Valley

USG Agency: Department of Defense

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: \$1,980,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + KMOD becomes a sub partner to HJFMRI/South Rift Valley.
- + The new coverage areas include Kisumu West, Nakuru Provincial General Hospital to provide Quality Assurance/Quality Control activities.
- + Scaling up EID to cover the whole of Rift Valley region.
- + Expanding testing services to include microbiology, mycology and drug resistance.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports the key cross cutting attribution of human capacity development through training 160 laboratory technicians/technologists in hematology, chemistry, CD4 and QA/QC with emphasis on interpretation of results generated in the laboratories. This will be achieved through pre-service/ in-service training, workshops and seminars facilitated by internal and external experts. Further training of a laboratory auditor will improve the overall quality of services and general evaluation of the program. This activity will also support one lab technologist for higher national diploma training in molecular diagnosis and one in microbiology at Kenya Medical Training College or equivalent. Laboratories in all the sites will be strengthened on requisite Quality Assurance procedures, laboratory procedures and management, use of SOPs and implementation of QA/QC systems for the follow up of about 40,000 HIV patients thus contributing to the overall national target of treating 550,000 people by the year 2010.

COP 2008

1. ACTIVITY DESCRIPTION

Under the US DOD, the Kenya Medical Research Institute (KEMRI)/ South Rift valley (SRV)/Kisumu West and Kenya Ministry of Defense (KMOD) PEPFAR Program have been providing laboratory support for HIV care to approximately 32,000 patients, of which 15000 have started ART. This laboratory support has been provided in two forms: through the Regional laboratory and direct district level/ facility support.

Statistics: There are a total of 17 functional/running labs under the DOD PEPFAR Program. 8 labs have the capacity to do CD 4 tests while 17 have the capacity to either perform hematology or chemistry or both. We plan to empower 18 laboratories to be able to perform QA for rapid tests being performed in all the testing facilities. Kenya Medical Research Institute/ Walter Reed Project Clinical Research Center (KEMRI/WRP CRC), Kericho laboratory is currently the only facility performing EID for the whole Rift Valley region.

Services: From the inception of the EP Program, the KEMRI/WRP CRC, has been used as a nodal point for training and empowerment of all the laboratories in the 18 treatment facilities in the Program. Initially, only KEMRI/WRP CRC lab had the potential of doing all the HIV/ART monitoring tests, but this has been transferred to most of the treatment facilities except for the CD4 tests that are done in only 7 sites. This was easily achieved through procurement of necessary equipments for hematology, chemistry and CD4 for all the treatment facilities within the EP program.

Due to this rapid growth and expansion of the lab services, it became necessary to hire four lab officers who could coordinate the laboratory activities within the Program through training, development of SOPs and adherence to good clinical laboratory practices. This has improved services in most of the laboratories while improving standards within these laboratories.

Though some laboratories have been supported for the last four years using the laboratory annual allocations, this has so far been supplemented by procurements done centrally through SCMS. TB diagnostic services (ZN microscopy) are being expanded from the current 47 to 100 besides putting up a TB culture lab at KEMRI/WRPCRC, Kericho. Support to this activity will provide accurate and timely diagnosis of TB in about 32,000 HIV positive patients in the SRV and Kisumu west. It will also serve as a reference lab for the whole Rift Valley region.

Among other tests to be expanded include diagnostic tests for other opportunistic infections including mycology and parasitology besides strengthening simple ZN and fluorescent microscopies. Strengthening of capabilities within KEMRI/WRPCRC laboratory for mycology and parasitology will ease a rollover to other treatment facilities through trainings, SOP development and QA/QC coordination.

Other concurrent services provided to all the laboratories include biannual validation and verification studies for all equipments, quarterly submissions of split samples for QA/QC and finally biannual participation in external quality assurance in hematology, flowcytometry and chemistry.

To be able to maintain good service provision, service contracts have been/will be provided for all equipments in all the USG supported sites. This ensures continuity of services while prolonging the life spans of equipments in use within the Program.

With the accreditation of the KEMRI/WRP CRC laboratory in Kericho by the College of American Pathologists (CAP), it has become necessary to utilize the expertise within this facility to develop the Nakuru Provincial General Hospital (PGH) laboratory to attain its rightful identity besides attaining good standards. This will be attained through provision of trainings, SOP development, QA/QC coordination and overall technical assistance. This will in the long run enable the PGH laboratory to oversee some of the QA/QC aspects currently performed by the KEMRI/WRPCRC laboratory for the region.

Kombewa–District Hospital in Kisumu West District is another new site requiring further support for laboratory renovation, human resource, equipments, and reagents. The patient uptake in this area is high and will need adequate support for quality provision of services.

In preparation for emerging drug resistant strains, the KEMRI/WRP CRC lab is building capacity using its current expertise in viral load and DNA molecular tests to perform drug resistance tests for all clients suspected to be failing on their drug regimens in the whole Rift Valley region. Further funding will be needed to support this Program for reagents, consumables and equipment servicing. A specialist in molecular diagnosis will be needed to facilitate and run these services.

Referrals and Linkages: The CRC lab is the reference lab for all the HIV/ART monitoring services within the Program. Kericho District Hospital (KDH) laboratory has also been developed to handle all referred specimens from the other sites except services within the military premises. Health Centers, dispensaries

Activity Narrative: and some private institutions send samples to any of the treatment facilities of their convenience for analysis for hematology and chemistries. All sites that have no capacity to perform CD4s refer them to either KEMRI/WRPCRC or any of the 7 facilities with flow cytometry equipments. The current approach is to empower KDH to perform all HIV/ART monitoring tests while KEMRI/WRP CRC acts as a back up site and main facilitator of QA/QC and validations. Armed Forces Memorial Hospital (AFMH) will also be empowered to have referral capabilities for the military clients. All samples are logged in a laboratory book and once analyzed; results are dispatched to the sending institution through any of the following methods:

- Securicor courier services
- Direct deliveries to near by sites
- Telephone calls for all critical or positive CRAG results

For EID, samples are directly relayed to KEMRI/WRP CRC laboratory from the collecting sites while others would deliver to a treatment facility (whichever is convenient) for subsequent dispatch to KEMRI/WRP CRC. Most sites use Securicor courier service recommended by the Clinton Foundation to deliver samples to the KEMRI/WRP CRC lab. Once samples have been analyzed, results are dispatched using either the Securicor courier service or directly delivered to the nearby sites. On the second day of delivery of results, a follow up call is made to a point of contact at the sample collection site to confirm if the results have been fully received. Further follow up to the client is not made. This does not apply to other samples unless a complaint arises. A questionnaire has been developed to capture such deficits if any arises which is usually distributed to sites on a quarterly basis. Analysis of the questionnaire is done by an independent department (IT) before results are submitted to the lab for use. An SOP has been developed for reporting and interpretation of the questionnaire results.

Finally, the development of protocols for quality assurance schemes and off-loading such activities as individual sites develop capacity will continue. Given the close collaboration and working relationship with KDH, Nakuru PGH, AFMH, these sites will continue to be developed to offer backups for safety labs, flow cytometries, QA/QC support to other treatment facilities.

2. CONTRIBUTIONS TO OVERALL PROGRAMME AREA

In FY09, this activity will contribute to training 160 laboratory technicians/technologists in hematology, chemistry, CD4 and QA/QC with emphasis on interpretation of results generated in the laboratories. This will be achieved through pre-service/ in-service training, workshops and seminars facilitated by internal and external experts. Further training of a laboratory auditor will improve the overall quality of services and general evaluation of the Program. This activity will also support one lab technologist for higher national diploma training in molecular diagnosis and one in microbiology at Kenya Medical Training College or equivalent. Laboratories in all the sites will be strengthened on requisite Quality Assurance procedures, laboratory procedures and management, use of SOPs and implementation of QA/QC systems for the follow up of about 40,000 HIV patients thus contributing to the overall national target of treating 550000 people by the year 2010.

3. LINKS TO OTHER ACTIVITIES

This activity relates to KEMRI-SRV/Kisumu West/ KMOD activities in HIV/AIDS treatment: ARV services, palliative care: TB/HIV, palliative care: basic health care and support, counseling and testing, and prevention of mother-to-child transmission.

4. POPULATIONS BEING TARGETED

The target population for this activity is primarily people living with HIV/AIDS that are identified through the care and treatment centre's in the KEMRI- SRV/Kisumu West/ KMOD portfolio.

5. EMPHASIS AREAS/ KEY LEGISLATIVE ISSUES ADDRESSED

The activity includes emphasis on renovations, maintenance of laboratory equipments in the ministry of health lab facilities as well as minimal work at CRC laboratory. Other emphasis areas will also include human capacity development both in pre-service training and in-service training. This activity will also be part of wrap around programs in health in the area of safe motherhood and TB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16508

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16508	16508.08	Department of Defense	Kenya Medical Research Institute	6968	3476.08	South Rift Valley	\$1,575,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.16: Activities by Funding Mechanism****Mechanism ID:** 3465.09**Mechanism:** N/A**Prime Partner:** National AIDS & STD Control Program**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Laboratory Infrastructure**Budget Code:** HLAB**Program Budget Code:** 16**Activity ID:** 4222.20227.09**Planned Funds:** \$1,200,000**Activity System ID:** 20227

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- +Support laboratory supervision by provincial and district laboratory medical laboratory technologists.
- +Establish EID and viral load testing capacity at public national and regional health facilities.
- +Expansion of QA capacity for HIV testing, CD4, clinical chemistry and hematology testing through high-performing regional /partner laboratories.
- +Promote utilization of data from the laboratory information system at central lab and peripheral laboratory levels.
- +Establish a network through which proficiency panels will be distributed.
- +Provision of oversight to the operations of the lab stakeholder meetings and regional laboratory networks.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in laboratory services, particularly Counseling and Testing TB/HIV and all activities in MTCT.

2. ACTIVITY DESCRIPTION

Laboratory systems in Kenya consist of Division of Laboratory Diagnostic Services within the Ministry of Health, a National Reference Laboratory (with responsibility for conducting reference laboratory testing related to HIV serology, biochemistry and hematology, CD4 testing and other services in support of HIV treatment as well as testing for surveillance activities), a Central TB reference laboratory, a Central Microbiology Laboratory, and a network of 2 referral hospital labs, 8 Provincial Hospital Labs, more than 20 high volume district hospital labs, more than 60 labs at other health facilities, and more than 1500 sites providing rapid testing for HIV. Several laboratories outside of this network have been supporting the national and regional labs, including laboratories at the Kenya Medical Research Institute and laboratories that also support research programs, for example the Indiana University supported laboratory in Eldoret, a DOD supported laboratory in Kericho, and a CDC-supported laboratory in Kisumu.

Key accomplishments to date have included the development of a national laboratory strategic plan, renovation and equipping of the National Reference laboratory, infrastructure improvements in 16 provincial and high-volume district hospital labs, support for training in various aspects of laboratory capacity (for example in general laboratory management, quality systems and lab safety and capacity building for specific activities such as CD4, haematology and chemistry testing). In addition, a computerized laboratory information management system has been started at the national public health laboratory and this laboratory has supported/is supporting key surveillance activities such as the 2003 demographic health survey and the 2007 AIDS indicator survey. By 2007, the Kenya Medical Supplies Agency (KEMSA) was successfully distributing the national supply of rapid test kits and several important elements of a comprehensive quality assurance program had been established, including enrolment of 4 laboratories in an EQA program for qualitative PCR for early infant diagnosis, and enrolment of 20 laboratories in an international EQA program for CD4 cell count testing, and 8 provincial laboratories enrolled in haematology and chemistry EQA program. Local EQA programs like inter-laboratory comparison of lab results, dry blood spot validation and PT for HIV serology has been ongoing. A long-term training program has provided a small number of highly qualified laboratorians to take on key management functions; a USG supported capacity building program supported hiring of 30 laboratory technologists in key MOH lab sites. Laboratory networks for sample transport, testing, and quality assurance have been established in key locations, for example in Nyanza Province, Western, Central and South Rift Valley Provinces. Important additional infrastructure improvements (for the central TB reference laboratory, central data unit and the central microbiology laboratory) are being undertaken with FY 2007 plus up funds.

NPHLS will continue to implement laboratory strategic plan with emphasis on:

1. Coordinate laboratory policy formulation through development of laboratory policy guidelines and stakeholder meetings
2. Expansion of QA capacity for HIV testing (rapid, ELISA, EID) and ART monitoring (CD4, chemistry, haematology, viral load) through training, support supervision, networking, and external quality assurance
3. Establishment of early infant diagnosis (EID) and viral loads testing capacity at public facilities
4. Establish a monitoring system to ensure laboratory equipment, reagents and kits conform to nationally established standards.
5. Utilize central data unit (data collection and reporting tools) to ensure data generated from facilities are used for decision making
6. Upgrading skills of laboratory workforce through short courses, long courses, seminars and conferences
7. Support HIV surveillance to ensure quality laboratory data is generated for program planning

3. CONTRIBUTION TO OVERALL PROGRAM AREA

These activities will help strengthen the laboratory component of HIV program. It will enable laboratory to check quality of services and support to the programmatic expansion of HIV prevention, surveillance, care and treatment activities.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to activities in laboratory services, particularly Counseling and Testing supported by all partners, especially TB/HIV activities, particularly, and all activities in PMTCT. The supported services are further linked to ART services carried out by NASCOP and other treatment partners.

5. POPULATION BEING TARGETTED

Laboratory workers, PLWHIV

6. EMPHASIS AREAS

This activity involves major emphasis in areas of quality assurance, and coordination of laboratory policy formulation. There is minor emphasis in the areas of laboratory infrastructure procurement of specialized reagents, infrastructure, monitoring and evaluation, laboratory information, surveillance, training and development and strengthening of networks/linkages.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14938

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14938	4222.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$1,200,000
7003	4222.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$900,000
4222	4222.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$1,150,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 4924.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 8763.20202.09

Planned Funds: \$12,800,000

Activity System ID: 20202

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$600,000. Partnership Framework: Purchase EID Test Equipment for Kisumu (Tachman); placement will be confirmed by MoH.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Provide TA towards a comprehensive lab logistics system(s) capable of supporting the national HIV/AIDS program
- +setting up a national system for quantification and pipeline monitoring for lab commodities
- +asset management for EP procured equipment (service and maintenance, inputs and upgrades) to be maintained and updated so that equipment is optimally in good condition and use to serve the target number of patients.

COP 2008

- + Other (NON-SUBSTANTIVE) change will include the following:

SCMS will continue to procure HIV/AIDS test kits and reagents for hematology and chemistry that will be provided to major labs. It is estimated that SCMS will procure test kits and reagent supply to cover 10 million HIV tests, 500,000 sputum microscopy, 1.4 million syphilis tests, and 1.5 million HIV clinical diagnostic and monitoring tests

1. LIST OF RELATED ACTIVITIES

This activity relates to SCMS activities in other program areas: PMTCT , Treatment: ARV Services , Counseling and Testing , and TB/HIV . It also supports all PEPFAR service-delivery activities.

2. ACTIVITY DESCRIPTION

Supplies Chain Management System (SCMS) will support all of PEPFAR Kenya's service delivery activities through provision of an uninterrupted supply of HIV/AIDS- related commodities. Commodities will come through a regional warehouse established in Kenya, significantly decreasing the lead time in procurement. From the regional warehouse, supplies will enter into existing supply chain management systems, including the national distribution system, run by Kenya Medical Supplies Agency (KEMSA), and in some cases, "buffer" stocks to ensure that PEPFAR sites have adequate commodities when there is national shortage. The project will receive forecasting and quantification information from existing in-country partners. This activity will also liaise and strengthen local procurement and distribution partners such as Mission for essential drugs and Supplies (MEDS) and KEMSA, by working transparently and collaboratively with them. SCMS will be asked to procure commodities with a focus on results – ensuring not only that the product is delivered, but that there are the required maintenance, inputs and upgrades so that the target number of tests are achieved.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to patient monitoring by ensuring the supply and maintenance of diagnostic machines and reagents, test kits, TB cultures, and medical equipment for the use in laboratories of government and mission hospitals providing HIV/AIDS treatment and care.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities, as well as the RPM+/MSH activity in logistics information management, distribution support, forecasting and quantification, , MEDS, in ARV Drugs ; KEMSA logistics and information management and distribution systems, and SCMC procurements in HVCT , HLAB and HTXS.

5. POPULATIONS BEING TARGETED

The target populations for this activity are adults and children in the general population for HIV/AIDS and TB testing, people living with HIV/AIDS for monitoring, and TB tests.

6. EMPHASIS AREAS

The major area of emphasis for this activity is commodity procurement

New/Continuing Activity: Continuing Activity

Continuing Activity: 14954

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14954	8763.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6985	4924.08		\$13,620,000
8763	8763.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4924	4924.07		\$6,823,300

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 390.09

Mechanism: SPS

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 4210.20233.09

Planned Funds: \$900,000

Activity System ID: 20233

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity will support human capacity development through training.

COP 2008

+ Other (NON-SUBSTANTIVE) change will include the following:

MSH will assist in the implementation of the national Lab policy and strategy particularly regarding local performance standards for labs. In addition MSH will provide support to the local accreditation of peripheral labs assisting in classifying labs that are suitable to provide support to HIV patients.

1. LIST OF RELATED ACTIVITIES

This activity is related to the HVTB activity.

2. ACTIVITY DESCRIPTION

This activity will involve supporting the Ministries of Health through NPHLS and NASCOP to improve quality management systems through coordination of trainings, work shops and seminars to develop national policies and improve laboratory practices. Existing laboratory management information systems (MIS) will be strengthened. Standard Operating Procedures (SOPs) for quality and efficiency of laboratory services and job aids for Good Laboratory Practices (GLP) will be developed. The management and coordination of the laboratory network will be strengthened. RPM Plus will provide technical assistance to strengthen laboratory services in support of ART by working synergistically with the Laboratory ICC and other stakeholders. All RPM Plus laboratory activities will be conducted under the auspices of the NPHLS. This includes support for national-level activities such as those mentioned above as well as the implementation of the national laboratory policy; implementation of a national laboratory policy strategic plan; and development of institutional capacity by institutionalizing laboratory SOPs. RPM Plus will also support NPHLS activities aimed at strengthening and scaling up laboratory activities at priority ART sites. Activities include: refurbishment of priority laboratories (including the proposed Central Microbiology laboratory at the NPHLS), facilitating training laboratory staff in skills for ART, SOPs and good laboratory practices such as improved handling, transportation of specimens and return of results as well as universal precautions, and improved laboratory record keeping and MIS. In addition, this project will assist laboratories by providing guidance on the ART policy, professional and operational information and materials as needed; developing SOPs on equipment maintenance, and strengthening sites to implement internal and external quality assurance procedures. The project will also provide support to laboratory supervisors to strengthen their management and coordination of laboratory services (supervisory check lists, job aids, monitoring tools, operational planning guides), and will help institutionalize laboratory quality assurance procedures including performance of internal quality controls (QCs) and calibration of equipment; training on the laboratory MIS, monitoring and evaluation (M&E) tools and the use of routine laboratory data. MSH/SPS will closely collaborate with NASCOP, NPHLS, KEMRI, CDC, KEMSA, UON, AMREF, FHI KMTC, AKMLSO, KMLTTB, CDC, JSI, Clinton Foundation, USG HIV care and support grantees, private sector organizations and other stakeholders comprising the National Laboratory Inter-agency Coordinating Committee (ICC).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will result in improving access and use of quality diagnostic laboratory services through improved training and capacity building, laboratory policies and management, including use of SOPs and implementation of QA/QC systems.

4. LINKS TO OTHER ACTIVITIES

This activity links to the HVTB activity.

5. POPULATIONS TARGETED

The populations targeted are laboratory technicians at priority Ministry of Health ART centers, and policymakers and division heads in the MOH.

6. EMPHASIS AREAS The main emphasis area is Training, with minor emphases on Strategic Information and QA/QI/SS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14925

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14925	4210.08	U.S. Agency for International Development	Management Sciences for Health	6976	390.08	SPS	\$900,000
6990	4210.07	U.S. Agency for International Development	Management Sciences for Health	4260	390.07	RPM/PLUS	\$1,550,000
4210	4210.06	U.S. Agency for International Development	Management Sciences for Health	3243	390.06	RPM/PLUS	\$700,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 4154.09	Mechanism: N/A
Prime Partner: The American Society for Microbiology	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 4826.19996.09	Planned Funds: \$100,000
Activity System ID: 19996	

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$200,000. Funds moved to TBD for FOA PS-09-966 (HLAB).

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 +Development of human capacity at, and support for laboratory infrastructure design of, the NPHLS Central Microbiology Reference Laboratory to provide microbiology reference testing services
 +Decentralization of capacity for quality TB smears microscopy and culture to regional laboratory facilities in high TB/HIV prevalence areas.
 +Training of NPHLS/CRL staff in rapid/molecular techniques for identification and speciation of TB and opportunistic infectious agents
 +Collaboration with local institutions to facilitate reference microbiology technology transfer and to build sustainability in training/ testing capacity.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

+By supporting training of senior laboratory staff in microbiologic diagnostic techniques, this activity will support key cross-cutting budget attributions relating to human capacity development in Kenya.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6941) and TB/HIV, PMTCT and HIV care & treatment programs.

2. ACTIVITY DESCRIPTION

In FY 2009, American Society for Microbiology (ASM) will work with the National Public Health Laboratory services (NPHLS) to establish the Central Reference Microbiology laboratory capacity and to strengthen the central TB reference Laboratory. To date, support for laboratory capacity related to HIV prevention and treatment programs has been heavily focused on tests for HIV diagnosis or monitoring of treatment with antiretroviral drugs. Microbiologic diagnostic capacity is extremely limited in Kenya; while many clinical labs can support microscopic diagnosis of tuberculosis, culture for tuberculosis and diagnostic tests for other opportunistic infections are generally unavailable. The NPHLS strategic plan outlines needs to urgently support establishment of a network of laboratory referral services, including microbiology services, throughout the country. ASM will train senior laboratory staff from eight provinces to conduct microbiology testing, prepare SOPS for microbiology testing, prepare lists of reagents and equipment and provide expert advice on physical infrastructure requirements. Training will be done in high functioning laboratories in Kenya or the region. Essential microbiological technologies will be selected for different levels of the National laboratories and appropriate equipment and reagents for such tests procured in accordance with the National Laboratory policy guidelines. ASM will assist with development of approaches to supportive supervision, specimen transport, quality assurance and monitoring and evaluation related to microbiologic testing.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Development of capacity to conduct appropriate microbiologic testing will dramatically improve the quality of care provided for people with HIV in Kenya and benefit the general health system.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all facility based palliative care activities, TB/HIV activities and HIV treatment activities. In addition, the activity is intimately linked with HLAB and HLAB activities.

5 POPULATIONS BEING TARGETED

This activity targets laboratory workers.

6. EMPHASIS AREAS This activity includes major emphasis in the area of training of Microbiology Technologists and Scientists and minor emphasis in the areas of laboratory infrastructure development, procurement of specialized microbiology equipment and reagents, and development of protocols for quality assurance schemes and strengthening of networks/linkages and referral systems for external quality assurance schemes for microbiological tests as detailed in Section 3 above.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15008

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15008	4826.08	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	7006	4154.08		\$96,755
7039	4826.07	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	4285	4154.07		\$499,994
4826	4826.06	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	4154	4154.06	Microbiology	\$146,799

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.16: Activities by Funding Mechanism****Mechanism ID:** 1501.09**Mechanism:** N/A**Prime Partner:** US Centers for Disease Control and Prevention**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAP**Program Area:** Laboratory Infrastructure**Budget Code:** HLAB**Program Budget Code:** 16**Activity ID:** 4923.19952.09**Planned Funds:** \$696,357**Activity System ID:** 19952

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + A laboratory program manager will be hired to support reagent, equipment and infrastructure development activities.
 + Lab stakeholders meeting will be organized
 + GAP Lab Staff will be trained in QMS
 + Lab information management system will be procured for the GAP lab

COP 2008

THIS IS AN ONGOING ACTIVITY. THIS YEAR'S CDC M&S FUNDS ARE SPLIT BETWEEN GAP AND GHAI. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO:

+Hiring of two expatriate senior technical laboratory scientists to assist in the programmatic and operational work of the GAP lab section
 +Hiring of three laboratory technologists to supervise HIV, TB/HIV, and OI testing and training in the Nairobi and Kisumu laboratories

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#7009) and TB/HIV (#7001) and all other Lab Infrastructure activities.

2. ACTIVITY DESCRIPTION

Through this management and staffing activity the Centers for Disease Control and Prevention (CDC) provides laboratory technical support to the National Public Health Laboratory Services (NPHLS) of the Ministry of Health and other laboratory service providers in Kenya. The CDC laboratory technical team works in collaboration with NASCOP, NPHLS, and other laboratory service providers in Kenya to develop, strengthen and implement the delivery of effective and quality laboratory services to support all the HIV and TB programs supported by PEPFAR. Key achievements in FY 2005 through FY 2006 included contribution to development of National Laboratory Policy Guidelines, the National Strategic Plan for the laboratory, Standard Operating Procedures [SOPs], National training curricula for testing and Quality Assurance Schemes, upon which lab practices that support expansion of ART services are based. The team also trains laboratory supervisors to offer support supervisory visits to peripheral HIV/TB testing sites. Four provincial based quality assurance laboratories have been established, another four are planned. The CDC laboratory technical team currently consists of: three senior technical advisors, 2 technical advisors with specialist experience in the areas of training in HIV, TB, CD4, viral load testing, early infant diagnosis and quality assurance (QA) measures. Funds are requested from GHAI for a contractor laboratory expert to operate from Nairobi and assist the team on issues related to quality assurance and laboratory accreditation, 2 additional technical advisors to focus on expansion of laboratory services in specific regions and program areas, a program manager to offer technical organizational support to the laboratory team in training sessions, Quality Assurance activities, support of laboratory networks with common standards and support supervisory visits to testing sites throughout the country. Due to expanded care and treatment activities in Kenya, and Nyanza in particular, the GAP lab team is expected to provide technical support for high quality lab service delivery including QA, training, mentorship and logistic support. Funds are included in this activity to support an expatriate position of lab advisor in Nairobi to help in articulating national issues and those of partners in the development of laboratory quality management systems. This activity also includes support to CDC-GAP lab in Nairobi for the procurement of minor equipment, back up lab reagents and/or supplies, a lab information management system and contractual services for maintenance of CDC lab equipment which is used by the lab team for training and providing clinical lab services to CDC supported HIV/TB sites. This funding will also be used to purchase reagents for specific assays not included in the planned SCMS procurements, such as long ELISAs and other reagents and supplies for use in External Quality Assurance of the NPHLS laboratories, evaluation of new technologies, and printing of national SOPs, manuals and other guidelines for quality assurance schemes. Some funds are also included to support technical assistance visits from CDC Atlanta laboratory staff; these staff are involved in providing technical support for activities and partner's across the laboratory infrastructure program area. GAP Lab staff will also be trained in quality management systems as the lab aims for ISO 15189 accreditation. Significant in-country travel will occur for site visits to support delivery of quality lab services. A laboratory stakeholders meeting will be held for the first time to crystallize objectives and harmonize activities in this sector.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15056

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15056	4923.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7025	1501.08		\$1,218,900
7113	4923.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$1,246,000
4923	4923.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$477,170

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 4061.09

Mechanism: N/A

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 16545.20317.09

Planned Funds: \$4,385,777

Activity System ID: 20317

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 +COP 08 funding for this activity was captured only under HVMS. In COP 09 the funding is distributed across the program areas.
 +This activity includes \$4,200,000 for lab renovation

\$185,777:

CDC-Kenya, including GAP-Kenya, is co-located with the Kenya Medical Research Institute (KEMRI) in Nairobi and Kisumu, with most PEPFAR-supported staff based in Nairobi, Kenya. Due to the dramatic scaling up of PEPFAR activities in Kenya, and the resulting expansion of staff since the inception of PEPFAR, the capacity of the existing offices has been exceeded. CDC proposes to renovate the existing structure, however, due to site and structural constraints, this will avail only limited additional space. CDC therefore proposes to build a second building to house the expanded CDC-KEMRI HIV program. The proposed building, on the campus of KEMRI, will become part of the KEMRI complex; CDC will not hold title to the building.

A total of \$1,200,000 in FY 08 funds was programmed to RPSO for this purpose; however, these funds were allocated in the absence of a fully developed staffing plan, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY 09 funds are sought to meet the funding shortfall resulting from the unplanned-for A&E services contract, as well as the under-estimated cost of construction.

Costs for the total CDC-KEMRI project have been allocated across GAP program areas, based on projected space utilization.

* * *

\$4,200,000

1. ACTIVITY DESCRIPTION

Laboratory services are a critical component in the delivery of high quality health care system. They not only provide the basis for good clinical diagnosis but also provide an objective means to monitor patient care and disease trends. The role of the laboratory in HIV prevention and intervention strategies is increasingly being recognized. The capacities of the laboratories will, therefore, need to be strengthened as Kenya scale up HIV intervention programmes. A strong lab infrastructure will improve the health system overall and benefit all disease control programs. Kenya's laboratory infrastructure has long been a source of concern for providers of care particularly when initiating and continuing ARV treatment. A Kenya Service Provision Assessment (KSPA) done in 2004 indicated that only 15% of hospitals had the five tests necessary to manage STIs. The Physical infrastructure is dilapidated and many of the laboratories at district and lower level were not purpose built. It is also recognized that an investment in equipment and reagents must be balanced with investment in physical infrastructure to ensure service delivery. The purpose of this activity is to improve the laboratory infrastructure in Kenya by renovating/building new laboratories. It is anticipated that the implementer will work with the NPHLS and provincial health management teams in identifying the laboratories that need improvement with a view to strengthening the provincial laboratory network and priority district laboratories. It is anticipated that the implementer will ensure that the renovations undertaken/buildings are in accordance with the standards defined by the NPHLS for each category of laboratory. Thus this activity will help standardize renovations/buildings across the laboratory networks in the country.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the continued implementation of the Medical Laboratory Services of Kenya National Policy guidelines and the 2005-2010 strategic plan helping to provide standardized quality laboratory services and ensure that laboratories have adequate and appropriate infrastructure.

3. LINKS TO OTHER

This activity will link to the support all PEPFAR prevention, care and treatment programs.

4. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity is infrastructure development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16545

Emphasis Areas

Construction/Renovation

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.16: Activities by Funding Mechanism****Mechanism ID:** 521.09**Prime Partner:** Indiana University**Funding Source:** GHCS (State)**Budget Code:** HLAB**Activity ID:** 25884.09**Activity System ID:** 25884**Mechanism:** USAID-AMPATH Partnership**USG Agency:** U.S. Agency for International
Development**Program Area:** Laboratory Infrastructure**Program Budget Code:** 16**Planned Funds:** \$220,000

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by Moi University School of Medicine, Moi Teaching and Referral Hospital, Indiana University School of Medicine and other U.S. academic medical centres. Moi University Faculty of Health Sciences (MUFHS) is one of two schools of medicine, nursing and public health in Kenya. Indiana University School of Medicine (IUSM) has collaborated with MUFHS since MUFHS' inception in 1990. AMPATH is one of the most successful HIV treatment programs in Kenya. AMPATH is currently supporting a total of 18 HIV/AIDS care clinics and screening programs, plus another 8 satellite facilities that are associated with these centers. In the 2009 COP period, supported activities will include strengthening of the regional referral center to serve as a referral centre for HIV/AIDS care, including improving of laboratory capacity and management of complicated medical cases such as those failing first line ART. Specifically, AMPATH will improve the HIV diagnostic and monitoring capacity in the North Rift Valley and Western provinces. Specific interventions targeted are rapid HIV testing, CD4 testing, HIV Elisa, lab tests for HIV associated opportunistic infections and early infant HIV diagnostic capacity utilizing DNA PCR or other appropriate technologies within the North Rift Valley, and Western provinces. AMPATH will work with the Ministry of Medical Services, Division of Diagnostic and Curative Services and Ministry of Public Health, National AIDS and STD Control Program (NAS COP) to improve laboratory practices at all public sector laboratories in the North Rift Valley and Western provinces with particular emphasis on good laboratory practice, including standardization of operating procedures, implementation of systems for continuous support supervision, systems for internal and external quality assurance. This support should aim at achieving international accreditation for at least six of these laboratories. The activity will initially start with HIV rapid tests, HIV Elisa, CD4 tests, laboratory tests for opportunistic infections and expand as needed in subsequent years to other laboratory tests as their capacity and funding will allow. All activities will be in conformance with the National Strategic plan for Medical laboratory services of Kenya.

The major emphasis area in this activity is training of health workers, with two minor emphasis areas in infrastructure improvement and community mobilization/ participation.

2. LINKS TO OTHER ACTIVITIES

These activities support and link to the network centre at Moi Teaching and Referral Hospital, and link to Indiana University/ AMPATH's program in Counselling and Testing, Palliative Care: Basic Health Care and Support, Paediatric Care and Treatment TB/HIV, and PMTCT. There are well-established links with other services supported by this and other partners for example; provider initiated counselling and testing for HIV among TB patients as well as long-term ART follow-up for HIV infected mothers and their infants.

3. POPULATIONS BEING TARGETED

The main populations targeted by this activity are people living with HIV/ AIDS, HIV positive pregnant women and their families. Other populations targeted are health workers who will benefit from training in order to enhance service provision.

4. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS:

This activity supports key cross-cutting attributions in human capacity development through its training program for health workers.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code:

17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$18,690,000

Program Area Narrative:

Key Result 1: Strengthened national, regional, district and program-level reporting and information systems.

Key Result 2: Enhanced utilization of strategic information for program planning and decision-making.

Key Result 3: Expanded capacity building activities for the GoK and local partners at national and sub-national levels to ensure sustainable systems and programs.

PROGRAM AREA ACHIEVEMENTS AND CHALLENGES

Key achievements in 2008 include completion of the Kenya AIDS Indicator Survey (KAIS) and release of a preliminary report; a USG Data for Decision Making (D4DM) COP retreat facilitated by the SI Team; and successful implementation of Data Quality Assessment (DQA) by more than ten partners across the country. Through the decentralized USG SI support for the national M&E system, the GoK has achieved improved reporting rates from all provinces with the lowest recording 60% (previous reporting rates were as low as 30%).

The implementation of community-based M&E systems at constituency levels in partnership with the National AIDS Control Council (NACC) remains a challenge; however, it is anticipated that there will be better coordination and strategic engagement with NACC as a result of Macro International/APHIA II Evaluation's in-country presence. Inadequate SI staffing has been a key challenge considering the rapid expansion of the Kenya program. This is being addressed and a number of new positions have been posted using 2008 funds, and additional positions will be supported through 2009 funds. 2009 activities are designed to address these challenges as well as other priority areas identified by the SI Team.

STRATEGIC INFORMATION TEAM

The USG Kenya SI team consists of an Epidemiologist, a Health Management Information Systems (HMIS) specialist, and two Monitoring and Evaluation specialists. The role of SI Liaison is shared between the CDC HMIS specialist and the USAID M&E specialist. There are no new staffing requests in 2009 but a number of positions approved in the 2008 COP remain to be filled. DOD will recruit a Data Analyst, USAID will add one M&E specialist and one HMIS specialist, and CDC plans to hire three M&E officers, two HMIS specialists, and one surveillance officer. USG staff is assisted by two APHIA II Evaluation SI Resident Advisors.

The role of the SI Team is to provide support to the USG team, its implementing partners, and the GoK at national and sub-national levels. Supportive activities include: oversight of the USG database system – the Kenya Program Management System (KePMS); oversight of indicators, reporting requirements, and partner performance reviews; preparation of reports for the Country Coordination Office (CCO) for presentations to USG heads of missions, GoK, and other donors; and provision of technical assistance in the implementation of activities funded under SI (M&E, HMIS/Informatics, and surveys/surveillance).

STRENGTHENED REPORTING AND INFORMATION SYSTEMS

Activities to strengthen and expand reporting and information systems include: establishment of referrals, linkages, and integration of programs and systems; continued roll out of MOH standardized Form 711; implementation of the Community-Based Program Reporting (COBPAR) system; piloting of an electronic patient monitoring system; expansion of Phones for Health (P4H) in 2-3 additional provinces; ongoing data quality assessments; support for joint technical and M&E supportive supervision; and support for additional facility-level data management staff.

Macro International/APHIA II Evaluation project (bilateral follow-on to Measure Evaluation) will continue to support the USG team in coordinating PEPFAR annual and semi-annual program results reporting for all partners. KePMS modules will be expanded to include additional PEPFAR II Next Generation Indicators as well as country-specific service delivery/data quality and outcome level indicators to better inform and improve program management. In this activity, the Macro International /APHIA II Evaluation project will build capacity of Ministry of Health's Planning Department on the use of Geographic Information Systems (GIS), including setting up of GIS infrastructures within the headquarters and conducting GIS Mapping of service delivery points in two provinces.

The adoption of a decentralized approach to strengthening integrated and harmonized HIV M&E tools, which include patient cards, registers, and integrated reporting tools (MOH Form 726 and 711) through National AIDS and STI Control Programme (NASCO) and APHIA II partners has already resulted in improved reporting rates by health facilities. This approach will be continued in 2009 to ensure strengthened capacity at all data collection points and structures that support data flows to national HMIS and PEPFAR reporting systems. WHO and USG, together with NASCO, are developing a strategy for an all-inclusive national electronic patient management system that will strengthen reporting and improve data use at facility, district, regional, and national levels and result in improved patient management.

The EP will assist NACC in the national implementation of the Community-Based Program Reporting (COBPAR) system for non-health facility data by strengthening NACC's M&E and coordination capacity. Such collaboration will enable NACC to better engage stakeholders during implementation, generate quality data, and promote data use at all levels.

Program data quality assessments (DQAs) will remain a priority activity and all USG partners and MOH facilities will be supported to develop plans on DQA implementation. A USG contractor, in conjunction with MOH and other key stakeholders, will conduct one DQA exercise for PEPFAR/GoK supported facilities and community-based programs. In addition, NASCOP will work with HIV-Qual and other stakeholders to develop indicators for monitoring the quality of care for HIV-positive individuals at selected health facilities and provide quarterly feedback.

Support in equipping and networking of data centers managed and supported by the Kenyan Defense Headquarters in Nairobi will be continued. The computer network will be expanded, linking labs, pharmacies and the Comprehensive Care Centers (CCC) at all seven military clinics, resulting in improved patient management and reporting.

The Phones for Health (P4H) project will continue and the second phase of the project will be undertaken using 2009 funds. During this period, health facilities in two additional provinces will be covered by the P4H infrastructure. MOH staff at district, provincial, and national levels will be trained on data retrieval, analysis, and use. The coded master-facility register will be fully developed and implemented.

ENHANCED UTILIZATION OF STRATEGIC INFORMATION

Enhanced utilization of strategic information for program planning and decision-making is a priority for the USG team. Health data and information are valuable only if they are used to inform decisions. Interventions that increase demand for information and facilitate its use at all levels enhance evidence-based decision-making and help make the health system more effective. Data use and feedback loops will be supported at all levels and among different stakeholders, from facility-based program managers, healthcare workers, and data management staff all the way up the data flow chart to national-level policy makers. Beyond routinely collected program-level data, which will be an important source of information in planned program evaluations for prevention, care, and treatment interventions, there are many rich data sources available for analysis in Kenya, and the USG is supporting several additional data-generating activities in 2009.

To enhance data use for program planning and decision-making, program-level data, including quality of care data, will be analyzed and disseminated to various users at all levels; basic program evaluations to document implementation and short-term effectiveness of programs will be carried out; additional data analysis from the 2007 Kenya AIDS Indicator Survey (KAIS) and preliminary analysis of the 2008 Kenya Demographic and Health Survey (DHS) will be conducted; a Service Provision Assessment will be carried out; and HIV behavioral and sero-surveillance data from most-at-risk-populations (MARPs) and PMTCT program-level data will be collected and analyzed.

The 2007 KAIS reported a national HIV prevalence of 7.8% among those ages 15-49. The final report will be distributed at the end of 2008, and further analysis of the rich data set will continue in 2009.

Field work for the 2008 Kenya Demographic and Health Survey (KDHS) will be completed in early 2009. Although USG only supports the non-HIV components of the KDHS, data analysis and report writing and national and provincial dissemination of key findings will be undertaken using 2009 funds.

The second Kenya Service Provision Assessment (KSPA) will provide national and sub-national information on the availability and quality of services on child health, family planning, maternal health, STIs, TB, and HIV. The KSPA will also better quantify the extent of challenges related to record keeping and reporting, such as low reporting rates by health facilities, and in particular record keeping for PMTCT programs. This must be addressed prior to advancing the use of program-level data for HIV surveillance. Analysis of KSPA results will help guide development of strategies to achieve 100% reporting by health facilities, as well as recommendations for the development of data management infrastructure and supportive field supervision of COBPAR activities.

Sentinel surveillance among pregnant women has been conducted annually in Kenya since 1990. PMTCT data collected from ANC clinics in other countries have shown similar HIV prevalence estimates as sentinel surveillance data. The USG SI and PMTCT teams will pilot the use of PMTCT program-level data for determining national HIV prevalence among pregnant women. Technical assistance will be sought from the Surveillance TWG at OGAC on the planning and implementation of this strategy, including priority areas to strengthen alongside ANC sentinel surveillance.

In 2008, the EP supported an integrated behavioral and biological survey with most-at-risk-populations (MARPs), including men who have sex with men (MSM), injection drug users (IDU), female sex workers (FSW), and truckers. 2009 support will extend survey coverage to three additional towns and support further data analysis and dissemination.

The Sample Vital Registration with Verbal Autopsy (SAVVY) methodology work will be continued in five Demographic Surveillance Sites (DSS) sites across the country to collect mortality data on major causes of death, including HIV-related mortality. This will provide information on one of the two outcome indicators of PEPFAR's impact on health at the population level as well as vital registration statistics that the Kenya National Bureau of Statistics (KNBS) needs to inform policy and planning.

EXPANDED CAPACITY BUILDING

Capacity building activities will target program managers, medical officers, and SI/M&E staff from the USG, its implementing partners, and the GoK at site, district, provincial, and national levels. These will focus on several key areas, including implementation of a new electronic medical records (EMR) system; long-term training for high-level HIV program managers; training to improve geo-mapping skills; program evaluation workshops; data use skills in data analysis, report writing, making presentations, and translating results into policy; and basic M&E training.

Targeted capacity building through ongoing training on M&E, sampling methodology, data analysis, and reporting will be implemented. NASCOP will be supported to roll out provincial and district level cascaded trainings of health workers on revised

HMIS tools. The University of Nairobi and another local university (to be determined) will be supported in the development of MPH-level Fellowship programs specializing in HIV Program Management, M&E, Informatics, and Health Economics.

The planned male circumcision and comprehensive care public health evaluation will provide an excellent opportunity for Kenyan MOH staff to advance their program evaluation, data analysis, and report writing skills.

LINKAGES WITH THE HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

USG SI staff collaborate with M&E Managers/Advisors from NACC, NASCOP, UNAIDS, and the World Bank. USG's collaboration with the GoK and other donor groups in the implementation of national M&E strategies will be continued. In support of the "third one," the SI team will continue to work closely with GoK to prioritize and implement the activities listed in the National M&E Framework and the Kenya National HIV/AIDS Strategic Plan (KNASP 2005-10). Discussions on the harmonization and inclusion of PEPFAR II Next Generation Indicators in the GoK's National M&E Framework will start in late 2008 and continue as a priority activity throughout 2009 and 2010. The revised national M&E framework will provide a roadmap for monitoring health and community indicators for GoK and PEPFAR II targets beyond 2010.

The expanded SI team will work with the World Bank (supporting NACC); UK Department for International Development – DFID (supporting NASCOP); UNAIDS on Country Responses Information System (CRIS); Swedish Development Agency on health sector M&E at the district level; and UNICEF and the Children's Department on the M&E of OVC programs. Targeted support to MOH in strengthening HMIS functions through provision of IT infrastructure, support to supportive supervision, and hiring of data management clerks will be scaled up.

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3575.09	Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 17886.20449.09	Planned Funds: \$0
Activity System ID: 20449	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Build the capacity of 12 additional field-based HIV/AIDS program staff in APHIA II regions in targeted evaluation and SI generation activities using the approach developed under COP06 for building targeted evaluation skills of staff working with other HIV/AIDS organizations apart from NASCOP.
- + Conduct training on data use using the data-for-decision-making strategy developed in COP06. Sixteen trainers and 320 service providers in APHIAII regions will be trained in data-for-decision-making at the provincial and district levels through cascade trainings.
- + Undertake an assessment to evaluate the availability and utility of computers for data capture, analysis and reporting in selected districts and equip and train district personnel on computer utilization for the same purpose. The number and distribution of districts will depend on the felt

SECONDARY CROSS CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

COP 2008

1. LIST OF RELATED ACTIVITIES This activity is related to all other Strategic Information activities in COP 2007.

2. ACTIVITY DESCRIPTION FHI/CTRU in collaboration with the National AIDS and STI Control Program (NASCOP) and Kenyatta University (KU) received COP 2005 funds to train 4 Masters students in targeted evaluation and generation of strategic information (SI). In order to have widespread impact of HIV/AIDS programming in the country, COP 2006 funds were committed to support training of an additional 4 Masters and 2 PhD students in targeted evaluation; FHI will continue to work closely with NASCOP, KU and a representative of the SI ITT to select and train these additional students. Also, using information generated in COP 2005, a dissemination strategy will be developed and implemented to facilitate utilization of the students' findings in relevant PEPFAR program areas, namely HTXD, HVCT and MTCT. In COP 2007, FHI/CRTU, NASCOP and KU propose to undertake the following activities: Continue the collaborative selection and support approach used in COP 2006 to identify and train 6 additional Kenyatta University students in targeted evaluation and SI generation in order to increase the human resource base for HIV/AIDS targeted evaluation in Kenya. Prior to selection of the 6 students, a meeting will be held with NASCOP to identify priority strategic information and targeted evaluation areas that the students can potentially address through their theses. The students will then develop projects that: 1) are relevant to identified capacity gaps at NASCOP as well as other local HIV/AIDS service delivery organizations/institutions; and 2) will generate SI to feed into PEPFAR program areas and activities. Once students have identified the PEPFAR program area they plan to address, Interagency Technical Team (ITT) representatives for these areas will be integrally involved in the students' work through quarterly meetings in order to provide guidance for students' projects and regularly review their progress. In addition, 12 additional field-based HIV/AIDS program staff will be trained in targeted evaluation and SI generation activities using the approach that will be developed under COP 2006 for building targeted evaluation skills of staff working with other HIV/AIDS organization apart from NASCOP. The activity will also ensure dissemination and utilization of students COP 2006 targeted evaluation findings. The dissemination strategy to be used in COP 2007 will be developed by FHI and its partners under COP 2006 to ensure dissemination and utilization of the SI generated by this ongoing activity within the MOH and other key organizations involved in HIV/AIDS programming. Finally, FHI will conduct training on data use using the data-for-decision making strategy developed in COP 2006. In this process, 16 trainers and 320 service providers will be trained in data-for-decision making at the provincial and district levels through cascade trainings. In COP 2006, capacity building activities with NASCOP and its partners will involve identification of gaps in utilization of data for decision making and planning. This gap analysis and development of appropriate strategies to address the identified gaps conducted during COP 2006 will be carried out by one or two of the students in collaboration with FHI and its partners. FHI/CRTU will sub-contract (\$250,000) Kenyatta University as their main sub-partner to accomplish these activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Currently, there is limited local capacity to conduct targeted evaluations relevant to HIV/AIDS. An in cases where some capacity exist such as in national Universities, this capacity is disconnected to the mainstream HIV/AIDS activities being conducted by NASCOP and with support of the USG. This activity therefore builds on the FY 2006 activity that supported Kenyatta University and NASCOP to improve the national M&E systems as well as contributing to the Emergency Plan's training outputs.

4. LINKS TO OTHER ACTIVITIES This activity is related to the Strategic Information activity to be carried out by CPC-MEASURE (#6988) that provides technical assistance and capacity building at the National HIV/AIDS Control Council (NACC).

5. POPULATIONS BEING TARGETED

The population targeted are University students and program managers at NASCOP.

6. EMPHASIS AREAS

The major emphasis area addressed is capacity building; minor is M&E systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17886

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17886	17886.08	U.S. Agency for International Development	Family Health International	6945	3575.08	Contraceptive Research Technology and Utilization	\$150,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$0

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 4915.09	Mechanism: APHIA II - Nyanza
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 8859.20441.09	Planned Funds: \$600,000
Activity System ID: 20441	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Jointly with program and MOH technical staff strengthen integration, linkages and/or referral systems between facility-based and community-based monitoring and reporting systems especially with regard to enrollment and retention of HIV+ clients on care and support (PMTCT, CT, TB, OVC and ART)
- + Increasingly, shift focus to quality of prevention care and treatment through planned and regular analysis, feedback and use of data on quality indicators at facility/community, district and provincial data review meetings.
- + Support MOH/PMO/PHRIO in strengthening HMIS functions especially on overall reporting rates, records keeping, structured supportive supervision using M&E focused supervisory checklists, data use and hiring of 19 data clerks to reduce increased data management burden on health care workers in the province.
- + Support the District Children Offices to strengthen the OVC M&E system to improve on data capture and reporting
- + Conduct basic program evaluations (process evaluations, assessments, program reviews and some outcome level evaluations) in prevention, care and treatment programs to document implementation and short-term effectiveness of programs.

SECONDARY BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

COP 2008

The only changes since approval in 2007 COP are:

- +expansion to 2 new districts and one municipality, support to provincial medical records office and the new districts to computerize HMIS at the district level, support to about 20 ART sites with more than 250 clients to computerize their systems to improve data management, drugs management and patient follow-up, overall provincial reporting target and plan to conduct mid term evaluation. This activity also includes the development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs.

1. LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002) and TE/TBD (#9220).

2. ACTIVITY DESCRIPTION

USAID'S APHIA II NYANZA project implemented by ENGENDERHEALTH began its service delivery activities in Nyanza province in FY 2006. In FY 2007 this activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use in Nyanza province MOH health facilities, and Community Based Program Activity Reporting (COBPAR) currently being rolled out at Constituency AIDS Control Committees (CACCS) levels by NACC through 3 key components. Component 1: Support APHIA II NYANZA/ENGENDERHEALTH and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II NYANZA/ENGENDERHEALTH and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II NYANZA/ENGENDERHEALTH and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 186 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II NYANZA/ENGENDERHEALTH Nyanza will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 200 facility based and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II Nyanza/ENGENDERHEALTH will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Nyanza province. These efforts should result into demonstrated evidence in increased national level reporting by up to 80% from health facilities to NASCOP national database.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA.

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to forty local organizations/health facilities in strategic information in addition to supporting the training of 110 SI and program managers in M&E/HMIS, reporting and data use for program management

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220) that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED.

Activity Narrative: This activity targets host government and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6. EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14786

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14786	8859.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$400,000
8859	8859.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$145,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$180,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 4915.09	Mechanism: APHIA II - Nyanza
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 12496.20443.09	Planned Funds: \$100,000

Activity System ID: 20443

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

1.LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activities to be carried out by Macro International /APHIA II Evaluation (#####), NASCOP (#####) and KDOD (#####).

2.ACTIVITY DESCRIPTION

APHIA II Nyanza/EngenderHealth will help to strengthen the District Health Management Information System by building the capacity of service providers and health records information officers to prepare and submit timely and accurate reports. This will include training of 65 MOH officers in Nyanza Province to improve the utilization of registers and other reporting tools both in clinical services and prevention services. As an increasing number of clients receive male circumcision services in health facilities and counseling and testing for the prevention of HIV/AIDS, the project will support the districts to collate this information accurately in order to track the progress of the male circumcision initiatives. The project will work with the he project will conduct regular data quality assurance processes at all data generation points, and provide technical mentoring as required. APHIA II Nyanza/EngenderHealth will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Nyanza province. In total the project will support 15 health facilities in improving the data collection and reporting processes. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14787

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14787	12496.08	U.S. Agency for International Development	Engender Health	6944	4915.08	APHIA II - Nyanza	\$100,000
12496	12496.07	U.S. Agency for International Development	Engender Health	4915	4915.07	APHIA II - Nyanza	\$100,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7456.09

Mechanism: National M&E Support Program

Prime Partner: SCI Koimhuri Tucker and Company

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 9012.20318.09

Planned Funds: \$1,700,000

Activity System ID: 20318

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner SCI Koimburu Tucker & Company has been competitively selected to implement the activity
- + Support local costs for the trainings of MOH and partner M&E contact persons on advanced data analyses, interpretation and presentation skills using 2007 KAIS and KDHS 2008 datasets
- + Support the dissemination of NACC's Research strategy at national and regional levels.
- + Support and or facilitate the development of a national Children's M&E framework for the Department of Children, Ministry of Gender, Children and Social Services

SECONDARY CROSS CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

COP 2008

The narrative is unchanged from COP 2007 except for:

- + the current administration and financial services contract with PricewaterhouseCoopers is being re-competed and therefore the prime partner and funding mechanism remains USAID/TBD until the competition and negotiation processes are concluded,
- + plan to support the implementation of the 2008 Kenya Demographic and Health Survey (\$850,000). Support to this activity appears in 2007 COP to ensure that planning for the 2008 KDHS can begin as early as possible. The amount reflected takes into account that there will be no HIV testing module, as this will be carried out during the 2007 AIS
- + plan to support 2009 Kenya Census planning processes (\$400,000) and 5) continued support to USG and MOH data point managers in the use of Geographical Information System technology in mapping service needs and coverage by regions(\$150,000).

1. LIST OF RELATED ACTIVITIES

This activity is related to Strategic Information activities of the University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002), and Macro International (#6988) and to a Laboratory Infrastructure activity (#6940).

2. ACTIVITY DESCRIPTION

This activity has several components: (1) In FY 2006, MEASURE supported NACC develop a structure that is meant to support the processes of community-based data collection and reporting right from the community to the national level. The structure still requires regular supportive field supervision and training in data collection and reporting systems at all levels, (community, district, provincial, national) in order to improve data quality; and to build the capacity of stakeholders in strategic information activities. This activity has two sub-components. In the first sub-component, USAID will partner with Price WaterhouseCoopers to provide support to NACC to recruit two local experts (M&E Coordinator and MIS Officer) (\$145,000), whose key functions will be to contribute to the quantitative reporting under the annual Joint AIDS Program Review as stipulated in the NACC's strategic plan; 2) maintain the CRIS and COBPAR databases; 3) and maintain a monitoring system for COBPAR implementation. NACC with technical support from MEASURE Evaluation in FY 2006 has developed a Community Based Program Activity Reporting (COBPAR) for reporting community level data. In the second component (\$255,000), USAID through Price Waterhouse Coopers will support National AIDS Control Council (NACC) to strengthen and improve the quality and frequency of supportive field supervision, and community-based reporting. In overall it will strengthen capacities of up to 65 community level local organizations to follow-up activities for collection of COBPAR data records and coordinate community level strategic information focused meetings; train approximately 70 data point persons on community-based data collection, reporting and use to improve the quality of reports and inform planning and decision making. Timely development, printing and dissemination of quarterly and annual reports will also be improved. Infrastructure for data management systems is critical for quick processing, retrieval and use of strategic information for program improvement and decision-making. MIS Officer, will therefore be facilitated to set up data management systems through provision of a server, software licenses, and development of data management applications. This will improve timely data flow from all the district and provincial data collection points, and therefore enable NACC to achieve up to 60% reporting rate from CACCs-District-Provincial-National levels in a timely manner. NACC will develop an annual work plan, which upon approval by USG, will guide the implementation of this activity, monitoring of key results and reporting. (2) AIDS Indicator Survey (AIS): The Kenya AIS has been scheduled for early 2007 and will be the second population-based, comprehensive survey on HIV/AIDS prevalence following the 2003 Kenya Demographic and Health Survey (KDHS) that included an HIV testing component. CBS will be sub-contracted to provide sampling, logistical support and overall coordination of the field work with MACRO International's technical assistance. CBS has started some planning activities for the AIS using COP 06 funds. The HIV testing component will be supported by the CDC/NASCOP Cooperative Agreement and the KEMRI Laboratories. In the process, 70 national staff will be trained in sampling methodology, data collation, analysis and reporting. (3) Sample Vital Registration with Verbal Autopsy (SAVVY): The proportion of all deaths among 18-59 year-olds due to HIV/AIDS is one of the two outcome indicators of the impact of the EP on population health. The Central Bureau of Statistics (CBS) also needs the vital registration information to inform policy and planning. The SAVVY methodology will collect mortality data from five DSS sites across the country using a validated verbal autopsy tool to ascertain major causes of death, including from HIV/AIDS. Using COP 2906 funds, MEASURE organized a workshop that brought together all 5 Demographic Surveillance Systems (DSS) sites, and proposals were made to harmonize mortality data collection and reporting tools. The sites were also introduced to the SAVVY methodology. In COP 2007, the 5 sites will be funded to refine these tools and customize them to their existing DSS instruments. The DSS sites will collect, analyze and report mortality data with technical assistance provided through MEASURE and CDC. A total of 25 CBS, NASCOP and DSS staff from the sites will be trained on indicator estimation methodologies. This activity will also provide the necessary PEPFAR outcome/impact indicator on mortality. The sub-recipients in this activity are the following 5 DSS sites: Coast (Kilifi - \$260,000), Nairobi (Nairobi Urban DSS - \$130,000, Kibera - \$65,000) and Nyanza (Kisumu - \$97,500, Rusinga - \$97,500). 3. CONTRIBUTIONS TO OVERALL PROGRAM AREA This activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's efforts to build local capacity in M&E. The activity will strengthen the capacity 70 local organizations in strategic information in

Activity Narrative: addition to supporting the training of 40 District Technical Committees and CACCS in M&E/HMIS, reporting and data use for program management. In addition, 100 SI and program managers will be trained in survey design/implementation, data analyses and presentation. A further 25 individuals will be trained on mortality estimates methodologies and SAVVY system.

3. LINKS TO OTHER ACTIVITIES

This first component of the activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAP system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities. The second component is linked to the SI activities of (#6988, #7002, #6946). The AIS will fill information gaps that routine reporting data cannot provide. The third component is linked to SI activities carried out by University of North Carolina/Measure Evaluation (#7098).

4. POPULATIONS BEING TARGETED

This activity targets host government workers, community based organizations and the general population.

5. EMPHASIS AREAS

The major emphasis is AIS and other population surveys while the minors include Monitoring, Evaluation, or Reporting (or program level data collection), Information Technology and Communications Infrastructure and Other SI Activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14988

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14988	9012.08	U.S. Agency for International Development	To Be Determined	7456	7456.08	SI Activities	
9012	9012.07	U.S. Agency for International Development	SCI Koimburi Tucker and Company	9491	9491.07		\$860,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$680,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 7533.09**Prime Partner:** University of Nairobi**Funding Source:** GHCS (State)**Budget Code:** HVSI**Activity ID:** 16842.20315.09**Activity System ID:** 20315**Mechanism:** HIV Fellowships**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Strategic Information**Program Budget Code:** 17**Planned Funds:** \$500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Prime partner University of Nairobi has been competitively selected to implement the activity, with the University of Washington as a sub-partner.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development by providing fellowships for high level training to senior Ministry of Health staff as well as other host government officials linked to HIV programs. Public health professionals, informaticians and journalists will be among the groups to be trained. This will enhance program management capacity at NASCOP and NACC and assure retention of high level staff for long term sustainability of HIV programs.

COP 2008

1. ACTIVITY DESCRIPTION

In Kenya, there is an acute shortage of high-level personnel to manage HIV/AIDS programs and develop evidence-based policy. In addition, among the small existing pool of HIV/AIDS program managers, there is a need for long-term and short-term training in several areas of HIV program implementation, informatics, monitoring and evaluation. These gaps limit the effectiveness of Kenyan governmental and non-governmental HIV programs, including those of NASCOP and other Ministries involved in HIV/AIDS activities. We propose to implement an HIV Fellowship Program focused on training high-level HIV program managers. Jointly with the Fellowship program under OHPS, the program will provide long-term training for 12 Fellows who will be placed and working within host institutions, as well as short-term training for 200 Kenyan public health professionals, informaticians and journalists and 120 host institution staff. For the two-year fellowship program, fellows will be selected through a competitive process and will generally have masters degrees or be physicians or nurses prior to beginning the fellowship program. HIV-focused programs would apply to serve as a host institution for a Fellow, and would include such government institutions such as Provincial and District Medical Offices, the National AIDS and STD Control Program (NASCOP), the National AIDS Control Council, the Ministry of Education and Kenyan non-governmental HIV prevention, care, and treatment organizations. Fellows would be supervised by an academic advisor as well as a mentor at the host institution where they would be working for two years. The Fellowship would include periodic didactic courses, but also a long-term HIV/AIDS-related project at their host institution for which the Fellow would have to submit a formal grant application. While all fellows will complete a core curriculum on HIV/AIDS Program management and epidemiology, the Kenyan HIV/AIDS Fellows will specialize in one of three main tracks: program management, health economics, and informatics/monitoring and evaluation. These tracks address current gaps in human capacity within the professional public health cadre in Kenya. The program would also include short courses on different aspects of HIV/AIDS program management and epidemiology for 200 district and provincial-level health officials, policy makers, program managers and journalists. As a part of their fellowship curriculum, fellows will also train staff at their host institutions, totaling 120 persons per year. This program will be modeled after similar PEPFAR-supported programs in Uganda, Zimbabwe and soon in Botswana. These programs have been highly successful in creating a qualified pool of HIV/AIDS program managers and have helped to build long-term human capacity that can support and sustain PEPFAR investments in country. This program will be implemented by a Kenyan academic institution that will be selected through a competitive process (TBD) in collaboration with CDC and GOK.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to three of the key goals of our OHPS and SI strategy. First, it will contribute to strengthening health human resource capacity and will reinforce sustainability of HIV/AIDS programs. Through this program, over 330 Kenyan professionals will be trained, including 200 Kenyan public health professionals, informaticians and journalists and 120 host institution staff who will receive short-term training and 24 Fellows who will be placed and working within host institutions during their two-year fellowship (12 will graduate every year). This training will help expand the very limited pool of HIV/AIDS program managers currently available in Kenya and reduce reliance on expatriate staffing. Secondly, the program will help to improve the leadership, management and capacity-building skills of local indigenous organizations and their networks to enhance the sustainability of HIV/AIDS programs. All host institutions will be Kenyan governmental and non-governmental organizations and a key component of the program will be training of host institution staff. In addition, fellows will learn how to write a successful grant application. Experience with similar programs in other PEPFAR countries demonstrates that the majority of fellows often are able to use their grant writing skills to assist their host institutions to raise funds to sustain their salaries after they complete their two year fellowship placement. In addition, Fellows are highly marketable after completing the training and stay in country; for example, in Uganda, of the first 17 graduates, 15 continued to work in HIV/AIDS activities in Uganda, 1 worked in HIV/AIDS for the USG in Guyana, and 1 worked with HIV/AIDS in Tanzania. The program will be implemented by a Kenyan Institution in partnership with CDC. Finally, the fellowship program will help to improve systems for HIV/AIDS policy development, planning and budgeting and will help to bolster and institutionalize GOK policy and financing support for HIV/AIDS programs. By expanding indigenous expertise in the areas of health economics, monitoring and evaluation, and evidence-based approaches to health, GOK policy planning for HIV/AIDS programs can be based on cost-effective interventions.

3. LINKS TO OTHER ACTIVITIES

This activity will leverage existing resources already in place in the Field Epidemiology and Laboratory Training Program (FELTP) program, which is currently funded by CDC-Atlanta and USAID, to expand this capacity building program to include different tracks in an HIV Fellowship Program: HIV public health management and science; health economics; and HIV monitoring and evaluation. In addition, linkages will be made to similar PEPFAR-funded programs in Uganda, Zimbabwe and Botswana to share materials and programmatic lessons. Detailed planning for this activity will be done in conjunction with other on-going and new PEPFAR-funded activities including the ongoing University of Nairobi/University of North Carolina/MEASURE Evaluation Project curriculum development and training on M&E, as well as the USAID Management Sciences for Health activity on leadership development.

4. POPULATIONS BEING TARGETED

Activity Narrative: [Maximum 1000 characters] This activity will provide training for adult men and women. Through their fellowship projects and host institutions, this activity should impact and improve service delivery to many of PEPFAR's target populations.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

Emphasis areas for this national activity include human capacity development, training, in-service training, retention strategies, local organization capacity building and strategic information strengthening.

6. TARGETS

Number of organizations provided with SI related TA – 114

Number of individuals trained in SI - 120

New/Continuing Activity: Continuing Activity

Continuing Activity: 16842

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16842	16842.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7533	7533.08	HIV Fellowships	\$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 8678.09

Mechanism: HIVQUAL

Prime Partner: New York AIDS Institute

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 16837.20292.09

Planned Funds: \$250,000

Activity System ID: 20292

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+Prime partner HRSA/HIV Qual International has been competitively selected to implement the activity

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development by training health workers at selected health facilities on data management, analysis and reporting. Clinicians will also be trained on monitoring and evaluation of the quality of care given to HIV infected patients.

COP 2008

1. ACTIVITY DESCRIPTION (INDICATOR DEVELOPMENT)

PEPFAR and host governments in many countries have deliberately limited the number of process indicators to the minimum required for program monitoring in order to reduce the reporting burden on the health facilities and implementing partners. Kenya's Ministry of Health has made the extra effort to harmonize indicators across programs and came up with standard national tools for monitoring HIV programs. While these have had a positive impact in reducing the reporting burden on health workers and eliminating duplications that existed previously, there is potential for further improvements. The currently available indicators should be reviewed in order to 1) select indicators with denominators, e.g. the number of persons in need for services, 2) strengthen the collection of the denominator indicators and 3) set up a quarterly feed back report system to the participating organizations. Selected indicators will include uptake/coverage and impact. An example for PMTCT may be: % of pregnant women seen in ANC; % of those HIV tested; % of HIV infected, % of HIV infected treated, % of infants exposed to HIV infected mothers tested for HIV; % of exposed infants identified to be HIV infected; % of HIV infected infants treated.

NASCOP and other key stakeholders will be closely involved in the process. A literature review will be carried out in order to extract publications on similar work and build on the work that has been done in other countries. It is anticipated that this activity will not result in any additional burden to the healthcare workers by introducing new indicators to the national M&E tools. However, should this become necessary, it will be discussed with the MOH and all stakeholders. Selected indicators will be linked to the routine process indicators and the feed back report loop will include the Ministry of Health's national and sub-national level managers as well as other implementing partners.

In the first year, the indicators will be selected and agreed with stakeholders, covering all program areas. Data will be captured from one or two provinces for about 6 months and reports prepared for distribution to the Ministry of Health and implementing partners. Feedback from the stakeholders will be factored in to improve the indicators and the reports. The revised indicators will then be collected nationally and quarterly feedbacks sent to the respective provinces and districts.

Part of the activity will be to train the program managers – including Provincial and District Medical Officers of Health – on the epidemiologic interpretation of the reports in order to target interventions appropriately and improve planning and allocation of resources. A total of 150 individuals from 114 districts and 10 provinces and MOH headquarter divisions will be trained on the interpretation and use of the reports.

In the second component of this activity, USG SI team in close collaboration with a locally competed and recruited consultant will work with and/or support partners in the further analysis of program level data in prevention care and treatment program areas. USG/PEPFAR Partners have over a period of time collected rich service delivery data that with further analysis and interpretation, can be used to inform the design of new strategies in prevention care and treatment. Specific areas for further exploration through data analyses will be developed together with USG Inter-Agency Technical Teams (ITT), GOK counterparts and other key stakeholders working in the area of HIV/AIDS prevention, care and treatment.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The selected indicators will provide the information necessary to inform targeted interventions and ensure that denominators are taken into account when planning interventions. Regular feedback that is sent to the program managers will enable them make better decisions on how to improve their programs and services delivery.

3. LINKS TO OTHER ACTIVITIES

The selected indicators will complement or potentially replace those already collected from routine monitoring. It will be closely linked to NASCOP's M&E activities in SI, APHIA II M&E activities, and KEMRI's HMIS.

4. POPULATIONS BEING TARGETED

This activity targets the host government records offices as well as health workers, data/records/M&E officers and program managers but will eventually benefit the general population.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The emphasis is strategic information (M&E, HMIS, survey/surveillance, reporting).

6. TARGETS

As part of this activity, 150 individuals from 114 institutions will be trained and provided with technical assistance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16837

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16837	16837.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6909	5090.08	Indicator Development	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 1501.09	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 4304.19953.09	Planned Funds: \$977,431
Activity System ID: 19953	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP2008:

- + The vacant position of Chief of Strategic Information will be filled. This incumbent will be the in-country SI liaison and provide leadership for the expanded SI portfolio. An HMIS Advisor (Informatics) will be recruited and seconded to NASCOP to strengthen their capacity to lead the national rollout of Electronic Medical Records (EMR) and Phones-for-Health project.
- + The SI team will contribute towards a central budget for the expansion of CDC-Kenya office space to accommodate the SI country team.

COP2008

1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in SI.

2. ACTIVITY DESCRIPTION

CDC professional staff dedicated to strategic information includes a team of medical epidemiologists, behavioral scientists, senior data managers, and statisticians, a Monitoring and Evaluation (M&E) specialist and additional support staff. The senior data manager, who serves as the SI in-country liaison, works with the Ministry of Health, National AIDS/STI Control Programme (NASCOP), National AIDS Control Council (NACC), Kenya Medical Research Institute (KEMRI), NGO partners and other USG agencies to coordinate SI activities, lead Emergency Plan reporting, and guide dissemination of strategic information. He is also responsible for the CDC and KEMRI data management team, assists in design of Health Management Information Systems, develops model systems for reporting for the Emergency Plan, and guides training in SI. The behavioral scientist also assists these organizations in the design, training of personnel, and conduct of surveys and targeted evaluations and serves as a training coordinator with expertise in adult learning and curriculum design. The epidemiologist works with NASCOP to conduct surveillance, support HMIS for program data, and build the capacity of the Ministry of Health to analyze and utilize surveillance, survey and other strategic information. An M&E officer will work closely with program managers and funded partners to help set targets in line with PEPFAR's country level targets, prepare workplans, make field visits to assess implementation progress and evaluate the rate of activity scale up. Three drivers and one administrative assistant support this team in fieldwork and links to other program areas. Included in this budget is support for printing forms and reports for dissemination of strategic information. issemination of strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15057

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15057	4304.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7025	1501.08		\$663,100
7110	4304.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$690,000
4304	4304.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$350,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 288.09

Mechanism: N/A

Prime Partner: University of California at San Francisco

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 19426.20021.09

Planned Funds: \$200,000

Activity System ID: 20021

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + Revision of the protocol in compliance with the OGAC guidelines on conducting multi-country targeted evaluations. This SI component of this activity remains the same as indicated in COP 2008.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development by training health workers and data handling staff on the use of reporting tools and monitoring and evaluation.

COP 2008

The only changes since approval in 2007 COP are:

- +Activities initiated in '07 will continue in '08, but this will be transitioned to UCSF since the UTAP mechanism is no longer available in '08.
- +Technical assistance in cost-effectiveness analyses will be an expanded component of this activity in '08, together with the translation of evaluation findings into relevant policy.
- +In addition to technical support for the comprehensive trial, this activity will involve capacity building in data analysis, writing, and policy translation support. This activity will support current PEPFAR partners to analyze and use existing program data to improve program quality and inform policy development. Through a series of trainings and workshops, this activity will help to develop Kenyan professional capacity for epidemiological analysis and translation into policy.
- +In '08 this activity will also involve the translation of study instruments, particularly Standard Operating Procedures (SOPs) into programmatic tools that implementing partners can use.

1. ACTIVITY DESCRIPTION

This activity will continue work initiated in '07 under the UCSF/UTAP mechanism to provide technical assistance for several plus-up activities. To support development and implementation of the Comprehensive Package Study, UCSF is supporting KEMRI, NASCOP and CDC-Kenya to develop a study protocol, study instruments, and procedure manual for this important Public Health Evaluation. This evaluation, which is a collaboration of KEMRI, NASCOP, and the USG PEPFAR team will assess the population-level impact on HIV incidence of a prevention package that includes VCT and Male Circumcision. The evaluation will also assess the population-level impact on mortality and morbidity of widespread provision of care and treatment within the CDC/KEMRI Demographic Surveillance System. In addition, UCSF staff are providing technical assistance for training and supervision of study staff and overall supervision of the project. A key component of the technical assistance will be the training of Kenyan counterparts in all components of epidemiological evaluation. This human capacity development is a key component of this project.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA [

This program will provide important information needed to assess the effectiveness of the prevention interventions on HIV incidence in the DSS area. The epidemiological data will inform the design of prevention packages and referral mechanism to care and treatment.

3. LINKS TO OTHER ACTIVITIES

This activity will link to SI support to NASCOP and KEMRI as well as to Public Health Evaluation activities.

4. POPULATIONS BEING TARGETED

This activity will provide training for adult men and women.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

Emphasis areas for this national activity include human capacity development, training, in-service training, retention strategies, local organization capacity building and strategic information strengthening.

6. TARGETS

Number of organizations offered TA- 3

Number of individuals trained on surveillance, HMIS and/or M&E - 20

New/Continuing Activity: Continuing Activity

Continuing Activity: 19426

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19426	19426.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	11996	11996.08	UTAP	\$635,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 4919.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 8864.20193.09

Activity System ID: 20193

Mechanism: APHIA II - North Eastern

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$300,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Jointly with program and MOH technical staff strengthen integration, linkages and/or referral systems between facility-based and community-based monitoring and reporting systems especially with regard to enrollment and retention of HIV+ clients on care and support (PMTCT, CT, TB, OVC and ART).
- + Increasingly, shift focus to quality of prevention care and treatment through planned and regular analysis, feedback and use of data on quality indicators at facility/community, district and provincial data review meetings.
- + Support MOH/PMO/PHRIO in strengthening HMIS functions especially on overall reporting rates, records keeping, structured supportive supervision using M&E focused supervisory checklists, data use and hiring of 11 data clerks to reduce increased data management burden on health care workers in the province.
- + Conduct basic program evaluations (process evaluations, assessments, program reviews and some outcome level evaluations) in prevention, care and treatment programs to document implementation and short-term effectiveness of programs.

SECONDARY CROSS CUTTING ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level

COP 2008

The only changes since approval in the 2007 COP:

Include development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs. Funding level has also changed. This activity also includes the development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs

1. LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002), and TE/TBD (#9220).

2. ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAP) currently being rolled out at Constituency AIDS Control Committees (CACCS) levels by NACC through 3 key components. Component 1: Support APHIA II NEP/TBD and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II NEP/TBD and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II NEP/TBD and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 15 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II NEP/TBD will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 35 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II NEP/TBD will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in North Eastern province. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to fifteen local organizations/health facilities in strategic information in addition to supporting the training of 35 SI and program managers in M&E/HMIS, reporting and data use for program management.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAP system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6. EMPHASIS AREAS

Activity Narrative: The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14705

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14705	8864.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$150,000
8864	8864.07	U.S. Agency for International Development	To Be Determined	4919	4919.07	APHIA II - North Eastern	████████

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7286.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 16826.20308.09

Activity System ID: 20308

Mechanism: Phones for Health

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: ██████████

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + During the COP 2009 funding period, the P4H infrastructure will be extended to cover all health facilities in Nyanza and South Rift Valley provinces as well as making an entry into two other provinces. Additional modules to cover logistics (drugs and commodities supply) will be included.
- + A training sub-partner will be competitively selected to work with P4H in full expansion of healthworker training at health facility level. The Phones-for-Health will focus on the development and maintenance of the platform and infrastructure, including telecoms

SECONDARY CROSS- CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development by training health workers and data handling staff on data management, electronic reporting tools – including smartphones and other handheld devices, analysis and monitoring and evaluation in support of HMIS activities in order to improve patient care and reporting.

COP 2008

1. ACTIVITY DESCRIPTION:

In FY2008, Kenya will strengthen national HIV/AIDS strategic information capacity through participation in the Phones for Health public-private partnership. Phones for Health will leverage human, financial and physical resources from its partners – including O/GAC, the GSM Association Development Fund, Accenture Development Partners, Motorola, MTN and Voxiva – to establish a sustainable national information system for HIV/AIDS and related diseases in Kenya. The Phones for Health model builds on local telecommunications infrastructure and utilizes multiple user interfaces, allowing workers at health facilities to record data locally and transmit it to regional and central-level program managers by phone, PDA or computer. The system also provides multiple channels for communication and feedback between levels of the health care system. The Phones for Health architecture consists of a series of core modules, each of which supports a key care and treatment function, such as patient registration, communication between facilities and central authorities, or program indicators reporting. Kenya is committed to advancing national strategic information capacity and will devote substantial staff and resources to the oversight of data collection, quality assurance and training in support of this activity. Specific activities that will be undertaken by the Phones for Health partnership in Kenya in FY2008 include:

(i) Outreach and Needs Assessment: A small Phones for Health team will meet with key stakeholders in Kenya, including Ministry of Health (MOH) representatives, USG, WHO, World Bank, GTZ, DANIDA, Aga Khan Health Services and other stakeholders to document Kenya's HIV/AIDS information needs and how Phones for Health will address those needs. In collaboration with these stakeholders, the team will conduct a rapid assessment including but not limited to: stakeholder analysis, health system mapping, resource capacity assessment (i.e. both number of people and capacity to conduct activities), baseline information gathering, work flow analysis, and review of existing HMIS. Accenture Development Partners and Voxiva will jointly lead this activity, which will be funded centrally by O/GAC and GSMA.

(ii) Planning and Requirements Gathering: The Phones for Health team will work closely with MOH, USG and other donors to determine how the system will be customized to support Kenya's health operations. This will involve defining custom modules, user roles, governance and management structures, business practices and work flows. The roles and contributions of participating Phones for Health consortium members will also be defined and documented, and a phased implementation plan and budget (including ongoing communications and support) will be put in place. Once these items are agreed upon, Voxiva will gather system requirements, such as language options and user permission levels. The Ministry of Health/NASCOP will provide essential information like national ARV drug regimens, facility profiles and locations, and HIV program indicators.

(iii) System adaptation and configuration: Voxiva and other consortium members will work with MOH and USG technical staff to adapt the Phones for Health system to Kenya's administrative divisions, health reporting hierarchy, management structure, HIV/AIDS services and program indicators. For example, user roles will be created to control which types of data are accessible to different users of the system, such as national HIV/AIDS program managers, district health officers, facility-based health workers, USG agencies and implementing partners. Each user will then be assigned a user role that is linked to the appropriate facility ID/IDs and to a unique user ID and password.

(iv) Staffing, management and training: Sustainable staffing and local capacity building (both human and institutional) are critical to the success of Phones for Health in Kenya. The Phones for Health team will recruit a full-time technical advisor to provide long-term training and technical assistance to the local management unit, which will be located within the Ministry of Health's Division of HMIS or NASCOP. The local management unit will be responsible for system administration, ongoing training of Phones for Health users, analysis and dissemination of Phones for Health program data, and feedback to districts and facilities on data quality and performance. Accenture/GSMA will provide medium-term technical assistance in the form of in-country consultants with specialized knowledge in HMIS, planning and project management. Together, the technical advisor and Accenture/GSMA consultants will support the local management unit in these functions for the first 18-24 months of deployment, with the goal of transferring the knowledge and skills necessary for day-to-day management of the system to the management unit in the second year of deployment.

The Phones for Health team will adapt its role-based training curriculum to the logistical and linguistic needs of Kenya. All users, irrespective of their role(s), will receive training in modes of data entry and transmission, data retrieval and display options (including customization of reports and data dashboards), feedback and alert mechanisms, and security features.

(v) Phase One Deployment: Voxiva's experience implementing TRACnet in Rwanda has demonstrated that it is possible to achieve nationwide deployment of the Phones for Health system in a relatively short period of time, though it is anticipated that deployment will take longer in larger countries. In FY2008, Phones for Health will be initially piloted in 2 provinces, with the expectation that national deployment will be achieved

Activity Narrative: by Year 2 or 3 of the project. Motorola will provide subsidized GPRS-enabled phones loaded with J2ME software (donated by Voxiva) to support rapid implementation and expansion. Safaricom will provide subsidized hosting, software maintenance and support services on an ongoing basis. .

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will strengthen the flow of patient/client data directly from health facilities to a central database in a timely and secure manner. It will also ensure that feedback can be generated and sent to facilities to enhance better decision making and improved program management. National, sub-national reports will be available to program managers for better planning. Information on commodities and general supplies will be available on time hence minimizing stock-outs.

3. LINKS TO OTHER ACTIVITIES:

This activity relates to activities in HVTB (###), HTXS (###), HBHC (####), HVCT (####), HVSI (####) and HLAB (####).

4. POPULATIONS BEING TARGETED:

Although this activity will benefit the general population, 425 individuals drawn from 30 institutions will be trained. These include health workers from district hospitals, sub-district hospitals, health centers and dispensaries.

5. EMPHASIS AREAS:

The major emphasis area is Strategic information (M&E, HMIS, reporting)

New/Continuing Activity: Continuing Activity

Continuing Activity: 16826

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16826	16826.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7286	7286.08	Phones for Health	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1474.09	Mechanism: N/A
Prime Partner: Abt Associates	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 4278.20330.09	Planned Funds: \$600,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Provide ICT support and capacity building to NASCOP and Provincial level data and M&E operations to harmonize and operationalize EMR systems within the country. This will require significant technical inputs and support to NASCOP to take the leadership role in defining the operational standards and guidelines for such systems, support to partner systems to conform/adapt to the standards and guidelines and provide support to those facilities with no system
- + Technical support to NASCOP to define and install/implement the M&E and data quality improvement systems necessary to track improvements (and resolve weaknesses) in data quality and availability.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

COP 2008

1. LIST OF RELATED ACTIVITIES.

This activity is related to Macro International's Strategic Information activity (#6988), which will conduct two other surveys (AIS and DHS). It also links to the Strategic Information activity carried out by NASCOP (#7002).

2. ACTIVITY DESCRIPTION

(1) This activity will assist in funding the Department of Policy and Planning in the Ministry of Health to conduct the 2007 National Health Accounts (NHA) Survey and in particular the HIV/AIDS sub-analysis. Part of the FY 2007 funds will be used to complete analyzing and reporting of the work started using COP 2006 funds. Funding will also be used to undertake the third round of NHA as indicated by the Hon Minister for Health during the launch of the 2nd round of the NHA in March 2005. The primary focus of the third round will be the assessment of the impact of large inflow of funds (from GFATM, PEPFAR and GOK) on the households seeking HIV care. It will also include three distinct sub-analyses focusing on HIV/AIDS, Reproductive Health and Child Health. This will assist in estimating resources towards the support of key programs necessary to attain the Millennium Development Goals (MDGs). Currently, there exists capacity in MoH to undertake the NHA. However for quality control, it is important to seek Technical Assistance from PHR+. The bulk of this cost will thus go towards local survey costs incurred by MoH with PHR+ providing minimal but critical TA especially in the areas of survey design and analysis. In the process of carrying out the activity, 40 (MoH and CBS) staff will be trained in sampling techniques, data collection and analysis, with 2 local organizations being provided with technical assistance in strategic information. (\$200,000). (2) Electronic Medical Records (EMR): HIV/AIDS is a life-long chronic illness requiring numerous visits to health facilities for continued monitoring and these visits generate lots of data at the health facility for each patient and can easily overwhelm the current paper system. PHR+ have already started implementing an ART Health Management Information System (HMIS) in Eastern and Nairobi provinces as an early effort towards establishing a functional EMR in MoH ART facilities. FY 2007 funds will be used for further development of the system, training of health care workers and installation of the system at facilities in two more provinces. The model will have been implemented in four provinces and NASCOP will then be in a position to complete the national scale up with support from other partners. This system, which is based on NASCOP's patient cards and registers, will, in addition to providing health care workers with critical information they need for patient care, provide data for the ART component of the integrated M&E tool (MoH form 726). The EMR will not only make it easier to evaluate the program e.g. evaluating treatment regimens for the program and providing data on their effectiveness and thus allowing NASCOP to determine when certain treatment regimens are not working and need to be changed; but, will also improve the flow, quality and timeliness of information collected at the service delivery points and send upwards to NASCOP/PEPFAR databases.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity will contribute to improved national monitoring and evaluation systems by providing critical data for health care financing indicators needed for HIV/AIDS program planning and funding. It will also contribute to the strengthening of Health Management Information Systems at the Ministry of Health.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the Strategic Information activity to be carried out by MACRO (#6988) where two other surveys (AIS and DHS) will be carried out. It also links to NASCOP's Strategic Information activity (#7002).

5. POPULATIONS BEING TARGETED

The activity targets the general population for sampling, and SI and program managers for training in survey design/implementation, data analyses and presentation. It also targets healthcare workers in public (MoH) facilities.

6. EMPHASIS AREAS

The major emphasis area is population survey and minor emphasis includes monitoring and evaluation systems. NASCOP is currently evaluating all the EMRs in Kenya through a consultancy funded by WHO. This will provide information to complement work already started using PEPFAR funds to develop training materials for healthworkers on ART Health Management Information System (ART HMIS). These additional funds (\$200,000) will be used to engage stakeholders to agree on the standard tools as well as initiate the development and rollout of an agreed upon electronic system through NASCOP. The system will also be rolled out in sub-district hospitals with high volume of HIV/AIDS patients. An appropriate international or local partner will be identified to support NASCOP carry out this activity.

The private sector already plays a significant role in delivering and financing health care in Africa. On average, it delivers 50 percent of the industry's goods and services, with 60 percent of financing for those goods and services coming from private sources. The private sector can be the only option for delivering health care services in remote rural regions and poor urban slums. Often perceived as serving only the rich and elite in Africa, private sector providers (including for-profit and not-for-profit) in fact serve all income

Activity Narrative: levels and have broad geographic reach.

The activity will support to an in-depth country assessments for the business environment for private health care, and identify areas for USAID program development . The assessment will identify areas of government reform in private health care regulation and strategies to expand formal public-private partnerships. The assesment will obtain information from local businesspeople, financial intermediaries, policymakers, donors, other countries through south-to-south visits and other stakeholders in the international community.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14712

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14712	4278.08	U.S. Agency for International Development	Abt Associates	6918	1474.08		\$500,000
6824	4278.07	U.S. Agency for International Development	Abt Associates	4195	1474.07		\$800,000
4278	4278.06	U.S. Agency for International Development	Abt Associates	3277	1474.06		\$550,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3465.09

Mechanism: N/A

Prime Partner: National AIDS & STD Control Program

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 4221.20228.09

Planned Funds: \$2,240,000

Activity System ID: 20228

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$190,000.

Partnership Framework [\$40,000]: Funds needed for a systematic evaluation of data quality is planned for the transition of using PMTCT program data instead of ANC sentinel sites for HIV surveillance. The assessment of PMTCT data quality and comparison with surveillance results will be a joint undertaking of the NASCOP Monitoring and Evaluation (M&E), PMTCT and Laboratory programs, conducted with the support of CDC. The assessment may utilize an existing generic protocol to compare PMTCT and surveillance data, and the PMTCT data quality assessment will be undertaken in conjunction with an assessment of ART data quality using standardized DQA methodology. The assessment will include collection of information on uptake of PMTCT testing, completeness of ANC SS sampling, and facility characteristics.

Other Reprogramming [\$150,000]: Funds needed for reactivation of STI surveillance activities and revision of MOH STI clinical guidelines.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Informatics and data management capacity will be strengthened through the hiring of a Technical Advisor who will lead the establishment of a database for the programmatic data which will link to the national Electronic Medical records, Phones for Health and HIV Quality of Care data among others.
- + The USG SI and PMTCT teams will pilot the use of PMTCT program level data for national HIV prevalence among pregnant women. Technical assistance will be sought from Surveillance TWG at OGAC on the planning and implementation of this strategy including priority areas to strengthen along side the ANC sentinel surveillance.
- + The integration of the second generation PEPFAR indicators into the national M&E framework and development and rollout of the corresponding data capture tools.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development by training health workers and data handling staff on data management, reporting tools, analysis and monitoring and evaluation in support of HMIS activities.

COP 2008

The only change to the program since approval in the 2007 COP is:

- +The HIVDR threshold surveillance system intends to examine whether standard first-line antiretroviral drugs regimens will continue to be effective in settings where they are widely available. Because of the high mutation rate of HIV-1 and the necessity for lifelong treatment, it is expected that HIVDR will emerge in treated populations where antiretroviral treatment (ART) is being rapidly scaled up. USG Kenya will support HIVDR threshold surveys in a few sites alongside the 2007/08 round of ANC surveillance. Samples will be leftover blood obtained through the ANC survey using unlinked anonymous strategy. For each site, 60-70 consecutive HIV positive blood specimens from persons meeting eligibility criteria will be identified to ensure that amplification and genotyping are successful in 47 specimens (the survey sample size). The number of specimens with mutation consistent with HIVDR will be used to determine the prevalence of transmitted HIVDR for each drug and drug category in the standard initial ART regimen(s). Using the binomial sequential sampling and classification plan, HIVDR prevalence will be categorized as: low prevalence (<5%), moderate prevalence (5-15%), or high prevalence (>15%). The first component of this strategy is to obtain baseline estimate of the prevalence of HIVDR, followed by repeat surveys to assess the frequency of transmission of HIV drug resistant strains within a geographic area

1. LIST OF RELATED ACTIVITIES

This activity relates to HTXS (#7004), MTCT (#7006), HVCT (#7009), HLAB (#7003 and #6940), and HVSI (#6988, #6824, #6946, #9012, and #7098).

2. ACTIVITY DESCRIPTION The National AIDS/STI Control Programme (NASCOP) is the department in the Ministry of Health responsible for coordinating all HIV/AIDS related activities. NASCOP continues to provide leadership in surveillance, program monitoring and HMIS, and in conducting national surveys and targeted evaluations. FY 2007 funds for NASCOP will support several activities. (i) Sentinel Surveillance: FY 2007 funding will also continue to support Kenya's national sentinel surveillance system which now includes 46 representative rural and urban sites that measure trends in HIV infection over time. PMTCT test acceptance and results are recorded in order to evaluate uptake and quality of testing. NASCOP trains health workers in these facilities, works with the National Public Health Laboratory Services and CDC to test samples for HIV and recent infection by BED assay. Data will be double-entered at regional and central levels, analyzed for prevalence and incidence trends, and reported to policy-makers and program managers to improve programs. (ii) Monitoring and Evaluation Support: The implementation of a decentralized monitoring and evaluation system is essential to measuring the progress of EP implementation activities. The national rollout has begun and will continue in the next fiscal year. In order for the health facility based data to flow to the national level, the harmonized M&E registers and patient cards will be printed for all facilities and distributed. There will be ongoing training of health care workers, data clerks, district and provincial health management teams as well as M&E officers at the national office. Support supervision will be devolved to provincial level to facilitate faster collation and reporting of data as well as feedback to the health facilities. Motorbikes will be purchased to enable district level supervision in all the 114 districts. The integrated HIV/AIDS reporting of PMTCT, CT, ART and other HIV service indicators in a single paper-based form at facility level that will be computerized at the district level (MOH Form 727) to assist with national and Emergency Plan reporting of care, treatment and prevention indicators, including PMTCT, CT, care, and ART. Through this activity NASCOP will complete the implementation and use of an integrated Health Management Information System to capture facility-level HIV service indicators. (iv) As part following up the management of HIV/AIDS patients, NASCOP will oversee the implementation of an Electronic Medical Records (EMR) system at MOH facilities, with the assistance of the PHR+. The number of patients enrolled at comprehensive care clinics continues to grow as HIV-related mortality declines. Maintaining patient records on paper based systems is proving to be a big challenge to health care providers due to the volumes of paper they have to deal with. A pilot testing of the EMRs has been completed in Eastern

Activity Narrative: province and this will now be scaled up nationally. The activity will provide detailed long term electronic data on follow-up of patients on treatment and provide easy mechanism of transfer of patient records whenever they change facility of treatment. It will also provide ready longitudinal data on treatment for program evaluation.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute by training 400 personnel in strategic information (sentinel surveillance, monitoring and evaluation, survey methodology) and by providing supportive supervision and improvement to the 46 sentinel surveillance sites, 74 District Health Management Teams and 10 Provincial/subprovincial MoH AIDS control offices. In addition, the activities will generate important data for EP program evaluation and policy formulation.

4. LINKS TO OTHER ACTIVITIES

This activity relates to other NASCOP activities across multiple program areas: HTXS (#7004), MTCT (#7006), HVCT (#7009), HLAB (#7003), HVSI (#6988), HLAB (#6940), HVSI (#6824), HVSI (#6946), HVSI (#9012) and HVSI (#7098).

5. POPULATIONS BEING TARGETED

The HIV/AIDS indicator survey will target the general population, sentinel surveillance targets pregnant women and STI patients, the training and capacity building activities targets health workers, data managers, and the reports generated by this activity target policy makers.

6. EMPHASIS AREAS

This activity has four emphasis areas, none of which are over 50% of the activity, including an AIS population survey, HMIS, surveillance systems, and the USG database and reporting system, which relies heavily on facility data produced by NASCOP.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14939

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14939	4221.08	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	6981	3465.08		\$2,000,000
7002	4221.07	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	4266	3465.07		\$1,550,000
4221	4221.06	HHS/Centers for Disease Control & Prevention	National AIDS & STD Control Program	3465	3465.06		\$1,600,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$550,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7888.09	Mechanism: Measure III DHS
Prime Partner: Macro International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 19424.20238.09	Planned Funds: \$600,000
Activity System ID: 20238	
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008	

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG personnel in KSPA survey methodology, data processing including analysis, interpretation, report writing and different information dissemination strategies at national and regional levels.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in strategic information.

2. ACTIVITY DESCRIPTION

This activity has two main components. The first component will be the carrying out of 2009 Kenya Service Provision Assessment. This activity will jointly be funded by 5 program areas (PMTCT, CT, Care and Support, Systems Strengthening and Strategic Information. SI funding (\$450,000) will cover technical assistance including questionnaire adaptation, sampling and data processing, training, report writing, hiring of data dissemination specialist, editorial support and travels; while contributions from other program areas (\$750,000) will cover local costs such as interviewer training and supervision, data collection and analysis, local consultants, accounting firm, printing final reports, and other dissemination products. UNICEF and DFID will be approached to provide additional funding to the tune of \$500,000 to support local costs. The second component (\$150,000) will support the development of a 5-day curriculum, introducing the KDHS to graduate and undergraduate students from the University of Nairobi, and other public health programmers, planners and researchers. Targeted audience will be taken through a process of capacity building in further analysis of DHS data, data presentation and communication skills for policy makers. In overall, 2009 KSPA will help USG Kenya team to monitor changes over time in terms of the quality of services being provided to clients and build capacity of Kenyans on the KSPA survey methodology.

3. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will provide technical assistance to 4 local organizations and community based structures in strategic information in addition to supporting the training of 100 public health programmers, planners, researchers and others like M&E/HMIS Officers, and program managers in health facility assessment methodology and other SI related topics.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by NASCOP, where NASCOP will be rolling out Form 711 and program specific client registers for data collection and reporting at health facilities. It is also related to Macro International/APHIA II Evaluation, that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities. It is related to strategic information activity to be carried out SCI Koimhuri/USAID National M&E Support Program which will support the development of data management infrastructure and supportive field supervision of COBPAP activities by the M&E Coordinator. It is also related to the strategic information activities implemented by KDOD, APHIA II projects, NASCOP and CDC/KEMRI.

5. EMPHASIS AREAS

The emphasis area for this activity will be health-related wrap around programs. KSPA will provide national and sub-national information on the availability and quality of services on child health, family planning, maternal health (antenatal and delivery care), STIs, TB and HIV/AIDS. The findings will help in identifying areas that require immediate remedy in all service delivery areas if the health sector were to continue offering quality health services to clients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19424

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19424	19424.08	U.S. Agency for International Development	Macro International	7888	7888.08		\$2,773,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$180,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 8138.09	Mechanism: Electronic Medical Records
Prime Partner: International Training and Education Centre for HIV	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 17689.20261.09	Planned Funds: \$1,000,000
Activity System ID: 20261	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Prime partner I-TECH/University of Washington has been competitively selected to implement the activity to help develop the implantation framework for a national EMR and lead the implement the phased rollout

SECONDARY CROSS CUTTING BUDGET ATTRIBUTIONS

This the activity supports key cross-cutting attributions in human capacity development by training health workers and data handling staff on data management, electronic reporting tools, analysis of patient data at health facility level and monitoring and evaluation in support of HMIS activities. Clinicians will also be trained on generating key reports such as cohort reports, adherence reports, for better patient management.

COP 2008

1. ACTIVITY DESCRIPTION

In the recent years, several implementing partners have initiated HIV treatment activities using PEPFAR funds or through other donors. As the volume of patients on treatment continues to grow, the paper systems that have been traditionally used to monitor patients became ineffective. In response to these, treatment and care providers have developed disparate electronic systems to store patient data, generate appointment lists, track regimens, and generate cohort reports among other things. Many of these systems cannot uniquely track patients within the health facilities and this gets worse when patients transfer in or out.

The SI team in Kenya proposes to work closely with NASCOP and WHO to identify a team of consultants to review the major computerized systems used nationally and define some minimum standards that they ought to implement. The recommendations of the consulting team should include unique identification of patients, interoperability between systems (providing the possibility of transferring patients together with their medical records between health facilities), establishing the minimum data set based on the Ministry of Health's standard national tools and setting up common definition of indicators across the board.

Under this activity, partners will be supported to convert their systems into more widely used and supported systems such as OpenMRS and CareWare where it is necessary. Partners whose systems specifications closely match those recommended by the consultants will be supported to improve on their weak areas so that they continue running the improved versions. If they are interested in changing over to the more established systems then a transition plan will be worked out and technical assistance provided to facilitate the migration. The data management and M&E staff from the MOH health facilities will be trained on these systems and follow-up support provided. The health workers will also be trained to use computerized systems for patient management as well as for reporting. It is projected that 300 health workers, pharmacists and data clerks from 114 health facilities will be trained in the first year. Training will be further scaled up to cover other cadres who see patients at medium to high volume sites.

The recommended systems will be interfaced with the Phones-for-Health infrastructure to facilitated easy flow of data from local computers at the health facilities to a central database. These activities should complement each other in the provision of timely data for decision making and resulting in overall quality of patient care.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The implementation of standards for EMR systems will enable healthcare providers to have timely data for informed decision making, which results in better patient management. Vital treatment outcomes, adherence to treatment and other critical information required by clinicians can be obtained fast. Any patient transferring from one health facility to another can be easily tracked and their records moved along with them.

The standardization and implementation of harmonized systems will also result in speedy and more accurate reporting. Once the trainings are completed and backlog of data entered into the health facility computers the reports to the Ministry of Health's HMIS and PEPFAR will be automatically generated. The systems that are currently used (including the paper based ones) are not guaranteed to produce reliable reports.

3. LINKS TO OTHER ACTIVITIES

This activity is linked to NASCOP's M&E activities and KEMRI's HMIS.

4. POPULATIONS BEING TARGETED

This activity target health workers, data/records/M&E officers, pharmacists but will eventually benefit the general population.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The emphasis is strategic information (M&E, HMIS, survey/surveillance, reporting).

6. TARGETS

As part of this activity, 300 individuals from 74 institutions will be trained and provided with technical assistance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17689

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17689	17689.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8138	8138.08	Electronic Medical Records	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 341.09	Mechanism: BRIDGE Project
Prime Partner: Population Reference Bureau	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 16824.20092.09	Planned Funds: \$50,000
Activity System ID: 20092	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

COP 2008

1. LIST OF RELATED ACTIVITIES.

This activity is related to Strategic Information activities of the University of North Carolina/APHIA II Evaluation, NASCOP, and USAID/TBD.

2. ACTIVITY DESCRIPTION:

This activity has several components: (1) In 2006-2007, through USAID/W core funds, PRB assisted NCAPD in creating a stakeholder task force devoted to PHE linkages and in conducting an assessment of current policies and programs that focus on PHE initiatives. PRB proposes conducting a one-week workshop with NCAPD, NEMA, the MOH and other partners on Communicating Environmental Research to Policymakers: Exploring Population, Health and Environment Linkages. The objective of the workshop will be to train stakeholders to maximize policymakers' and planners' use of project and research results that illustrate the interaction of population, health and environment variables. The workshop will be designed for researchers, program managers, and others responsible for formulating and implementing environmental programs. Participants will develop a policy-level communication strategy and action plan; design a media strategy; and develop short policy documents and presentations, among other outputs. 20 policy makers and planners from GOK and USG partners will be trained.

In the second component of this activity, PRB will tailor its successful policy communication and data use training program to focus on HIV/AIDS. This will build capacity of population and health professionals in RH/HIV/AIDS policy communication and data use skills. This will be achieved through conducting 2 - two-week workshops hosted by NCAPD (and partner PSRI staff) each for 15-25 population and health professionals from the public and private sectors. The training is designed to help participants increase the use of research and survey findings for the improvement of policies and programs in HIV/AIDS.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's efforts to build local capacity in M&E. The activity will strengthen the capacity of 20 local organizations in strategic information in addition to supporting the training of 50 population and health professionals in data use for policy formulation and program management.

4. LINKS TO OTHER ACTIVITIES

This first component of the activity is related to the strategic information activity to be carried out by University of North Carolina/APHIA II Evaluation, where APHIA II Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP, where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to USAID/TBD, that will attempt to harmonize mortality estimates methodologies and SAVVY systems in 5 DSS sites in Kenya.

5. POPULATIONS BEING TARGETED

This activity targets senior host government planning and policy formulation workers, and strategic information point persons working for USG and implementing partners.

6. EMPHASIS AREAS

The major emphasis is strategic information (M&E, HMIS, Survey/Surveillance, Reporting), while the minors include human capacity building and local organization capacity building.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16824

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16824	16824.08	U.S. Agency for International Development	Population Reference Bureau	6993	341.08	BRIDGE Project	\$150,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 4918.09

Prime Partner: Program for Appropriate
Technology in Health

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 8855.20079.09

Activity System ID: 20079

Mechanism: APHIA II - Western

USG Agency: U.S. Agency for International
Development

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$600,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Jointly with program and MOH technical staff strengthen integration, linkages and/or referral systems between facility-based and community-based monitoring and reporting systems especially with regard to enrollment and retention of HIV+ clients on care and support (PMTCT, CT, TB, OVC and ART)
- + Increasingly, shift focus to quality of prevention care and treatment through planned and regular analysis, feedback and use of data on quality indicators at facility/community, district and provincial data review meetings.
- + Support MOH/PMO/PHRIO in strengthening HMIS functions especially on overall reporting rates, records keeping, structured supportive supervision using M&E focused supervisory checklists, data use and hiring of 12 data clerks to reduce increased data management burden on health care workers in the province.
- + Conduct basic program evaluations (process evaluations, assessments, program reviews and some outcome level evaluations) in prevention, care and treatment programs to document implementation and short-term effectiveness of programs

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level

COP 2008

The only changes to the program since approval in the 2007 COP include development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs. Targets and funding level have also changed.

1. LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), strategic information activity to be carried out by NASCOP (#7002) and strategic information TE/TBD (#9220).

2. ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAP) currently being rolled out at Constituency AIDS Control Committees (CACCS) levels by NACC through 3 key components. Component 1: Support APHIA II WESTERN /TBD and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II WESTERN /TBD and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems developed by NACC and NASCOP. The component will support APHIA II WESTERN /TBD and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 40 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II WESTERN /TBD will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 120 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II Western/TBD will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Western province. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to twenty five local organizations/health facilities in strategic information in addition to supporting the training of 75 SI and program managers in M&E/HMIS, reporting and data use for program management.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAP system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220) that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6. EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include

Activity Narrative: Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.
New/Continuing Activity: Continuing Activity

Continuing Activity: 15000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15000	8855.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$250,000
8855	8855.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	4918	4918.07	APHIA II - Western	\$90,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$180,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 147.09

Prime Partner: Macro International

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 4067.19990.09

Activity System ID: 19990

Mechanism: APHIA II Evaluation

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$2,200,000

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$500,000. Partnership Framework: To support the rollout of second generation indicators jointly with NASCOP and HMIS Division. This would include review of the current HMIS tools alongside the proposed Second Generation indicators, design of the new tools, printing, distribution of lower levels and training of health care workers would require support.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Prime partner Macro International/APHIA II Evaluation has been competitively selected to implement the activity.
- + Support the development and implementation of a national HIV/AIDS data quality assessment strategy to ensure that MOH/USG partners produce and use quality data.
- + Strengthen national GOK/MOH GIS capacity in addition to providing technical assistance to MOH to carry out health facility geo-mapping in two provinces.
- + Conduct evaluation capacity building including training to develop the human capacity of USG strategic information point persons to articulate evaluation questions and to develop basic program evaluation questions and basic program evaluation protocols.

SECONDARY CROSS CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

COP 2008

The changes to the program since approval in the 2007 COP are

- due to ceiling problem with Measure Evaluation, a follow-on bilateral agreement through sole source with University of North Carolina under a new funding mechanism known as APHIA II Evaluation is being negotiated and once completed will implement the activity,
- the plan to lead a coordinated approach to MARP studies conducted by other implementing partners through a workshop to standardize the approach and coordinate studies among different partners and to disseminate findings in a single workshop (\$100,000), plan to conduct data quality assessment, develop and support a data quality monitoring and improvement plan through use of data quality assessment tool for capacity building in order to both assess the quality of data related to selected PEPFAR indicators (especially those of high NASCOP and NACC priority) and to institutionalize the capacity within implementing partners to conduct routine DQAs (\$50,000),
- harmonization of GIS datasets across various organizations and programs within the Kenyan health sector resulting in a base of GIS health sector data (\$52,000), and
- plan to support the rollout of District Management Information System (DMIS) to 5 additional districts to enhance routine collection, analysis and reporting of data on OVC enrollment and school attendance (\$250,000). Targets and funding level have also changed.

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in strategic information (#7002, #9220, and #9012).

2. ACTIVITY DESCRIPTION

This activity has several components. The first component of this activity (\$720,500), will continue to support the position of an SI resident advisor (\$605,000) to coordinate and support USG PEPFAR reporting in Kenya by: 1) coordinating PEPFAR reporting among all of Kenya's implementing partners (\$10,000); 2) maintaining the Kenya-Program Monitoring System, KePMS and providing database training to all new PEPFAR implementing partners (IPs) (\$42,300); 3) continuing to work with PSRI to assess the M&E training needs and provide general (50 people) and targeted (50 people) M&E training to staff of 90 PEPFAR IPs (\$63,200 sub-contract to PSRI). In the second component (\$750,500), MEASURE will support NACC to fully develop Community Based Program Activity Reporting (COBPAP) by implementing the stakeholder consultation and data use modules in the two provinces of Rift Valley and Coast in addition to the on going national roll out. This is a phased process that will initially start in the two provinces, but gradually, based on its success, will be expanded to other provinces. MEASURE will achieve this by 1) providing technical support to build community-level capacity to generate and use information for program planning in these two provinces and assist with expansion of community level program reporting through the stakeholder engagement processes in other provinces (sub contract NACC \$150,500 and \$75,000 TA); 2) assisting NACC with remote data capture and dissemination through automation of their data entry by purchasing hardware and providing training at the CACC level for 20 District Technical Committees' computers (\$75,000) and for 70 PDA (\$175,000) for 60 CACCs; 3) training staff by sub-contracting PSRI (\$75,000) to train 125 people in 5 5-day trainings at Coast and Rift Valley); 4) conducting evaluation of this focused approach in 2 provinces to learn lessons valuable to its expansion, develop national database (COBPAP, CRIS), and upgrade the system to allow for routine data analysis (\$50,000). MEASURE will carry out a capacity building assessment, and, jointly with NACC management, develop a capacity building action plan and follow-up on its implementation (\$40,000). For increased system ownership and data use among all stakeholders, MEASURE will further support 1) upgrading of the COBPAP training manual to include lessons learnt during training of trainers (TOT) in 2 provinces; 2) inclusion of COBPAP training modules in management training courses; 3) development and printing of data collection tools (registers) for COBPAP reporting; and 4) technical assistance for central engagement of stakeholders in reviewing the COBPAP system and data use (\$110,000). The third component (\$300,000) will support both short and long-term M&E training needs in Kenya, in order to build a cadre of professionals in Kenya who are skilled in monitoring and evaluation of HIV/AIDS programs. In the short run, MEASURE will seek to improve and increase the number of professionals with HIV/AIDS M&E skills in Kenya, by collaborating with PSRI to implement two 2-week short course on M&E of HIV/AIDS for 60 program managers and MOH staff, currently involved in implementing HIV/AIDS programs (\$75,000). For long term M&E capacity building in the country, MEASURE will provide technical support to University of Nairobi/PSRI to develop a graduate level M&E training course. (\$225,000). This support will aid in meeting the high demand for advanced-level M&E training in Kenya by increasing access to graduate level M&E training at affordable costs. MEASURE's technical support will be in the area of development/adaptation of the existing M&E training curricula to be implemented in a MPH-level M&E concentration at the university. PSRI will manage course operations and cover training expenses through course fees. In the fourth component (\$50,000), MEASURE

Activity Narrative: will seek to strengthen existing sources of cause-specific mortality statistics by improving the consistency and standardization of AIDS mortality data collection procedures and methodology in 5 Demographic Surveillance Sites (Kilifi, KEMRI, Kibera, Rusinga and Nairobi Urban), Central Bureau of Statistics, and Ministry of Health. MEASURE will design and support a focused action plan to improve the quality of mortality data. Technical input and collaboration will also be sought from members of the Health Metrics Network 'Monitoring of Vital Events' (MoVE) Task Group specifically: CDC National Center for Health Statistics, Health Metrics Network, and INDEPTH. Use of facility and community-based data sources, including resources will be enhanced through a) facilitating implementation of plans for increased coordination, collaboration, and harmonization of methods relating to mortality surveillance at existing DSS; b) increasing use of AIDS-specific mortality outputs by stakeholders at all levels through broad-based stakeholders joint planning and reporting; c) collaborating with existing DSS sites in Kenya and MOH to expand demographic and mortality surveillance using SAVVY to increase representativeness, quality and use of AIDS-specific mortality data. Quality assessment methods for Kenya's vital registration system/routine medical certification and coding of AIDS-related mortality will be strengthened and use of available mortality data by various stakeholders improved. MEASURE will develop a detailed annual work plan that will guide the implementation of this activity, monitoring of key results, information dissemination, reporting and use at all levels of the national HIV/AIDS response.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. The activity will provide technical assistance to 110 local organizations and community based structures in strategic information in addition to supporting the training of 285 other health care workers like M&E/HMIS Officers, Program managers, District Technical Committees and CACCS in M&E/HMIS, reporting and data use for program management.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities. It is related to strategic information activity to be carried out by Price WaterhouseCoopers/NACC (#9012) which will support the development of data management infrastructure and supportive field supervision of COBPAR activities by the M&E Coordinator.

5. POPULATIONS BEING TARGETED

This activity targets host government workers.

6. EMPHASIS AREAS

The major emphasis is USG database and reporting system while minor includes monitoring, evaluation, or reporting (or program level data collection and information technology (IT) and communications infrastructure. Measure Evaluation will use the additional funds (\$400,000) to 1) strengthen the capacity of the Resident Advisor's office by recruiting additional Strategic Information Officers to provide the much needed M&E technical support to PEPFAR partners at provincial and district levels 2) to support the recruitment, relocation and transition expenses for the new Resident Advisor for Kenya.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15035

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15035	4067.08	U.S. Agency for International Development	University of North Carolina	7019	147.08	APHIA II Evaluation	\$0
7098	4067.07	U.S. Agency for International Development	University of North Carolina	4300	147.07	Measure Evaluation	\$0
4067	4067.06	U.S. Agency for International Development	University of North Carolina	3191	147.06	Measure Evaluation	\$1,588,770

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$510,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 448.09**Prime Partner:** Population Council**Funding Source:** GHCS (State)**Budget Code:** HVSI**Activity ID:** 18828.20170.09**Activity System ID:** 20170**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Strategic Information**Program Budget Code:** 17**Planned Funds:** \$300,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+ Since only two locations (Malindi and Thika districts) can be covered using COP 2008 funds, additional funds in COP 2009 will ensure a third location (Nakuru) is covered, with data analyzed and disseminated for use by programs.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development by training senior NASCOP and NACC staff on the use of surveillance data to inform program design and targeted intervention among the Most-At-Risk-Population.

COP 2008

1. ACTIVITY DESCRIPTION

In the 2007 COP, Kenya undertook the implementation of a national, population-based household survey. This survey, which is in the field from July-October 2007 will provide uniquely valuable information for prevention program planning and policy development within Kenya. The Kenya AIDS Indicator Survey (KAIS) will capture information on a great swath of the population, however sub-groups of great importance to the HIV epidemic will be missed by the KAIS because they do not reside in homes that can be mapped and enumerated for the sampling scheme. Or their behaviors of interest are stigmatized and go unreported during household interviews. The groups of greatest interest include men who have sex with men (MSM), injection drug users (IDU), female sex workers (FSW) and truckers, who are often clients of FSW. Epidemiologically, a temporally similar survey of these high risk groups will provide a better profile of the HIV epidemic in Kenya and shed a brighter light on the transmission dynamics. Of equal importance is the assessment of the many prevention programs funded in Kenya targeting some of these groups. In 2007, the USG funded the ROADS project, Hope World Wide, and KANCO's RAY project to provide prevention services for long distance truckers. Behavioral and biological surveillance of truckers will provide key indicators specific to this group and allow the estimation of coverage by these projects. In a worrisome development, Kenya and other East African states have become transshipment points for heroin and cocaine. Seizures of illegal drugs have increased in each of the past 3 years. UNODC reported a >10% increase in seizures in east Africa from 2000-2004. Few efforts to quantitatively measure the impact that injection drug use may have on the Kenyan HIV epidemic have been reported. Current available information comes from a rapid assessment and analysis and a mapping exercise along the coast. A single survey of 120 IDU in Mombasa is reported and 1.7% were HIV infected. In Nairobi survey of 101 injectors, 52.5% were infected. More recent assessments indicate a rise in injection among heroin users which could lead to increased transmission. A recent survey in Zanzibar, which is culturally similar, revealed an HIV prevalence of 26% among IDU. We propose to survey IDU in 3 towns along the coast and into the interior to assess the magnitude of the IDU problem and the potential transmission dynamics and contribution to the epidemic and whether Kenya needs to increase focus on both prevention of injection drug use and HIV among IDUs. Prevention services for FSW programmed in COP '07 included one program targeting women who serve truckers (HWW) and another offering mobile VCT at night called Mobile and Moonlight VCT. Male sex workers who have sex with men were recently surveyed in Mombasa by Population Council. The findings indicated an exceedingly low level of knowledge about how to prevent HIV transmission including the broad use of Vaseline as a lubricant with condoms. Little is known about the men who have sex with men (MSM) population in Kenya.

For FY '08, the USG Kenya team proposes a set of behavioral and biological surveys of most at-risk populations in about 3 towns with a focus on the coast, Nairobi and the Rift Valley provinces. The surveys will be carried out by an NGO partner in collaboration with the MOH. A standardized protocol will be developed in collaboration with the funded partners and the USG/CDC team. Formative research will be conducted in several locations to determine the best survey sites, to assure community buy-in and pilot some questions. The surveys will use respondent driven sampling (RDS) to gather a probability-based sample, to enhance the validity of findings. RDS is increasingly being used to sample hard to reach populations in sub-Saharan Africa with recent success in Kampala (MSM), Uganda, Zanzibar (MSM, IDU, FSW), Tanzania, and Lusaka, Zambia (MSM). The survey instrument will provide estimates for the target populations' risk and prevention behaviors, knowledge, attitudes and access to HIV prevention services and/or treatment. Additionally, the role the subpopulations play in the epidemic will be examined. At a minimum, respondents will be asked to provide a blood specimen for HIV testing and they will receive pre- and post-test counseling with appropriate referrals and their test results. Sample sizes will be calculated to provide sufficient power to detect a change of 15% in preventive behaviors between this baseline survey and a future round in 2-3 years. A capture-recapture component will be built in to the protocol to permit estimates of the size of the respective at-risk populations surveyed. Analyses will be reported to the surveyed communities as well as the MOH and used to better target prevention services to important at-risk groups.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will provide additional information to previous studies that have been carried out among MSM and IDU along the Swahili coast and female sex workers in numerous parts of the country. A better understanding of these populations will help determine if additional resources need to be focused on these potentially high frequency "transmitters" of HIV. It is possible that, as a proportion of new infections, these groups are underrepresented in prevention allocations.

3. LINKS TO OTHER ACTIVITIES

The surveys will include HVCT HIV counseling and testing for populations with reduced likelihood of testing. This offers the opportunity to assess counseling modalities for hard to reach groups that require difference messages from the general population such as injection drug users and men who have sex with men. Linkage to prevention, care and treatment services will be provided. Additional prevention messages can be delivered within the context of the survey from peer to peer, taking advantage of the contact with populations that usually shy away from public health.

4. POPULATIONS BEING TARGETED

The activity targets most at risk populations, mainly MSMs, FSW and IDU in five towns in Kenya.

Activity Narrative: 5. EMPHASIS AREAS

The major emphasis is strategic information (Survey/Surveillance), while the minor emphases include counseling and testing and HIV prevention for MARPs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18828

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18828	18828.08	HHS/Centers for Disease Control & Prevention	Population Council	6992	448.08		\$300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 4917.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 8870.20181.09

Activity System ID: 20181

Mechanism: APHIA II - Central

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$450,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Jointly with program and MOH technical staff strengthen integration, linkages and/or referral systems between facility-based and community-based monitoring and reporting systems especially with regard to enrollment and retention of HIV+ clients on care and support (PMTCT, CT, TB, OVC and ART)
- + Increasingly, shift focus to quality of prevention care and treatment through planned and regular analysis, feedback and use of data on quality indicators at facility/community, district and provincial data review meetings.
- + Support MOH/PMO/PHRIO in strengthening HMIS functions especially on overall reporting rates, records keeping, structured supportive supervision using M&E focused supervisory checklists, data use and hiring of data clerks to reduce increased data management burden on health care workers in the province.
- + Development and implementation of data quality improvement plan by all supported health facilities and community based programs.
- + Conduct basic program evaluations (process evaluations, assessments, program reviews and some outcome level evaluations) in prevention, care and treatment programs to document implementation and short-term effectiveness of programs.
- + One operations research activity will be designed, implemented and analyzed with a view to improving project activities.

SECONDARY CROSS CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

COP 2008

The only change to the program since approval in the 2007 COP is:

- + the planned development of improved tools and models for collecting, analyzing and disseminating HIV/AIDS behavioral and health monitoring information including health facility surveys, plan to conduct operations research that will illuminate areas of data management requiring strengthening and development. This activity also includes the development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs. Targets and funding levels have also changed.

1. LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002), and TE/TBD (#9220).

2. ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAP) currently being rolled out at Constituency AIDS Control Committees (CACCS) levels by NACC through 3 key components. Component 1: Support APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of the 83 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 100 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II Nairobi-Central/Pathfinder International will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Nairobi/Central provinces. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to forty local organizations/health facilities in strategic information in addition to supporting the training of 110 SI and program managers in M&E/HMIS, reporting and data use for program management.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAP system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

Activity Narrative: 5.POPULATIONS BEING TARGETED

This activity targets host government workers and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6.EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14966

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14966	8870.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$275,000
8870	8870.07	U.S. Agency for International Development	Pathfinder International	4917	4917.07	APHIA II - Central / Nairobi	\$140,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$153,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 1244.09

Mechanism: Kenya Department of Defense

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 5115.20597.09

Planned Funds: \$150,000

Activity System ID: 20597

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + The prime partner changes from KEMRI to HJF-MRI.
- + To phase in a data collection, recording, monitoring, reporting and QA/QC system to all other treatment and prevention sites and link it to AFMH and DOD data headquarters.
- + Employing data clerks who will be responsible for managing program monitoring data, and IT resources.
- + Enhancement of a functional Health Management Information System at Data headquarters (DHQ) to help improve reporting and utilization of data and information through use of District Health Information System (DHIS). The DHQ will continue to act as the central monitoring and evaluation point for all the treatment and prevention sites in the military HIV/ AIDS program as well as other medical reception stations.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of data handling personnel in data management, health management information system, data collection, reporting tools, analysis, monitoring and evaluation in support of HMIS for program data, and building the capacity of the KDOD to analyze and utilize surveillance, survey and other strategic information. The data handling personnel will work closely with program managers and health care workers to help in monitoring of activities, prepare work plans, make field visits to assess implementation progress and evaluate the rate of activity scale up and prepare and submit timely reports

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Prevention of Mother-to-Child Transmission (#6959), Counseling and Testing (#6957), Treatment: ARV Services (#6958) and Laboratory Infrastructure (#7003).

2. ACTIVITY DESCRIPTION

In FY 2005, Kenya Department of Defense (KDOD) initiated the development of a basic data system for documentation of individual patient data collection, analysis and dissemination of HIV/AIDS behavioral and biological surveillance and monitoring information as required by the Kenya Ministry of Health (MOH) as well as the Office of the Global AIDS Coordinator (OGAC). For the purpose of ART patient monitoring and assessment of treatment success and drug resistance the KDOD will continue to develop a unified HMIS at all its sites. In FY 2008, KDOD will continue supporting all the HIV program areas of HTXS, HVCT, MTCT, HKID, HLAB and HVTB at each of 8 KDOD Comprehensive Care Clinics, including the Armed Forces Memorial Hospital (AFMH) in Nairobi, the Airforce Base Medical centre in Laikipia, Gilgil Regional Military Hospital (GRMH), Lanet Army Barracks hospital, Naval Sick Bay at Mombasa, the Airforce Base Medical centre in Nairobi (Moi Air Base), as well the outlying military hospitals in Eldoret and Thika and. In addition, all the stations will continue to be provided with the necessary data automation computerized system and other communication equipment required for electronic entry of patient-specific encounter data required by the National AIDS/STI Control Program (NASCOP) as well as entry of the targets set by OGAC as Emergency Plan indicators for SI on a monthly basis. The data center will continue receiving support as the central monitoring and evaluation point for all the 8 treatment stations in the military and the neighboring satellite clinics. As data systems scale up there is need to train more staff in Data management, Monitoring and Evaluation, Surveillance and HMIS. To improve the local human resource capacity to carry out SI activities a total of 27 individuals will be trained in strategic information and data management (includes M&E, surveillance, health systems research, epidemiology and/or HMIS). In FY 2008 an effective and efficient planning, monitoring and evaluation system including a functioning MIS will continue to be developed and ICT capacity at DHQ and all the stations will be enhanced. The KDOD will continue to develop a unified health management information system for all its stations. The KDOD will also develop and expand its capacity to carry out public health evaluations.

3. CONTRIBUTIONS TO OVERALL PROGRAM The development of the SI system will largely contribute to the expansion of an effective and efficient ART program that will result in the provision of quality care to all HIV-positive patients under the KDOD program and result to improved patient management. The resulting expansion of care will play a critical role towards achieving the PEPFAR goals for KDOD as well as for the needs of the national HIV/AIDS care and treatment program. It will also result to improved data gathering, reporting, data quality and accessibility.

3. LINKS TO OTHER ACTIVITIES

This activity links to KDOD-KEMRI activities in the areas of MTCT, HVCT, HVTB, HTXS and HKID by providing linkages between the patient data monitoring system and PEPFAR national reporting systems through better data generated at each of these clinics within each of the 8 treatment sites and its satellite clinics. It will link to other activities by providing a broad range of technology that allows sharing of information and development of strategies for promotion of better health. In addition, this activity will link to the HVSI and HLAB activities to be carried out by NASCOP and the SI activity to be carried out by Abt Associates-PHR+ (#6824) in utilizing national software for reporting.

4. POPULATIONS BEING TARGETED

As ART is introduced as part of the basic care available to military, dependents and surrounding community civilian personnel, the KDOD will need to provide local medical personnel with a reliable computerized system which will allow them to maintain an accurate and up-to-date patient treatment data and laboratory and pharmacy drug treatment monitoring, to include compliance markers, recording of any side effects, and monitoring of minimum laboratory evaluations such as CD4 counts, hematology indices and chemistry (liver function tests and renal function). Maintenance of this data system at each location will be invaluable in facilitating and adequately providing medical support to HIV-infected patients.

5. EMPHASIS AREAS

The major emphasis for this activity will go towards development of the information technology and communications infrastructure by directing resources in acquiring computer hardware and software development as well as networking equipment and supplies. The KDOD will continue to support the 8 data clerks (one for each station), who will administer, supervise the Health Management Information systems (HMIS) and manage the ICT resources. Training of data automation workers and maintenance of the Data

Activity Narrative: Management Unit (DMU) at the central AFMH referral facility as well as capacity enhancing of the data center at Defense Headquarters will be undertaken .Thus, the development of this SI initiative will result in the provision of improved quality of care and reliable maintenance and reporting of program specific EP program SI markers on a consistent basis. It will also result to improved level of reporting that is timely, consistent, and accurate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14901

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14901	5115.08	Department of Defense	Kenya Medical Research Institute	6967	1244.08	Kenya Department of Defense	\$150,000
6965	5115.07	Department of Defense	Kenya Medical Research Institute	4248	1244.07	Kenya Department of Defense	\$90,000
5115	5115.06	Department of Defense	Kenya Medical Research Institute	3262	1244.06	Kenya Department of Defense	\$100,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9247.09

Mechanism: APHIA II - Nairobi

Prime Partner: Pathfinder International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 22518.09

Planned Funds: \$300,000

Activity System ID: 22518

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Jointly with program and MOH technical staff strengthen integration, linkages and/or referral systems between facility-based and community-based monitoring and reporting systems especially with regard to enrollment and retention of HIV+ clients on care and support (PMTCT, CT, TB, OVC and ART)
- + Increasingly, shift focus to quality of prevention care and treatment through planned and regular analysis, feedback and use of data on quality indicators at facility/community, district and provincial data review meetings.
- + Support MOH/PMO/PHRIO in strengthening HMIS functions especially on overall reporting rates, records keeping, structured supportive supervision using M&E focused supervisory checklists, data use and hiring of data clerks to reduce increased data management burden on health care workers in the province.
- + Support all health facilities and community partners in the province to have adequate record-keeping systems for monitoring HIV/AIDS care and support.
- + Conduct basic program evaluations (process evaluations, assessments, program reviews and some outcome level evaluations) in prevention, care and treatment programs to document implementation and short-term effectiveness of programs. One operations research will be designed, implemented and analyzed with a view to improving project activities

SECONDARY CROSS CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

COP2008

1. LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002), and TE/TBD (#9220).

2. ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBP) currently being rolled out at Constituency AIDS Control Committees (CACCS) levels by NACC through 3 key components. Component 1: Support APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of the 83 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II NAIROBI-CENTRAL/PATHFINDER INTERNATIONAL will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 100 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II Nairobi-Central/Pathfinder International will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Nairobi/Central provinces. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to forty local organizations/health facilities in strategic information in addition to supporting the training of 110 SI and program managers in M&E/HMIS, reporting and data use for program management.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBP system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government workers and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6. EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 3476.09

Prime Partner: Henry M. Jackson Foundation
Medical Research
International, Inc.

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 16827.22519.09

Activity System ID: 22519

Mechanism: South Rift Valley

USG Agency: Department of Defense

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$760,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + In FY 2009 the fund will be used to strengthen the reporting systems from the health centers to the district level, this will be done by enhancing email systems and purchase of motor bikes.
- + Facilitation of data clerks salary who are currently working at the sites.
- + The funds will be used for health care worker trainings on, Data Quality, Data use and importance of data.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of data handling personnel in data management, health management information system, data collection, reporting tools, analysis, monitoring and evaluation in support of HMIS for program data, and building the capacity of South Rift to analyze and utilize surveillance, survey and other strategic information. The data handling personnel will work closely with program managers and health care workers to help in monitoring of activities, prepare work plans, make field visits to assess implementation progress and evaluate the rate of activity scale up and prepare and submit timely reports

COP 2008

1.ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBP/AR) currently being rolled by NACC through Constituency AIDS Control Committees (CACC), through three key components.

Component 1:

Support South Rift Valley and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of South Rift Valley and MOH's district level objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH.

Component 2:

Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support South Rift Valley and MOH to measure progress towards its contribution to the overall country's emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of the 6 districts and their health facilities to collect, report, analyze, and use both routine facility and non-facility data for planning and program improvement.

Component 3:

Take lead role in coordinating M&E activities in the province to meet the information needs of the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. South Rift Valley will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 200 facility based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold quarterly and annual stakeholders' information dissemination meetings.

South Rift Valley will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in South rift Valley. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

2.CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to the six districts and their health facilities in strategic information in addition to supporting the training of 200 facility based data point staff, SI, program managers in M&E/HMIS, reporting and data use for program management.

3.LINKS TO OTHER ACTIVITIES

This activity links to South Rift Valley activities in the areas of MTCT, HVCT, HVTB, HKID, HBHC and HTXS by providing linkages between the patient data monitoring system and PEPFAR and national reporting systems through better data generated at each of the treatment sites. In addition, this activity will link to the HVSI activities to be carried out by NASCOP.

4.POPULATIONS BEING TARGETED

This activity targets host government workers and other health care workers like M&E and HMIS officers for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role of M&E program management.

5.EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include Monitoring, evaluation, or reporting (or program level data collection), Information Technology (IT) and Communications Infrastructure and Other SI Activities.

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26483.09

Planned Funds: \$100,000

Activity System ID: 26483

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
+COP 08 funding for this activity was captured only under HVMS. In COP 09 the funding is distributed across the program areas.

COP 2008

CDC-Kenya, including GAP-Kenya, is co-located with the Kenya Medical Research Institute (KEMRI) in Nairobi and Kisumu, with most PEPFAR-supported staff based in Nairobi, Kenya. Due to the dramatic scaling up of PEPFAR activities in Kenya, and the resulting expansion of staff since the inception of PEPFAR, the capacity of the existing offices has been exceeded. CDC proposes to renovate the existing structure, however, due to site and structural constraints, this will avail only limited additional space. CDC therefore proposes to build a second building to house the expanded CDC-KEMRI HIV program. The proposed building, on the campus of KEMRI, will become part of the KEMRI complex; CDC will not hold title to the building.

A total of \$1,200,000 in FY 08 funds was programmed to RPSO for this purpose; however, these funds were allocated in the absence of a fully developed staffing plan, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY 09 funds are sought to meet the funding shortfall resulting from the unplanned-for A& E services contract, as well as the under-estimated cost of construction.

Costs for the total CDC-KEMRI project have been allocated across GAP program areas, based on projected space utilization.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 4916.09

Mechanism: APHIA II - Rift Valley

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 8895.20462.09

Planned Funds: \$850,000

Activity System ID: 20462

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Jointly with program and MOH technical staff strengthen integration, linkages and/or referral systems between facility-based and community-based monitoring and reporting systems especially with regard to enrollment and retention of HIV+ clients on care and support (PMTCT, CT, TB, OVC and ART)
- + Increasingly, shift focus to quality of prevention care and treatment through planned and regular analysis, feedback and use of data on quality indicators at facility/community, district and provincial data review meetings.
- + Support MOH/PMO/PHRIO in strengthening HMIS functions especially on overall reporting rates, records keeping, structured supportive supervision using M&E focused supervisory checklists, data use and hiring of data clerks to reduce increased data management burden on health care workers in the province.
- + Roll out of ART electronic system to lower level facilities while supporting the existing systems in district facilities. Quality assurance activities including exit interviews shall also be conducted and results disseminated for program improvement,
- + Conduct basic program evaluations (process evaluations, assessments, program reviews and some outcome level evaluations) in prevention, care and treatment programs to document implementation and short-term effectiveness of programs

COP 2008

The only change to the program since approval in 2007 COP are:

- + plans to conduct group workshops centred on data use, one on one feedback sessions during supportive supervision rounds focussing on data use to improve program and patient management, plans to improve quality of data through increased frequency of data quality audit rounds will be increased and data management capacity improved through workshops, on-job-trainings and through support supervision, planned rapid assessment, mapping and zoning for the new districts as well as conducting Behavioural Monitoring Survey for the new districts of north Rift valley. Computer needs assessment will be conducted and subsequently, 12 computers will be procured and distributed for data management in selected sites. This activity also includes the development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs. Targets and funding level have also changed.

1. LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002), and TE/TBD (#9220)

2. ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPAR) currently being rolled out at Constituency AIDS Control Committees (CACC) levels by NACC through three key components. Component 1: Support APHIA II Rift Valley/FHI and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II Rift Valley/FHI and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II Rift Valley/FHI and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 40 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II Rift Valley/FHI will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 200 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II Rift Valley/FHI will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Rift Valley province. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to twenty five local organizations/health facilities in strategic information in addition to supporting the training of 75 SI and program managers in M&E/HMIS, reporting and data use for program management.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPAR system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government workers and other health care workers like M&E and HMIS officers for

Activity Narrative: data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6. EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14805

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14805	8895.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$400,000
8895	8895.07	U.S. Agency for International Development	Family Health International	4916	4916.07	APHIA II - Rift Valley	\$90,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$340,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 692.09

Mechanism: N/A

Prime Partner: Impact Research and Development Organization

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 12497.20495.09

Planned Funds: \$100,000

Activity System ID: 20495

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Although this is mainly a prevention initiative, it will be closely linked to the delivery of other services. Those visiting the health facilities for MC services and test HIV positive will be referred for Care and Treatment services. Follow-up data on the selected individuals will be used to inform other prevention messages to be delivered to targeted populations.

1. LIST OF RELATED ACTIVITIES:

This activity is related to the prevention (####) activities.

2. ACTIVITY DESCRIPTION:

This activity will be implemented through a MC Consortium comprising of Impact Research Development Organization as prime partner, with the following sub-partners: UNIM (Universities of Nairobi, Illinois and Manitoba), Tuungane Project, Nyanza Reproductive Health Society (NRHS), and Partners in Reproductive Health (PIRH). Both Tuungane, administered by IRDO and PIRH, administered by NRHS, will be involved in community education and mobilization. UNIM will be a training Center, IRDO will administer the funds from PEPFAR/CDC and sub-contract NRHS (a registered Kenyan NGO) to oversee performance of UNIM and PIRH. For this specific activity, UNIM will work closely with NASCOP, the National MC Task Force and other key stakeholders to develop appropriate routine monitoring tools for MC programmatic efforts in Kenya. As a core component of UNIM's MC service delivery, all clinicians (public and private) trained by UNIM will record key monitoring data on NASCOP-approved data collection forms that will be adapted from UNIM's clinical trial protocol. Key data elements will include: adverse events, surgical outcomes, client satisfaction, age of client, consent of client or guardian, and outcomes at post-surgical visits. During year one, closer monitoring of programmatic outcomes will be important. A random sample of approximately 10% of clients, stratified by age group and rural versus urban/periurban residence will be selected for follow-up 30-40 days post-surgery by 2 trained nurses to observe the surgical outcomes and to administer a questionnaire to assess level of satisfaction, history of adverse events, history of clinical visits, and sexual history since surgery. Data will be entered at selected health facilities and transmitted to the UNIM Training Centre. Data will be aggregated and provided to the District Medical Office, the Provincial Medical Office, NASCOP and the National Male Circumcision Task Force.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will provide vital data needed to monitor the progress and outcome of this key prevention intervention. The data generated will inform further scale up and provide outcome indicators needed to evaluate the intervention.

4. LINKS TO OTHER ACTIVITIES

The activity is closely linked to prevention (###) initiatives

5. POPULATIONS BEING TARGETED

The targeted population is the health workers who will be trained on recording the relevant data on the MC Task Force approved form. However, the long term beneficiary of this intervention will be the eligible male.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14825

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14825	12497.08	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	6952	692.08		\$100,000
12497	12497.07	HHS/Centers for Disease Control & Prevention	Impact Research and Development Organization	4229	692.07		\$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 4913.09**Prime Partner:** Family Health International**Funding Source:** GHCS (State)**Budget Code:** HVSI**Activity ID:** 9711.20476.09**Activity System ID:** 20476**Mechanism:** APHIA II - Coast**USG Agency:** U.S. Agency for International
Development**Program Area:** Strategic Information**Program Budget Code:** 17**Planned Funds:** \$500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Jointly with program and MOH technical staff strengthen integration, linkages and/or referral systems between facility-based and community-based monitoring and reporting systems especially with regard to enrollment and retention of HIV+ clients on care and support (PMTCT, CT, TB, OVC and ART)
- + Increasingly, shift focus to quality of prevention care and treatment through planned and regular analysis, feedback and use of data on quality indicators at facility/community, district and provincial data review meetings.
- + Support MOH/PMO/PHRIO in strengthening HMIS functions especially on overall reporting rates, records keeping, structured supportive supervision using M&E focused supervisory checklists, data use and hiring of data clerks to reduce increased data management burden on health care workers in the province.
- + Conduct basic program evaluations (process evaluations, assessments, program reviews and some outcome level evaluations) in prevention, care and treatment programs to document implementation and short-term effectiveness of programs.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

COP 2008

The only changes since approval in 2007 COP are:

- +The planned documentation of best practices in each program area and dissemination to stakeholders in the region to improve program efficiency and effectiveness, and planned Behavioral Monitoring Surveys (BMS) and dissemination of findings to stakeholders for improved HIV/AIDS programming. This activity also includes the development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs.

1. LIST OF RELATED ACTIVITIES

This activity is related to other activities in Strategic Information (#7098, #7002 and #9220).

2. ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPART) currently being rolled out at Constituency AIDS Control Committee (CACC) levels by the National AIDS Control Council (NACC) through three key components. Component 1: Support APHIA II Coast/FHI and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II Coast/FHI and MOH's district level Annual Operation Plan II objectives. This process will also inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II Coast/FHI and MOH to measure progress towards its overall contribution to the country's Emergency Plan, National Health Sector Strategic Plan II and Kenya's National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 40 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take the lead role in coordinating M&E activities in the province to meet the information needs of the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II Coast/FHI will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 140 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II Coast/FHI will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Coast province. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to twenty five local organizations/health facilities in strategic information in addition to supporting the training of 75 SI and program managers in M&E/HMIS, reporting and data use for program management.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPART system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220), that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government workers and other health care workers like M&E and HMIS officers for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E program management.

6. EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include

Activity Narrative: monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.
New/Continuing Activity: Continuing Activity

Continuing Activity: 14814

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14814	9711.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$300,000
9711	9711.07	U.S. Agency for International Development	Family Health International	4913	4913.07	APHIA II - Coast	\$90,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 210.09	Mechanism: N/A
Prime Partner: Kenya Medical Research Institute	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 4092.20645.09	Planned Funds: \$719,569
Activity System ID: 20645	

Activity Narrative: Updated April 2009 Reprogramming. Decreased by \$1,000,000. During FY 07-08, the KEMRI SI team planned on training staff on computer programming and advanced statistical analysis methods. These were to be supported through courses organized in country but facilitated by CDC Atlanta. Many of these courses were conducted by statistical analysts in-country last year to analyze data from KAIS, as well as through local courses delivered by visiting programmers as well as attendance at local institutions. A number of vacancies at CDC were never filled due to the ongoing transitioning of activity sites to other implementing partners. The KEMRI SI section was also restructured, redefining roles and declaring certain positions redundant. Equipment costs for installing a wireless link between Kisian and KEMRI DSS sites to support field activities were not incurred since the building is not ready. This, plus carryover funds from the previous year resulted in availability of \$1.1m, which will be reprogrammed to the TBD / PS-09-990 to support surveillance, informatics and M&E activities nationally. This reprogramming will not impact targets allocated to KEMRI.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+KEMRI will pilot the development and rollout of the OpenMRS on PDA as a potential technology for maintaining Electronic Medical Records (EMR) at health facilities with electric power supply problems.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development by training health workers and data handling staff on data management using EPI Info, electronic reporting tools – including handheld devices, analysis and monitoring and evaluation in support of HMIS activities.

COP 2008

The only changes to the program since the approval in 2007 COP are:

(i) The KAIS analysis and dissemination workshops. The KAIS is expected to provide a rich behavioral and serological data set. It is therefore expected that there will be ongoing analysis and writing up workshop on subsets of the data set in response to specific programmatic questions.

(ii) National scaling up of the PDA based TB case finding data management system will be completed. In addition, this system will be hooked into the Phones for Health infrastructure in areas where the two systems will have been implemented. This therefore extends the geographical coverage from two provinces to national.

(iii) Evaluation of the male circumcision trial in Nyanza province, which is linked to prevention activities.

(iv) The use of smart cards will be piloted at health facilities in the DSS area to assess the acceptance and feasibility of the card for identification and the embedded memory chip as storage of basic health data that can be transferred with the patient if they move to another health facility within the DSS area. Recommendations will be made to the Ministry of Health on the scale up to cover a wider area, taking into account the lessons learned from the pilot and from other countries like Zambia that have implemented similar systems.

Going alongside the smart cards will be another pilot on the use of fingerprint recognition to uniquely identify patients who seek HIV related services, especially care and treatment. Various products exist in the market that can support will be evaluated and the best performing one integrated with the data management systems installed at the health facilities.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HVTB, HVAB, HBHC, HVCT, HVSI and HLAB.

2. ACTIVITY DESCRIPTION

This activity will result in improved HIV surveillance and in the increased capacity for analysis, dissemination and utilization of strategic information to strengthen HIV/AIDS policies and programs. This activity has several components: (i) Intervention Evaluation: KEMRI/CDC maintains a jointly funded Demographic Surveillance System (DSS) that monitors a population of 240,000 in Nyanza Province with HIV prevalence in adults of approximately 25%. The DSS is being used to capture individual and aggregate-level data on HIV infection, care and treatment services uptake, and HIV/AIDS-associated mortality. The DSS is also being used to evaluate both the indirect and direct impact of ARV use on a population level, including economic impact, impact on land use and impact on mortality. In addition, KEMRI is evaluating the impact of HIV on orphanhood (approximately 1/3 of children under the age of 15 are orphans). The DSS has been expanded within Siaya district and will include the Siaya District Hospital. The expanded DSS will better be able to monitor the impact of the HIV interventions on all-cause mortality, HIV-specific mortality, and the rates of opportunistic infections through population-based surveys utilizing thrice-yearly census data and once yearly individual-level data. Mortality data will be collected using verbal autopsy in collaboration with the Ministry of Health and the Central Bureau of Statistics and improve HIV/AIDS mortality surveillance. A related sub-activity will entail setting up and maintaining a microwave/radio connection of Siaya District Hospital and two selected health facilities with KEMRI/CDC Kisian. This will allow real-time connections between DSS and clinical sites, greatly increasing the utility of DSS data in demonstrating ARV penetration. This project will also evaluate the feasibility of the use of fingerprint-based ID system vs. a photo ID/barcode based system for the unique identification of patients. (ii) Training: KEMRI will continue to offer training for MOH and PEPFAR partners' staff in strategic information and assist in collection, data entry, management, analysis, and utilization of program information. This continually improves the local human resource capacity to carry out SI activities. KEMRI data staff will also offer technical support to the national TB program on Portable Digital Assistant (PDA) data capture. The data management team will support the rollout of the new NASCOP registers and forms at facilities in Nyanza, Eastern and Central provinces. In addition to strengthening the national M&E system, PEPFAR reports will also be generated from these data and facility feedback provided on the scale-up of various services (HTXD, MTCT, HVCT, etc). As part of this activity, 140 individuals will be trained on data management and analysis. (iii) TB Reporting: To enhance the HMIS at the National Leprosy and TB Program (NLTP) integrated TB/HIV case reporting system in PDAs has been piloted in Nyanza and Nairobi. Following the successful pilot, PDA use will be extended to Coast

Activity Narrative: and Eastern provinces. District and Provincial TB coordinators from these provinces will be trained on the use of PDA and each supplied with the handheld device. A GPRS module will be added to enable direct submission of data from the field to a central database at the provincial level resulting in fast and secure data submission. It is expected that the level of reporting for electronic TB data will increase to about 90%. A total of 80 individuals will be trained. (iv) Integrated AIDS Care Services Evaluation: An evaluation of an Integrated AIDS Care Services will be undertaken, with the aim of improving clinic-based HIV diagnostic testing and counseling (DTC), home-based HIV counseling and testing (HBT), and decentralized care and treatment in the KEMRI/CDC DSS. In order to carry out this evaluation, 50 counselors and health care workers at health facilities will be cross-trained so that they can offer HIV testing and counseling under a variety of circumstances (e.g., Home-based VCT, Diagnostic DTC, PMTCT, VCT). DTC will be implemented in health facilities following national guidelines. PLWHAs will be incorporated into the evaluation staff. Following HBT, all HIV-positive persons will be linked to a nearby health facility offering HIV services and receive an HIV "package of care". All HIV patients will be screened for TB and care provided for those who are dually infected. All persons from the DSS area that test HIV-positive (whether through HBVCT or DTC) will be treated and managed by MOH clinical staff and/or through community-based lay health workers. Pregnant women found to be HIV+ will be referred to the closest PMTCT site, and prevention interventions for discordant couples, as well as HIV+ and HIV- individuals will be delivered. (v) AIS Quality Assurance: Working in collaboration with the Central Bureau of Statistics and NASCOP on the AIDS Indicator Survey (AIS), KEMRI will, through its laboratory infrastructure, provide technical oversight and quality assurance for all laboratory testing using Dried Blood Spots (DBS) samples. Laboratory data will be managed by the KEMRI data management staff, who will also assist in analysis and report writing. 25 individuals will be trained (vi) KEMRI Kilifi has developed a DSS covering a 240,000 population that represents an 80% catchments area for District Hospital admissions. Support for data management at the hospital level will link routine counseling and testing information with the DSS follow-up system to evaluate outcomes and impact of CT in the referral for care and treatment. 10 individuals including data managers and health workers will be trained.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute in numerous ways to overall program area goals, including assessing the penetration of HIV care and treatment activities, better understanding of orphanhood, TB, AIDS mortality, and home-based counseling and testing of HIV. It will strengthen the national M&E systems and reporting through the training of 160 individuals in SI and 20 organizations, including 12 MoH district programs.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in HVTB, HVAB, HBHC, HVCT, HVSI and HLAB.

5. POPULATIONS BEING TARGETED

The Demographic Surveillance Site targets the general population, sentinel surveillance targets pregnant women and STI patients, the training and capacity building activities targets health workers and data managers, and the reports generated by this activity target policy makers. Comprehensive evaluation of MC service delivery models and population level impact of MC: Leveraging the existing Demographic Surveillance System (DSS) in Nyanza Province, we will be able to evaluate the impact of MC circumcision on HIV incidence at the population level. We will also be able to document uptake, coverage and cost-effectiveness of facility-based MC service delivery and the added value of mobile approaches to MC service delivery. In addition, we will monitor adverse events as well as risk compensation and disinhibition. The existing DSS infrastructure provides a unique and excellent platform to assess operational research questions and identify the most efficient and effective models of MC service delivery. This evaluation will be conducted in partnership with NASCOP and KEMRI and the results will be used to inform GOK policy and strategy development. The evaluation will be incorporated in the comprehensive prevention, care, and treatment activity already planned for the DSS area to ensure that the population has full access to all services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14884

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14884	4092.08	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	6964	210.08		\$2,310,000
6946	4092.07	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	4246	210.07		\$3,310,000
4092	4092.06	HHS/Centers for Disease Control & Prevention	Kenya Medical Research Institute	3201	210.06		\$2,189,403

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$200,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 4076.09	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 18044.20582.09	Planned Funds: \$293,000

Activity System ID: 20582

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + The vacant position of Chief of Strategic Information will be filled. This incumbent will be the in-country SI liaison and provide leadership for the expanded SI portfolio. An HMIS Advisor (Informatics) will be recruited and seconded to NASCOP to strengthen their capacity to lead the national rollout of Electronic Medical Records (EMR) and Phones-for-Health project.
 + The SI team will contribute towards a central budget for the expansion of CDC-Kenya office space to accommodate the SI country team.

COP 2008
 1. LIST OF RELATED ACTIVITIES
 This activity relates to all activities in SI.

2. ACTIVITY DESCRIPTION
 CDC professional staff dedicated to strategic information includes a team of medical epidemiologists, behavioral scientists, senior data managers, and statisticians, a Monitoring and Evaluation (M&E) specialist and additional support staff. The senior data manager, who serves as the SI in-country liaison, works with the Ministry of Health, National AIDS/STI Control Programme (NASCOP), National AIDS Control Council (NACC), Kenya Medical Research Institute (KEMRI), NGO partners and other USG agencies to coordinate SI activities, lead Emergency Plan reporting, and guide dissemination of strategic information. He is also responsible for the CDC and KEMRI data management team, assists in design of Health Management Information Systems, develops model systems for reporting for the Emergency Plan, and guides training in SI. The behavioral scientist also assists these organizations in the design, training of personnel, and conduct of surveys and targeted evaluations and serves as a training coordinator with expertise in adult learning and curriculum design. The epidemiologist works with NASCOP to conduct surveillance, support HMIS for program data, and build the capacity of the Ministry of Health to analyze and utilize surveillance, survey and other strategic information. An M&E officer will work closely with program managers and funded partners to help set targets in line with PEPFAR's country level targets, prepare workplans, make field visits to assess implementation progress and evaluate the rate of activity scale up. Three drivers and one administrative assistant support this team in fieldwork and links to other program areas. Included in this budget is support for printing forms and reports for dissemination of strategic information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18044

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18044	18044.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7024	4076.08		\$131,387

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 4914.09	Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 8875.20612.09	Planned Funds: \$500,000
Activity System ID: 20612	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Jointly with program and MOH technical staff strengthen integration, linkages and/or referral systems between facility-based and community-based monitoring and reporting systems especially with regard to enrollment and retention of HIV+ clients on care and support (PMTCT, CT, TB, OVC and ART)
- + Increasingly, shift focus to quality of prevention care and treatment through planned and regular analysis, feedback and use of data on quality indicators at facility/community, district and provincial data review meetings.
- Support MOH/PMO/PHRIO in strengthening HMIS functions especially on overall reporting rates, records keeping, ART data reconstruction, structured supportive supervision using M&E focused supervisory checklists, promotion of data use by all stakeholders and hiring of data clerks to reduce increased data management burden on health care workers in the province.
- + Conduct basic program evaluations (process evaluations, assessments, program reviews and some outcome level evaluations) in prevention, care and treatment programs to document implementation and short-term effectiveness of programs.

SECONDARY CROSS CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG partner personnel in HMIS, M&E and Surveillance both at national and regional level.

COP 2008

The only changes to the program since approval in the 2007 COP include +development of data quality improvement plan, training data point persons on DQA tools and implementation of regular data quality audits at sampled health facilities and community level programs. Targets and funding level have also changed.

1. LIST OF RELATED ACTIVITIES

This activity is related to strategic information activities to be carried out by University of North Carolina/MEASURE Evaluation (#7098), NASCOP (#7002), and SI Targeted Evaluation/TBD (#9220).

2. ACTIVITY DESCRIPTION

This activity will strengthen the provincial and district level Health Management Information Systems (HMIS) currently in use by MOH at health facilities and Community Based Program Activity Reporting (COBPART) currently being rolled out at Constituency AIDS Control Committees (CACC) levels by NACC through three key components. Component 1: Support APHIA II EASTERN/JHPIEGO and MOH program data collection processes for performance reporting needs (quarterly, semi-annual, annual). This component will support a participatory, coordinated and efficient data collection, analysis, use and provision of information to track achievement of APHIA II EASTERN/JHPIEGO and MOH's district level Annual Operation Plan II objectives, and inform decisions at the local, district and provincial levels, using standardized M&E/HMIS tools approved by the MOH. Component 2: Strengthen community and facility based reporting systems being rolled out by NACC and NASCOP. The component will support APHIA II EASTERN/JHPIEGO and MOH to measure progress towards its contribution to the overall country's Emergency plan, National Health Sector Strategic Plan II and Kenya National HIV/AIDS Strategic Plan goals and results frameworks. Specific activities will include building capacity of 40 local organisations and facilities to collect, report, analyse, and use both routine facility and non-facility data for planning and program improvement. Component 3: Take lead role in coordinating M&E activities in the province to meet the information needs of USAID/Kenya, the Emergency Plan, MOH, NACC and other stakeholders, in line with the "three ones" principle. APHIA II EASTERN/JHPIEGO will organize district-level consensus building forums on M&E issues, distribute standardized data collection and reporting tools, conduct regular data quality assurance processes at all data generation points, train 100 facility and community based data point staff on the new data collection/reporting tools and data use for improving program performance, and hold provincial level quarterly and annual stakeholders' information dissemination meetings. APHIA II Eastern/JHPIEGO will be held accountable for tangible results, especially in increased use of harmonized data collection and reporting tools at health facilities developed by MOH, increased data use in planning and at dissemination workshops to various stakeholders, increased supportive-supervisory visits and routine data quality assessments at all data collection points by M&E/HMIS officers, and improved coordination of M&E activities in Eastern province. These efforts should result in demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activity builds on the FY 2006 activities that support the national M&E systems as well as contributing to the Emergency Plan's training outputs. In overall, the activity will provide technical assistance to twenty local organizations/health facilities in strategic information in addition to supporting the training of 55 SI and program managers in M&E/HMIS, reporting and data use for program management

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by University of North Carolina/MEASURE Evaluation (#7098), where MEASURE Evaluation will be supporting NACC in rolling out COBPART system for community level reporting. It is also related to the strategic information to be carried out by NASCOP (#7002), where NASCOP will be rolling out Form 726, Form 727 and program specific client registers for data collection and reporting at health facilities. It is also related to SI TE/TBD (#9220) that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities.

5. POPULATIONS BEING TARGETED

This activity targets host government and other health care workers like M&E and HMIS officers responsible for data collection, analysis, reporting and use at both health facilities and community level. Program managers are as well targeted for orientation on the role M&E in program management.

6. EMPHASIS AREAS

The major emphasis area is Health Management Information Systems (HMIS) and minor areas include

CURRENT PROGRAM CONTEXT

During the Emergency Plan's (EP) initial five years, it has supported the GoK and non-governmental organizations (NGOs) to initiate and implement key HIV-related policy reforms; strengthen capacities at the national, provincial, and community level for expanding HIV service delivery; improve Kenya's health management, procurement, and logistics systems; and confront critical barriers to scaling up of HIV prevention, care, and treatment services. Rapid expansion of the national HIV program has been both a driving force behind and a clear beneficiary of these advancements.

Despite considerable gains, Kenya still faces significant gaps in the systems strengthening arena. There is a clear need to foster a more enabling policy and legislative environment for additional HIV-related reforms, to augment the capacity of GoK institutions and indigenous NGOs to assume greater responsibility for managing the national HIV response, and to strengthen Kenyan health systems and personnel to sustain and support continued programmatic expansion.

Working closely with the GoK and other partners, the EP is uniquely positioned to support further development in these critical areas.

STATISTICS

In the area of policy development and reform, the EP has supported the GoK in developing a HRH Strategic Plan that provides an overarching framework for addressing HRH issues in Kenya, as well as the Management and Leadership Strategy and a National Health Training Policy to enhance training for health care workers (HCWs) and improve the quality of health services for Kenyans. The EP has also engaged with relevant GoK and civil society stakeholders to support passage of key legislation, including the HIV Act and the Sexual Offenses Act, and early efforts toward their implementation.

The EP has helped strengthen the capacity of numerous Kenyan NGOs, including local networks of people living with HIV (PLHIV), through targeted support both to enhance their ability to deliver HIV services and to advocate within key decision-making fora on HIV-related issues, including in the areas of stigma and discrimination, gender, and community mobilization for provision of HIV prevention, care, and treatment.

While inadequate supplies of HRH remain a substantial barrier to HIV service scale up in Kenya, EP assistance has enabled the country to begin bridging this gap. The EP has supported the recruitment and deployment of 830 Emergency Hiring Program (EHP) staff, which currently provide HIV services in 200 facilities throughout the country. With the EHP's success, the GoK has adopted the program's merit-based recruitment and rapid-hiring model into national-level systems and, in the coming years, will gradually assume financial responsibility for most EHP staff.

Through EP assistance, Kenya has initiated development of a comprehensive HCW database to more systematically capture and keep current data on HCW supply in the country, with the overall aim of better informing and guiding HRH priority-setting and investments. The EP continues to recruit and place senior technical advisors and managers within key GoK ministries and management units to fill critical capacity gaps, while providing additional technical assistance from U.S. government staff in many key areas.

In the area of procurement and logistics management, the EP has helped establish a "pull" procurement and delivery system (including consumption monitoring, demand-driven ordering and delivery) for HIV-related commodities in Kenya. Recent rapid acceleration of HIV service delivery in the country has significantly strained the GoK's national procurement system and the EP system has been instrumental in assuring the regular and reliable supply of anti-retroviral drugs (ARVs) and other key commodities at the facility level. To improve performance and support long-term sustainability of commodities procurement, warehousing, distribution, and monitoring, the EP provides technical assistance to KEMSA, which includes leveraging the Millennium Challenge Corporation (MCC) Threshold Program's targeted support to procurement systems in Kenya. The EP also provides technical assistance and training to NASCOP in the decentralization of ART commodity management including Standard Operating Procedures (SOPs), job-aids, and costing.

U.S. government technical leadership in laboratory policies, strategies, and operating systems has been widely recognized and utilized by the GoK, as have EP contributions to strengthening GFATM management structures, including technical assistance in grants management and information systems.

SERVICES

In the area of planning and budgeting, past technical assistance has focused on national-level activities supporting the NACC and MPND. In 2009, the EP will continue this support while also strengthening planning, costing, budgeting, and financial management capacities at the provincial and district levels. Moreover, while maintaining support for development partner coordination, HIV program reviews, GFATM proposal development and grants management, renewed efforts will be made to address persistent concerns in these areas.

In 2009, the EP will continue grants to non-governmental, community- and faith-based organizations to strengthen their capacities in leadership and management, including around systematized decision-making, mobilization of resources, and improved financial management, as well as advocacy, delivery of HIV services, reducing stigma and discrimination, and addressing gender issues. Targeted technical assistance will be provided to new and established networks of PLHIV to train their members in networking and advocacy, expanding access to HIV prevention (including Prevention with Positives), treatment, and care services by their members, as well as in the reduction of stigma, discrimination, and gender-based violence.

Without capable and competent human resources, even well-developed health systems will likely under-perform. Therefore, EP funds in 2009 will aid development of supportive policies, training, and management systems to improve the overall performance of HCW. As staff shortages are often exacerbated by poor incentives, motivational factors, and inadequate financial resources of

national governments, performance improvement strategies, innovative retention schemes, and enhanced training management and guidelines will be developed. The EP will continue support to the institutionalization of a unit within GOK responsible for HRH planning, budgeting, budget advocacy, policy development, and coordination.

Building on the recently-completed national HRH training needs assessment, in 2009, the EP will support more systematized and targeted health sector education and training. The EP will support the Kenya Medical Training College (KMTC) to undertake a comprehensive review and updating of pre- and in-service curricula and training guidelines to incorporate critical aspects of HIV management and ensure all HCW cadres have comprehensive HIV-related information and skills. The EP will continue support to the GoK's Continuing Professional Development Unit and professional associations to complete the Continuing Medical Education database.

Activities will be conducted to respond to the leadership and management strategic plan completed in 2008, including targeted training for health managers at the national and provincial level, and within networks of faith-based organizations. EP assistance will also support continued implementation of the national Human Resource Information System (HRIS) and capacity-building for the GoK to effectively manage this system and to use it to guide thorough HRH gap analyses and long-term HRH work plan development.

While EP support for in-service trainings will continue in 2009, including promoting greater on the job training, the portfolio will emphasize increased breadth and depth of pre-service training, enabling more HCW to enter the workforce already equipped with core HIV competencies. A comprehensive review and rationalization of the scopes of practice of personnel to enhance task-shifting will be supported in line with rollout of the GoK's Community Health Strategy and other pertinent policy guidance to address HCW shortages.

While promoting better utilization of existing HRH, the EP will also encourage innovative approaches to building new health capacities, including ongoing support for the HIV fellowships program launched in 2008, piloting of new HCW cadres, including youth, women, and PLHIV health corps, and re-engaging retired HCW, including nurses. Activities to promote gradual GoK absorption of staff hired under the Capacity Project EHP and identify other innovative retention strategies will also be pursued.

The EP will support longer-term planning and forecasting to better anticipate future needs for commodities, equipment, and renovations. While global procurement has produced some efficiency gains, the EP will focus on strengthening logistics information systems, management capacities, and implementation of tracking surveys to measure progress in HIV commodities distribution and use at KEMSA and the TBD Kenya Pharma Project, even as the global partnership with the Supply Chain Management System (SCMS) continues. Specific emphasis will be placed on strengthening pediatric supply-chain management as efforts expand to reach more children with ARVs and other HIV-related commodities.

The EP will support wrap-around activities with the MCC Threshold Program to improve overall health commodities procurement and delivery, including for HIV. Technical assistance, training, and other related support will be provided for implementing systems improvement in warehousing and distribution of HIV commodities. Additionally, support will be provided in the implementation of a logistics management information system (LMIS). Further, the EP will support the development and implementation of quality assurance initiatives for key commodities such as ARVs and test reagents. Other initiatives to improve the efficiencies of HIV commodities procurement, delivery, and their use will be pursued, including EP-supported technical staff additions as appropriate within GoK ministries or units.

In 2009, the EP will pursue closer involvement of civil society and communities in the delivery of public services, including their greater participation in key oversight activities, such as commodities procurement and monitoring of district, facility, and village health committees.

REFERRALS AND LINKAGES

Finally, the EP will support initiation and expansion of various public-private partners and additional leveraging opportunities within the health systems strengthening portfolio. These efforts may include 1) twinning of KMTC and other national training institutions for health with appropriate U.S. universities; 2) pairing KEMSA with a private sector partner experienced in procurement and logistics management systems; 3) partnering with ICT and other innovative private sector organizations; and 4) leveraging of the International Health Partnership, for which Kenya is a pilot country, to optimize financial support to HRH in the country.

POLICY

Guided by a recent private sector assessment, the EP will support activities to expand HIV services by improving the policy and regulatory environment for private provision of health products and services, increasing the participation of private for-profit health providers and demand for private sector products and services, and expanding health financing and opportunities for private sector provision.

In 2009, the EP will continue to support development of policies and systems to enable the GoK and its civil society partners to assume increasing responsibilities for HIV program development, management, financing, and implementation. EP support will strengthen leadership and management in the public sector and among indigenous organizations to enhance ownership and sustainability. Furthermore, the EP will fund development of policies and incentives for enhancing HCW capabilities and effectiveness and improving HIV commodities management by public and indigenous organizations.

Ongoing EP assistance will help to develop and implement health sector-wide and HIV-specific policies and guidelines. Challenges to sustaining recent reforms and effective implementation are expected to grow in number, complexity, and will demand the participation of broader stakeholders. The EP will confront these challenges with technical assistance, training, and support to the GoK for maintaining a policy management and tracking system and a policy database, and by building capacity in the analysis of critical operational barriers to policy implementation.

SUSTAINABILITY

Close collaboration between the EP, the GoK, and other implementing partners will be continued in 2009. With an eye toward long-term sustainability, and in support of the “Three Ones” principles, EP-supported partners will continue to work closely with the GoK to implement against the Kenya National HIV/AIDS Strategic Plan (KNASP) – and its forthcoming update, expected June 2009 – ensuring the EP remains well-aligned with nationally-driven principals and priorities.

WORK OF HOST GOVERNMENT AND OTHER IMPLEMENTING PARTNERS

The EP health systems strengthening team will continue to work closely with relevant GoK stakeholders, including the ministries of Planning and National Development, Public Health & Sanitation, Medical Services, and the National AIDS Control Council, as well as with key development partners, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the World Bank, the Department for International Development, and the Joint United Nations Programme on HIV/AIDS. The health systems strengthening team is also an active participant of the Development Partners in Health Kenya.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 4914.09	Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 16333.20613.09	Planned Funds: \$100,000
Activity System ID: 20613	
Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008	

1. ACTIVITY DESCRIPTION

In 2009 APHIA II Eastern will continue to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In addition APHIA II Eastern will continue to support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums.

In addition, APHIA II Eastern will continue to strengthen the institutional capacity of various local partners at grassroots level using very participatory methodologies. This will include institutional strengthening for 15 organizations. APHIA will also build the management and supervisory capacity of District Health Management Boards (DHMTs) to effectively carry out their roles. All persons trained under APHIA will also be equipped with skills for stigma mitigation. The prevention peer educators and community health workers will engage the community on dialogue on stigma with the aim of enabling people to identify stigma in their community and work towards stigma reduction, other approaches to be utilized will include community theatre and outreaches.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels and building the capacity of local APHIA implementing partners.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Eastern activities, particularly in AB and OP.

4. POPULATIONS BEING TARGETED

This activity will target all population of Eastern province including youth, women, and men.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least ¾ of the districts in the province served by the implementer.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16333

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16333	16333.08	U.S. Agency for International Development	JHPIEGO	6960	4914.08	APHIA II - Eastern	\$100,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 2328.09

Prime Partner: IntraHealth International, Inc

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 8693.20539.09

Activity System ID: 20539

Mechanism: Capacity Project

USG Agency: U.S. Agency for International Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$1,815,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- Institutionalizing HRH capacities within the GOK for HRH planning, budgeting, budget advocacy, policy development and coordination.
- Supporting a local institution to conduct HRH planning and policy-related analytical work and demonstration projects and to provide advisory services to the GOK.
- Developing HRH planning and management capacities in the provincial level.
- Developing HRH planning and management capacities in key FBO institutions.
- Training needs assessment of pre-and in-service training systems.
- Establishing capacity within GOK in training management.
- Hiring of and mentoring by Advisors to GOK counterparts on emerging areas for technical assistance.
- Pilot testing and assessing the use of ICT in training.
- South-to-south exchanges and fellowships on emerging topics.
- Long-term advance degree training.
- Rapid evaluation of retention and task-shifting demonstration projects related to worker productivity.
- Developing and implementing a “community of practice” coordination mechanism to improve coordination among HRH partners.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

The budget that is attributable to HCD is \$1,815,000.

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Transitioning the EHP health workers into the GOK payroll.
- Promoting Task Shifting by rationalizing scopes of practice for existing health workers and also mobilizing auxiliary cadres and delegating to them a controlled set of tasks.
- Developing and implementing innovative, low cost and locally relevant retention interventions at selected sites, especially in hard-to-reach areas that are generally considered unattractive by health workers.
- Pursuing innovative approaches to increasing human resources for health, with a particular emphasis on training youth, including as paramedical professionals, and utilizing retired health care workers.
- Sharing learning methods and models with pre-service institutions and reputable local training providers so that relevant leadership and management programs can be efficiently adapted and applied.
- Providing management and technical support to the APHIA 2 NEP program in implementing innovative staffing approaches to ensure the uptake of critical HIV and FP/RH services-especially at community levels.
- Training District Management Teams in national planning and budgeting

1. LIST OF RELATED ACTIVITIES

This activity relates to all facility-based service delivery projects. It also relates to Global Fund support under the Futures Group/HPI project [HPI] in this same program area.

2. ACTIVITY DESCRIPTION

The Capacity Project will continue to implement long-term human resource planning with the Ministry of Health. The Emergency Hiring Plan (EHP) can only generate sustainable results if its lessons and promising practices are taken up, applied and combined with existing effective measures to address all the components of the Human Resources in Health (HRH) Framework. It will be important to ensure appropriate skills amongst health workers to meet the health needs of the Kenyan population, which means expansion of educational opportunities and curriculum reforms. Kenya is also faced with a unique absorptive capacity challenge: although it does not produce enough health providers to plug gaps in coverage, it is also unable to find work for all its graduates, creating a “phantom surplus” of qualified, unemployed health workers. Moreover, in most training schools, the curriculum is misaligned with the country’s health problems (for example, HIV/AIDS is not adequately covered), and pedagogic methods are outdated, excluding practical problem-solving skills. Training and production of health workers is based not on working competencies but on certification or traditional roles that are often controlled by and aligned to the goals of professional bodies. This activity will strengthen three key aspects of long-term human resources development in Kenya through: 1) support to the Ministry of Health’s division to standardize their HIV/AIDS curricula, 2) assistance to the Office of Continuing Professional Development (OCPD) to develop the National Health Training Plan (NHTP), and 3) support for the development of a computerized database of national health worker information and training participation, towards a goal of developing an accreditation program of curricula and continuing medical education credits. The Capacity Project will also provide focused technical assistance to the Global Fund as well as capacity building of the Country Coordinating Mechanism (CCM) Secretariat. While it is essential to mobilize additional health workers to avert the current workforce crisis and help combat priority diseases like HIV/AIDS, it is as important to help develop and sustain policies and strategies over the longer term. All of these activities will be done in close collaboration with the Ministry of Health (MOH). With donor support, the MOH recently completed a three year Human Resource Strategic Plan and implementation plan. The MOH will need to be supported to take this strategic initiative forward. In addition to the EHP, this year the project will work with health sector leaders and primary stakeholders to strengthen HRH within the national health system, assist the Ministry to develop core technical capacity in HRH planning and management and offer support by a) providing targeted technical assistance to assist the MOH with the implementation of the 3 year HR strategic plan, b) introducing an integrated human resource information system, c) streamlining and strengthening HR management processes and practices especially recruitment, deployment, transfers, supervision and performance management and linking HR and payroll data, d) enrolling selected HRH leaders and managers in a leadership development course, e) supporting the OCPD to develop the NHTP and training database, and f) expanding the Work Climate Improvement Initiative that seeks to improve job satisfaction and aid retention, to sites with new hires. Secondly, the Capacity Project continues to support seconded staff, and under this program area, will support the Advisor for HIV/AIDS Mainstreaming at the Ministry of Planning and National Development (MPND). This person provides pivotal technical assistance by supporting various arms of the government including the National AIDS Control Council (NACC) and the National AIDS and STD Control Program (NAS COP) to engage in the national budgeting process with the goal of increasing allocations for HIV and AIDS activities. The Advisor also provides technical assistance to MPND to accelerate the agenda of mainstreaming HIV/AIDS through the national Poverty Eradication

Activity Narrative: Strategy (PRSP) in the public sector, and provides critical technical input into the collection and management of data systems at the Central Bureau of Statistics that captures and addresses the national level impact and mitigation strategies against the effects of HIV and AIDS. Lastly, the Capacity project will allocate \$250,000 of its Systems Strengthening budget for support of the Global Fund Country Coordinating Mechanism (CCM) in Kenya with the implementation of the Transition Team Action Plan and management of Global Fund grants. The GFATM has established transparent disbursement procedures, project implementation modalities, oversight responsibilities, and financial and program performance reporting responsibilities to ensure Principal Recipient (PR), CCM and sub-recipient accountability to the Government of Kenya and to the GFATM. There are basic conditions which a country must meet before funds are released for the approved projects. In Kenya, the Ministry of Finance is the PR and the performance of all major grants that fall under its purview has been unsatisfactory. The Capacity project will provide technical assistance to improve the management and implementation of these grants, including support to the CCM secretariat. This might include recruitment of secretariat staff and meeting the costs of establishing a web-based database of appropriate GF and CCM material such as approved meeting minutes, proposals and other documentation.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The Capacity Project will contribute policy-level guidance on the critical processes of health planning and management in support of national level goals and ensure sustainability of PEPFAR-supported hiring and training activities.

4. LINKS TO OTHER ACTIVITIES

This project links with hundreds of health service delivery sites across the country to meet PEPFAR targets in those areas.

5. POPULATIONS BEING TARGETED

This activity targets government policy makers to improve the planning and management of human resources, and implementation and development of HRH policies and systems at the national level, and also works with HR and OCPD staff to develop their capacities. The USG and its collaborating agencies are under continuous pressure to hire highly experienced professionals to guide PEPFAR-supported programs. As a result, we have hired away over a dozen of the MOH's most qualified personnel. Many of these staff have over 15 years experience in health management and their loss to the MOH has resulted in the weakening of capacity of the very system that PEPFAR is pledging to build. Making matters worse, at the same time that there are increasing shortages of senior health managers, there are deteriorating working conditions and growing demand to incorporate new and labor-intensive services, such as antiretroviral therapies for HIV/AIDS. We propose to help address these issues through the development of an intensive program of management strengthening and staff development within the MOH and, more specifically, NASCOP. This corresponds with a similar program being undertaken with the Kenya Medical Supplies Agency (KEMSA) under the Millennium Challenge Account Threshold Agreement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14856

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14856	8693.08	U.S. Agency for International Development	IntraHealth International, Inc	6958	2328.08	Capacity Project	\$1,665,000
8693	8693.07	U.S. Agency for International Development	IntraHealth International, Inc	4237	2328.07	Capacity Project	\$2,550,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,815,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 353.09

Prime Partner: Internews

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 4175.20533.09

Activity System ID: 20533

Mechanism: Voices in Health

USG Agency: U.S. Agency for International Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$300,000

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

The only changes to the program since approval in the 2007 COP are:

- + Three round tables during which HIV/AIDS stories are played and discussed by both journalists and NGOs. Each round table will focus on a different medium – radio, print and television
- + Developing and using Internews-trained radio journalists as co-trainers (Informal events)
- + Supporting a category at the annual UNESCO Red Ribbon Media Awards for Excellence in HIV/AIDS Reporting in Eastern and Southern Africa to recognize exceptional reporting on HIV among journalists
- + 6 (3 radio, 3 television) travel grants to report on HIV related stigma and discrimination issues, resulting in 6 radio and 6 television programs
- + TOT for two local print trainers, resulting in publication of 2 Emergency Plan success stories in local newspapers
- + Expansion of office premises
- + Holding two viewing sessions in Nyanza of television and radio programs that will be followed by discussion groups
- + Subcontracting four travel grants to a local HIV journalism organization that Internews started in FY07
- Developing four local staff members through quality training to ensure local capacity building.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HTXS (#6915), HKID (#9076), MTCT (#6916), HVCT (#6917), and HMBL (#8705).

2. ACTIVITY DESCRIPTION

This activity will result in the expansion of television and print media with a specialty in HIV/AIDS journalism. The media can be a powerful force for raising awareness, building knowledge, and influencing public opinion. It has a critical role to play in helping to create an enabling environment for social change. The proposed activity will build on Internews' current efforts to train and equip the broadcast media to play this essential role. Until FY 2005, Internews organized and presented trainings on HIV/AIDS feature reporting specifically for radio professionals and some TV journalists. In FY 2006, Emergency Plan funds supported the expansion of support to include television and print media in the country, with the launch of the television support expected to take place in November 2006. Currently, Internews maintains a Media Resource Center, a radio studio and a TV studio – all available free of charge to journalists wishing to produce quality HIV/AIDS stories. On-site assistance is provided for such journalists – a sound technician and video editor assist with editing and compiling programs, a senior journalist helps with script writing, a camera man with filming, and a media researcher with finding appropriate interviewees and information. Internews workshops keep the local media engaged in effective HIV/AIDS reporting. As a strategy for strengthening this engagement, in FY 2007 Internews will continue to provide a forum for journalists to regularly interact with HIV/AIDS NGOs and vice versa. Emergency Plan funds will directly support the following key activities: i) organizing eight round tables during which HIV/AIDS stories produced by journalists are played and discussed by both groups; ii) selecting Internews-trained journalists as workshop co-trainers in order to build their capacity to lead this activity and to move towards an exit strategy; iii) supporting an annual award to recognize excellence in reporting on HIV among Internews trainees; iv) supporting 10 travel grants on HIV-related stigma and discrimination, 5 for radio and 5 for TV, resulting in 10 programs, and v) expanding Media Resource Center facilities by funding an archivist position to support the increased numbers of TV and radio journalists accessing and using MRC reference materials.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Internews Network's program addresses the important function of increased media awareness and accurate reporting of HIV/AIDS nationwide and contributes to Kenya's 5 Year strategic focus on greater transparency and understanding of HIV/AIDS among policy makers and the general population.

4. LINKS TO OTHER ACTIVITIES

This activity links to all other activities within the Policy Analysis and System Strengthening program area through its focus on accurately portraying issues surrounding HIV/AIDS in the media. It is also linked to Internews activities in HTXS (#6915), HKID (#9076), MTCT (#6916), HVCT (#6917), and HMBL (#8705).

5. POPULATIONS BEING TARGETED

The activity targets broadcast journalists, who in turn effectively reach policy makers and the general population.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is stigma and discrimination.

7. EMPHASIS AREAS

This activity has a major emphasis on local organization capacity building and a minor emphasis on training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14852

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14852	4175.08	U.S. Agency for International Development	Internews	6957	353.08	TBD	\$300,000
6918	4175.07	U.S. Agency for International Development	Internews	4236	353.07	Local Voices	\$190,000
4175	4175.06	U.S. Agency for International Development	Internews	3234	353.06	Local Voices	\$70,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 4913.09

Mechanism: APHIA II - Coast

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 16331.20477.09

Planned Funds: \$100,000

Activity System ID: 20477

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION

In 2009 APHIA II Coast will continue to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In addition APHIA II Coast will continue to support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums.

In addition, APHIA II Coast will continue to strengthen the institutional capacity of various local partners at grassroots level using very participatory methodologies. This will include institutional strengthening for 15 organizations. APHIA will also build the management and supervisory capacity of District Health Management Boards (DHMTs) to effectively carry out their roles. All persons trained under APHIA will also be equipped with skills for stigma mitigation. The prevention peer educators and community health workers will engage the community on dialogue on stigma with the aim of enabling people to identify stigma in their community and work towards stigma reduction, other approaches to be utilized will include community theatre and outreaches.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels and building the capacity of local APHIA implementing partners.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Coast activities, particularly in AB and OP.

4. POPULATIONS BEING TARGETED

This activity will target all population of Coast province including youth, women, and men.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least ¼ of the districts in the province served by the implementer.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16331

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16331	16331.08	U.S. Agency for International Development	Family Health International	6948	4913.08	APHIA II - Coast	\$100,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 4916.09 **Mechanism:** APHIA II - Rift Valley
Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 16337.20463.09 **Planned Funds:** \$100,000

Activity System ID: 20463

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION
 In 2009 APHIA II Rift Valley will continue to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In addition APHIA II Rift Valley will continue to support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums.

 In addition, APHIA Rift Valley will continue to strengthen the institutional capacity of various local partners at grassroots level using very participatory methodologies. This will include institutional strengthening for 15 organizations. APHIA will also build the management and supervisory capacity of District Health Management Boards (DHMTs) to effectively carry out their roles. All persons trained under APHIA will also be equipped with skills for stigma mitigation. The prevention peer educators and community health workers will engage the community on dialogue on stigma with the aim of enabling people to identify stigma in their community and work towards stigma reduction, other approaches to be utilized will include community theatre and outreaches.
2. CONTRIBUTIONS TO OVERALL PROGRAM AREA
 This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels and building the capacity of local APHIA implementing partners.
3. LINKS TO OTHER ACTIVITIES
 This activity will link to other APHIA II Rift Valley activities, particularly in AB and OP.
4. POPULATIONS BEING TARGETED
 This activity will target all population of Rift Valley province including youth, women, and men.
5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED
 The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least ¾ of the districts in the province served by the implementer.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16337

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16337	16337.08	U.S. Agency for International Development	Family Health International	6947	4916.08	APHIA II - Rift Valley	\$100,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12234.09	Mechanism: Women's Property and Inheritance Rights
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 29800.09	Planned Funds: ██████████
Activity System ID: 29800	
Activity Narrative: Updated April 2009 Reprogramming. Partnership Framework: Gender is a key emphasis area in COP, and includes a need to initiate activities that focus on identifying strategies for enhancing women and OVC legal rights, especially women's property rights. This funding will support a Pilot program in 2 or 3 areas (subject to resource availability) based on the following criterion: 1. Areas with high vulnerability in securing property rights and/or 2. areas with high HIV prevalence and /or 3. areas impacted by post-election violence. The SoW would address (i) inheritance issues (ii) securing property rights and (iii) asset creation for vulnerable women populations. The design would also have an evaluation component that reviews access to inheritance and its impact on new HIV infections.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7888.09	Mechanism: Measure III DHS
Prime Partner: Macro International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 24350.09	Planned Funds: \$200,000
Activity System ID: 24350	

Activity Narrative: 1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

This activity has two main components. The first component will be the carrying out of 2009 Kenya Service Provision Assessment (KSPA). This activity will jointly be funded by 5 program areas (PMTCT, CT, Care and Support, Systems Strengthening and Strategic Information. SI funding (\$450,000) will cover technical assistance including questionnaire adaptation, sampling and data processing, training, report writing, hiring of data dissemination specialist, editorial support and travels; while contributions from other program areas (\$750,000) will cover local costs such as interviewer training and supervision, data collection and analysis, local consultants, accounting firm, printing final reports, and other dissemination products. UNICEF and DFID will be approached to provide additional funding to the tune of \$500,000 to support local costs. The second component (\$150,000) will support the development of a 5-day curriculum, introducing the KDHS to graduate and undergraduate students from the University of Nairobi, and other public health programmers, planners and researchers. Targeted audience will be taken through a process of capacity building in further analysis of DHS data, data presentation and communication skills for policy makers. In overall, 2009 KSPA will help USG Kenya team to monitor changes over time in terms of the quality of services being provided to clients and build capacity of Kenyans on the KSPA survey methodology. The emphasis area for this activity will be health-related wrap around programs. KSPA will provide national and sub-national information on the availability and quality of services on child health, family planning, maternal health (antenatal and delivery care), STIs, TB and HIV/AIDS. The findings will help in identifying areas that require immediate remedy in all service delivery areas if the health sector were to continue offering quality health services to clients.

2. CONTRIBUTIONS TO OVERALL PROGRAM

This activity will provide technical assistance to 4 local organizations and community based structures in strategic information in addition to supporting the training of 100 public health programmers, planners, researchers and others like M&E/HMIS Officers, and program managers in health facility assessment methodology and other SI related topics.

3. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by NASCOP, where NASCOP will be rolling out Form 711 and program specific client registers for data collection and reporting at health facilities. It is also related to Macro International/APHIA II Evaluation, that will attempt to investigate the causes for low reporting rate by health facilities and recommend strategies for achieving 100% reporting level by health facilities. It is related to strategic information activity to be carried out SCI Koimburu/USAID National M&E Support Program which will support the development of data management infrastructure and supportive field supervision of COBPAR activities by the M&E Coordinator. It is also related to the strategic information activities implemented by KDOD, APHIA II projects and CDC/KEMRI.

4. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development through training of GOK and USG personnel in KSPA survey methodology, data processing including analysis, interpretation, report writing and different information dissemination strategies at national and regional levels.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9247.09	Mechanism: APHIA II - Nairobi
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 24347.09	Planned Funds: \$100,000
Activity System ID: 24347	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION

In 2009 APHIA II Nairobi will continue to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In addition APHIA II Nairobi will continue to support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums.

In addition, APHIA II Nairobi will continue to strengthen the institutional capacity of various local partners at grassroots level using very participatory methodologies. This will include institutional strengthening for 15 organizations. APHIA will also build the management and supervisory capacity of District Health Management Boards (DHMTs) to effectively carry out their roles. All persons trained under APHIA will also be equipped with skills for stigma mitigation. The prevention peer educators and community health workers will engage the community on dialogue on stigma with the aim of enabling people to identify stigma in their community and work towards stigma reduction, other approaches to be utilized will include community theatre and outreaches.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels and building the capacity of local APHIA implementing partners.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Nairobi activities, particularly in AB and OP.

4. POPULATIONS BEING TARGETED

This activity will target all population of Nairobi province including youth, women, and men.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least ¾ of the districts in the province served by the implementer.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 341.09	Mechanism: BRIDGE Project
Prime Partner: Population Reference Bureau	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 24348.09	Planned Funds: \$350,000
Activity System ID: 24348	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + The partner will help in providing policy briefs and dissemination of the Kenya AIDS Indicator Survey (KAIS).
 + The partner will also help in providing policy briefs for DHS 2009

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is linked to other Policy Analysis and System Strengthening activities, Strategic Information activities as well as all APHIA II activities.

2. ACTIVITY DESCRIPTION

This activity will support the systematic documentation of best practices and lessons learned from Emergency Plan initiatives. It will develop protocols for disseminating and sharing knowledge among different actors, implementers and stakeholders. Regular knowledge sharing workshops will be supported which will also serve as vehicles for coordination and cooperation. Assistance to develop and use various types of information technology will be provided. This activity will support the development and maintenance of list serves and websites.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will bolster sustainability by fostering coordination and cooperation through sharing of knowledge and best-practices among Emergency Plan partners.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to other Policy Analysis and System Strengthening activities, Strategic Information activities as well as all APHIA II activities

5. EMPHASIS AREA

This activity will support knowledge-sharing among Emergency Plan projects to more effectively disseminate operating policies and best practices in systems strengthening.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 4917.09

Mechanism: APHIA II - Central

Prime Partner: Pathfinder International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 16326.20182.09

Planned Funds: \$100,000

Activity System ID: 20182

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008.

1. ACTIVITY DESCRIPTION

In 2009 APHIA II Central will continue to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In addition APHIA II Central will continue to support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums.

In addition, APHIA II Central will continue to strengthen the institutional capacity of various local partners at grassroots level using very participatory methodologies. This will include institutional strengthening for 15 organizations. APHIA will also build the management and supervisory capacity of District Health Management Boards (DHMTs) to effectively carry out their roles. All persons trained under APHIA will also be equipped with skills for stigma mitigation. The prevention peer educators and community health workers will engage the community on dialogue on stigma with the aim of enabling people to identify stigma in their community and work towards stigma reduction, other approaches to be utilized will include community theatre and outreaches.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels and building the capacity of local APHIA implementing partners.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Central activities, particularly in AB and OP.

4. POPULATIONS BEING TARGETED

This activity will target all population of Central province including youth, women, and men.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least ¾ of the districts in the province served by the implementer.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16326

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16326	16326.08	U.S. Agency for International Development	Pathfinder International	6987	4917.08	APHIA II - Central	\$100,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 4918.09

Mechanism: APHIA II - Western

Prime Partner: Program for Appropriate Technology in Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 16339.20080.09

Planned Funds: \$100,000

Activity System ID: 20080

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

1. ACTIVITY DESCRIPTION

In 2009 APHIA II Western will continue to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In addition APHIA II Western will continue to support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums.

In addition, APHIA II Western will continue to strengthen the institutional capacity of various local partners at grassroots level using very participatory methodologies. This will include institutional strengthening for 15 organizations. APHIA will also build the management and supervisory capacity of District Health Management Boards (DHMTs) to effectively carry out their roles. All persons trained under APHIA will also be equipped with skills for stigma mitigation. The prevention peer educators and community health workers will engage the community on dialogue on stigma with the aim of enabling people to identify stigma in their community and work towards stigma reduction, other approaches to be utilized will include community theatre and outreaches.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels and building the capacity of local APHIA implementing partners.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II Western activities, particularly in AB and OP.

4. POPULATIONS BEING TARGETED

This activity will target all population of Western province including youth, women, and men.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least ¼ of the districts in the province served by the implementer.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16339

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16339	16339.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	6999	4918.08	APHIA II - Western	\$100,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 4061.09 **Mechanism:** N/A

Prime Partner: Regional Procurement Support Office/Frankfurt **USG Agency:** Department of State / African Affairs

Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 19431.20087.09 **Planned Funds:** \$350,000

Activity System ID: 20087

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008

In FY08, CDC programmed funds to RPSO in support of multiple construction and renovation projects, primarily for MOH facilities and infrastructure. Projects included construction of a dedicated building for the National AIDS and STI Control Program (NAS COP), renovations to Siaya District Hospital, lab renovations and renovations to various MOH facilities. However, funds were programmed in the absence of building plans, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY 09 funds are sought to meet the expected funding shortfall resulting from the unplanned-for A&E services contracts, as well as the under-estimated cost of construction.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19431

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19431	19431.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7000	4061.08		\$350,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1242.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 8401.20257.09

Activity System ID: 20257

Mechanism: National Medical Supplies Agency

USG Agency: U.S. Agency for International Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: ██████████

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Providing technical assistance and training in the roll-out of the "pull" system.
- + Building partners' capacity in the quantification of HIV/AIDS and other essential commodities
- + Providing technical assistance for procurement oversight by the GOK
- + Strengthening capacity of district and community committees on commodities receipt and storage oversight
- + Supporting the development and implementation of policies to improve governance and accountability in public sector supply chain
- + Providing technical assistance in improving the commercial viability of KEMSA

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Secondary attribution to HCD is \$200,000.

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The only changes to the program since approval in the 2007 COP are:

- Supporting technical assistance to assess the governance structure of KEMSA and advocacy for improvements.
- Supporting technical assistance to assess the feasibility of providing grants to health facilities for purchase of commodities.
- Supporting the implementation of tracking surveys to measure progress in HIV/AIDS commodities distribution and use at the facility-levels.
- Supporting civil society and communities for oversight activities on commodities procurement.
- South-to-south exchanges on procurement best practices.

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Drugs, Laboratory Infrastructure, HIV/TB, MTCT and Counseling and Testing.

2. ACTIVITY DESCRIPTION

This activity seeks to improve the capacity of the Kenya Medical Supplies Agency (KEMSA) in the procurement, warehousing, distribution, management, and reporting of public sector anti-retroviral drugs, as well as other medical and pharmaceutical commodities related to HIV/AIDS. KEMSA is the Government of Kenya public sector health commodities supply agent involved in ensuring the delivery of all health commodities including anti-retroviral drugs (ARVs) to public sector health institutions. In the fall of 2006, USAID supported an independent evaluation of KEMSA and a Ministry of Health (MOH) assessment of the MOH procurement system; both were to help inform the MOH in developing a new procurement policy. This new policy will decide the role of KEMSA relative to other arms of the MOH in procurement. This activity will assist KEMSA continue to develop its role in procurement, warehousing, distribution, and information management in line with the new MOH policy. The nature of this assistance is in short and medium-term consultancies to implement their business plan, and strengthen identified weak areas. One of the major areas for improvement is in information management, and in monitoring and evaluation of distribution at the "last mile" to make sure that reports are returned to the district warehouse in order to fully implement a "pull" commodity system. Another challenge is managing the increasingly complex distribution schedule which includes increased numbers of commodities related to HIV/AIDS, and a mandate to deliver to points of service rather than district warehouses for some commodities. As a result, the warehouse is often overflowing, as trucks cannot make distributions fast enough. In FY 2007, the SCMS contract will begin to procure commodities on a large scale for the Emergency Plan, and will distribute most of them through the KEMSA system. This support will ensure that these commodities are tracked and distributed in a timely manner and with the required reporting. This support will go directly to KEMSA to hire short and medium-term logistics consultants or staff experts in areas of greatest need. It may also contribute to minor renovations and computer equipment as necessary.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to improving the public sector medical and pharmaceutical supply chain system for ARVs and other HIV/AIDS-related commodities.

4. LINKS TO OTHER ACTIVITIES

This activity links to other KEMSA support in ARV Drugs [#6969 and #6989] Laboratory Infrastructure [#6990 and #8763], HIV/TB [#8713], MTCT [#8757] and Counseling and Testing [#8783].

5. POPULATIONS BEING TARGETED

KEMSA managers.

6. EMPHASIS AREAS

The major area of emphasis is Logistics, and the minor emphasis areas are Local Organization Capacity Development and Strategic Information as it relates to maintaining and upgrading KEMSA's information and reporting system. A new partner will assist KEMSA with plus-up funds to upgrade their Logistics Management Information System (LMIS), using one system that will integrate inventory, procurement, distribution, reporting, and pipeline of commodities. These funds will be leveraged with those of other donors following an assessment of the LM Unit. This activity will also complement MCA activities in Kenya.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14911

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14911	8401.08	U.S. Agency for International Development	Kenya Medical Supplies Agency	6969	1242.08		\$700,000
8401	8401.07	U.S. Agency for International Development	Kenya Medical Supplies Agency	4250	1242.07		\$0

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7448.09	Mechanism: Leadership, Management, and Sustainability
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 16952.20239.09	Planned Funds: \$900,000
Activity System ID: 20239	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Technical assistance to the Ministries for the implementation of the leadership and management strategy
- + Technical assistance to local training institutions for leadership and management
- + Introducing the Leadership Development Program to provincial, district and facility level teams for GOK, NGO and FBO facilities in Western province.
- + Completing district level leadership development for provincial, district and facility teams for GOK, NGO and FBO facilities in Nyanza and Rift Valley
- + Sustaining the leadership development program and filling in bridging gaps for teams who have already been trained in Coast, Central, Eastern, Rift Valley and Nyanza through a leadership network approach.
- + Provincial leadership, partners and donors dialogue and coordination meetings.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

The secondary cross-cutting budget attribution for HCD is \$900,000.

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1. LIST OF RELATED ACTIVITIES

This activity is linked to USAID's new activity on network management grants and the CDC's new activity on a fellowship program.

2. ACTIVITY DESCRIPTION

Resources for HIV/AIDS from internal and external sources have been increasing even as funding gaps are continually identified. This activity will support the development of leadership and management capacities of Emergency Plan partners for making the best use of existing resources and for mobilizing new resources. It will develop the skills and competencies of managers to lead, to find solutions to challenges and achieve results. The primary goal is to increase the sustainability of Emergency Plan interventions by developing strong leadership. Toward this end, two types of leadership development programs will be implemented. i) The Senior Development Leadership Program will target senior leaders of NGOs and the public sector at the province level. The program will be implemented within a 6-month period. It will adopt the training approach of the program for national-level leaders by the Executive Leadership Initiative (ELI), a public-private partnership between The Bill and Melinda Gates Foundation, the MSH, the East, Central, and Southern Africa Health Community (ECSA-HC), and the Kenya Institute of Administration (KIA). Under COP'08, the leadership program will be conducted for two groups, each working in two provinces for a total of 4 provinces. Participants from each province will include two senior officers of the provincial health office, two senior managers of the APHIA II project, at most two new senior staff hired to replace staff that transferred to USG partner organizations and a senior leader each from at most four other major partners operating in the province including faith-based and private organizations. The implementation of the leadership program will consist of inter-province leadership dialogues, province-specific leaders' workshops, coaching and follow-up support. The inter-province leadership dialogues will impart proven leading and managing practices aimed at enhancing the skills of senior leaders to effectively use resources, mobilize resources, build partnerships, and utilize systematic approaches to decision making for improved HIV/AIDS program results. They will also provide the opportunity for collaborative learning and problem solving among participating provinces. Between each inter-province dialogue, two provincial leaders' workshops will take place, about 6 weeks apart, during which the senior leaders will work with their implementation teams on validating and further elaborating the leadership and management development efforts initiated during the dialogues. Additionally, if the provincial teams consider it helpful, coaching will be provided through MSH's LeaderNet website, email, fax, CD-ROM, phone and face-to-face meetings. ii) Front-line Leadership Development Program will be geared to public and NGO managers at the district and community levels targeting those providing a network of services. The leadership program will be implemented within a 6-month time period. This activity will provide technical assistance to the MOH to train provincial level facilitators in the four provinces identified in activity Senior Development Leadership Program described above. The TOT will be conducted in order to roll out the program to the districts. The facilitators will be trained to teach modules on leadership and to guide weekly sessions with their district management teams.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity improves sustainability of HIV/AIDS programs through skilled management and inspired leadership of Emergency Plan partners.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to USAID's new activity on network management grants and the CDC's new activity on a fellowship program.

5. EMPHASIS AREA

This activity will build leadership and management capacities of government organizations and indigenous organizations providing HIV/AIDS services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16952

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16952	16952.08	U.S. Agency for International Development	Management Sciences for Health	7448	7448.08	Leadership, Management, and Sustainability	\$1,250,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$900,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7448.09	Mechanism: Leadership, Management, and Sustainability
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 16953.20240.09	Planned Funds: \$950,000
Activity System ID: 20240	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 + Strengthening leadership and management capacity of private providers networks
 + Developing and implementing a grant-making mechanism to supporting private providers networks
 + Providing technical assistance in strengthening provincial, district and facility-level financial management systems

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS
 Secondary attribution to HCD is \$300,000

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1. LIST OF RELATED ACTIVITIES

This activity is related to the USAID new activities on leadership and management and mapping of HIV/AIDS service delivery points and all APHIA activities.

2. ACTIVITY DESCRIPTION

This activity will strengthen the leadership and management capacity of networks (for example, the Inter Religious Council of Kenya which brings together 7 different religious networks) that support the effective and efficient delivery of HIV/AIDS services. Using existing diagnostic tools such as the Management and Organizational Sustainability Tool (MOST) for networks, MSH will identify priority management systems strengthening needs. MOST for networks is a participatory management diagnostic process that enables managers to develop a management capacity profile for their organization and network and a prioritized action plan for improvement. Through the MOST process, these networks will assess the current status of their management systems, identify feasible changes that will make their network more efficient and effective, develop specific plans to implement the changes and generate staff buy-in needed to support management systems improvements. This activity will provide on-going technical assistance to support these management systems improvements. This activity will also develop and implement a grant-making mechanism to support the networks in financing their management improvement initiatives. The objective is to rapidly distribute funds to implement management improvement initiatives that support the effective and efficient delivery of HIV/AIDS services using a network of service delivery points. This funding mechanism will provide 6-12 months grants for urgent and bridging activities to develop and implement management systems of networks. Groups seeking funding will submit a letter describing the concept and an application via email or fax, reducing delays and application-related costs. The concept letter will include an assessment of the current status of network processes, a determination of feasible changes that will make the network more effective, a description of the plans to implement the changes including a memorandum of understanding among network members. Because the identification of the initiative will require leadership and the use of leadership and management tools, for COP'08, the rapid grant mechanism will only be available to organizations in the four provinces that are included in the management and leadership program.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will improve sustainability by strengthening the management systems of government organizations and indigenous organizations providing HIV/AIDS services.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the USAID new activities on leadership and management and mapping of HIV/AIDS service delivery points and all APHIA activities.

5. EMPHASIS AREA

This activity will provide grants to initiatives that strengthen the management of HIV/AIDS networks at sub-national levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16953

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16953	16953.08	U.S. Agency for International Development	Management Sciences for Health	7448	7448.08	Leadership, Management, and Sustainability	\$800,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7286.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 17315.20309.09

Activity System ID: 20309

Mechanism: Phones for Health

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: ██████████

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+During the COP 2009 funding period, the P4H infrastructure will be extended to cover all health facilities in Nyanza and South Rift Valley provinces as well as making an entry into two other provinces. Additional modules to cover logistics (drugs and commodities supply) will be included.

+A training sub-partner will be competitively selected to work with P4H in full expansion of healthworker training at health facility level. The Phones-for-Health will focus on the development and maintenance of the platform and infrastructure, including telecoms.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

This activity supports key cross-cutting attributions in human capacity development by training health workers and data handling staff on data management, electronic reporting tools – including smartphones and other handheld devices, analysis and monitoring and evaluation in support of HMIS activities in order to improve patient care and reporting.

COP 2008

1. ACTIVITY DESCRIPTION

In FY2008, Kenya will strengthen national HIV/AIDS strategic information capacity through participation in the Phones for Health public-private partnership. Phones for Health will leverage human, financial and physical resources from its partners – including O/GAC, the GSM Association Development Fund, Accenture Development Partners, Motorola, MTN and Voxiva – to establish a sustainable national information system for HIV/AIDS and related diseases in Kenya. The Phones for Health model builds on local telecommunications infrastructure and utilizes multiple user interfaces, allowing workers at health facilities to record data locally and transmit it to regional and central-level program managers by phone, PDA or computer. The system also provides multiple channels for communication and feedback between levels of the health care system. The Phones for Health architecture consists of a series of core modules, each of which supports a key care and treatment function, such as patient registration, communication between facilities and central authorities, or program indicators reporting. Kenya is committed to advancing national strategic information capacity and will devote substantial staff and resources to the oversight of data collection, quality assurance and training in support of this activity. Specific activities that will be undertaken by the Phones for Health partnership in Kenya in FY2008 include:

(i) Outreach and Needs Assessment: A small Phones for Health team will meet with key stakeholders in Kenya, including Ministry of Health (MOH) representatives, USG, WHO, World Bank, GTZ, DANIDA, Aga Khan Health Services and other stakeholders to document Kenya's HIV/AIDS information needs and how Phones for Health will address those needs. In collaboration with these stakeholders, the team will conduct a rapid assessment including but not limited to: stakeholder analysis, health system mapping, resource capacity assessment (i.e. both number of people and capacity to conduct activities), baseline information gathering, work flow analysis, and review of existing HMIS. Accenture Development Partners and Voxiva will jointly lead this activity, which will be funded centrally by O/GAC and GSMA.

(ii) Planning and Requirements Gathering: The Phones for Health team will work closely with MOH, USG and other donors to determine how the system will be customized to support Kenya's health operations. This will involve defining custom modules, user roles, governance and management structures, business practices and work flows. The roles and contributions of participating Phones for Health consortium members will also be defined and documented, and a phased implementation plan and budget (including ongoing communications and support) will be put in place. Once these items are agreed upon, Voxiva will gather system requirements, such as language options and user permission levels. The Ministry of Health/NASCOP will provide essential information like national ARV drug regimens, facility profiles and locations, and HIV program indicators.

(iii) System adaptation and configuration: Voxiva and other consortium members will work with MOH and USG technical staff to adapt the Phones for Health system to Kenya's administrative divisions, health reporting hierarchy, management structure, HIV/AIDS services and program indicators. For example, user roles will be created to control which types of data are accessible to different users of the system, such as national HIV/AIDS program managers, district health officers, facility-based health workers, USG agencies and implementing partners. Each user will then be assigned a user role that is linked to the appropriate facility ID/IDs and to a unique user ID and password.

(iv) Staffing, management and training: Sustainable staffing and local capacity building (both human and institutional) are critical to the success of Phones for Health in Kenya. The Phones for Health team will recruit a full-time technical advisor to provide long-term training and technical assistance to the local management unit, which will be located within the Ministry of Health's Division of HMIS or NASCOP. The local management unit will be responsible for system administration, ongoing training of Phones for Health users, analysis and dissemination of Phones for Health program data, and feedback to districts and facilities on data quality and performance. Accenture/GSMA will provide medium-term technical assistance in the form of in-country consultants with specialized knowledge in HMIS, planning and project management. Together, the technical advisor and Accenture/GSMA consultants will support the local management unit in these functions for the first 18-24 months of deployment, with the goal of transferring the knowledge and skills necessary for day-to-day management of the system to the management unit in the second year of deployment.

The Phones for Health team will adapt its role-based training curriculum to the logistical and linguistic needs of Kenya. All users, irrespective of their role(s), will receive training in modes of data entry and transmission, data retrieval and display options (including customization of reports and data dashboards), feedback and alert mechanisms, and security features.

(v) Phase One Deployment: Voxiva's experience implementing TRACnet in Rwanda has demonstrated that it is possible to achieve nationwide deployment of the Phones for Health system in a relatively short period of time, though it is anticipated that deployment will take longer in larger countries. In FY2008, Phones for Health will be initially piloted in 2 provinces, with the expectation that national deployment will be achieved

Activity Narrative: by Year 2 or 3 of the project. Motorola will provide subsidized GPRS-enabled phones loaded with J2ME software (donated by Voxiva) to support rapid implementation and expansion. Safaricom will provide subsidized hosting, software maintenance and support services on an ongoing basis. .

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will strengthen the flow of patient/client data directly from health facilities to a central database in a timely and secure manner. It will also ensure that feedback can be generated and sent to facilities to enhance better decision making and improved program management. National, sub-national reports will be available to program managers for better planning. Information on commodities and general supplies will be available on time hence minimizing stock-outs.

3. LINKS TO OTHER ACTIVITIES

This activity relates to activities in HVTB, HTXS, HBHC, HVCT, HVSI and HLAB.

4. POPULATIONS BEING TARGETED

Although this activity will benefit the general population, 425 individuals drawn from 30 institutions will be trained. These include health workers from district hospitals, sub-district hospitals, health centers and dispensaries.

5. EMPHASIS AREAS

The major emphasis area is Strategic information (M&E, HMIS, reporting).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17315

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17315	17315.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7286	7286.08	Phones for Health	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3696.09	Mechanism: Emory University
Prime Partner: Association of Schools of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 8679.20357.09	Planned Funds: \$735,000
Activity System ID: 20357	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+Further analyses of the datasets to inform the allocation of health worker deployment, to support task shifting for program improvement and to identify skills gaps among health workers (including clinical officers and physicians) for targeted capacity building. The data will also be used to inform policy level on HR matters at the Ministries of Public Health and Medical Services.

+The project will pilot the use of Phones-for-Health "Light" to transmit HR returns data directly from the health facilities to a central database.

SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Although the focus of this project is to develop and support an informatics system to capture and provide information on health workers pre- and in-service training, it also provides an opportunity for the staff of the MOH and Kenyan Health regulatory bodies to be trained on data management, analysis and data use. In addition, senior MOH staff will be trained on translation of analysis findings into policy. This contributes to the improvement of overall national healthcare system.

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THIS IS AN ONGOING ACTIVITY. THE NARRATIVE IS UNCHANGED EXCEPT FOR UPDATED REFERENCES TO TARGETS AND BUDGETS.

The updates to the project since approval in the 2007 COP include:

- Geographical coverage expanding to include North Eastern province, offices in Eastern and Western provinces with completed establishment of the nursing workforce informatics system of nurses in all provinces by the end of FY 08
- Support the MOH and regulatory bodies in assuming fiscal and technical responsibility of maintaining the informatics systems.
- Expanded to include other healthcare cadres--physicians, laboratory technicians and clinical officers.

1. LIST OF RELATED ACTIVITIES

This activity relates directly to activities of the Capacity Project and Ministry of Health/NASCOP but supports PEPFAR partners providing Prevention of Mother To Child Transmission, Counseling and Testing, HIV/AIDS treatment/ARV services, Palliative Care TB/HIV, Strategic Information and Laboratory Services.

2. ACTIVITY DESCRIPTION

The overarching objective of this activity is to assist the Kenya Ministry of Health in developing technical capacity for human resource strategic planning and management in response to the increased need for HIV care and treatment. The activity focuses on building a data-driven HRH knowledge base that can provide reliable workforce analysis to facilitate human resource capacity building in response to the need. The expectation is that this system will provide a "best practice" model which can be shared and replicated in countries also struggling to implement HIV/AIDS interventions, especially in sub-Saharan Africa. This project, which began as a cooperative agreement between CDC's Office of Global Health and Emory University, has now entered the second phase of activities supported by PEPFAR funding. During phase 1 (FY 2002-2005), the project created a national electronic database of Kenya's professional nurses. By the conclusion of the project's original 3-year funding period, the database comprised of electronic records of over 44,000 nurses that can link relevant data between the Nursing Council of Kenya, and the Chief Nursing Officer, Ministry of Health. There will be development of regular reporting systems for Nursing Council of Kenya (NCK) and MOH administrators, including indicators, timing, and dissemination of reports. The expansion will begin computerization of data from laboratory technicians, working with the Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) which has the responsibility of registering laboratory technicians and technologists. In addition, there will be computerization of data from physicians through the Medical and Dental Practitioners Board. The project will track training of health care workers on HIV/AIDS programs to better target training activities and assess coverage and utilization of training.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The first and second component of this activity will strengthen human resource information systems. The project has provided hardware and software materials. Capacity building will be continuous to cover most of the health workers directly involved will data management and policy makers.

4. LINKS TO OTHER ACTIVITIES

This activity is complementary to the Capacity Project's efforts to hire temporary staff for critical areas to expand HIV care and treatment programs. It will enhance the capacity of MoH/NASCOP to coordinate training and distribution of health care providers who provide PMTCT (NASCOP), counseling and testing (NASCOP), HIV/AIDS treatment/ARV (NASCOP) and Palliative care TB/HIV (NASCOP) services. This will be achieved through the provision of data on health workers who have received in-service and training in prevention, care and treatment.

5. POPULATIONS BEING TARGETED

This activity primarily targets public health care providers in all cadres.

6. EMPHASIS AREAS

Focuses on strengthening systems for human resource information system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14733

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14733	8679.08	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	6928	3696.08	Emory University	\$511,317
8679	8679.07	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	4207	3696.07	Emory University	\$647,389

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$125,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 4919.09	Mechanism: APHIA II - North Eastern
Prime Partner: Pathfinder International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 17316.20194.09	Planned Funds: \$100,000
Activity System ID: 20194	

Activity Narrative: ACTIVITY UNCHANGED FROM COP 2008.

1. ACTIVITY DESCRIPTION

In 2009 APHIA II North Eastern will continue to strengthen the dissemination of key Government of Kenya (GOK) policies and guidelines, developed at national level, to the district level. In addition APHIA II North Eastern will continue to support provincial and district health systems strengthening by convening consultative meetings and various stakeholders' forums.

In addition, APHIA II North Eastern will continue to strengthen the institutional capacity of various local partners at grassroots level using very participatory methodologies. This will include institutional strengthening for 15 organizations. APHIA will also build the management and supervisory capacity of District Health Management Boards (DHMTs) to effectively carry out their roles. All persons trained under APHIA will also be equipped with skills for stigma mitigation. The prevention peer educators and community health workers will engage the community on dialogue on stigma with the aim of enabling people to identify stigma in their community and work towards stigma reduction, other approaches to be utilized will include community theatre and outreaches.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to strengthening Government of Kenya systems on policy, planning and budgeting. This will be done by enhancing dissemination and understanding of key government policies and guidelines, which will be developed or reviewed nationally, out to the districts through provincial channels and building the capacity of local APHIA implementing partners.

3. LINKS TO OTHER ACTIVITIES

This activity will link to other APHIA II North Eastern activities, particularly in AB and OP.

4. POPULATIONS BEING TARGETED

This activity will target all population of North Eastern province including youth, women, and men.

5. EMPHASIS AREAS / KEY LEGISLATIVE ISSUES ADDRESSED

The main emphasis area for this activity will be local organization capacity building via serving to enhance the management and coordination capacity of district and provincial health management teams in at least ¾ of the districts in the province served by the implementer.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17316

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17316	17316.08	U.S. Agency for International Development	Pathfinder International	6914	4919.08	APHIA II - North Eastern	\$100,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 342.09

Mechanism: Health Policy Initiative

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 7040.20289.09

Planned Funds: [REDACTED]

Activity System ID: 20289

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Support for the formulation and implementation of the health sector financing strategy
- + Support to the Ministries of Health to help in the decentralization of health services
- + Support the Ministries of Health efforts to enhance their program and fiscal management efforts

COP 2008

The only changes to the program since approval in the 2007 COP are:

- Prime partner is a TBD because Health Policy Initiative Task Order 1 with Constella Futures has reached its ceiling and therefore since the mechanism is an IQC a new country task order process will be issued for competitive selection of a partner to implement the activities.
- HPI will work to review, update and disseminate existing and the following new key policy and guidelines:
 - the Gender Based Violence (GBV) advocacy strategy aimed at increasing awareness on GBV and reduce women's vulnerability to HIV and AIDS; ART to incorporate emerging concerns relating to among others 2nd and 3rd line treatment, food and drug interaction, pediatric treatment and continuing education for medical staff; and, RH/HIV integration policy that seeks to increase service uptake and promote comprehensive service delivery.
- HPI will also work to implement the sexual offences act via enhancing the capacity of staff in the health and justice sectors to correctly interpret and implement the act in the interest of the client.
- HPI will establish and strengthen four new PLHIV networks. These networks will be active in policy advocacy seeking to enhance access to treatment, prevention, care and support services. These networks will include the following: - tertiary and higher education staff infected and affected by HIV and AIDS; Positive Health Care Workers Networks; Informal sector networks; and African Women of Faith Network.
- HPI will develop and strengthen an integrated policy process management system. This system will aim at enhancing the facilitation, management, coordination and implementation roles of the government in the policy process. This task will involve the establishment of a policy data base in the Ministry of Planning and National Development and also a policy process management system and database at the Ministry of Health.
- HPI will also develop and implement a strategic planning guide and costing framework for hospitals with comprehensive care centers that aims at promoting evidence-based planning and management, better articulation of priority interventions and better resource mobilization techniques for sustainability.
- HPI will also work with the informal sector assisting in the development of workplace HIV/AIDS policy.

1. LINKS TO RELATED ACTIVITIES

This activity relates to activities in Strategic Information (#9012), Palliative Care: Basic Health Care and Support (#8823), Orphans and Vulnerable Children (#7041) and other System Strengthening activities including (#8693).

2. ACTIVITY DESCRIPTION

In this program area, the Health Policy Initiative (HPI) will work in several distinct but related components, as described below. 1) While Kenya continues to expand its HIV/AIDS care and support services, the capacity of existing institutions and particularly the networks of people living with HIV/AIDS (PLWHA) are fragmented, with poorly coordinated multi-sectoral responses, limited capacity to develop and implement policies and programs for advocacy of stigma reduction; weak institutional structures for PLWHA networks with high staff turnover; insufficient attention to gender, poverty and human rights issues; ineffective leadership for community action; and limited engagement by PLWHA in the policy process. HPI will work in this area to strengthen local institutions and networks such as the Kenya Network of Positive Teachers and Educators (KENEPOTE), NEPHAK, a Muslim organization, UDPK, KENERELA, and KETAM for policy and program implementation. HPI will also work closely with a TBD partner in this program area to develop support groups for medical professionals living with HIV/AIDS. 2) In the policy arena, several issues have been identified for support, including the need to disseminate user-friendly national policies to PLWHA and other target groups; the lack of policies that pay attention to orphans and vulnerable children, food security and safety nets; operational policy barriers that impede access to HIV treatment care and support; lack of an appropriate index on stigma and discrimination activities; and an inadequate exchequer allocation to HIV/AIDS due to lack of advocacy within the Medium Term Expenditure Framework (MTEF) process that would provide increased allocations for HIV/AIDS. HPI will work on policy development, advocacy and implementation, and also work to build the Government of Kenya's capacity to mobilize resources for HIV/AIDS. Specifically, HPI will provide technical assistance to the National AIDS Control Council (NACC) and the National AIDS, STI Control Program (NASCOP) to review, update and disseminate existing policies to PLWHA networks and target groups. HPI will further provide technical assistance to NACC and Ministry of Planning and National Development to mainstream HIV/AIDS into the MTEF budgeting and planning process, as well as other areas of assistance that will be identified in close consultation with NACC. 3) There is an identified need to increase the participation in the Sector Wide Approach to health programming to include networks of faith based organizations (Inter-religious Consortium) and the private sector (Kenya Private Sector Advisory Network); to strengthen the GFATM's country coordinating mechanism (CCM) and AIDS-Interagency Coordinating Committee (AIDS-ICC) in accordance with the governance manual; and the need to increase contributions by civil society organizations and other grass root level stakeholders in the Joint AIDS Program Review (JAPR), all of which affect the MTEF planning and budgeting. In FY 2007, HPI will continue to offer technical assistance to strengthen Global Fund activities by strengthening Civil Society member organizations of the CCM. HPI will convene and facilitate FBOs, NGOs and private providers involved in the planning and budgeting process, and provide technical assistance to NACC to promote the participation by CSOs and other stakeholders at the grass-root level in the JAPR process. 4) In the stigma and discrimination arena, HPI will field test the "USAID Interagency Working Group on Stigma & Discrimination Indicators" questionnaire on measuring HIV/AIDS related stigma and discrimination. 5) In FY 2007, as part of PEPFAR's support to public private partnerships, HPI will also work closely with the Nairobi Women's Hospital (NWH) Board of Directors to strengthen its capacity as a decision-making body, and to help expand a vital resource, NWH's Gender Violence and Recovery Center (GVRG), to other parts of Kenya. The GVRG offers counseling, treatment and support for women battling rape and gender violence. Currently, GVRGs are located in Nairobi and Nyanza only. These activities will result in 4,000 individuals trained in community mobilization, 150 individuals trained in institutional capacity building and also policy development; and 1,800 individuals trained in stigma and discrimination reduction. In addition 15

Activity Narrative: organizations will benefit from institutional capacity building and 20 organizations' receive help in HIV-related policy development.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

System Strengthening activities under HPI contribute directly to building the management and leadership abilities of indigenous organizations, fortifying the GFATM management structure, and to creating an active and engaged policy environment surrounding issues of HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

This activity links to HPI's activities in palliative care that expands access to community based non-clinical palliative care and strengthens referral networks to OIs and TB medical treatment services; orphans and vulnerable children working to create a supportive social and policy environment for OVC and care givers to access basic services; counseling and testing that enhances CT among differently-abled persons; and other prevention that promotes HIV/AIDS prevention amongst positives through other behavior change messages beyond abstinence and being faithful by providing technical assistance to PLWHA networks to develop their own behavior change messages.

5. POPULATIONS BEING TARGETED

This activity will target People Living with HIV/AIDS, HIV/AIDS affected families, caregivers of OVC and PLWHA, host country government workers including policy makers, teachers, NACC staff and other MoH staff including NASCOP. In addition the activities will target CBOs, FBOs, NGOs, and the CCM for the GFATM.

6. KEY LEGISLATIVE ISSUES ADDRESSED

HPI's activities will address issues related to gender, as well as stigma and discrimination.

7. EMPHASIS AREAS

Emphasis areas include local organization capacity building, policy and guidelines, and community mobilization and participation. The Health Policy Initiative (HPI) Kenya office has been a key partner in PEPFAR/Kenya's groundbreaking work in supporting networks of People Living with HIV/AIDS (PLWHA). In addition to support for a single inclusive national network, HPI has provided critical organizational and capacity building support to networks of HIV-positive educators, religious leaders, persons with disabilities, and Muslim women. These networks are increasingly proving their effectiveness in elevating the level of policy dialogue between providers and recipients of services as well as holding providers, donors and the host government accountable for results and transparency. (\$50,000) On a separate project, HPI will also work closely with National AIDS Control Council (NACC) to continue strengthening its ability to coordinate AIDS programming in Kenya. Funds will also assist with costs of relocation and establishment of more user-friendly offices for NACC (\$200,000).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15012

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15012	7040.08	U.S. Agency for International Development	To Be Determined	7007	342.08	Health Policy Initiative	██████████

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7533.09

Prime Partner: University of Nairobi

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 16911.20316.09

Activity System ID: 20316

Mechanism: HIV Fellowships

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$1,000,000

Activity Narrative: Updated April 2009 Reprogramming. Increased by \$300,000. Partnership Framework: Addition of senior fellows per track for the HIV Fellowship Program. It is more cost effective to have 5 fellows instead since recurrent training cost remains the same (9 senior fellows) To specialize in HIV program management, Health Economics, Informatics.

1. ACTIVITY DESCRIPTION AND EMPHASIS AREAS

The rapid expansion of HIV prevention, care and treatment services in Kenya has created a demand for high level personnel to manage HIV/AIDS programs and develop evidence-based policy. In addition, among the small existing pool of HIV/AIDS program managers, there is a need for long-term and short-term training in several areas of HIV program planning, implementation, monitoring, and evaluation. In FY08, PEPFAR supported the University of Nairobi in collaboration with the University of Washington to establish an HIV fellowship training program to address these gaps. In addition to the 9 fellows recruited for long-term training in HIV program management, health economics and Monitoring and Evaluation/Informatics in FY08, University of Nairobi in collaboration with the University of Washington will competitively recruit an additional 12 new fellows in FY09 and provide short-term training for 300 public health professionals (3 short courses for 25 persons for each of the four tracks). For the two-year fellowship program, fellows will be selected through a competitive process and will generally have masters degrees or be physicians or nurses prior to beginning the fellowship program. HIV-focused programs will apply to serve as a host institution for fellows. In FY09, first year fellows will be placed in nine host institutions. Host institutions include government institutions such as Provincial and District Medical Offices, the National AIDS and STD Control Program (NASCO), the National AIDS Control Council, the Ministry of Education and Kenyan non-governmental HIV prevention, care, and treatment organizations. Fellows will be supervised by an academic advisor as well as a mentor at the host institution. The Fellowship will include periodic didactic courses, but also a long-term HIV/AIDS-related project at the host institution for which the fellow will have to submit a formal grant application. All fellows will complete a core HIV/AIDS program management curriculum before they specialize in one of three main tracks: HIV/AIDS program management, health economics, and monitoring and evaluation/informatics. These tracks address current gaps in human capacity within the professional public health cadre in Kenya. The University of Nairobi in collaboration with the University of Washington will also offer short courses on different aspects of HIV/AIDS program management and epidemiology for 200 district and provincial-level health officials, policy makers, program managers and journalists. As a part of their fellowship curriculum, first and second year fellows will also train staff at their host institutions, totaling 210 persons per year (about 10 staff per fellow). This program will be modeled after similar PEPFAR-supported programs in Uganda, Zimbabwe and soon in Botswana. These programs have been highly successful in creating a qualified pool of HIV/AIDS program managers and have helped to build long-term human capacity that can support and sustain PEPFAR investments in country.

Emphasis areas for this national activity include human capacity development, training, in-service training, retention strategies, local organization capacity building and strategic information strengthening.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This program will contribute to three of the key goals of our OHPS and SI strategy. First, it will contribute to strengthening health human resource capacity and will reinforce sustainability of HIV/AIDS programs. Through this program, 21 fellows will receive high level long-term training in HIV/AIDS program management, Health Economics and Monitoring and Evaluation/Informatics. 200 middle level Kenyan professionals will be trained in the short courses. Through the placement of first and second year fellows and short term training provided to about 210 host institution staff by fellows, an estimated 21 host institutions will be supported to strengthen their HIV program management, informatics and M&E systems. This project will expand the very limited pool of HIV/AIDS program managers currently available in Kenya and reduce reliance on expatriate staffing. The program will strengthen HIV program leadership and management in public and private organizations in Kenya and ultimately strengthen the national response to HIV/AIDS. This program will also build the capacity of fellows to write successful grant applications. Experience with similar programs in other PEPFAR countries demonstrates that the majority of fellows often are able to use their grant writing skills to assist their host institutions to raise funds to sustain their salaries after they complete their two year fellowship placement. In addition, Fellows are highly marketable after completing the training and stay in country; for example, in Uganda, of the first 17 graduates, 15 continued to work in HIV/AIDS activities in Uganda, 1 worked in HIV/AIDS for the USG in Guyana, and 1 worked with HIV/AIDS in Tanzania. The program will be implemented by a Kenyan Institution in partnership with CDC. Finally, the fellowship program will help to improve systems for HIV/AIDS policy development, planning and budgeting and will help to bolster and institutionalize GOK policy and financing support for HIV/AIDS programs. By expanding indigenous expertise in the areas of health economics, monitoring and evaluation, and evidence-based approaches to health, GOK policy planning for HIV/AIDS programs can be based on cost-effective interventions.

3. LINKS TO OTHER ACTIVITIES

This activity will leverage existing resources already in place in the Field Epidemiology and Laboratory Training Program (FELTP) program, which is currently funded by CDC-Atlanta and USAID, to expand this capacity building program to include different tracks in an HIV Fellowship Program: HIV public health management and science; health economics; and HIV monitoring and evaluation. In addition, linkages will be made to similar PEPFAR-funded programs in Uganda, Zimbabwe and Botswana to share materials and programmatic lessons. Detailed planning for this activity will be done in conjunction with other on-going and new PEPFAR-funded activities including the ongoing University of Nairobi/University of North Carolina/MEASURE Evaluation Project on curriculum development training on M&E, as well as the USAID Management Sciences for Health activity on leadership development.

4. POPULATIONS BEING TARGETED

This activity will provide training for adult men and women. Through their fellowship projects and host institutions, this activity should impact and improve service delivery to many of PEPFAR's target populations.

5. SECONDARY CROSS-CUTTING BUDGET ATTRIBUTIONS

Activity Narrative: This activity primarily contributes to human capacity development through the provision of high level long-term training of public health professionals in HIV program management and leadership. In FY09, 21 fellows will be supported to undertake a 2-year training in one of four tracks; HIV program management and leadership, Monitoring and Evaluation, Informatics and Health Economics. In FY 09, about \$600, 000 will be spent on long term training of fellows. Fellows admitted in this program will in addition to taking didactic courses, undertake a funded project in host institutions working in public health. The project will be conducted during the second year of study and will benefit the host institution and staff in the host institution.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16911

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16911	16911.08	HHS/Centers for Disease Control & Prevention	University of Nairobi	7533	7533.08	HIV Fellowships	\$700,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$600,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 441.09

Mechanism: Capable Partners

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 4216.20344.09

Planned Funds: \$600,000

Activity System ID: 20344

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+In 2009, the program with Ace Communications will expand to include male circumcision and combination prevention. Ace communications will link with APHIA Nyanza to ensure that services are available to compliment the communication strategies.

COP 2008

1. LIST OF RELATED ACTIVITIES

This activity is linked to Capable Partners' work in the areas of Abstinence and Be Faithful (#6832), Other Prevention (#6830), and Counseling and Testing (#6829). This activity also relates to other private public partnerships in HVAB (#7052), HBHC (#8755), and HTXS (#8765).

2. ACTIVITY DESCRIPTION

In FY 2008, the Capable Partners Program (CAP) implemented by the Academy for Educational Development will continue its work with sub-partner ACE Communications to expand the Discordant Couples Communication Project to include communication on male circumcision and combination prevention in two districts of Kenya; support a new activity in public private partnerships with the Kenya HIV/AIDS Private Sector Business Council. Through its grant making program, CAP will also develop the technical capacities of 40 organizations to deliver better HIV/AIDS services. ACE Communications: In 1997, research in Kisumu showed that nearly 40% of couples were in a sexual relationship in which one partner was HIV positive while the other remained negative. Subsequent research revealed a trend of discordant couples among 10-20% of couples. This project by ACE Communications is designed to highlight significant aspects of this phenomenon: a) Survival of one spouse translates into better prospects for the family unit, especially where children are involved, since one spouse survives to take care of the children; b) The possibility of discordance spells hope for many couples and is an incentive to seek VCT services; c) Even where one partner (or both partners) is HIV positive, earlier diagnosis results in lower morbidity and reduced mortality due to HIV/AIDS; d) When couples are encouraged to seek VCT services and receive counseling singly or jointly, it results in better coping and tolerance and helps to address stigma; and e) The existence of the discordant couples phenomenon has captured the attention of target communities in positive ways, especially because the phenomenon offers a message of hope. It is an empowering message as audiences seek to exploit a window of opportunity: testing positive for HIV is not a death sentence, and early diagnosis results in better management of the condition, including accessing ART. The important elements of the project are incorporated into a campaign using a mix of media including radio, docu-drama video, calendars, billboards, pamphlets, community social events, and educational seminars for community leaders. FY 2005 and 2006 funds enabled ACE to continue to intensify the campaign in Bondo district and to develop sustained linkages with VCT and couples counseling services. Communication programs through the local Luo language, however, have a reach beyond Bondo district and will benefit 8 other districts of Nyanza and that of diaspora communities in Nairobi and Nakuru. In 2009, the program will expand to include male circumcision and combination prevention. Ace communications will link with APHIA Nyanza to ensure that services are available to compliment the communication strategies.

Kenya HIV/AIDS Private Sector Business Council: In Kenya, many large corporations have already developed and adopted HIV/AIDS workplace programs and policies. However, the same cannot be said of small and medium enterprises (SMEs) partly due to limited resources and partly because they do not have the technical and institutional capacity to do so. SMEs broadly include all enterprises engaged primarily in income generating activities with less than 200 employees, and account for approximately 18% of Kenya's Gross Domestic Product employing an estimated 5.1 million people. They are also considered to be the seedbed for entrepreneurship development and technology transfer in Kenya. Through CAP, the Kenya HIV/AIDS Private Sector Business Council will assist SMEs to close this gap through: 1) provision of technical assistance for HIV/AIDS-related workplace programs and policy development; 2) training targeted individuals as workplace HIV focal points for HIV-related policy development and training peer educators and counselors to be agents of change in prevention, stigma and discrimination reduction; 3) training employees of targeted companies and equipping them with information and prevention messages to promote behavior change and adoption of VCT as an entry point to care and treatment, and equipping them with the skills for community mobilization for prevention; and 4) production and distribution of relevant training and institutional capacity building materials in HIV-related prevention, care and treatment. The target companies will be those in key sectors of the economy that have direct bearing in poverty eradication, gender empowerment, rural based and across a broad range of economic activities. In particular, the flower farms surrounding Lake Naivasha, as well as other horticultural industries, will be targeted. Enterprises with both casual workers and full time employees, and those involved in agricultural related activities and employing more female workers, will also receive support. AIDS stigma reduction: In anticipation of the new HIV/AIDS Bill, CAP will identify organization(s) to conduct activities to raise awareness among the general public and with stakeholders about the provisions of the new legislation, and will work with NGO networks and other civil society groups to ensure the implementation of the Bill.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Capable Partners' activities contribute to this program area focus on equipping critical groups with the tools to improve the policy environment. It also supports system strengthening through promoting self-knowledge of one's HIV status, offering affected and infected individuals an opportunity to utilize and improve upon existing systems for testing and counseling. Their activities also address a critical gap in HIV/AIDS awareness and stigma and discrimination reduction among Kenya's casual labor population.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to Capable Partners' work in the areas of Abstinence and Be Faithful (#6832), Other Prevention (#6830), and Counseling and Testing (#6829). This activity also relates to other private public partnerships in HVAB (#7052), HBHC (#8755), and HTXS (#8765), by reaching the private sector needs for a systematic approach to HIV/AIDS awareness training and stigma reduction.

5. POPULATIONS BEING TARGETED

The activity targets policy makers, people living with HIV/AIDS, non-governmental organizations, and community organizations. Target populations also include the business community/private sector and

Activity Narrative: professional associations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issues addressed through this activity are stigma and discrimination and gender equity through AIDS programming.

7. EMPHASIS AREAS

The major emphasis area for this activity is community mobilization/participation with a minor emphasis on policy and guidelines, training, and information, education and communication.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14720

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14720	4216.08	U.S. Agency for International Development	Academy for Educational Development	6920	441.08	Capable Partners	\$800,000
6828	4216.07	U.S. Agency for International Development	Academy for Educational Development	4198	441.07	Capable Partners	\$700,000
4216	4216.06	U.S. Agency for International Development	Academy for Educational Development	3247	441.06	Capable Partners	\$200,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 4915.09

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 16334.20444.09

Activity System ID: 20444

Mechanism: APHIA II - Nyanza

USG Agency: U.S. Agency for International Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$100,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

+As the prime partner(s) for this activity remain TBD as of COP 2009 submission, specific sub-partners supported and their exact activities will be subsequently delineated.

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1. LIST OF RELATED ACTIVITIES

This activity is linked to activities in HTXS (#6945), MTCT (#6949), HVCT (#6941), HVTB (#7001), HVAB (#6876), HVOP (#6872) and HKID (#6874).

2. ACTIVITY DESCRIPTION

In FY 07, the Cooperative Housing Foundation (CHF) will support five sub-grantees: Kenya Pediatric Association (KPA), Kenya Association for Prevention of TB and Lung Disease (KAPTLD), Kenya Episcopal Conference/Kenya Catholic Secretariat (KEC/KCS), Christian Health Association of Kenya (CHAK) and the Organization of African Instituted Churches of Kenya (OAIC) in systems strengthening and policy issues. The Kenya Pediatric Association (KPA) is a body of pediatricians that works in policy development, training and mentorship of health providers. KPA is actively involved in the training of health workers on comprehensive pediatric HIV care and treatment, and is working on a mentorship program to scale up pediatric ARVs. With PEPFAR support, KPA will increase the capacity of 200 health facilities and 360 health care providers to provide pediatric HIV care and treatment. The association will play a key role in the dissemination of national guidelines and curricula to health workers. KPA will work closely with the National AIDS and STI Control Program (NASCO) to develop 5-year National Pediatric HIV Strategic plan, guidelines for diagnostic testing and counseling (DTC) in children, and to train 360 health workers in pediatric DTC. Stigma is a major hindrance to the linkage to care and treatment of HIV infected adults and children. KPA will develop strategies for reducing stigma and discrimination among health workers and target 360 health providers for training on stigma reduction. CHF support will help to achieve the national target of initiating 10,000 infected children on ARVs by the end of FY 2007. The second sub-grantee, KAPTLD is an affiliate of the International Union against TB and Lung Disease (IUATLD) initiated by chest physicians in private practice in Kenya. The National Leprosy and TB Program (NLTP) and U.S. Government agencies recognize the private medical practice as a resource that is still underutilized for TB/HIV work. To promote both public-private partnership and good clinical practice, NLTP and KAPTLD have established a strong partnership with Emergency Plan support. In FY 2006, KAPTLD began TB/HIV activities in Nairobi, Mombasa, Nakuru, Eldoret, Kisumu and other towns across Kenya. In FY 2007, CHF will support KAPTLD administrative operations, supervision of private practitioners, establishment of a TB/HIV resource center and printing and distribution of TB/HIV reporting tools, guidelines and curricula. KAPTLD will train 300 health workers to deliver TB/HIV services. Private TB and HIV laboratories will be supported, through collaboration with CDC's Laboratory Program, the National Public Health Laboratory Services (NPHLS) and the NLTP to ensure that national standards are achieved and maintained. In collaboration with the NLTP, KAPTLD will strengthen reporting and patient tracking systems to ensure that standard TB and HIV care outcomes are accurately reported and integrated in the national data base. The third sub-grantee, the KEC-KCS is responsible for coordinating and facilitating programs of the Catholic Church. In FY 2007, the KEC-CS will develop a policy on how to effectively respond to the epidemic, maximize services, lobby government and advocate for the rights of the infected. KEC-CS will also develop a workplace policy for staff infected or affected by HIV/AIDS. The three local faith-based organizations, namely KEC/KCS, CHAK and OAIC will have their organizational capacities strengthened through the CHF umbrella funding mechanism. They will receive funding to strengthen their HIV/AIDS desks to promote continued provision of high-quality HIV/AIDS services and treatment by mission hospitals (KEC and CHAK) and a comprehensive church-sponsored HIV/AIDS community interventions including prevention, OVC support, home-based care programs and VCT (KEC, CHAK and OAIC). Funds will also be used to better equip KEC and CHAK to effectively carry forward policy dialogue with the Government of Kenya (particularly the Ministry of Health) with an ultimate goal of restoring direct GoK support for health care provision at mission hospitals and health facilities. OAIC support is directed through \$50,000 from previously unallocated funds. CHF will also work with KEC to implement policy for youth prevention programming throughout their national network.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

CHF support to the KPA will facilitate the scale up pediatric HIV care and treatment through capacity building, on-site mentorship, HIV stigma reduction, pediatric DTC guidelines and dissemination of guidelines and job-aids. The second component of this activity will strengthen linkages across and among religious groups working in HIV/AIDS. CHF support to KEC-Catholic Secretariat will facilitate the development of HIV policies that will guide the HIV/AIDS activities religious groups working in HIV/AIDS. The third component of this activity will strengthen the delivery of integrated HIV and TB services in the private sector to ensure that TB/HIV services are in line with national guidelines and good clinical practice.

4. LINKS TO OTHER ACTIVITIES

This activity will strengthen the capacity of health facilities and health workers to provide comprehensive pediatric HIV/AIDS services to children affected and infected with HIV/AIDS. The activity will also strengthen the capacity of the religious and the private practice medical sectors to contribute in the provision of high quality TB/HIV services.

5. POPULATIONS BEING TARGETED

CHF support to the KPA will target children, private and public health care providers (doctors, clinical officers, nurses, laboratory technicians, pharmacists, nutritionists and counselors) and other MOH staff. Support to the KEC-CS will target faith-based organizations, religious leaders and people living with HIV/AIDS. The activities of the KAPTLD will target TB suspects, HIV+ persons, and private and public health care providers and other health workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

CHF support to the KPA, KEC-CS and KAPTLD will address stigma and discrimination of HIV/TB infected adults and children in the health care setting, among health workers and religious groups working in HIV/AIDS.

Activity Narrative: 7. EMPHASIS AREA

The primary focus of CHF support to the three sub recipients is to build local organization capacity. CHF support will enhance the association's capacity to develop policies and guidelines to support HIV testing of children in clinical settings and to address stigma and discrimination of HIV infected persons. CHF will provide relevant training to the three sub recipients to enhance their capacity to achieve their goals. This additional support will expand the scope of current activities in the current 07 COP. Three local faith-based organizations the Christian Health Association of Kenya (CHAK), the Organization of African Instituted Churches of Kenya (OAIC) and the Kenya Episcopal Conference/Kenya Catholic Secretariat (KEC/KCS) will have their organizational capacities strengthened through the CHF umbrella funding mechanism. They will receive funding to strengthen their HIV/AIDS desks to promote continued provision of high-quality HIV/AIDS services and treatment by mission hospitals (KEC and CHAK) and a comprehensive church-sponsored HIV/AIDS community interventions including prevention, OVC support, home-based care programs and VCT (KEC, CHAK and OAIC). Funds will also be used to better equip KEC and CHAK to effectively carry forward policy dialogue with the Government of Kenya (particularly the Ministry of Health) with an ultimate goal of restoring direct GoK support for health care provision at mission hospitals and health facilities. OAIC support is directed through \$50,000 from previously unallocated funds. CHF will also work with KEC to implement policy for youth prevention programming throughout their national network.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 14769**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14769	4168.08	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	6941	348.08		\$950,000
6873	4168.07	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	4221	348.07		\$934,500
4168	4168.06	HHS/Centers for Disease Control & Prevention	Community Housing Foundation	3233	348.06		\$200,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$23,930,000

Program Area Narrative:

The U.S. Government PEPFAR team in Kenya continues to effectively apply Staffing for Results (SFR) principles and other management and staffing exercises prescribed for development of the 2009 Country Operational Plan (COP). Over the last five years of planning and implementing the Emergency Plan, the Team has refined and evolved its operational structures and procedures to optimize efficiency and capitalize on both the unique strengths and limitations of participating agencies. As a result, we have also been repeatedly called upon to share our models and experience with other focus countries. A schematic of the current planning structure, uploaded as a supporting document, reflects evidence of the critical thought given to how we are organized to most effectively manage this important work.

Beginning with preparation of the 2007 COP, the Team anticipated SFR and looked strategically across all participating agencies to reach interagency decisions on where additions to staffing were most needed. The 2009 SFR exercise provided the opportunity to look in greater depth and with a longer view at the ideal team that would carry us into the second five years of the Emergency Plan.

Our SFR vision commits us to identifying and achieving the optimal mix of technical and administrative personnel deployed in interagency teams and assigned to the most appropriate managing agency to assure continued success of the Emergency Plan in Kenya.

Responsibility for managing the SFR process was assigned to the Country Coordinator. An early decision was made to use the latest evolution in the PEPFAR structure in Kenya – the PEPFAR Liaisons Group (PLG) which had been convened in January 2007 – to manage the bulk of work associated with SFR. The PLG consists of representation from the Country Coordination Office and one designated representative from each of the four participating USG agencies.

Over the course of two months, the PLG mapped existing staffing and operational structures by reviewing agencies' current organograms, discussed critical staffing gaps across agencies, reached consensus decisions on where strategic staff additions were most needed, and determined which agency or office could best recruit for and manage new positions. In the process, agency core strengths were identified and are summarized here.

HHS/CDC: partnership with the Ministries of Medical Services and Public Health and Sanitation in promulgating technical standards and guidelines, technical direction of partnerships for surveillance, identifying and piloting cutting-edge approaches to clinical and prevention opportunities (e.g., provider-initiated and home-based testing and counseling, voluntary medical male circumcision, TB/HIV integration), and informatics (including clinical, lab, and other HMIS). "Platform" CDC country with other programs and infrastructure to complement PEPFAR in Kenya.

Peace Corps: 40-year history in country and successful implementation of grassroots responses for especially hard-to-reach populations (e.g., deaf and hearing impaired Kenyans), application of cutting-edge business skills and information technology to mitigate social/economic impacts of HIV, unique approaches to working with young Kenyans, especially girls.

USAID: in-country contracting capacity and ability to manage very large projects supporting the interagency response (e.g., single contract for pharmaceuticals), piloting and then rapidly taking to scale and assuring quality of complex clinical and community interventions, flexible and responsive hiring mechanisms. Historic and successful management of HIV and health social marketing, behavior change communications, community-based, and mitigation programs. Long standing, positive relationships with key host government and civil society counterparts/partners, and wrap-around funding from multiple streams.

US Army Medical Research Unit (USAMRU): geographic, civilian and military-to-military focus leveraging robust research platforms from which to extend comprehensive prevention, care and treatment responses; strong Kenyan leadership; highly productive relationships with public, private and corporate responders to HIV.

In the process of preparing for COP 2009 and for SFR within that process, Interagency Technical Team (ITT) structures that had evolved over the previous four years were critically examined for effectiveness, burden on available staff, and capacity to promote integrated planning across both agencies and technical areas. As a result, teams were consolidated for development of the 2009 COP and will be critically assessed in December and January for possible revision. The 18 budgetary / programmatic "silos" of PEPFAR were planned for in the Kenya 2009 COP by the following seven teams:

- + Sexual Transmission Prevention (HVAB, HVOP, CIRC, IDUP)
- + Prevention of Mother-to-Child Transmission (MTCT)
- + Community Care and Support Services (HKID, HVTB, PDCS, HBHC community and mitigation services)
- + Clinical Services (HTXD, HTXS, PDTX, HVTB, HLAB, HBHC non-ART clinical services)
- + Systems Strengthening (HMBL, HMIN, OHSS, cross-cutting consideration of logistics, human resources for health and HCT/training)
- + Counseling and Testing (HVCT)
- + Strategic Information / Informatics (HVSI)

In the course of all of the above, historic and current staffing was critically examined. No redundancies were found and critical gaps were identified and responded to in the "Program Planning and Oversight Functional Staff Chart" as well as the individual agency organograms and consolidated database that constitute SFR supporting documents. All planned staff additions are consistent with agency core strengths summarized above. CDC, DOD, and USAID personnel have each participated in technical review panels for procurements as well as new hires to be managed by the other agency, and they have been joined by Peace Corps staff for selection panels for new hires in the Country Coordinating Office. We will continue to use this successful practice for filling the majority of vacancies in approved positions as well as new positions proposed in the 2009 COP. OGAC's recent

training and guidance to Human Resource offices on the use of PEPFAR Framework Job Descriptions will further contribute to a harmonized and more streamlined development of new positions across agencies engaged in PEPFAR.

Recommended key innovations this year that strengthened our team work, improved efficiency, and achieved an exponential increase in the efficiency of COP preparation included two planning retreats, in May and June 2008, and a comprehensive interagency portfolio review. Building upon last year's strategic planning approach, the PIAT systematically took into consideration several facets of the Kenya HIV programming landscape for COP 2009 development, through (i) a "Data for Decision Making" retreat during which we reviewed current Kenya epidemiological data on HIV, overlaid with an assessment of PEPFAR prevention, care and treatment programming results and gaps in PEPFAR implementation; (ii) an interagency portfolio review of all PEPFAR prime partners; and (iii) a one-week intensive planning retreat for PIAT senior technical staff, which included a presentation on the portfolio review and detailed planning on program level activities and targets.

In a departure from previous years, resource allocations were not discussed until the final day of the one-week planning retreat. Instead, nearly 40 key technical staff of all USG agencies met and focused exclusively on identifying new areas for synergistic programming across PEPFAR funding streams, critically reviewing our portfolio in light of results of the Kenya AIDS Indicator Survey (KAIS), and reaffirming our shared vision for PEPFAR in Kenya. Evaluation of the retreat by participants was overwhelmingly positive and it will be repeated for COP 2010. It has subsequently been noted that hundreds of person hours usually spent in cross-town traffic or in extended meetings were saved by the concentrated time invested in early – and interagency – decision making. Time saved by holding the retreat also enabled us to brief host government and health development partners on the scope and scale of the 2009 COP in a timely fashion.

For the sixth year of the Emergency Plan, Team Kenya has strategically allocated additional time and resources to more effective management of the response, while remaining well below the 7% ceiling for these vital functions. The PLG has functioned effectively in managing SFR and will be continuously engaged in its implementation over time.

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10682.09	Mechanism: N/A
Prime Partner: US Department of Health and Human Services	USG Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 25146.09	Planned Funds: \$225,000
Activity System ID: 25146	
Activity Narrative: Funding will support salary and benefits for the PEPFAR Country Coordinator, who will be detailed from HHS to the Department of State / Africa Bureau. The Country Coordinator was previously supported through a Participating Agency Services Agreement (PASA) with USAID, which expires in early 2009.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1504.09	Mechanism: N/A
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 4308.19975.09	Planned Funds: \$8,772,454
Activity System ID: 19975	

Activity Narrative: USAID and its partners work with the Government of Kenya and Kenyan organizations to strengthen partnerships to prevent HIV transmission and provide care, treatment, and support to individuals, families, and communities affected by the epidemic. USAID is the largest bilateral donor in HIV/AIDS. With its population, malaria and child health funds USAID also supports public and private sector child survival, malaria and reproductive health activities, and health sector financing, systems. USAID supports the majority of its HIV/AIDS programs through US- and Kenyan-based organizations, which manage and implement in-country activities. Activities are funded through grants, PIOs, cooperative agreements and contracts awarded by USAID/Washington, or directly by the Mission. These activities are carried out at field level through direct collaboration with the Ministry of Health and other Kenyan governmental authorities. Many implementing agencies have worked in Kenya for several years and have offices in Nairobi and in selected provinces. This investment by USAID has enabled it to quickly implement Emergency Plan activities and works towards a sustainable program.

USAID/Kenya's HIV/AIDS funding has grown dramatically in the past decade, from \$3 million in FY1996 to over \$300 million in FY2008. This increase has made it possible to expand HIV/AIDS programs to a scale where they can have a truly national impact. It has also presented a significant management, staffing, and coordination challenge.

Management and staffing activities carried out by USAID/Kenya staff include:

1. Procuring and funding over \$300 million worth of goods and services in FY2008 through over seventy bilateral and centrally procured mechanisms.
2. Serving as activity managers and cognizant technical officers to ensure quality technical and financial management of implementing agencies and programs.
3. Coordinating USAID strategy, planning, and project activities with the GOK to ensure alignment with the National Health Sector Strategic Plan II and the district and national Annual Operating Plans.
4. Liaising at the technical and policy level with other USG agencies, providing effective coordination with the Centers for Disease Control (CDC), US Army Medical Research Unit, Peace Corps, and Kenya's PEPFAR Coordination office.
5. Representing USAID in donor meetings to ensure coordination with other donors, including the Global Fund coordinating committees.
6. Advising USAID's implementing partners on the indicators and data collection and assure the development of evaluation plans and utilization of evaluation findings.
7. Preparing overall strategic and operational plans and results reporting for OGAC, including Country Operational Plans and Progress Reports.
8. Providing in-country oversight to fifteen Track 1 AB and OVC partners and four new partner initiative partners.

USAID/Kenya is approaching its ideal mix of staff to handle current funding levels. When the positions approved in the 2009 COP are filled, there should be adequate procurement and financial management staff in place to ensure quality oversight so we meet all US government procurement regulations and ensure programmatic progress. We are requesting new positions for in many of the support offices, including Controller, Acquisition and Assistance, and Executive Office to meet the increase demands created by our program. With the positions already requested and approved in COP 08 and the staffing for results exercise, USAID/Kenya is not requesting any additional technical staff. Future increases in funding will require a review and consideration of a further increase in staffing.

USAID/Kenya management and staffing funds also include \$922,900 to support the PEPFAR Country Coordination Office.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15040

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15040	4308.08	U.S. Agency for International Development	US Agency for International Development	7021	1504.08		\$6,988,977
7101	4308.07	U.S. Agency for International Development	US Agency for International Development	4302	1504.07		\$4,478,200
4308	4308.06	U.S. Agency for International Development	US Agency for International Development	3295	1504.06		\$3,288,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7938.09

Mechanism: IRM Charges

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18071.19976.09

Planned Funds: \$362,800

Activity System ID: 19976

Activity Narrative: "Cost of Doing Business" Assessment

In order to recoup the information technology costs incurred by staff paid through program funds, the Agency has put a "user fee" system in place. Every user of the USAID network is being provided with services that cost the Agency money. These services include maintenance and upgrading of mainframes and other hardware and providing network and user technical support. Until FY 2003, all of these costs, including those incurred by program financed staff, were paid for out of OE funds. Since there are now no central reserves to pay for these services, they are being allocated to programs. This cost is being entered as a separate activity in FY08 but was part of previous years' M&S budgets.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18071

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18071	18071.08	U.S. Agency for International Development	US Agency for International Development	7938	7938.08	IRM Charges	\$351,561

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1501.09

Mechanism: N/A

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 4294.19954.09

Planned Funds: \$3,112,344

Activity System ID: 19954

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Transfer of Care & Treatment Chief (USDH) to HVMS budget, as position is now responsible for oversight of HBHC, HTXS, HTXD, PDCS, PDTX and HVTB
- + Transfer of Lab Chief (LES) to HVMS budget, as position is now responsible for oversight of HLAB, HMBL and HMIN
- + Transfer of Prevention Chief (LES) to HVMS budget, as position is now responsible for oversight of HVAB, HVOP MTCT and HVMC
- + Transfer of two behavioral scientists (LES) to HVMS budget from HVSI and HTXS/MTCT to reflect formation of new science unit.
- + Addition of 2 new USDH positions: a Public Health Advisor for CoAg Management and a Senior Technical Advisor to support Prevention Programs.
- + Addition of 5 new LES positions: a Civil Engineer to manage RPSO-contracted building and renovation projects on behalf of CDC, two CoAg Specialists, a CoAg Auditor, and an ADS Assistant
- + Addition of a 50% time PSC to provide cross-cutting technical assistance in scientific and statistical analysis.

COP 2008

The management and staffing budget for CDC is used to ensure that there is adequate staffing and administrative support for CDC's PEPFAR-related activities detailed in the COP. This budget covers the core operating costs for CDC's PEPFAR-related activities as well as cross-cutting management costs not accounted for in the individual program areas. In this activity area, senior CDC staff provide cross-cutting technical and managerial supervision for PEPFAR activities and the Ministry of Health receives technical support with development and distribution of policies, guidelines and plans for implementation of HIV prevention and treatment programs. More than one hundred local and international Non Governmental Organizations, Faith Based Organizations and Community Based Organizations implementing HIV prevention and treatment programs will receive technical and administrative support. A team of 26 personnel engaged full time at CDC-Kenya carries out this support. The 26 positions include 7 direct-hire United States government staff, 2 Personal Services Contractors, and 17 locally hired staff. One of the direct hires is in a Technical leadership/management position; another two are in Technical Advisors/Program manager's positions. The fourth direct hire is a full-time senior technical advisor stationed in NASCOP. Two additional direct hires are requested in COP 2009. The first will be a senior technical advisor working to support the Prevention (HVAB, HVOP, MTCT, CIRC) and HVCT programs. The second will be an additional management position, responsible for oversight and coordination of CDC's portfolio of over 50 cooperative agreement partners. Additionally, an existing direct hire position previously supported by HTXS will be reallocated to the HVMS budget; this reflects a change in the work assigned, which includes management of HTXS, HXTD, HBHC, HVTB, PDCS and PDTX. The Personal Services Contractor serves as the Deputy Director for Science, and is responsible for assuring quality of PEPFAR programs, compliance with regulations concerning research involving human subjects, as well as non-research determinations for operational activities. An additional Personal Services contractor will be supported at 50% time to provide technical assistance in scientific and statistical analysis.

Of the 17 locally hired staff, 6 are cross-cutting technical staff. These include a Kenyan Deputy Director of Programs. In FY 2009, the previously approved Laboratory Director position was reallocated from HLAB to the HVMS budget to reflect responsibilities in management for HLAB, HMIN and HMBL. The previously approved Prevention Chief was also transferred to the HVMS budget to reflect responsibilities in management for HVAB, HVOP MTCT and HVMC. Two existing LES (behavioral scientists) were transferred to the HVMS budget from HVSI and HTXS/MTCT to reflect the formation of a cross-cutting science unit. In FY 2009, a new LES Assistant to the Associate Director of Science will be hired, to provide additional oversight and technical assistance in human subjects compliance for cooperative agreement partners.

There are 7 Financial/Budget staff and 4 administrative/Support staff. Of the seven finance and budget staff, five (Financial analyst, 3 CoAg Specialists and 1 CoAg Auditor) are engaged in day-to-day monitoring and training of the cooperative agreement partners that are funded through PEPFAR. Two of the CoAg Specialists and the COAg Auditor will be new positions in FY 2009. Collectively, this team provides high level technical, managerial and administrative support for our partner activities and helps to ensure high quality PEPFAR programs.

CDC-Kenya's staff includes high level Kenyan and international technical experts in HIV programmatic areas, program evaluation, laboratory science, statistics, and behavioral science. The team works collaboratively across USG agencies to support a high quality, evidence-based approach to PEPFAR programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15058

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15058	4294.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7025	1501.08		\$450,743
7103	4294.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4303	1501.07		\$2,728,946
4294	4294.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3292	1501.06		\$3,388,448

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1503.09

Mechanism: N/A

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 4307.19955.09

Planned Funds: \$1,441,172

Activity System ID: 19955

Activity Narrative: The US Department of Defense (DoD) will provide technical and managerial support to two primary programs: the Kenya Department of Defense (KDoD) and the South Rift Valley HIV Program. Collectively between the two programs, more than 3 million Kenyans will have access to HIV prevention, care, and treatment services. Covering active military and their dependents and fostering direct US-Kenya military interactions, the KDoD Program is based in Nairobi and currently covers 5 military treatment sites. In FY 09, the KDoD program will expand to 3 new treatment sites bringing the total number of treatment sites to 8. The administrative budget will support the growing program as it decentralizes from Nairobi to provide more national level coverage to Kenya military personnel and their dependents.

In FY09, 27 LES will support the KDoD HIV Program including: 21 LES providing technical assistance in treatment, care, prevention, and IT support; and, 6 LES providing administrative and logistical support. In FY09, 3 new positions will consist of the following to assist in the expanding comprehensive HIV prevention, care, and treatment and support services in 8 treatment sites: One LES Prevention Deputy and two LES data clerks.

The Administrative budget will support the KDoD Program and include the provision of technical assistance required to implement and manage the Emergency Plan activities. Finally, the KDoD HIV Program personnel, travel, management, and logistical support in-country will be included in these costs.

The South Rift Valley (SRV) HIV Program is centered in Kericho, the primary location for the United States Army Medical Research Unit-Kenya (USAMRU-K) HIV research activities. New in FY 09, the SRV program now includes Kisumu West District of Nyanza Province. The US DoD brought comprehensive HIV care and treatment services to the SRV area of the Rift Valley Province in April 2004 under the Emergency Plan, thereby fulfilling a moral obligation to Kenyans living in a previously underserved geographic region with no existing comprehensive HIV/AIDS programs. This successful treatment program has grown to nearly 30,000 in HIV clinics and has been a Kenya model for HIV treatment. In FY09, the program will continue to grow and provide care and treatment in 9 districts including 12 primary treatment facilities (with increased linkages to rural health care facilities) and over 300 care/prevention sites. In FY09, 52 staff will support the SRV HIV Program including: the HIV Program Director (USDH with FTE of 0.25); one HIV Program Deputy Director (LES with FTE of 0.25); one Laboratory Deputy Director (LES with FTE of 0.25), 38 LES providing technical assistance in treatment, care and prevention activities; and, 11 LES providing necessary administrative, logistical, and IT support. In FY09, the new positions will consist of the following to assist in the expanding comprehensive HIV prevention, care, treatment and support services in 9 districts: one Basic Health Care Assistant (LES), one Senior Administrator (USDH), one auditor (LES), one laboratory assistant (LES), and one laboratory microbiologist (LES).

Administrative costs will support both the Kenya Department of Defense and South Rift Valley HIV Programs and include the provision of technical assistance (both national and headquarters based) required to implement and manage the Emergency Plan activities. Finally, DOD personnel, travel, management, and logistics support in-country will be included in these costs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15059

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15059	4307.08	Department of Defense	US Department of Defense	7026	1503.08		\$1,233,299
7125	4307.07	Department of Defense	US Department of Defense	4307	1503.07		\$950,900
4307	4307.06	Department of Defense	US Department of Defense	3294	1503.06		\$485,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10680.09

Mechanism: ICASS

Prime Partner: US Department of State

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 10091.19956.09

Planned Funds: \$128,920

Activity System ID: 19956

Activity Narrative: "Cost of Doing Business" Assessment

The cost of doing business associated with the PEPFAR Coordination Office under the Department of State / Africa Bureau includes ICASS charges. This estimate is based on the current office mix of one direct-hire American, one contractor American, one seconded American, and five locally employed staff members.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15062	10091.08	Department of State / African Affairs	US Department of State	7027	4112.08		\$68,651
10091	10091.07	Department of State / African Affairs	US Department of State	4308	4112.07		\$70,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 4112.09

Mechanism: N/A

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 6584.19957.09

Planned Funds: \$50,905

Activity System ID: 19957

Activity Narrative: Management and staffing funds allocated to the Department of State / Africa Bureau will support costs associated with interagency coordination as a service to the overall U.S. Mission and the Emergency Plan in Kenya. After the inception of the Emergency Plan, Kenya became the first focus country to identify the need for a country coordinator to help implement the Emergency Plan. In 2006 a Country Coordination Office (CCO) was established as a permanent part of the U.S. Embassy. The CCO currently consists of the Country Coordinator, Deputy Country Coordinator, Senior Advisor for Policy and External Relations, Public Information Specialist, an Administrative Clerk / Chauffeur, and an Administrative Assistant. The CCO also houses two staff members for the PEPFAR Community Grants Program, a Program Manager and an Administrative Clerk. An USPSC Senior Interagency Program Advisor is under recruitment at the time of submission. This Advisor will provide specific logistical and programmatic support for The Partnership for an HIV-Free Generation, a public-private youth initiative. In FY 2009, the CCO staff will further expand to include an LES/EFM hire for Public Private Partnerships / Gender Advisor, as well as a Program Advisor to support the U.S. Mission's more meaningful engagement with the Global Fund in Kenya.

As in past years, the Deputy Country Coordinator, Senior Advisor for Policy and External Relations, and Administrative Assistant receive their salaries and benefits under USAID's management and staffing funding mechanism. With the expiration in early 2009 of the USAID-DHHS Participating Agency Services Agreement (PASA) under which the County Coordinator is detailed to Kenya, there has been a shift to a more direct arrangement -- a DHHS overseas posting for the Coordinator, who is a permanent employee of the Department.

The Department of State / Africa Bureau management and staffing budget will continue to support administrative and logistical functions of the CCO, including costs for interagency technical team stakeholders' meetings and interagency team retreats, as well as costs related to the Country Coordinator's assistance to other PEPFAR countries. This year, we will continue to support the Embassy Public Affairs Section to host press events and improve media coverage of PEPFAR both locally and across the region.

PEPFAR/Kenya increasingly attracts highly-skilled pre- and post-graduate university students interested in both supporting the program and learning by exposure to it, and funding in the FY 2009 COP will continue to support miscellaneous costs associated with accepting these valuable "staff-extendors."

New/Continuing Activity: Continuing Activity

Continuing Activity: 15063

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15063	6584.08	Department of State / African Affairs	US Department of State	7027	4112.08		\$214,462
7126	6584.07	Department of State / African Affairs	US Department of State	4308	4112.07		\$533,700
6584	6584.06	Department of State / African Affairs	US Department of State	4112	4112.06		\$317,550

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7935.09

Mechanism: ICASS Charges

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 10092.19958.09

Planned Funds: \$200,000

Activity System ID: 19958

Activity Narrative: "Cost of Doing Business" Assessment
The cost of doing business associated with DOD's management and staffing entry includes ICASS charges only.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15060

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15060	10092.08	Department of Defense	US Department of State	7935	7935.08	ICASS Charges	\$136,000
10092	10092.07	Department of Defense	US Department of Defense	4307	1503.07		\$136,800

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7937.09 **Mechanism:** ICASS Charges
Prime Partner: US Department of State **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 10087.19959.09 **Planned Funds:** \$1,224,000
Activity System ID: 19959
Activity Narrative: "Cost of Doing Business" Assessment
The cost of doing business associated with the staff positions described in the USAID management and staffing entry includes ICASS, listed separately here.
New/Continuing Activity: Continuing Activity
Continuing Activity: 15041

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15041	10087.08	U.S. Agency for International Development	US Department of State	7937	7937.08	ICASS Charges	\$251,443
10087	10087.07	U.S. Agency for International Development	US Agency for International Development	4302	1504.07		\$198,400

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7931.09 **Mechanism:** ICASS Charges
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 10095.19961.09 **Planned Funds:** \$950,000
Activity System ID: 19961
Activity Narrative: "Cost of Doing Business" Assessment
All ICASS charges for CDC have been allocated to the M&S budget. For FY2008, these costs will be \$830,000. These costs have increased due to the replacement of COMFORCE contractors with Personal Services Contractors, who are subject to full ICASS charges. This change was mandated by CDC-Atlanta, due to liability issues arising from the use of COMFORCE contractors in Kenya.
New/Continuing Activity: Continuing Activity
Continuing Activity: 15047

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15047	10095.08	HHS/Centers for Disease Control & Prevention	US Department of State	7931	7931.08	ICASS Charges	\$830,000
10095	10095.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4306	4076.07		\$112,693

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7932.09 **Mechanism:** CSCS Charges
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 18075.19962.09 **Planned Funds:** \$200,000
Activity System ID: 19962
Activity Narrative: "Cost of Doing Business" Assessment
 All CSSC charges for CDC have been allocated to the M&S budget. For FY2008, these costs will be \$70,000.
New/Continuing Activity: Continuing Activity
Continuing Activity: 18075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18075	18075.08	HHS/Centers for Disease Control & Prevention	US Department of State	7932	7932.08	CSCS Charges	\$70,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 247.09 **Mechanism:** N/A
Prime Partner: US Peace Corps **USG Agency:** Peace Corps
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 4120.19939.09 **Planned Funds:** \$0
Activity System ID: 19939

Activity Narrative: Due to the post-election violence in early 2008, Peace Corps temporarily suspended its program in Kenya and evacuated all Volunteers. Before the temporary suspension, Volunteers had been based in more than 135 communities throughout rural Kenya, working in public health; small enterprise development (SED); information and communication technology (ICT); secondary education; deaf education; and the development of HIV/AIDS materials for the deaf community. By July 2008, a group of 26 Volunteers, including five PEPFAR-funded Volunteers, had been reinstated. A training group of Education and SED/ICT, including six PEPFAR-funded Deaf Ed and seven PEPFAR-funded SED/ICT Volunteers, is expected in November 2008. Another 27 Public Health Volunteers, including 12 who will be PEPFAR-funded, are expected in May 2009.

Due to the temporary suspension in FY08, Post terminated the Peace Corps (PC) PEPFAR Coordinator position and allowed its PC PEPFAR Program Assistant position to lapse. With the intake of two training groups in FY09, post plans on recruiting a PEPFAR Program Assistant to manage its expanded and diversified PEPFAR program. In FY 09, PEPFAR will fund the following positions: PC PEPFAR Program Assistant, Associate Director for Public Health, Volunteer Support Assistant, Driver, Part-time Medical Officer and Medical Assistant/Secretary.

The current programming, training and administrative staff will provide technical and administrative support to Volunteers, organize In-Service trainings, assist with Pre-service training (PST) on material production, attend PEPFAR working group meetings, coordinate the reporting system and identify new resources.

Major emphasis will be placed on community mobilization and participation activities related to abstinence and /or being faithful. Minor emphasis includes peer education and life skills training and capacity building of teachers and community health workers.

Activities being carried out by the PEPFAR Volunteers and being supported by the above staff will contribute directly to USG's Five-Year strategy in support of Kenya's integrated HIV/AIDS programs. Through their involvement with a strong network of organizations at the community level, volunteers will act as catalysts to provide long-term capacity development support to NGOs, CBOs and FBOs. Peace Corps Volunteers serve in rural parts of Kenya for a period of two years which enables them to make comprehensive needs assessments in their communities and to design and implement the appropriate interventions, collectively with their community members.

This activity relates to management and staffing for Peace Corps staff to support PEPFAR funded Volunteers who are promoting HIV/AIDS activities through abstinence and / or being faithful and other prevention.

The Volunteer activities link to the Basic Healthcare and Support Activities being undertaken by CDC and USAID and their partners. The Counseling and Testing activities link with the Hope Worldwide and Liverpool VCT in counseling youth and providing information to young adults, some of whom are deaf and with whom Peace Corps volunteers work. The activities will also link with Condoms and Other Preventions through demonstrations of appropriate condom use. Volunteers will continue to work with Hope Worldwide through youth activities, which target Orphans and Vulnerable Children.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15066

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15066	4120.08	Peace Corps	US Peace Corps	7029	247.08		\$309,800
7127	4120.07	Peace Corps	US Peace Corps	4309	247.07		\$297,400
4120	4120.06	Peace Corps	US Peace Corps	3211	247.06		\$597,582

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 4061.09	Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 19418.26486.09	Planned Funds: \$650,000
Activity System ID: 26486	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:
 +COP 08 funding for this activity was captured only under HVMS. In COP 09 the funding is distributed across the program areas
 +Cost Overrun Narrative

CDC-Kenya, including GAP-Kenya, is co-located with the Kenya Medical Research Institute (KEMRI) in Nairobi and Kisumu, with most PEPFAR-supported staff based in Nairobi, Kenya. Due to the dramatic scaling up of PEPFAR activities in Kenya, and the resulting expansion of staff since the inception of PEPFAR, the capacity of the existing offices has been exceeded. CDC proposes to renovate the existing structure, however, due to site and structural constraints, this will avail only limited additional space. CDC therefore proposes to build a second building to house the expanded CDC-KEMRI HIV program. The proposed building, on the campus of KEMRI, will become part of the KEMRI complex; CDC will not hold title to the building.

A total of \$1,200,000 in FY 08 funds was programmed to RPSO for this purpose; however, these funds were allocated in the absence of a fully developed staffing plan, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY 09 funds are sought to meet the funding shortfall resulting from the unplanned-for A& E services contract, as well as the under-estimated cost of construction.

Costs for the total CDC-KEMRI project have been allocated across GAP program areas, based on projected space utilization.

Cost Overrun Narrative

In FY08, CDC programmed funds to RPSO in support of multiple construction and renovation projects, primarily for MOH facilities and infrastructure. However, funds were programmed in the absence of building plans, and without consultation with an architectural & engineering services contractor. Funds were also allocated without considering the cost of an A&E contractor. Construction costs in Kenya have also increased dramatically due to increased costs for materials, labor and fuel. Additional FY09 funds are sought to meet the expected funding shortfall resulting from the unplanned-for A& E services contracts, as well as the under-estimated cost of construction.

Planned projects in FY08 included: renovation of national TB laboratories and microbiology laboratories, construction of a dedicated building for the National AIDS and STI Control Program, multiple clinical site renovations and construction, and hospital renovations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19418

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19418	19418.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7000	4061.08		\$1,200,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 4076.09	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 6477.20583.09	Planned Funds: \$3,912,405
Activity System ID: 20583	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS FROM COP 2008:

- + Transfer of Care & Treatment Chief (USDH) to HVMS budget, as position is now responsible for oversight of HBHC, HTXS, HTXD, PDCS, PDTX and HVTB
- + Transfer of Lab Chief (LES) to HVMS budget, as position is now responsible for oversight of HLAB, HMBL and HMIN
- + Transfer of Prevention Chief (LES) to HVMS budget, as position is now responsible for oversight of HVAB, HVOP MTCT and HVMC
- + Transfer of two behavioral scientists (LES) to HVMS budget from HVSI and HTXS/MTCT to reflect formation of new science unit.
- + Addition of 2 new USDH positions: a Public Health Advisor for CoAg Management and a Senior Technical Advisor to support Prevention Programs.
- + Addition of 5 new LES positions: a Civil Engineer to manage RPSO-contracted building and renovation projects on behalf of CDC, two CoAg Specialists, a CoAg Auditor, and an ADS Assistant
- + Addition of a 50% time PSC to provide cross-cutting technical assistance in scientific and statistical analysis.

COP 2008

The management and staffing budget for CDC is used to ensure that there is adequate staffing and administrative support for CDC's PEPFAR-related activities detailed in the COP. This budget covers the core operating costs for CDC's PEPFAR-related activities as well as cross-cutting management costs not accounted for in the individual program areas. In this activity area, senior CDC staff provide cross-cutting technical and managerial supervision for PEPFAR activities and the Ministry of Health receives technical support with development and distribution of policies, guidelines and plans for implementation of HIV prevention and treatment programs. More than one hundred local and international Non Governmental Organizations, Faith Based Organizations and Community Based Organizations implementing HIV prevention and treatment programs will receive technical and administrative support. A team of 26 personnel engaged full time at CDC-Kenya carries out this support. The 26 positions include 7 direct-hire United States government staff, 2 Personal Services Contractors, and 17 locally hired staff. One of the direct hires is in a Technical leadership/management position; another two are in Technical Advisors/Program manager's positions. The fourth direct hire is a full-time senior technical advisor stationed in NASCOP. Two additional direct hires are requested in COP 2009. The first will be a senior technical advisor working to support the Prevention (HVAB, HVOP, MTCT, CIRC) and HVCT programs. The second will be an additional management position, responsible for oversight and coordination of CDC's portfolio of over 50 cooperative agreement partners. Additionally, an existing direct hire position previously supported by HTXS will be reallocated to the HVMS budget; this reflects a change in the work assigned, which includes management of HTXS, HXTD, HBHC, HVTB, PDCS and PDTX. The Personal Services Contractor serves as the Deputy Director for Science, and is responsible for assuring quality of PEPFAR programs, compliance with regulations concerning research involving human subjects, as well as non-research determinations for operational activities. An additional Personal Services contractor will be supported at 50% time to provide technical assistance in scientific and statistical analysis.

Of the 17 locally hired staff, 6 are cross-cutting technical staff. These include a Kenyan Deputy Director of Programs. In FY 2009, the previously approved Laboratory Director position was reallocated from HLAB to the HVMS budget to reflect responsibilities in management for HLAB, HMIN and HMBL. The previously approved Prevention Chief was also transferred to the HVMS budget to reflect responsibilities in management for HVAB, HVOP MTCT and HVMC. Two existing LES (behavioral scientists) were transferred to the HVMS budget from HVSI and HTXS/MTCT to reflect the formation of a cross-cutting science unit. In FY 2009, a new LES Assistant to the Associate Director of Science will be hired, to provide additional oversight and technical assistance in human subjects compliance for cooperative agreement partners.

There are 7 Financial/Budget staff and 4 administrative/Support staff. Of the seven finance and budget staff, five (Financial analyst, 3 CoAg Specialists and 1 CoAg Auditor) are engaged in day-to-day monitoring and training of the cooperative agreement partners that are funded through PEPFAR. Two of the CoAg Specialists and the COAg Auditor will be new positions in FY 2009. Collectively, this team provides high level technical, managerial and administrative support for our partner activities and helps to ensure high quality PEPFAR programs.

CDC-Kenya's staff includes high level Kenyan and international technical experts in HIV programmatic areas, program evaluation, laboratory science, statistics, and behavioral science. The team works collaboratively across USG agencies to support a high quality, evidence-based approach to PEPFAR programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15046

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15046	6477.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7024	4076.08		\$2,355,134
7120	6477.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4306	4076.07		\$118,711
6477	6477.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4076	4076.06		\$200,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7933.09

Mechanism: Atlanta-assessed Charges

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18073.20584.09

Planned Funds: \$2,138,280

Activity System ID: 20584

Activity Narrative: "Cost of Doing Business" Assessment

The CDC Global AIDS Program (GAP) in Kenya is part of a Coordinating Country Office (CCO) that supports multiple CDC programs in addition to PEPFAR. Beginning in FY 2008, all programs in Kenya were subject to a cost-sharing assessment to equitably distribute infrastructure costs. These infrastructure costs include utilities and maintenance, staff costs for core administrative, finance and motor pool staff, and support for the Director and Deputy Director of the Kisumu Field Station. Being part of a CCO is advantageous to PEPFAR since it allows us to leverage resources, infrastructure and programs supported by other CDC funds.

CDC has established additional cost-sharing assessments for global support services previously provided at no cost to field operations. The ITSO Global Support assessment covers the cost of technical support, software licenses, internet connectivity and periodic equipment replacement. The Global Business Services assessment covers the cost of human resources and workforce development support at headquarters. These services are advantageous to PEPFAR since centralized procurement of equipment and IT services are much less expensive than local purchase.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18073

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18073	18073.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7933	7933.08	Atlanta-assessed Charges	\$1,123,299

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7934.09

Mechanism: Atlanta-assessed Charges

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18074.20585.09

Planned Funds: \$561,720

Activity System ID: 20585

Activity Narrative: "Cost of Doing Business" Assessment

The CDC Global AIDS Program (GAP) in Kenya is part of a Coordinating Country Office (CCO) that supports multiple CDC programs in addition to PEPFAR. Beginning in FY 2008, all programs in Kenya were subject to a cost-sharing assessment to equitably distribute infrastructure costs. These infrastructure costs include utilities and maintenance, staff costs for core administrative, finance and motor pool staff, and support for the Director and Deputy Director of the Kisumu Field Station. Being part of a CCO is advantageous to PEPFAR since it allows us to leverage resources, infrastructure and programs supported by other CDC funds.

CDC has established additional cost-sharing assessments for global support services previously provided at no cost to field operations. The ITSO Global Support assessment covers the cost of technical support, software licenses, internet connectivity and periodic equipment replacement. The Global Business Services assessment covers the cost of human resources and workforce development support at headquarters. These services are advantageous to PEPFAR since centralized procurement of equipment and IT services are much less expensive than local purchase.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18074

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18074	18074.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7934	7934.08	Atlanta-assessed Charges	\$1,249,457

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2009?	X	Yes	No
When will preliminary data be available?			3/31/2010
Is an Anc Surveillance Study planned for fiscal year 2009?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			3/31/2010
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?	X	Yes	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
KENYA 2009 Salary Support Table.xls	application/vnd.ms-excel	11/4/2008		Health Care Worker Salary Report	VChao
Kenya USAID Office of Population and Health Organizational Chart - COP 09.xls	application/vnd.ms-excel	11/10/2008	Kenya USAID Office of Population and Health - Organizational Chart	Staffing Analysis	VChao
Kenya STATE PEPFAR Coordination Office Organizational Chart - COP 09.xls	application/vnd.ms-excel	11/12/2008	Kenya STATE PEPFAR Coordination Office - Organizational Chart	Staffing Analysis	VChao
Kenya DOD Organizational Chart - COP 09.doc	application/msword	11/12/2008	Kenya DOD - Organizational Chart	Staffing Analysis	VChao
Kenya CDC Global AIDS Program Organizational Chart - COP 09.xls	application/vnd.ms-excel	11/12/2008	Kenya CDC GAP - Organizational Chart	Staffing Analysis	VChao
Kenya Peace Corps Organizational Chart - COP 09.doc	application/msword	11/13/2008	Kenya Peace Corps - Organizational Chart	Staffing Analysis	VChao
Kenya COP 09 Program Level Narrative - Gender.doc	application/msword	11/13/2008		Gender Program Area Narrative*	VChao
Kenya COP 09 Program Level Narrative - HCD-HRH.doc	application/msword	11/13/2008		HRH Program Area Narrative*	VChao
Kenya COP 2009 Global Fund Supplemental.doc	application/msword	11/13/2008		Global Fund Supplemental	VChao
Kenya COP 2009 Executive Summary.doc	application/msword	11/13/2008		Executive Summary	VChao
Kenya COP 2009 Public Private Partnerships Table.xls	application/vnd.ms-excel	11/14/2008		PPP Supplement	VChao
Kenya PHE Progress Report KE.07.0065.doc	application/msword	11/14/2008	Progress Report for KE.07.0065: "Prevention with Positives: A community based approach"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0045.doc	application/msword	11/14/2008	Progress Report for KE.07.0045: "A Targeted Cell Phone Intervention to Improve Patient Access to Care and Drug Adherence in Patients Taking Antiretroviral (ARV) Medications in Kenya"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0039.doc	application/msword	11/14/2008	Progress Report for KE.07.0039: "Empiric therapy of helminth co-infection to reduce HIV-1 disease progression"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0038.doc	application/msword	11/14/2008	Progress Report for KE.07.0038: "Randomized controlled evaluation of the impact of food supplements on malnourished HIV-infected adult ART clients and malnourished, HIV-infected Pre ART adults in Kenya"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0036.doc	application/msword	11/14/2008	Progress Report for KE.07.0036: "Feasibility of integrating alcohol risk reduction counseling into Provider-Initiated Counseling and Testing"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0035.doc	application/msword	11/14/2008	Progress Report for KE.07.0035: "Assessing the feasibility of HIV self-testing among health workers in Kenya"	Public Health Evaluation	VChao
Kenya COP 2009 - Ambassador's Letter.pdf	application/pdf	11/14/2008		Ambassador Letter	VChao
Kenya PHE Progress Report KE.07.0060.doc	application/msword	11/14/2008	Progress Report for KE.07.0060: "A Retrospective Cohort Study among HIV Infected Pregnant Women to Measure the Effectiveness of Daily Cotrimoxazole on Prevention of Placental Malaria"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0058.doc	application/msword	11/14/2008	Progress Report for KE.07.0058: "Infant feeding support to PMTCT programs in Kenya"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0055.doc	application/msword	11/14/2008	Progress Report for KE.07.0055: "Integration of HIV care and treatment into MCH in Migori District, Kenya"	Public Health Evaluation	VChao

FY09 Budgetary Requirements Worksheet (updated for VCT policy change) - Kenya.xls	application/vnd.ms-excel	11/14/2008	The Kenya COP 2009 Budgetary Requirements Worksheet includes \$1,460,342 in approved PHE funding.	Budgetary Requirements Worksheet*	VChao
Kenya PHE Progress Report KE.07.0064.doc	application/msword	11/14/2008	Progress Report for KE.07.0064: "Development, Implementation and Evaluation of a Comprehensive Prevention Intervention for HIV Care and Treatment Settings"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0044.doc	application/msword	11/14/2008	Progress Report for KE.07.0044: "Clinic-based ART Diagnostic Evaluation (CLADE)"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0057.doc	application/msword	11/14/2008	Progress Report for KE.07.0057: "Evaluation of the Impact of the National PMTCT program in Kenya"	Public Health Evaluation	VChao
Kenya PHE Progress report KE.07.0042.doc	application/msword	11/14/2008	Progress Report for KE.07.0042: "Prevalence of pulmonary tuberculosis and access to tuberculosis care in HIV infected and uninfected tuberculosis patients in Asembo and Gem, Western Kenya"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0041.doc	application/msword	11/14/2008	Progress Report for KE.07.0041: "Operational evaluation of a TB screening tool and implementation of the 2006 WHO guidelines for the diagnosis of smear-negative TB in HIV-infected settings"	Public Health Evaluation	VChao
Kenya PHE Progress Report KE.07.0040.doc	application/msword	11/14/2008	Progress Report for KE.07.0040: "Effectiveness of the Distribution approaches of the Basic Care Package and the sustainability of the package in the Kenyan context"	Public Health Evaluation	VChao
Kenya COP 2009 PEPFAR-Supported Indirect Costs-USAID.xls	application/vnd.ms-excel	11/14/2008	Kenya USAID Indirect Costs	Other	VChao
Kenya COP 2009 Functional Staff Chart.xls	application/vnd.ms-excel	11/14/2008	Kenya Functional Staffing Chart	Staffing Analysis	VChao
Kenya COP 2009 Management and Staffing Budget Table.xls	application/vnd.ms-excel	11/14/2008		Management and Staffing Budget Table	VChao
Kenya_Summary Targets and Explanations Table12-04-08.xls	application/vnd.ms-excel	12/8/2008		Summary Targets and Explanation of Target Calculations	MLee