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Excluding To Be Determined Partners

2007

Kenya

Country Contacts

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Table 1: Country Program Strategic Overview

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

Yes No

Description:

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
End of Plan Goal: 929,678				
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		32,500	0	32,500
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		534,256	0	534,256
Care				
End of Plan Goal: 1,250,000				
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		307,080	30,000	337,080
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		78,000	0	78,000
Number of OVC served by OVC programs		231,400	30,000	261,400
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		517,000	283,000	800,000
Treatment				
End of Plan Goal: 250,000				
Number of individuals receiving antiretroviral therapy at the end of the reporting period		101,400	10,000	111,400

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal: 929,678				
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		86,556	0	86,556
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		1,000,000	0	1,000,000
Care				
End of Plan Goal: 1,250,000				
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		337,500	30,000	367,500
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		70,000	0	70,000
Number of OVC served by OVC programs		280,161	50,000	330,161
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		969,700	300,000	1,269,700
Treatment				
End of Plan Goal: 250,000				
Number of individuals receiving antiretroviral therapy at the end of the reporting period		159,260	10,000	169,260

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHAI)
Mechanism ID: 4194
Planned Funding(\$): \$ 0.00
Agency:
Funding Source: GHAI
Prime Partner:
New Partner:

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4195
Planned Funding(\$): \$ 800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: ABT Associates
New Partner: No

Mechanism Name: FANTA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4197
Planned Funding(\$): \$ 570,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Capable Partners

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4198
Planned Funding(\$): \$ 7,220,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

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

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HKID - OVC

Sub-Partner: Church World Service, Inc.

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mothers' Rural Care for AIDS Orphans

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Neighbors in Action - Kenya

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Ripples International

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: St. Camillus Dala Kiye Children Welfare Home

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Tropical Institute of Community Health and Development

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Makindu Children's Centre

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Handicap International

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Nazareth Hospital

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

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

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Kenya HIV/AIDS Private Sector Business Council
Planned Funding: \$ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Kenya Network of Women with AIDS
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4199
Planned Funding(\$): \$ 957,503.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Adventist Development and Relief Agency
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4201
Planned Funding(\$): \$ 1,150,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: African Medical and Research Foundation
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4202
Planned Funding(\$): \$ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: American Association of Blood Banks
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4203

Planned Funding(\$): \$ 0.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: American Federation of Teachers - Educational Foundation

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 175,000.00

Early Funding Request Narrative: This activity will require early funding in the amount of \$175,000 in the program area of Condoms and Other Prevention (HVOP) given the increased burn rates of AFT observed with 05 funds. This occurred once the project staff were in place and the activities took off. Early funding will allow AFT to carry out training of teachers during the April and August 2007 school holidays.

Early Funding Associated Activities:

Program Area:HVOP - Condoms and Other Prevention

Planned Funds: \$0.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Abstinence and Being Faithful

Sub-Partner: Kenya National Union of Teachers

Planned Funding: \$ 340,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

HVOP - Condoms and Other Prevention

OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Twinning Center

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4204

Planned Funding(\$): \$ 475,000.00

Agency: HHS/Health Resources Services Administration

Funding Source: GHAI

Prime Partner: American International Health Alliance

New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4205

Planned Funding(\$): \$ 400,000.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Prime Partner: American Society of Clinical Pathology

New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4206
Planned Funding(\$): \$ 850,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: Emory University

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4207
Planned Funding(\$): \$ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Schools of Public Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4208
Planned Funding(\$): \$ 358,280.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Associazione Volontari per il Servizio Internazionale
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4209
Planned Funding(\$): \$ 265,389.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: CARE International
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4210
Planned Funding(\$): \$ 1,050,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: CARE International
New Partner: No

Sub-Partner: Society for Women and AIDS in Kenya
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4212
Planned Funding(\$): \$ 5,851,680.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4685
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4213
Planned Funding(\$): \$ 4,450,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4215
Planned Funding(\$): \$ 550,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Centre for British Teachers
New Partner: No

Sub-Partner: The Steadman Group
Planned Funding: \$ 18,500.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Kenya Network of Women with AIDS
Planned Funding: \$ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Eastern Deanery AIDS Relief Program
Planned Funding: \$ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Elizabeth Glaser Pediatric AIDS Foundation
Planned Funding: \$ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Support for Addictions, Prevention, and Treatment Africa Trust
Planned Funding: \$ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: Lea Toto

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4216
Planned Funding(\$): \$ 1,500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Children of God Relief Institute
New Partner: No

Mechanism Name: Community-based Care of OVC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4217
Planned Funding(\$): \$ 175,665.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Christian Aid
New Partner: No

Mechanism Name: Weaving the Safety Net

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4218
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Christian Children's Fund, Inc
New Partner: No

Sub-Partner: Kenya Rural Enterprise Program

Planned Funding: \$ 67,235.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4219
Planned Funding(\$): \$ 4,554,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4220
Planned Funding(\$): \$ 3,720,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Sub-Partner: Indiana University
Planned Funding: \$ 1,896,032.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: University Medical Diagnostic Association
Planned Funding: \$ 217,127.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Moi Teaching and Referral Hospital
Planned Funding: \$ 10,951,577.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Moi University
Planned Funding: \$ 443,211.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Doctors of the World
Planned Funding: \$ 200,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Indiana Institute fo Global Health
Planned Funding: \$ 246,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Miriam Hospital of Brown University
Planned Funding: \$ 21,106.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Regenstrief Institute
Planned Funding: \$ 19,947.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4221
Planned Funding(\$): \$ 8,780,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Community Housing Foundation
New Partner: No

Sub-Partner: Africa Inland Church Health Ministries
Planned Funding: \$ 160,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

Sub-Partner: Baptist AIDS Response Agency, Kenya
Planned Funding: \$ 120,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

Sub-Partner: Apostles of Jesus AIDS Ministries
Planned Funding: \$ 130,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: Gethsemane Garden Christian Centre Academy
Planned Funding: \$ 155,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HKID - OVC

Sub-Partner: Movement of Men Against AIDS in Kenya
Planned Funding: \$ 95,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Africa Infectious Disease Village Clinics, Inc
Planned Funding: \$ 480,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Center for Research and Development
Planned Funding: \$ 125,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

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

Associated Program Areas: HVOP - Condoms and Other Prevention

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
OHPS - Other/Policy Analysis and Sys Strengthening

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

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

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Our Lady of Perpetual Support for People Living with AIDS & Orphans, Kenya
Planned Funding: \$ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Siaya Peasant Community Outreach Project
Planned Funding: \$ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Nyarami VCT Center

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

Sub-Partner: Kenya Assemblies of God

Planned Funding: \$ 35,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

Sub-Partner: Center for AIDS Awareness, Youth & Environment

Planned Funding: \$ 95,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

Sub-Partner: Kabondo Community Health Development Group

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Kenya Society for People with AIDS

Planned Funding: \$ 40,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: OleMila VCT

Planned Funding: \$ 40,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Community Communication for Health Development in Africa

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Nomadic Community Trust

Planned Funding: \$ 185,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: St. Orsola Hospital, Tharaka

Planned Funding: \$ 280,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Soy AIDS and Youth Resource Center, Lugari
Planned Funding: \$ 110,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Merlin
Planned Funding: \$ 535,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HVCT - Counseling and Testing

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

Associated Program Areas: HMBL - Blood Safety

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

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Christian Missionary Fellowship International
Planned Funding: \$ 350,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

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

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kenya Pediatric Association
Planned Funding: \$ 470,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Society for Women and AIDS in Kenya
Planned Funding: \$ 60,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Association of Hospice in Kenya
Planned Funding: \$ 80,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Nyanza Reproductive Health Society
Planned Funding: \$ 100,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Society of Hospital and Resource Exchange
Planned Funding: \$ 272,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Kenya Police Department
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Kenya Wildlife Service
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Kenya National Youth Service
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Narok Integrated Development Program
Planned Funding: \$ 130,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Nairobi Hospital
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: HIV Life
Planned Funding: \$ 350,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4929
Planned Funding(\$): \$ 150,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Danya International, Inc
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4222
Planned Funding(\$): \$ 3,261,165.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Eastern Deanery AIDS Relief Program
New Partner: No

Mechanism Name: APHIA II - Nyanza

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4915

Planned Funding(\$): \$ 10,161,880.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: EngenderHealth

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 2,140,470.00

Early Funding Request Narrative: USAID's APHIA II projects are our main provincial-level service delivery platforms. Each has activities in 7-9 PEPFAR program areas. They were competed at a time when previous service delivery agreements were ending. Therefore, 2006 COP funding had to cover activities during the transition between the end of these previous agreements and the beginning of the new agreements. The new APHIA II awards were made mid-FY 2006 with less than a year's worth of funding. In order to scale up and meet 2007 COP targets they require early funding, since existing funding is not enough to support them at planned operating levels until normal funds are available.

Early Funding Associated Activities:

Program Area:MTCT - PMTCT
Planned Funds: \$466,880.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to counseling and testing (#8760), abstinence/

Program Area:HVCT - Counseling and Testing
Planned Funds: \$300,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in abstinence/be faithful (#8989

Program Area:HTXS - ARV Services
Planned Funds: \$1,400,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in counseling and testing (#8760),

Program Area:HVSI - Strategic Information
Planned Funds: \$145,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is related to the strategic information activities to b

Program Area:HBHC - Basic Health Care and Support
Planned Funds: \$350,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The APHIA II Nyanza HBHC activities relate to HIV/AIDS Treatment Servi

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: \$935,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8760)

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: \$1,265,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8760),

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: \$300,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8760)

Program Area:HKID - OVC
Planned Funds: \$4,400,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in TB/HIV (#9059), Palliative Care

Sub-Partner: Omega Foundation
Planned Funding: \$ 180,090.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: WIFIP Education and Development
Planned Funding: \$ 124,716.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Academy for Educational Development
Planned Funding: \$ 1,902,731.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: International Training and Education Centre for HIV
Planned Funding: \$ 250,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Inter Diocesan Christian Community Services
Planned Funding: \$ 250,055.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Catholic Medical Mission Board
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Ogra Foundation
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Mechanism Name: Contraceptive Research Technology and Utilization

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4225

Planned Funding(\$): \$ 1,510,000.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: Family Health International

New Partner: No

Mechanism Name: APHIA II - Coast**Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 4913**Planned Funding(\$):** \$ 10,956,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Family Health International**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 2,387,500.00

Early Funding Request Narrative: USAID's APHIA II projects are our main provincial-level service delivery platforms. Each has activities in 7-9 PEPFAR program areas. They were competed at a time when previous service delivery agreements were ending. Therefore, 2006 COP funding had to cover activities during the transition between the end of these previous agreements and the beginning of the new agreements. The new APHIA II awards were made mid-FY 2006 with less than a year's worth of funding. In order to scale up and meet 2007 COP targets they require early funding, since existing funding is not enough to support them at planned operating levels until normal funds are available.

Early Funding Associated Activities:

Program Area:MTCT - PMTCT
Planned Funds: \$950,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to Counseling and Testing (#8781), Palliative Ca

Program Area:HVCT - Counseling and Testing
Planned Funds: \$900,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is related to activities in TB/HIV care activities (#9

Program Area:HTXS - ARV Services
Planned Funds: \$2,960,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to other activities in abstinence and be faith

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: \$2,186,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in HIV/AIDS Treatment: ARV Servic

Program Area:HBHC - Basic Health Care and Support
Planned Funds: \$300,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The APHIA II Coast HBHC activities will relate to HIV/AIDS treatment s

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: \$1,670,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in HIV/AIDS Treatment: ARV Servic

Program Area:HKID - OVC
Planned Funds: \$1,500,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The APHIA II Coast orphans and vulnerable children activities will rel

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: \$400,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The APHIA II TB/HIV care activities relate to activities in AB (#8950

Program Area:HVSI - Strategic Information
Planned Funds: \$90,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is related to other activities in Strategic Information

Mechanism Name: APHIA II - Rift Valley**Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 4916**Planned Funding(\$):** \$ 11,896,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Family Health International**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 2,947,500.00

Early Funding Request Narrative: USAID's APHIA II projects are our main provincial-level service delivery platforms. Each has activities in 7-9 PEPFAR program areas. They were competed at a time when previous service delivery agreements were ending. Therefore, 2006 COP funding had to cover activities during the transition between the end of these previous agreements and the beginning of the new agreements. The new APHIA II awards were made mid-FY 2006 with less than a year's worth of funding. In order to scale up and meet 2007 COP targets they require early funding, since existing funding is not enough to support them at planned operating levels until normal funds are available.

Early Funding Associated Activities:

Program Area:MTCT - PMTCT
Planned Funds: \$1,400,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to counseling and testing (#8776), ARV services

Program Area:HVCT - Counseling and Testing
Planned Funds: \$650,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in HIV/AIDS treatment services (

Program Area:HTXS - ARV Services
Planned Funds: \$2,200,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The activity will link to other APHIA - Rift Valley activities in CT (

Program Area:HVSI - Strategic Information
Planned Funds: \$90,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is related to the strategic information activities to b

Program Area:HBHC - Basic Health Care and Support
Planned Funds: \$200,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The APHIA II Rift Valley HBHC activities will relate to HIV/AIDS treat

Program Area:HKID - OVC
Planned Funds: \$3,200,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to Abstinence and Be Faithful (#9070), Counselin

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: \$2,100,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8776),

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: \$250,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The activity will link to APHIA Rift Valley other activities in CT (#8

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: \$1,720,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8776),

Mechanism Name: Transport Corridor Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4226
Planned Funding(\$): \$ 1,090,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Mechanism Name: ANCHOR

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4227
Planned Funding(\$): \$ 530,670.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4228
Planned Funding(\$): \$ 600,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5229
Planned Funding(\$): \$ 738,200.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: IAP Worldwide Services, Inc.
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4229
Planned Funding(\$): \$ 2,805,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Impact Research and Development Organization
New Partner: No

Mechanism Name: N/A**Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 4230**Planned Funding(\$):** \$ 11,500,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Indiana University School of Medicine**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 1,500,000.00**Early Funding Request Narrative:** The Indiana University's AMPATH project has implemented a very rapid and successful, scale-up of services in antiretroviral treatment since early 2004, and this is expected to continue in 2006. AMPATH is one of the most successful HIV care and treatment programs in Kenya , and has the largest number of people on ART out of all USG-supported treatment programs in Kenya . At their current burn-rate, the project will be out of funds in April 2006, and will need these early funds to support program costs until full funding becomes available.**Mechanism Name: N/A****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 4232**Planned Funding(\$):** \$ 1,210,000.00**Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHAI**Prime Partner:** Institute of Tropical Medicine**New Partner:** No**Mechanism Name: N/A****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 4234**Planned Funding(\$):** \$ 1,675,000.00**Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHAI**Prime Partner:** International Medical Corps**New Partner:** No**Mechanism Name: N/A****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 4235**Planned Funding(\$):** \$ 930,000.00**Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHAI**Prime Partner:** International Rescue Committee**New Partner:** No

Mechanism Name: Local Voices

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4236
Planned Funding(\$): \$ 1,050,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Internews
New Partner: No

Mechanism Name: Capacity Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4237
Planned Funding(\$): \$ 7,250,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: IntraHealth International, Inc
New Partner: No

Mechanism Name: ACCESS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4239
Planned Funding(\$): \$ 2,832,740.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: APHIA II - Eastern

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4914

Planned Funding(\$): \$ 7,926,474.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: JHPIEGO

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 1,609,368.00

Early Funding Request Narrative: USAID's APHIA II projects are our main provincial-level service delivery platforms. Each has activities in 7-9 PEPFAR program areas. They were competed at a time when previous service delivery agreements were ending. Therefore, 2006 COP funding had to cover activities during the transition between the end of these previous agreements and the beginning of the new agreements. The new APHIA II awards were made mid-FY 2006 with less than a year's worth of funding. In order to scale up and meet 2007 COP targets they require early funding, since existing funding is not enough to support them at planned operating levels until normal funds are available.

Early Funding Associated Activities:

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: \$790,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8782),

Program Area:MTCT - PMTCT
Planned Funds: \$630,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The APHIA II Eastern PMTCT activities will relate to HIV/AIDS treatme

Program Area:HVCT - Counseling and Testing
Planned Funds: \$630,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in PMTCT (#8752), TB (#9069), AB

Program Area:HTXS - ARV Services
Planned Funds: \$1,792,474.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is related to CT (#8782), TB/HIV (#9069) and HBHC (#8863

Program Area:HBHC - Basic Health Care and Support
Planned Funds: \$250,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The APHIA II Eastern HBHC activities relate to HIV/AIDS treatment/ARV

Program Area:HVSI - Strategic Information
Planned Funds: \$75,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is related to strategic information activities to be ca

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: \$976,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES: This activity relates to activities in Counseling and Testing (#8782

Program Area:HKID - OVC
Planned Funds: \$2,500,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8782)

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: \$220,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The activity will link to APHIA Eastern other activities in CT (#8782)

Sub-Partner: Save the Children Canada
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Young Women's Christian Association, Meru Branch
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Meru Hospice
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: Making Medical Injections Safer

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4240
Planned Funding(\$): \$ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Making Medical Injections Safer

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5057
Planned Funding(\$): \$ 550,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4245
Planned Funding(\$): \$ 685,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Kenya AIDS NGO Consortium
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4246
Planned Funding(\$): \$ 21,142,571.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Kenya Medical Research Institute
New Partner: No

Mechanism Name: Prisons Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5093
Planned Funding(\$): \$ 335,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Kenya Medical Research Institute
New Partner: No

Mechanism Name: Uniformed Services Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4247
Planned Funding(\$): \$ 997,526.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Kenya Medical Research Institute
New Partner: No

Mechanism Name: Kenya Department of Defense

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4248
Planned Funding(\$): \$ 2,305,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Kenya Medical Research Institute
New Partner: No

Mechanism Name: South Rift Valley

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4249
Planned Funding(\$): \$ 9,244,575.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Kenya Medical Research Institute
New Partner: No

Mechanism Name: N/A**Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 4250**Planned Funding(\$):** \$ 1,300,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Kenya Medical Supplies Agency**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 200,000.00**Early Funding Request Narrative:** This funding is needed in order to bridge a likely funding gap for KEMSA between 05 and 06 funds. KEMSA needs to undertake and complete warehouse renovations in readiness for ARVs that have been tendered for with the Global Fund and GOK resources. This money will facilitate better ARV storage capacity and security for the public sector treatment program, which greatly complements efforts by the Emergency Plan.**Mechanism Name: N/A****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 4252**Planned Funding(\$):** \$ 200,000.00**Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHAI**Prime Partner:** Kenya Medical Training College**New Partner:** No**Mechanism Name: N/A****Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 4251**Planned Funding(\$):** \$ 600,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Kenya Medical Training College**New Partner:** No**Mechanism Name: FAHIDA****Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 4253**Planned Funding(\$):** \$ 650,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Kenya Rural Enterprise Program**New Partner:** No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8635
Planned Funding(\$): \$ 40,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: KNCV TB Foundation
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4256
Planned Funding(\$): \$ 440,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Live With Hope Centre
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4257
Planned Funding(\$): \$ 3,020,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Liverpool VCT and Care
New Partner: No

Sub-Partner: World Provision Centre
Planned Funding: \$ 22,400.00
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Osiligi VCT Centre, Ngong
Planned Funding: \$ 22,400.00
Funding is TO BE DETERMINED: No
New Partner: No

Mechanism Name: MEASURE DHS+**Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 4259**Planned Funding(\$):** \$ 87,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Macro International**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 500,000.00

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

Mechanism Name: RPM/PLUS**Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 4260**Planned Funding(\$):** \$ 6,250,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Management Sciences for Health**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 1,000,000.00

Early Funding Request Narrative: EARLY FUNDING REQUEST: \$1,000,000 of early funding is requested to ensure continuity of the LMIS drug tracking system. Because JSI/DELIVER was ending prior to implementation of COP 2006, no funds were requested for the continuation of these activities in COP 2006 through a follow-on partner. Yet this activity is essential to ensuring maintenance of the "pull" delivery system, and to avoid stockouts of ARVs, lab reagents and test kits. Because funding for the LMIS is integrated with non-HIV/AIDS funds, the system can be maintained from the end of DELIVER on November 30 until the arrival of early funding using the non-HIV funds, but the commodities tracked are primarily HIV/AIDS-related, and so to keep this essential activity going until 2007 funds are allocated, early funding is required.

Mechanism Name: N/A**Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 4261**Planned Funding(\$):** \$ 900,000.00**Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHAI**Prime Partner:** Mildmay International**New Partner:** No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4262
Planned Funding(\$): \$ 700,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Mildmay International
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5411
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Ministry of Education, Science and Technology, Kenya
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6180
Planned Funding(\$): \$ 36,973,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Mission for Essential Drugs and Supplies
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4266
Planned Funding(\$): \$ 10,060,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National AIDS & STD Control Program
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4267
Planned Funding(\$): \$ 4,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: National Blood Transfusion Service, Kenya
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4269
Planned Funding(\$): \$ 1,780,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Network of AIDS Researchers in East and Southern Africa
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4270
Planned Funding(\$): \$ 1,830,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: New York University
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4924
Planned Funding(\$): \$ 9,461,533.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4271
Planned Funding(\$): \$ 850,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Pathfinder International
New Partner: No

Sub-Partner: Kenyatta University
Planned Funding: \$ 15,515.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Kenyatta National Hospital, Kenya
Planned Funding: \$ 295,834.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Kenya Network of Women with AIDS

Planned Funding: \$ 68,182.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Federation of Kenya Employers
Planned Funding: \$ 70,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Kenya Association of Professional Counselors
Planned Funding: \$ 70,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Malteser International
Planned Funding: \$ 370,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Mechanism Name: APHIA II - Central / Nairobi

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4917

Planned Funding(\$): \$ 10,150,000.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: Pathfinder International

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 1,842,500.00

Early Funding Request Narrative: USAID's APHIA II projects are our main provincial-level service delivery platforms. Each has activities in 7-9 PEPFAR program areas. They were competed at a time when previous service delivery agreements were ending. Therefore, 2006 COP funding had to cover activities during the transition between the end of these previous agreements and the beginning of the new agreements. The new APHIA II awards were made mid-FY 2006 with less than a year's worth of funding. In order to scale up and meet 2007 COP targets they require early funding, since existing funding is not enough to support them at planned operating levels until normal funds are available.

Early Funding Associated Activities:

Program Area:MTCT - PMTCT
Planned Funds: \$850,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity will relate to the ARV services (#8765), Orphans and Vul

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: \$850,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8976)

Program Area:HTXS - ARV Services
Planned Funds: \$2,610,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity will specifically be linked to other APHIA II Nairobi an

Program Area:HVSI - Strategic Information
Planned Funds: \$140,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is related to the strategic information activities to be

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: \$1,050,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is linked to Palliative Care: Basic Health Care and Sup

Program Area:HBHC - Basic Health Care and Support
Planned Funds: \$350,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The APHIA II Nairobi/Central HBHC activities will relate to HIV/AIDS t

Program Area:HVCT - Counseling and Testing
Planned Funds: \$500,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES: This activity is related to activities in HIV/AIDS treatment service

Program Area:HKID - OVC
Planned Funds: \$2,700,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to counseling and testing (#8976), ARV Services

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: \$400,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity will be linked to ARV services (APHIA II Nairobi/Centra

Mechanism Name: Kenya Heartland Coffee Project/APHIA Nairobi-Central

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4926
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Pathfinder International
New Partner: Yes

Mechanism Name: Breaking Barriers

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4272
Planned Funding(\$): \$ 576,975.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: PLAN International
New Partner: No

Mechanism Name: Frontiers in Reproductive Health

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4274
Planned Funding(\$): \$ 850,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Council
New Partner: No

Sub-Partner: Program for Appropriate Technology in Health
Planned Funding: \$ 300,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Mechanism Name: Horizons

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4273
Planned Funding(\$): \$ 550,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Council
New Partner: No

Sub-Partner: Liverpool VCT and Care
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

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

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

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4275
Planned Funding(\$): \$ 560,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Population Council
New Partner: No

Mechanism Name: BRIDGE Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4268
Planned Funding(\$): \$ 175,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Reference Bureau
New Partner: No

Sub-Partner: National Coordinating Agency for Population and Development
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: APHIA II - Health Communication & Marketing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4289
Planned Funding(\$): \$ 9,095,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No

Mechanism Name: N/A**Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 5003**Planned Funding(\$):** \$ 5,140,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Price Waterhouse Coopers**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 920,000.00**Early Funding Request Narrative:** The AIS field work is expected to start early 2007. The funds programmed in COP 06 will be used to start the advance work such as sampling but will not be sufficient to perform all the logistical, coordination and other field activities that Central Bureau of Statistics/PriceWaterhouseCoopers will undertake. Early funds are therefore requested to take the activity to completion.**Early Funding Associated Activities:**

Program Area:HVSI - Strategic Information

Planned Funds: \$3,640,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is related to Strategic Information activities of the U

Mechanism Name: Scouting Solutions**Mechanism Type:** Central - Headquarters procured, centrally funded**Mechanism ID:** 4277**Planned Funding(\$):** \$ 1,161,244.00**Agency:** U.S. Agency for International Development**Funding Source:** Central (GHAI)**Prime Partner:** Program for Appropriate Technology in Health**New Partner:** No**Mechanism Name: HEALTH TECH IV****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 4278**Planned Funding(\$):** \$ 200,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Program for Appropriate Technology in Health**New Partner:** No**Mechanism Name: TB Country Support/ TASC 2****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 4279**Planned Funding(\$):** \$ 360,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**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

Planned Funding(\$): \$ 9,639,000.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: Program for Appropriate Technology in Health

New Partner: Yes

Early Funding Request: Yes

Early Funding Request Amount: \$ 1,885,000.00

Early Funding Request Narrative: USAID's APHIA II projects are our main provincial-level service delivery platforms. Each has activities in 7-9 PEPFAR program areas. They were competed at a time when previous service delivery agreements were ending. Therefore, 2006 COP funding had to cover activities during the transition between the end of these previous agreements and the beginning of the new agreements. The new APHIA II awards were made mid-FY 2006 with less than a year's worth of funding. In order to scale up and meet 2007 COP targets they require early funding, since existing funding is not enough to support them at planned operating levels until normal funds are available.

Early Funding Associated Activities:

Program Area:MTCT - PMTCT
Planned Funds: \$1,220,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity links to ARV services (#8826), palliative care (#8931),

Program Area:HVCT - Counseling and Testing
Planned Funds: \$500,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is related to activities in HIV/AIDS treatment service

Program Area:HTXS - ARV Services
Planned Funds: \$2,470,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES All services will be tightly linked across the spectrum of care with

Program Area:HVSI - Strategic Information
Planned Funds: \$90,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity is related to the strategic information activity to be

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: \$1,116,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to all other program area activities for APHIA I

Program Area:HBHC - Basic Health Care and Support
Planned Funds: \$200,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES The APHIA II Western HBHC activities relate to HIV/AIDS Treatment/ARV

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: \$600,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Condoms and Other Prevention (#

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: \$300,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity links with other HVTB activities by Indiana University

Program Area:HKID - OVC
Planned Funds: \$3,100,000.00
Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in counseling and testing (#8777),

Sub-Partner: Broadreach
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4280
Planned Funding(\$): \$ 320,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4281
Planned Funding(\$): \$ 56,599.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Salesian Mission
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4282
Planned Funding(\$): \$ 634,128.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Samaritan's Purse
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4283
Planned Funding(\$): \$ 250,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Sameoi Community Response to OVC
New Partner: No

Mechanism Name: Child and Family Wellness Shops

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4930
Planned Funding(\$): \$ 486,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Sustainable Health Enterprise Foundation
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4284
Planned Funding(\$): \$ 200,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Tenwek Hospital
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4285
Planned Funding(\$): \$ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: The American Society for Microbiology
New Partner:

Mechanism Name: Health Policy Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4286
Planned Funding(\$): \$ 4,340,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: The Futures Group International
New Partner: No

Sub-Partner: Nairobi Women's Hospital

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: National AIDS Control Council, Kenya

Planned Funding: \$ 150,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4293
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: United Nations Children's Fund
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4921
Planned Funding(\$): \$ 400,000.00
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Prime Partner: United Nations High Commissioner for Refugees
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4295
Planned Funding(\$): \$ 3,070,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of California at San Francisco
New Partner: No

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4928
Planned Funding(\$): \$ 200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of California at San Francisco
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4296
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of Kwazulu-Natal, HEARD Mobile Task Team
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4297
Planned Funding(\$): \$ 747,200.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Manitoba
New Partner: No

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4927
Planned Funding(\$): \$ 200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Medicine and Dentistry, New Jersey
New Partner: Yes

Mechanism Name: Clinical Epidemiology Unit

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5087
Planned Funding(\$): \$ 200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Nairobi
New Partner: No

Mechanism Name: Department of Obstetrics and Gynecology

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4299
Planned Funding(\$): \$ 1,615,082.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Nairobi
New Partner: No

Mechanism Name: Department of Pediatrics

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4298
Planned Funding(\$): \$ 1,950,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Nairobi
New Partner: No

Mechanism Name: University of Nairobi

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6191
Planned Funding(\$): \$ 50,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: University of Nairobi Department of Obstetrics and Gynecology
New Partner: No

Mechanism Name: Measure Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4300
Planned Funding(\$): \$ 2,433,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina
New Partner: No

Sub-Partner: National AIDS Control Council, Kenya
Planned Funding: \$ 230,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Population Studies & Research Institute
Planned Funding: \$ 230,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4301
Planned Funding(\$): \$ 3,123,500.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Washington
New Partner: No

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

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4302
Planned Funding(\$): \$ 4,426,600.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Community Grants Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5450
Planned Funding(\$): \$ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Health communication campaign

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4958
Planned Funding(\$): \$ 300,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4306
Planned Funding(\$): \$ 3,351,757.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 600,000.00
Early Funding Request Narrative: N/A

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4303
Planned Funding(\$): \$ 8,071,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4307
Planned Funding(\$): \$ 1,087,700.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4308
Planned Funding(\$): \$ 853,700.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Community Grants Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4955
Planned Funding(\$): \$ 100,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4309
Planned Funding(\$): \$ 1,364,500.00
Agency: Peace Corps
Funding Source: GHAI
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: 4311
Planned Funding(\$): \$ 1,177,280.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: World Concern
New Partner: No

Sub-Partner: World Relief Corporation
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Food for the Hungry
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Christian Reformed World relief Committee
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Nazarene Compassionate Ministries
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4312
Planned Funding(\$): \$ 300,585.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: World Relief Corporation
New Partner: No

Sub-Partner: Scripture Union
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Faraja
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Sub-Partner: Anglican Church of Kenya
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Mechanism Name: N/A

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4684
Planned Funding(\$): \$ 1,090,184.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: World Vision International
New Partner: No

Table 3.3.01: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 23,839,000.00

Program Area Context:

Key Result 1: Access to Prevention of Mother to Child HIV Transmission (PMTCT) services improved by 1,500 sites providing minimum package of services, including HIV counseling and testing for one million women.

Key Result 2: Quality of PMTCT services increased through training 4,800 health workers on Ministry of Health (MOH) guidelines and increased use of more efficacious ARV prophylaxis regimens by over 86,000 HIV Infected (HIV+) pregnant women.

Key Result 3: PMTCT services integrated into network of facilities providing Maternal and Child Health (MCH) services to include early infant diagnosis.

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

Key Result 5: Access to comprehensive HIV care services including CD4 counts by HIV+ pregnant women and family members improved through referral to existing programs.

CURRENT PROGRAM CONTEXT

PMTCT services in Kenya have been scaled up to a fully-fledged national program. A national PMTCT strategy has been formulated that establishes program goals and objectives for the period 2003-2008. Specific targets are to increase access to PMTCT services to 50% of pregnant women in Kenya by the end of 2005 and 80% by 2008 with a 20 and 50 percent reduction in pediatric infections respectively. Strategies to be adopted are 1) to improve the physical infrastructure to allow the delivery of quality services, 2) to build the capacity of service providers through training, 3) to create demand for PMTCT services using a coherent communication strategy, 4) to establish effective management and logistics systems, and 5) to establish a PMTCT monitoring and evaluation system to track program performance and impact. It is anticipated that these strategies will result in the implementation of quality PMTCT services that are linked to care for the HIV+ woman and her family. The Emergency Plan (EP) is a major partner of the MOH and supports ~90% of PMTCT services delivered in the country.

PROGRAM IMPLEMENTATION

The EP is responsive to implementation goals of the National PMTCT Program and is providing substantial support to the realization of national targets. Partners funded to support program implementation include; the MOH; research and education institutions such as Kenya Medical Research Institute, Moi University and the University of Nairobi; international non-governmental organizations; faith based organizations building capacity of two Kenyan umbrella organizations, the Protestant Christian Health Association of Kenya and the Catholic Kenya Episcopal Conference; private sector providers and indigenous organizations such as the Network of AIDS Researchers in East and Southern Africa and the African Medical Research Foundation. Other support to the program includes media campaigns through Population Services International and Internews and support to Kenya Medical Supplies Agency to strengthen logistics and commodity management.

STATISTICS

The PMTCT program has made tremendous progress in scaling-up services in every district in the country including the hardest-to-reach populations. More than 740,000 pregnant women have been counseled and tested (CT) and ARV prophylaxis provided to more than 43,000 HIV+ women. In the period April 1 2005-March 31 2006 PMTCT services were offered in 1,084 facilities and 3,370 health care workers were trained. In the same period, 439,419 pregnant women received HIV CT and 26,330 HIV infected women received ARV prophylaxis. Service delivery exceeded the targets laid out in the 2005 Country Operational Plan representing more than a two fold increase in CT and almost a two fold increase in mothers receiving 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 contributing to ~90% of the results country wide.

SERVICES

Pregnant women attending antenatal clinics are provided information about PMTCT through group counseling. They are then given a chance to opt out of testing. The vast majority of the women accept CT and receive results immediately. Nevirapine tablets are given to HIV+ women at first contact in order to minimize missed opportunities. PMTCT interventions uptake at EP-supported sites currently stands at 60% and 50% for CT and ARV prophylaxis respectively.

Priority areas in 2006/2007 include facilitating early infant diagnosis; counseling on infant feeding; scaling up more efficacious ARV prophylactic regimens; access to care and treatment for HIV+ pregnant women and family members; expanding CT services to include couples, family planning (FP) and child welfare clinics; and improving access to FP services. More emphasis will be placed on primary prevention for the majority of women identified as HIV+ through PMTCT programs.

The 2007 PMTCT targets are based on identified country gaps. Regional expected pregnancies based on population census and HIV prevalence were used to determine the number of women to be reached with services and resources needed. 1,000,000 pregnant women (80% of all pregnant women in Kenya) will receive CT and 86,556 HIV+ pregnant women will be given ARV prophylaxis. 4,800 service providers will be trained in 1,500 sites. Early infant diagnosis will be intensified to reach at least 50% of exposed babies with PCR testing. This will increase the number of children on treatment and help to evaluate the impact of PMTCT interventions.

REFERRALS AND LINKAGES

Well integrated and comprehensive HIV programs have already started. These are hospital driven and have entry points from different areas including PMTCT programs and MCH clinics. HIV infected pregnant women are assessed for care, including CD4 count where available. Those in WHO stage III and IV receive Highly Active Antiretroviral Treatment, while those in stage I and II are linked to comprehensive care clinics after the CD4 count. PCR for early infant diagnosis has already started and lab networks established which assist in follow up of exposed infants. Psychosocial Support Groups (PSG) have been formed that link mothers to palliative care and income generating activities. Sites which have high levels of malnutrition have been identified for linkage with InstaProducts for nutritional support.

POLICY

The PMTCT and Pediatric ART Technical Working Groups are active and meet quarterly to address national level activities such as policy guidelines and curricula development. They work closely with the SI team both at USG and national level in order to do quality monitoring and reporting and conduct targeted evaluations that will improve the PMTCT program. To improve supervision partner meetings will be held in the field. To reduce stigma, mothers from the PMTCT program will be recruited to lead support groups utilizing the "Mothers2Mothers" model from South Africa. Male partner participation has started in some sites through innovations including invitation letters to Saturday clinics, PSG and provision of additional care for males identified as HIV+. All pregnant women are provided with anti-malaria prophylaxis especially in endemic areas and insecticide treated nets are sold at a subsidized rate in MCH clinics.

CHALLENGES AND GAPS

Expansion of service coverage remains critical. In the last year 30% of all pregnant women in the country were reached. Loss in the PMTCT cascade is still worrisome and needs innovation. Successful referrals and linkages are a challenge for HIV+ women and their exposed children. PCR testing has recently been introduced although the impact isn't fully felt yet. Infants identified as HIV- through PCR at six weeks who are still breastfeeding pose a challenge because if they later become infected through breastfeeding, communicating results to the mother can be extremely difficult.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1,500
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	86,556
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,000,000
Number of health workers trained in the provision of PMTCT services according to national and international standards	4,800

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Medical and Research Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6837
Planned Funds: \$ 250,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

These activities relate to HIV/AIDS Treatment: ARV Services (#6836), (#6945) Laboratory Infrastructure (#6940), Counseling and Testing (#6941) and Palliative Care: TB/HIV services (#6944).

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. These areas recorded high HIV prevalence rates of 6% and 12%, respectively, among women. AMREF currently supports PMTCT activities in 18 health facilities. Initially, the focus was on district and sub-district hospitals. In the FY 2006 semiannual report, AMREF counseled and tested 3,483 women.

In FY 2007, the program will consolidate activities to expand the scope of services to 30 new public health facilities starting with the high volume health centers and eventually the dispensaries. AMREF will also provide counseling and testing to 27,910 pregnant women, and provide ARV prophylaxis to a total of 1,555 HIV positive women: sdNVP and AZT to 780 HIV positive women, HAART to 150 HIV positive women and sdNVP to 625 women. Early infant diagnosis will be provided to 780 infants exposed to HIV. 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 780 HIV infected-exposed mother-infant pairs. Postnatally, mothers will be counseled on infant feeding practices, linked to family planning services and to care and treatment. The HIV exposed infant 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 ARV treatment programs. In FY 2007, AMREF will train 80 service providers on PMTCT and comprehensive PMTCT which includes DBS (dry blood spot) sample collection technique.

Significant changes from FY 2006 to FY 2007 for this activity include increasing the uptake of counseling and testing in the ANC to 90%, and maternity testing to 80% from the current 18% increasing the uptake of ANC mother NVP from the current 12% to 80%, increase of maternity NVP from the current 17% to 80%, and infant NVP uptake from the current 5% to 80%. 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 support supervision to health facilities. 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 2007 overall Emergency PMTCT targets for Kenya. The increase in number of sites contributes to the program's efforts to achieve district-wide coverage for improving equity and access particularly in these underserved areas. The provision of PMTCT+ services to the women, infants and other members of the family provides an entry point for HIV 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+ 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 (#6836) and CDC KEMRI ARV Services (#6945), CDC/KEMRI laboratory (#6940), VCT (#6941) and TB/HIV services (#6944). AMREF has been supporting a successful ART site in Kibera, and will use this site to test the appropriate model for strengthening the linkages between the PMTCT program and ART program in the providing PMTCT+ services to the women, the infants and members of the woman's family. Further, women identified

through the PMTCT program will be referred to the ART program for care and treatment.

5. POPULATIONS BEING TARGETED

This activity targets pregnant women, HIV+ pregnant women, and HIV+ infants (0 to 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 such as doctors, nurses, and other health care workers including nutritionists, clinical officers and public health officers will also be targeted for training using the nationally adopted CDC/WHO approved training packages, to equip them with knowledge and skills to provide comprehensive HIV prevention and care services.

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 major emphasis on quality assurance and supportive supervision. Minor emphasis is placed on Development of Network/Linkages/Referral Systems; Community Mobilization/Participation, Food/Nutrition; Linkages with other Sectors and Initiatives and Training.

Continued Associated Activity Information

Activity ID: 4145
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: African Medical and Research Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 250,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	48	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	27,910	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,555	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	80	<input type="checkbox"/>

Target Populations:

Adults
Infants
Pregnant women
Volunteers
HIV positive pregnant women
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Eastern
Nairobi

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6851
Planned Funds: \$ 400,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is linked to activities in HIV/AIDS Treatment: ARV Services (#6945), Laboratory Infrastructure (#6940), Palliative Care: TB/HIV (#6944), and Counseling and Testing (#6941).

2. ACTIVITY DESCRIPTION

CARE International has been supporting the implementation of PMTCT services in Siaya, Migori and Kuria Districts of Nyanza Province since 2001. In FY 2007 the geographical focus of CARE will be Siaya District. Siaya district recorded high HIV prevalence among women: 23.6% in the 2003 KDHS. Siaya has one district hospital, one sub-district and several health centers and dispensaries, for a total of 34 public health facilities on which CARE International will focus. CARE International currently supports PMTCT activities in 26 health facilities. 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 2007, CARE International will extend PMTCT support to all existing public health facilities, and will refurbish and equip these as needed. 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. The program will provide HIV counseling and testing to 16,735 pregnant women, and provide antiretroviral prophylaxis to 3,562 HIV positive women. Of these, 2,198 will receive sdNVP+AZT, 356 women HAART and 1,008 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 to a target of 2,198 infants. CARE will train 50 community resource persons as lay counselors as part of the referral system, and 50 health service providers in comprehensive PMTCT which includes Dry Blood Spot (DBS) technique of specimen collection for PCR. 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. In FY 2007, CARE International will consolidate PMTCT activities to enhance male partner involvement using special invitation cards to the partners. CARE will use PLWHA to form support groups and demand creation for PMTCT. 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 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.

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 1.7% to the 2007 overall Emergency Plan PMTCT targets for Kenya.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the KEMRI ARV program (#6945), KEMRI laboratory program (#6940), KEMRI TB/HIV program (#6944), and VCT (#6941). PMTCT services include

counseling and testing which is largely diagnostic, provision of ARV prophylaxis and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment. All HIV+ mothers and their family members will be referred to the ART program for 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 Quality Assurance and Supportive Supervision; lesser emphasis will be placed on Commodity procurement, Community Mobilization/Participation, Development of Network/Linkages/Referral systems and Training.

Plus up funds will be used within Siaya district to scale up early infant diagnosis activities, diagnostic testing and counseling (DTC) in the MCH, paediatric clinics and paediatric wards, TB clinics and adult treatment centers. Funds will also 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 COP 07 EID targets of 2,198 and rapid scale up of children on ARTs. Funds will be used to support training on DBS, dissemination of national algorithm, procurement of test-kits for rapid tests, reagents, supplies and logistics for EID and DTC, and logistics for administration of paediatric ART and care from the MCH.

Continued Associated Activity Information

Activity ID:	4181
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	CARE International
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	34	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	16,735	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,562	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	50	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
Pregnant women
Volunteers
HIV positive pregnant women
Laboratory workers
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Increasing women's access to income and productive resources
Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Contraceptive Research Technology and Utilization
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	6885
Planned Funds:	\$ 200,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to all PMTCT activities described in all APHIA II Partners in the FY 2007 Country Operational Plan (#8729, #8733, #8734, #8738, #8752, #8764).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>In COP 06, FHI/CRTU planned to conduct a formative assessment to identify opportunities and barriers to provision of FP as part of PMTCT, disseminate the findings to stakeholders and develop a training manual on provision of FP for HIV+ in collaboration with NASCOP, DRH and the National PMTCT Technical Working Group to train health workers in the provision of FP within the PMTCT context.</p> <p>To move the COP 06 forward, the COP 07 activity will ensure that providers' skills are strengthened through roll out of the training materials developed under COP 06. In addition, IEC materials will be developed and used to educate clients on the importance of FP. Therefore, the COP 07 activity will provide technical assistance to the MOH (both NASCOP and DRH) to roll out the training materials to trainers and providers representing 60 sites in both the public sector and faith-based organizations in approximately 10 districts, develop and distribute IEC materials to educate PMTCT clients on FP.</p> <p>A second component of the COP 07 activity will involve conducting a targeted evaluation of FP into PMTCT integration in order to generate strategic information about PMTCT best practices and inform scale up of FP-PMTCT integration. The evaluation will use the same "typical" PMTCT sites involved in the on-going (COP 06) PMTCT Best Practices project in order to build upon current efforts to disseminate these practices, evaluate how these typical PMTCT sites implement PMTCT best practices, gather strategic information about best practices for integrating FP into PMTCT, and inform scale up of integrated FP-PMTCT services.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>Integration of FP in PMCT will greatly enhance HIV prevention for both mother and child and therefore contribute to PEPFAR goals and targets in several ways. The FP approach into PMTCT program will result in reduced unwanted pregnancies. By improving the PMTCT program will directly result in reduced mother-to-child transmission.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity relates to all PMTCT activities described in all APHIA II Partners in the FY 2007 Country Operational Plan (#8729, #8733, #8734, #8738, #8752, #8764).</p> <p>5. POPULATIONS BEING TARGETED</p> <p>This activity targets adults of reproductive health age, pregnant women, family planning clients, doctors, nurses and other health workers.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>By building upon current efforts to disseminate best practices to PMTCT sites using strategic information on integrated FP-PMTCT services these efforts, focusing on FP clients, will reduce transmission and therefore increase gender equity in programming and stigma reduction.</p> <p>7. EMPHASIS AREAS</p> <p>This activity includes major emphasis on strategic information generation, and minor areas in quality assurance, quality improvement and supportive supervision, needs assessment, targeted evaluation and information, education and communication.</p>

Continued Associated Activity Information

Activity ID: 4101
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: Contraceptive Research Technology and Utilization
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		<input checked="" type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards		<input checked="" type="checkbox"/>

Target Populations:

Adults
 Faith-based organizations
 Family planning clients
 Doctors
 Nurses
 Pregnant women
 HIV positive pregnant women
 Host country government workers
 Other Health Care Worker
 Doctors
 Nurses
 Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Indiana University School of Medicine
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6898
Planned Funds: \$ 450,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: TB/HIV (#6900), Palliative Care: Basic Health Care and Support (#6901), HIV/AIDS Treatment: ARV Services (#6899), and Counseling and Testing (#8758).

2. ACTIVITY DESCRIPTION

The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by MUFHS and MTRH in collaboration with Indiana University School of Medicine (IUSM) and other academic centers. AMPATH is a comprehensive program of HIV treatment, prevention, community mobilization, Counseling and Testing (CT), Prevention of Mother-To-Child HIV transmission infection (PMTCT), PMTCT-Plus, nutritional support, on the job training, and outreach activities. The Emergency Plan (EP) and private foundations fund this project. Through this project, 90% of all pregnant women in the targeted sub-locations will receive counseling and testing and 80% of HIV-infected pregnant women will be enrolled in the PMTCT+ program. More effort will be put towards monitoring and evaluation of the PMTCT program. Additionally, at least 50% of spouses of HIV-infected pregnant women will be offered CT in an effort to treat entire families. This is a key outcome of successful PMTCT. IUSM, MUFHS, and MTRH will use EP funds to expand PMTCT services and teach the skills to medical students. In 2006, this program will be continued and expanded to additional health facilities under AMPATH within Rift Valley Province to total 18. These facilities will counsel and test 34,045 pregnant women and provide antiretroviral prophylaxis for 2,392 HIV-positive women. Of these, 1,196 will receive AZT, 240 HAART and 956 single dose nevirapine. 1,196 exposed infants will be reached with PCR for early infant diagnosis. 75 health workers will be trained to provide PMTCT services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

IUSM in the Rift Valley region will contribute 3.4% of the PEPFAR target of 1,000,000 for PMTCT primary prevention and care. Planned activities will improve equity in access to HIV prevention and care services in underserved rural communities. IUSM will help ensure there are adequate networks and linkages between their sites and other medical sites where AIDS care and treatment are available for both adults and children. These activities will contribute to increased access to CT services, particularly among underserved and high risk populations and result in increased availability of diagnostic counseling and testing services in medical settings to identify the large numbers of HIV infected patients who are potential candidates for ART.

4. LINKS TO OTHER ACTIVITIES

The PMTCT activities of the Indiana University Medical School in the Rift Valley region relate to Indiana University's Palliative Care activities (#6900) and (#6901), ARV services providing HIV/AIDS treatment/ARV services (#6899) and nutrition program activities, and counseling and testing services (#8758). 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. IUSM through AMPATH will continue providing nutritional support through its HIV farm as well as microfinance and microcredit activities. Increased availability of PMTCT services will help reduce stigma and discrimination at community and facility level.

7. EMPHASIS AREAS

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

Continued Associated Activity Information

Activity ID: 4233
USG Agency: U.S. Agency for International Development
Prime Partner: Indiana University School of Medicine
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 350,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	18	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	34,045	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,392	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	75	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Family planning clients
Doctors
Nurses
Traditional birth attendants
Discordant couples
Infants
People living with HIV/AIDS
Pregnant women
Rural communities
University students
Host country government workers
Other Health Care Worker
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Rift Valley
Nyanza
Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Medical Corps
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6906
Planned Funds: \$ 100,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity will relate to HIV/AIDS Treatment: ARV Services (#6945), (#8797), Laboratory Infrastructure (#6940), Counseling and Testing, (#6948), and Palliative Care: TB/HIV (#6944).

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.

IMC is currently supporting PMTCT activities in 22 out of 31 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+ 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 2007, IMC-supported facilities will counsel and test 7,400 pregnant women, perform WHO clinical staging and provide antiretroviral prophylaxis for 2,000 HIV pregnant positive women. Of these 2,000 women, IMC will provide sdNVP and AZT to 1,000 HIV-positive women, link 300 women to antiretroviral therapy (HAART), sdNVP to 700 women and do PCR for early infant diagnosis on 1,000 (50%) of HIV exposed infants in accordance with the national algorithm. Infants found to be HIV positive at six weeks or thereafter will be linked to pediatric HIV care and treatment if they are eligible. For the infant, IMC will focus on initiation of cotrimoxazole and doing DBS for PCR at six weeks. The postnatal care package for the mother will include counseling on appropriate feeding practices according to national guidelines, linkage to family planning services and linkage to care and ARV treatment. IMC will enhance male involvement through invitation by cards and establishment of a male only clinic. 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 2007, IMC will have scaled up to all 31 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. 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. IMC will use people living with HIV/AIDS (PLWHAs) for peer counseling, formation of support groups, and for demand creation for PMTCT services. Emphasis will be laid on behavior change and prevention of positives. IMC will train 130 service providers in basic PMTCT, and 400 community own resource persons as PMTCT promoters and adherence counselors. 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 0.74% of the 2007 overall Emergency Plan PMTCT targets for Kenya. 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 (#6945), CDC KEMRI laboratory services (#6940), CDC KEMRI VCT (#6948), CDC KEMRI TB/HIV (#6944) and to ARV Services by the APHIA II Rift Valley (#8797). 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.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity has major emphasis on Development of Network/Linkages/Referrals Systems; minor emphasis will be placed on Community Mobilization/Participation, Linkages with other Sectors and Initiatives; Local Organization Capacity Development and Training.

Continued Associated Activity Information

Activity ID: 4239
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Medical Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Food/Nutrition	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	31	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	7,400	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,000	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	130	<input type="checkbox"/>

Target Populations:

Adults
HIV/AIDS-affected families
Infants
Pregnant women
HIV positive pregnant women
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6911
Planned Funds: \$ 50,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Counseling and Testing (#6912) and HIV/AIDS Treatment: ARV Services (#6914).

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 271,000 people (of which 91,000 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 2007, the program will continue supporting implementation of PMTCT services in the current four facilities, and will provide HIV counseling and testing to 3,200 pregnant women and provide a complete course of antiretroviral prophylaxis to 32 HIV positive women. 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. IRC supports the implementation of PMTCT activities as part of the Comprehensive HIV/AIDS prevention and care program in Kakuma Refugee Camp 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. 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 32 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.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to PEPFAR goals for primary prevention and care by contributing 0.3% of overall 2007 Emergency Plan targets for Kenya in meeting the health needs of women in this special group (refugee setting). The expansion in geographic scope also contributes to the programs efforts for increase access to quality PMTCT services for the refugee population as well as the local host population in this underserved area.

4. LINKS TO OTHER ACTIVITIES

This activity links to IRC activities in HIV ART and care services (#6914), Counseling and Testing services (#6912) 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.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity includes major emphasis on Quality Assurance and Supportive Supervision,

with minor emphasis on Training and Strategic Information (M&E, IT, Reporting).

8. 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.

Continued Associated Activity Information

Activity ID: 4150
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Rescue Committee
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 30,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	4	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,200	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	32	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	50	<input type="checkbox"/>

Target Populations:

- Adults
- Infants
- Refugees/internally displaced persons
- Pregnant women
- HIV positive pregnant women
- Public health care workers
- Private health care workers
- HIV positive infants (0-4 years)

Key Legislative Issues

- Increasing gender equity in HIV/AIDS programs
- Other

Coverage Areas

Rift Valley

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Local Voices
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6916
Planned Funds: \$ 110,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This Internews/Local Voices PMCT activity relates to activities in HIV/AIDS Treatment: ARV Services (#6915), Policy Analysis and Systems Strengthening (#6918), and Orphans and Vulnerable Children (#9076), Counseling and Testing (#6917), and Medical Transmission/Blood Safety (#8705).

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 (40%) women 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 2007, 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 2006 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 lectures, 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 services (#6915), Policy Analysis and Systems Strengthening (#6918), and Orphans and Vulnerable Children (#9076), Counseling and Testing (#6917), and Blood safety (#8705). 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 a major emphasis on information, education and communication and minor emphasis on local organization capacity development.

Continued Associated Activity Information

Activity ID: 4173
USG Agency: U.S. Agency for International Development
Prime Partner: Internews
Mechanism: Local Voices
Funding Source: GHAI
Planned Funds: \$ 110,000.00

Emphasis Areas

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

Targets

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

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Discordant couples
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Professional Associations
Children and youth (non-OVC)
Host country government workers
Public health care workers
Private health care workers

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: ACCESS
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6925
Planned Funds: \$ 1,082,740.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Prevention of Mother-to-Child Transmission (#7006).

2. ACTIVITY DESCRIPTION

In FY 2006 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 2007, JHPIEGO will continue to build upon FY 2006 initiatives by further supporting the central DRH to develop 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. At program start the DRH with NASCOP will provide guidance on how to strengthen PMTCT/ART integration to 16 provincial and 120 district level DRH and NASCOP officers using the standard-based management and recognition approach. 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. The practice of exclusive breastfeeding in Kenya has greatly reduced from 17% in 1998 to 2.6%. JHPIEGO will therefore support the DRH to operationalize the Infant Feeding Policy through the development of appropriate BCC programs and messages in collaboration with USAID's APHIA II partners. This will also help to scale up the utilization of integrated PMTCT services at public and faith based facilities by women that were previously not accessing ANC services. Finally, a PMTCT consultative meeting for 100 stakeholders/partners will be organized by DRH and NASCOP to assess progress with PMTCT/ART integration and provide technical updates on linkages and referral systems, post-partum care, efficacious regimens, infant feeding, etc. This program is designed in consultation with the Ministry of Health's Division of Reproductive Health (DRH) which provides leadership and coordination to the National PMTCT program in partnership with the National AIDS and STI Control Program (NASCOP). The DRH co-chairs the National PMTCT Technical Working Group (TWG) with NASCOP.

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/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 (#7006) 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.

Continued Associated Activity Information

Activity ID: 4811
USG Agency: U.S. Agency for International Development
Prime Partner: JHPIEGO
Mechanism: ACCESS
Funding Source: GHAI
Planned Funds: \$ 250,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

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

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Pregnant women
Rural communities
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6949
Planned Funds: \$ 3,462,306.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

ARV Services (#6945), and Palliative Care: TB/HIV (#6944).

2. ACTIVITY DESCRIPTION

KEMRI has been supporting implementation of PMTCT activities in the five districts of Kisumu, Nyando, Nyamira, Gucha and Kisii in Nyanza Province with Emergency plan funding since 2004. To date, the program has supported integration of PMTCT services in 77 ANC and maternity units, provided HIV counseling and testing to 77,921 women, and given ARV prophylaxis to 7,509 HIV-positive women. In FY 2007, KEMRI will continue to support PMTCT activities in this region whose ANC HIV prevalence ranges from 5-20%. 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. In 2007, KEMRI will counsel and test 79,169 pregnant women and provide antiretroviral prophylaxis for 10,769 HIV-positive women, 50% of these women will receive both SD Nevirapine and AZT. In addition the program will support the WHO clinical staging of all HIV positive pregnant women to identify those eligible for HAART in line with the National guidelines, and will facilitate linkage or access to HAART for 1,074 of these women. Where CD4 testing is available, this will be used as additional criteria for identification of women eligible for HAART. 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 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 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; 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 6,660 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 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. 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. To strengthen increased male partner involvement, the program will review the current approach of male-only clinic with a view of replicating this model. KEMRI will work with the Ministry of Health to expand PMTCT services from the current 104 to 130 health facilities with the goal of achieving universal geographic coverage of services. The program will train 553 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 in Nyanza and Western Province through the purchase of the required test kits and supplies.

Significant changes in 2007 focus on the provision of a more comprehensive package of care to the HIV positive woman, her infant and family. These activities include use of the more efficacious PMTCT ARV regimen in line with WHO and Kenya National ARV guidelines, EID and strengthened linkage to pediatric HIV care services and improved TB screening among the HIV-positive pregnant women.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute 7.8 % of the pregnant women who receive counseling and testing and 12 % of the ARV prophylaxis to the 2007 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 (#6945), and the KEMRI TB program in Nyanza Province (#6944). 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

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

Will increase gender equity in HIV/AIDS programming by providing training on couple counseling, risk assessment, and stigma reduction, and supporting women to mitigate potential violence or other negative outcomes of disclosure. Community mobilization efforts for increasing male partner support and involvement will also address male norms and behavior thereby increasing PMTCT service uptake.

7. EMPHASIS AREAS

Major emphasis on quality assurance, quality improvement and supportive supervision with minor emphasis on community mobilization/participation, Training and Development of Network/Linkages/Referral systems.

Plus-up funds will be used to support training of trainers (TOTs) on early infant diagnosis: national algorithm and DBS collection, handling and shipment. The master trainers will be used to scale up training activities and mentorship at district levels. Funds will also be used to strengthen counseling on infant nutrition, formation of exclusive breastfeeding support groups, and psychosocial support. Brochures, posters and education materials with messages on EID and infant and young child nutrition will be developed in English, translated into national and local language in HIV high prevalence areas. Funds will further be used on procurement of reagents, on logistics and policy issues.

Plus up funds will also be used to procure HIV test kits to support the upscaling of partner testing. A budget total of \$300,000 is earmarked for this activity and will support HIV tests for 200,000 partners. Finally, an additional plus up fund budget of \$ 500,000 will be used to strengthen the diagnosis and treatment of Sexually Transmitted Infections-specifically Syphilis screening (using RPR) among pregnant women attending ANC clinics as part of the comprehensive PMTCT program. This will be achieved through the purchase and distribution of reagents to all the 1,500 PMTCT sites nationally. The program will also complement the national program efforts of routine Hb tests as part of the ANC profile tests. The program will target reach 1,000,000 pregnant women within PMTCT program nationally.

Continued Associated Activity Information

Activity ID: 4095
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 900,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	130	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	79,169	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	10,769	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	553	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Doctors
Nurses
Pharmacists
Infants
Pregnant women
Rural communities
HIV positive pregnant women
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Nyanza

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Uniformed Services Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6953
Planned Funds: \$ 50,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6950), Palliative Care: TB/HIV (#6951), and HIV/AIDS Treatment: ARV Services (#6954).

2. ACTIVITY DESCRIPTION

The Uniformed Services is comprised of Non-Military Services such as the Prison Services (KPS), National Youth Service (NYS), Kenya Police Department (KPD), Kenya Wildlife Services (KWS), and Administration Police (AP). 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 FY 2007, CDC will continue supporting KPS and NYS, and AP and Police will extend similar support to the rest of 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 5,200 pregnant women and will target to provide a complete course of ARV prophylaxis to 417 HIV-positive pregnant women. All HIV-positive pregnant women eligible for HAART will be linked to the ART program. 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 416 for DBS and will link all eligible infants to the ART program (for pediatric HIV care). The program will also encourage male partner HIV testing as well as male involvement and support.

In FY 2007, the USP intends to consolidate activities in the current 18 health facilities and will initiate activities in additional 8 facilities up to a total of 26 facilities. 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 KEMRI U/S ARV services program (#6954), KEMRI U/S counseling and testing (#6950) and KEMRI U/S TB/HIV services (#6951). 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 health age, pregnant women, infants, HIV-positive pregnant women, HIV-positive infants, public health care workers, such as doctors, nurses and other MOH staff. Strategies to improve quality of services will target health care workers, doctors, nurses, midwives, and clinical officers. This activity also targets military personnel.

6. 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.

7. EMPHASIS AREAS

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

Continued Associated Activity Information

Activity ID: 4258
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: Uniformed Services Project
Funding Source: GHAI
Planned Funds: \$ 20,000.00

Emphasis Areas

	% Of Effort
Infrastructure	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	26	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,200	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	416	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	30	<input type="checkbox"/>

Target Populations:

- Adults
- Infants
- Military personnel
- Pregnant women
- HIV positive pregnant women
- Public health care workers
- HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6959
Planned Funds: \$ 100,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#6960), Counseling and Testing (#6957) and HIV/AIDS Treatment: ARV Services (#6958).

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 2007, KDOD intends to extend Prevention of Mother-To-Child Transmission (PMTCT) services to communities living in the neighborhood of the military barracks with a total population of approximately 500,000. Currently the KDOD offers PMTCT services in 15 of the 40 military camps sites nationwide. In FY 2007, 5 additional PMTCT sites will be added, for a total of 20 service outlets. The PMTCT program will provide Counseling and Testing (CT) in the PMTCT setting to 5,000 pregnant service women, spouses of service personnel, and underserved populations in the neighboring communities surrounding the military barracks. Antiretroviral prophylaxis will be provided to at least 300 of the HIV-infected pregnant women, these will include AZT prophylaxis from 28 weeks gestation to at least 50% of them. 80% of their HIV exposed infants will also be provided with ARV prophylaxis. 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 be integrated into all existing military maternity facilities targeting 500 eligible women who will be served with family planning information and services. The KDOD also intends to introduce sexual partner testing targeting 500 men. In order to improve on sustainability, KDOD will train 60 health care workers in PMTCT including family planning and nutrition. Training will be in accordance with the guidelines set by the Ministry of Health (MOH). Quality assurance will be ensured through establishment of a strategic information and monitoring system that will facilities 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 PMTCT site infrastructure renovations 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 family planning 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 ensuring that at least 80% of all health facilities are providing PMTCT services by the end of year 2007. KDOD PMTCT activity will also contribute to 0.5% of the overall national target of 1,000,000 pregnant women accessing PMTCT services in FY 2007. The planned activities will also improve equity in access to HIV prevention and care services of the most at risk populations. These activities will contribute to the result of increased access to 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 (#6960), CT (#6957) and HIV/AIDS treatment/ART services (#6958). PMTCT services include CT 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 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 workers, doctors, nurses, midwives, clinical officer, and the local communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming through PMTCT services targeted towards pregnant women and their male sexual partners. Identifying the women through PMTCT will give them an opportunity to access care for themselves, partners, and their

children-all resulting in improved pregnancy outcomes. Increased availability of PMTCT and PMTCT+ services will increase access to HIV care, 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 workers to meet the demands of the improved PMTCT uptake. Minor emphasis will include infrastructure renovations 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.

Continued Associated Activity Information

Activity ID: 4251
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: Kenya Department of Defense
Funding Source: GHAI
Planned Funds: \$ 100,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	20	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,000	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	300	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	60	<input type="checkbox"/>

Target Populations:

Adults
 Family planning clients
 Discordant couples
 Infants
 Military personnel
 Pregnant women
 HIV positive pregnant women
 Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers
 HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: South Rift Valley
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 6967
Planned Funds: \$ 1,116,540.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6968), HIV/AIDS Treatment: ARV services (#6973), Palliative Care: TB/HIV (#6975), and Palliative Care: Basic Health Care and Support (#6922).

2. ACTIVITY DESCRIPTION

Since August 2001, the Kenya Medical Research Institute /Department of Defense (KEMRI/DOD) has been implementing a Prevention of Mother-to-Child Transmission of HIV infection (PMTCT) program in the Kericho District of the south Rift Valley Province. The number of PMTCT sites has increased from three to over 70 and as a result 67,000 pregnant women have received PMTCT Counseling and Testing (CT). Between January and July 2006, 19,589 pregnant women presented for their first antenatal visit, of which 92% received their HIV test results. Among them, 1,009 women were diagnosed as HIV-positive and 82% and 65% of them and their HIV exposed infants received ARV prophylaxis respectively. With Emergency Plan (EP) support, KEMRI/DOD has scaled-up PMTCT services in 5 other districts of south Rift Valley Province (SRV). Male involvement has been encouraged through the development of Saturday male clinics throughout the region. Though the program has been successful, due to inadequate numbers of trained health workers, limited working space, poor infrastructure, weak logistics supply chain management, inadequate management, as well as fear of 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 information and services are further barriers. The SRV Province has 250 health facilities and fewer than 80 are currently providing PMTCT services. In 2007, KEMRI-SRV will continue to work with Provincial and District Ministry of Health (MOH) Health Management Teams (HMT) to address these barriers in an effort to scale up PMTCT services from the expected 120 health facilities at the end of FY 2006 to 160 in the six districts of south Rift Valley Province in FY 2007. The coordination with Government of Kenya in the implementation of this activity will ensure sustainability and quality of the services. CT services will be provided to 72,423 (about 80% of all pregnant women) women during the antenatal, intra-partum, and postnatal period. 2,344 HIV-infected mothers and 2,100 of their babies will receive ARV prophylaxis. The prophylaxis will include AZT to 50% of the HIV infected women from 28 weeks gestation and their exposed infants. A total of 250 health workers will be trained to address the shortage of human resources. In addition, technical assistance will be provided by four additional locally employed staff. CT within the PMTCT program area will be extended to male sexual partners of the pregnant women, their young children, the Child Welfare Clinic, and family planning clients. Presumptive Malaria Treatment, provision of mosquito nets and cotrimoxazole prophylaxis to both mother and infants will be encouraged. Dry Blood Spots (DBS) will be used for rapid HIV antibody testing quality assurance and control. DBS will also be used for Polymerase Chain Reaction (PCR) testing of the HIV exposed or infected children. HIV-infected women will be screened for comprehensive HIV care and treatment eligibility. Follow-up and referral as appropriate of the HIV-infected women, their HIV exposed children, and their sexual partners will be encouraged. Counseling regarding infant feeding practices will be provided. Family planning services will be supported through appropriate training and supervision. The KEMRI research laboratories in Kericho will provide HIV PCR diagnostic testing services.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This KEMRI/WRP activity will contribute to approximately 7.2% of the total, direct PMTCT Emergency Plan targets of 1,000,000 pregnant women offered CT in FY 2007. 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. 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 (#6922), CT (#6968), Treatment: ARV services (#6973), and TB/HIV (#6975). This activity will be

linked directly to Treatment: ARV for those women who screen HIV positive during the PMTCT process and CT will be conducted on male partners and children of women in the PMTCT clinics. 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, Mothers to Mothers To Be and Peer Counseling 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 early infant diagnosis. Minor emphasis will be placed on infrastructure, development of networks/linkages and referral systems, and quality assurance, quality improvement and supportive supervision.

Continued Associated Activity Information

Activity ID: 4804
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: South Rift Valley
Funding Source: GHAI
Planned Funds: \$ 550,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	160	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	72,423	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,344	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	250	<input type="checkbox"/>

Target Populations:

Adults
Faith-based organizations
Family planning clients
Doctors
Nurses
Discordant couples
Infants
Pregnant women
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

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

Coverage Areas

Rift Valley

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7006
Planned Funds: \$ 300,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#7005), HIV/AIDS Treatment: ARV Services (#7004), Prevention of Mother-to-Child Transmission (#6925) and Strategic Information (#7002).

2. ACTIVITY DESCRIPTION

The Ministry of Health's National AIDS and STI Control Program (NASCO) 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), NASCO 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. NASCO 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.

Significant changes from FY 2006 to FY 2007 for this activity are the strengthening of the stewardship function of NASCO by improving coordination across MOH programs supporting MCH services at the national and district levels with decentralization to the district level. NASCO, through the Technical Working Group (TWG), will provide the framework and guidance for the national roll out of comprehensive integrated PMTCT services. NASCO will facilitate and guide development of Provincial PMTCT TWGs that will work at district level to enhance active community participation, coordinate various partner activities, review district microplans and use program data for improving specific regional performance. Other significant changes include 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.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA.

NASCO has the mandate to provide leadership and policy guidance, direction and support for national PMTCT efforts. The NASCO 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. The proposed national training plan and improved PMTCT management information system will provide critical PMTCT programming information such as staffing level, program uptake, coverage gaps etc., which will be used for improved national PMTCT programming. Strong and effective linkages between PMTCT other HIV care programs at national level will significantly improve access to ART including pediatric HIV care and treatment services at facility level, thereby ensuring comprehensive care services in PMTCT sites. With Emergency Plan funds, NASCO led the national process in adapting the WHO/CDC generic curriculum into the Kenya National PMTCT Training Curriculum. In FY 2007, NASCO will continue to provide national direction for staff capacity building to strengthen PMTCT service delivery. NASCO 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. NASCO will support the development and roll out of a national training plan based on identified needs, maintain a national data base on service providers trained with details of cadre of staff trained, training type, duration of training etc that will be used to inform the nation on staffing needs. NASCO 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.

4. LINKS TO OTHER ACTIVITIES

This activity relates to the following: NASCO ART (#7004), NASCO SI (#7002), and PMTCT JHPIEGO DRH (#6925). This activity is most immediately linked to palliative care (#7005) and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV+ woman in the antenatal and post natal settings, care of the HIV exposed infant in the post natal period and referral to the ART sites for women and infants. In

collaboration with the DRH, this activity will strengthen support supervision efforts for integrated comprehensive PMTCT service delivery including improved data management and utilization at facility level.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity includes major emphasis on policy and guidelines and minor emphasis on quality assurance and support supervision; strategic information (M&E, reporting); and development of networks/linkages/referral systems.

Continued Associated Activity Information

Activity ID: 4225
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS & STD Control Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 437,500.00

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

Targets

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

Target Populations:

Adults
National AIDS control program staff
Policy makers
Pregnant women
Professional Associations
Rural communities
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Network of AIDS Researchers in East and Southern Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7013
Planned Funds: \$ 1,780,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS Treatment: ARV services (#8774, #6945, #8983, #8792, #8797, #6866, #6867 and #8765).

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 the 12 districts of Bondo, Rachuonyo and Homa Bay in Nyanza Province; Nyeri, Muranga, Maragua, Kiambu and Kirinyaga in Central Province; Kitui and Mwingi in Eastern Province; Kajiado in Rift Valley Province and Kilifi District Hospital in Coast Province. ANC HIV prevalence ranges from 4% in Kirinyaga district to 28% in Bondo district. To date, NARESA has supported HIV counseling and testing of 17,003 women, and given PMTCT ARV prophylaxis to 1,917 HIV-positive women. In 2007, NARESA will consolidate services in the 250 existing sites and will support additional 100 new health facilities to provide PMTCT services with the aim of providing comprehensive HIV care to all the HIV + pregnant women and their infants and families. A total of 880 service providers will be trained on PMTCT service delivery. The program will provide HIV counseling and testing to 118,910 pregnant women and will support WHO clinical staging for all HIV positive pregnant women in order to identify the appropriate PMTCT ARV intervention. A total of 11,960 HIV positive women will receive ARV prophylaxis, 1,200 of these women will receive HAART; 5,380 will receive both sd Nevirapine and AZT, while 5,380 will receive only sd Nevirapine. The program will provide ARV post exposure prophylaxis to 11,960 HIV exposed infants. The ongoing follow-up clinics for HIV positive women and their infants in all the district hospitals 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, linkage to family planning services, and linkage to HIV care and treatment. The care package for the infant will include administration of Cotrimoxazole to 5,980 HIV exposed infants starting six weeks and DBS for PCR-HIV for Early infant diagnosis and will target 5,980 infants with this intervention. The program will collaborate with the HIV/AIDS treatment/ARV services to provide pediatric HIV services to all eligible infants identified through the program. The program will identify and use innovative strategies to reach eligible women in the districts with PMTCT services both in the community and in labor and delivery units. The project will continue to consolidate other continuing strategies for program uptake including using PLWA as peer counselors, providing joint monthly supervision with MOH staff, supporting continuing education for MOH staff and supporting the collection and use of data at both facility and national levels. NARESA will also support the MoH (NASCOP and Kenya Expanded Immunization Program-KEPI) to undertake Targeted Evaluation activity on the integration of medical services for HIV exposed infants into routine immunization, which will evaluate the impact of early infant diagnosis on immunization and enhance follow up of HIV exposed infants.

Key significant change in 2007 is the focus on providing the more efficacious PMTCT ARV regimen and expansion in Early Infant HIV diagnosis services.

"The plus up funds will be used to support the scale up of HIV counseling and testing services to partners and family members of PMTCT mothers with an emphasis on reaching family members of HIV+ mothers with a target of reaching 160,000 partners and family members in Nyanza and Central Province. The program will enhance efforts to support improved access to FP services for HIV+ women through strengthened integration of FP services within PMTCT settings as well as targeting HIV+ adolescent girls. Plus up funds will also be used to establish and strengthen provision of comprehensive HIV care services (including provision of ART) within MCH settings. Strategies include linkage with MCH and pediatric services within MCH settings and provision of HIV counseling to sick children attending pediatric outpatient clinics and pediatric inpatient wards. Program targets to reach 150,000 women and 30,000 children with these interventions, in Nyanza and Central Provinces.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT activities in these districts will significantly contribute to PEPFAR goals for primary prevention and care by contributing 12 % of 2007 overall Emergency Plan CT PMTCT targets for Kenya and 14% of the ARV PMTCT prophylaxis. Technical assistance and

support to facilities will contribute to the goal of improving access to quality PMTCT services. The expansion in scope of services delivered to include comprehensive PMTCT will provide an opportunity for the HIV-positive women to access comprehensive HIV care services. Further, this model provides an opportunity for establishing the infant's HIV status through linkage with available pediatric diagnostic and treatment and care facilities. Comprehensive PMTCT will also provide an entry point for HIV prevention, care and treatment to other members of the woman's family. This activity also contributes to Kenya's Five-Year strategy of encouraging women to know their HIV status and availing services to avert HIV infections among infants. It also contributes to improved networks for pediatric ART.

4. LINKS TO OTHER ACTIVITIES

This activity relates to KEMRI ARV Services in Nyanza (#6945), APHIA II ARV services in Nyanza (#8774); CDC TBD (#8983) and APHIA II Eastern ARV services in Eastern Province (#8792); APHIA II ARV services in Rift Valley (#8797); and Columbia University ARV services in Central Province (#6866 and #6867). This activity is most immediately linked to Palliative Care and HIV/AIDS treatment/ARV services through the provision of ongoing care to the HIV+ woman in the ante-natal and post natal settings, care of the HIV exposed and infected infant in the post natal period and appropriate referral to Pediatric HIV Care services.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity includes major emphasis on Quality Assurance and Supportive Supervision and minor emphasis on Training; Community Mobilization/Participation; Development of Network/Linkages/Referral Systems as detailed in section 1 above. Targeted Evaluation is another minor emphasis area.

Continued Associated Activity Information

Activity ID:	4146
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Network of AIDS Researchers in East and Southern Africa
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 600,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	420	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	151,365	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	15,365	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	940	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
Pharmacists
Infants
Pregnant women
HIV positive pregnant women
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Reducing violence and coercion
Stigma and discrimination

Coverage Areas

Central
Coast
Eastern
Nyanza
Rift Valley

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Pathfinder International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7016
Planned Funds: \$ 850,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS Treatment: ARV services (#7095), (#6836), (#6880), (#7094), (#6869), (#6866), (#6867), (#7100), and Palliative Care: TB/HIV (#6879).

2. ACTIVITY DESCRIPTION

Pathfinder International (PFI) has been supporting the implementation of PMCT services in 220 facilities located in 18 districts in the four provinces of Nairobi (all districts), Eastern (Meru South, Meru North, Meru East and Tharaka Districts) Rift Valley (Nandi North, Nandi South, Uasin Gishu Districts, Keiyo, Marakwet and Trans Nzoia District). In FY05, PFI achieved 72% of the set targets. PFI supports facilities to provide a 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.

In FY 2007, there will be significant change in geographic focus where PFI will consolidate its activities in Nairobi (8 districts), Eastern (5 districts), and Central (1 district) provinces. 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. PFI targets counseling and testing to 118,774 pregnant women and provide antiretroviral prophylaxis for 10,000 (1,000 on HAART, 4,500 on AZT+sdNVP and 4,500 sdNVP) HIV-positive women. The target for EID using DBS at six weeks and cotrimoxazole prophylaxis to exposed infants is 6,000. The number of sites will increase from 220 to over 300. Innovative approaches will be used to increase male partner participation such as using peer approaches, work place awareness creating as well as targeting men in social settings. 600 counselors will be trained for enhanced adherence support to HIV-positive women and their families. 300 community health workers will be trained to provide community and facility referral linkages. 150 health supervisors will be trained in program management skills, including utilization of data for decision making for program improvement. Pathfinder will train and update skills of 630 service providers in comprehensive HIV management for HIV-positive pregnant mothers, their infants and their families.

In FY 2007 PFI will conduct targeted evaluation to determine characteristics of women coming to delivery and postnatal units with unknown HIV status. This will inform specific approaches to reach majority of the women in the population and develop effective strategies for enhanced Maternity and postnatal testing.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 12% of the overall 2007 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 (#7095), AMREF (#6836), EDARP (#6880), University of Manitoba (#7094), CHF (#6869), University of Columbia (#6866 and #6867) and University of Washington (#7100), and TB/HIV (#6879).

5. POPULATIONS BEING TARGETED

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

7. EMPHASIS AREAS

This activity includes major emphasis on development of Network/Linkages/Referral systems with minor emphasis on Quality Assurance and Supportive Supervision; Community Mobilization/Participation and targeted evaluation.

Continued Associated Activity Information

Activity ID: 4143
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Pathfinder International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 800,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	300	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	118,774	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	10,000	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	630	<input type="checkbox"/>

Target Populations:

Adults
Discordant couples
Infants
People living with HIV/AIDS
Pregnant women
Public health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional healers
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Reducing violence and coercion

Coverage Areas

Eastern
Nairobi

Table 3.3.01: Activities by Funding Mechanism

Mechanism: HEALTH TECH IV
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7030
Planned Funds: \$ 200,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in PMTCT APHIA II Eastern (#8752) and OVC APHIA II Eastern (#9041).

2. ACTIVITY DESCRIPTION

In FY 2006 PATH carried out a study to help PMTCT programs in Kenya define and promote safe infant feeding practices. Several districts were selected from the APHIA II Eastern PMTCT program in Eastern province. To generate the evidence base that infant feeding counselors need, this targeted evaluation in FY 2007 will build on PATH's FY 2006 ACTIVITY examining conditions surrounding infant health among HIV-positive mothers who practice early cessation of breastfeeding. This activity will consult with existing PMTCT partners in Kenya to discuss and adapt the outcome of the targeted evaluation and formative research to local circumstances, resulting in specific recommendations for safe and nutritious infant-feeding practices for the transition period. This study will explore and develop, together with mothers and other family members in various settings, simple ways in which they can better cope with the increased nutritional, hygiene, and care needs imposed on families when breastfeeding stops. It will test innovative ideas, including use of the new PATH postnatal AFASS algorithm, for improving mothers' ability to make decisions around stopping breastfeeding. Affordable ways of achieving an adequately nutritious diet, a "safe kitchen," and of coping with the additional infant care burden that breastfeeding cessation imposes on families will be explored and developed in different community environments in the APHIA II Eastern PMTCT program. PATH will provide assistance in the implementation of new practices, including training of 100 health workers, guiding the development of materials for counselors and mothers, monitoring and evaluation, and supervision. PATH will carry out the study in collaboration with the National AIDS and STD Control Program (NASCOP), the Division of Reproductive Health DRH and the National PMTCT Technical Working Group (TWG), which includes PMTCT implementing partners. This activity will help the PMTCT program in Kenya make recommendations for complementary feeding and define the programmatic inputs necessary to ensure that counselors and mothers understand and are able to implement these recommended practices. The information resulting from this study will be conveyed through publications and workshops to those involved in policymaking and training of infant feeding counselors in Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute substantively to Kenya's Five-Year strategy to reduce mother-to-child infections and preserve the family unit. It will explore ways of improving hygiene in the preparation, storage, and feeding of foods to an infant. It will generate the evidence base that infant feeding counselors need and greatly augment child survival strategies.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in PMTCT APHIA II Eastern (#8752) and OVC APHIA II Eastern (#9041) whose sites in Eastern province will be selected for the implementation of this targeted evaluation.

This targeted evaluation in these PMTCT and OVC sites will support the development of recommendations contributing to clinic based and home-/community based care and support for HIV positive children. Caregivers will receive training in nutrition to enhance care for orphans and vulnerable children. However, little is known about how they can meet the enormous nutritional, hygiene, and care needs of the baby, as well as the burdens this imposes on the family.

5. POPULATIONS BEING TARGETED

This activity targets HIV-positive women, infants, HIV/AIDS affected families, orphans and vulnerable children, and caregivers living in rural communities with strategies for safe infant feeding. Recommendations for infant feeding and the testing of innovative ideas will target host government workers in the Ministry of Health including NASCOP staff, Ministry of Health staff working as program managers in the DRH, private and public health care, doctors, nurses and other health care workers such as clinical officers and nutritionists.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in programming by collaborating with women to develop strategies for HIV-positive women and caregivers; to cope with the additional infant care burden that breastfeeding cessation imposes on families. It will address stigma and discrimination by working with HIV-positive women and families affected by HIV/AIDS to identify improved mechanisms for infant feeding.

7. EMPHASIS AREAS

This activity includes major emphasis on targeted evaluation and food/nutrition with minor emphasis on training as well as policy and guidelines. It will identify specific recommendations for safe and nutritious infant-feeding practices for the transition period contributing to the development of nutritional guidelines for safe infant feeding.

Continued Associated Activity Information

Activity ID: 4812
USG Agency: U.S. Agency for International Development
Prime Partner: Program for Appropriate Technology in Health
Mechanism: HEALTH TECH IV
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Food/Nutrition	10 - 50
Needs Assessment	10 - 50
Targeted evaluation	51 - 100
Training	10 - 50

Targets

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

Target Populations:

- HIV/AIDS-affected families
- Infants
- National AIDS control program staff
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Other MOH staff (excluding NACP staff and health care workers described below)
- Public health care workers
- Private health care workers
- HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas

Eastern

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II - Health Communication & Marketing
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7050
Planned Funds: \$ 200,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#7052), Condoms and Other Prevention (#7051), Blood Safety (#8804), 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 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 2007, 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 (#7052), Other Prevention (#7051), Blood Safety (#8804) and Counseling and Testing (#7049) 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

PMCT 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.

Continued Associated Activity Information

Activity ID: 4994
USG Agency: U.S. Agency for International Development
Prime Partner: To Be Determined
Mechanism: BCC/SM-PSI
Funding Source: GHAI
Planned Funds: \$ 200,000.00

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

Targets

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

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Faith-based organizations
- Discordant couples
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Professional Associations
- Rural communities
- Host country government workers
- Public health care workers
- Private health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations Children's Fund
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7087
Planned Funds: \$ 0.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

The UNICEF PMTCT activities in Eastern and North Eastern provinces relate to Palliative Care (#8867), Counseling and Testing (#8778), and HIV/AIDS Treatment: ARV services (#8805) in North Eastern province which are also PEPFAR funded

2. ACTIVITY DESCRIPTION

UNICEF has years of experience working in the rugged, inhospitable, and often insecure areas of northern Rift Valley, Eastern, and North Eastern Provinces. With Presidential Initiative and Emergency Plan funds, they have been working with the Ministry of Health to provide services to prevent mother-to-child HIV transmission (PMTCT). In 2007, with support from USAID, the facilities that UNICEF supports will counsel and test 24,177 pregnant women and provide antiretroviral prophylaxis for 881 HIV-positive women. Significant changes from 2006 for this activity include more comprehensive coverage in depth in the same districts increasing total number of women served and providing a more comprehensive PMTCT package that includes ARV for pregnant women who need them.

UNICEF is uniquely capable of undertaking PMTCT activities in these geographic areas. It has a long-term commitment to these areas, and implements projects in several sectors there. To implement these projects they established a field office in Garissa, with knowledgeable local staff and appropriate infrastructure. With USAID, UNICEF co-funded the "Kenya PMTCT Project" which started in 1999 and which launched PMTCT activities in Kenya. In 2007 UNICEF will continue to work with the Ministry of Health to train 80% of appropriate health staff in PMTCT reaching 90 health care workers in 35 facilities, renovate fixed facilities, use mobile PMTCT/VCT facilities, and promote PMTCT in the communities served by these services. It will also roll out its stigma reduction campaign in these communities.

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

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

UNICEF activities in the specific geographic areas will contribute to 2.5% of overall PEPFAR goals for PMTCT activities in Kenya in the funding period. It's good to note that UNICEF works in hard to reach areas with low prevalence thus increasing equity and preventing further spread of HIV in these areas. Planned activities will improve equity in access to HIV prevention and care services since the currently underserved rural communities will have better access, and UNICEF will work to ensure there are adequate networks and linkages between their sites and medical sites where AIDS care and treatment are available for both adults and children.

4. LINKS TO OTHER ACTIVITIES

The UNICEF PMTCT activities in Eastern and North Eastern provinces relate to Palliative Care (#8867), Counseling and Testing (#8778), and HIV/AIDS treatment/ARV services (#8805) in North Eastern province which are also PEPFAR funded. PMTCT services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, and appropriate referrals for the management of opportunistic infections and HIV/AIDS treatment. UNICEF will use its stigma reduction module in order to reduce stigma within the community.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

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

7. EMPHASIS AREAS

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

Continued Associated Activity Information

Activity ID: 4072
USG Agency: U.S. Agency for International Development
Prime Partner: United Nations Children's Fund
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	0	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	0	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Family planning clients
Doctors
Nurses
Discordant couples
Infants
People living with HIV/AIDS
Pregnant women
Rural communities
Doctors
Laboratory workers
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Eastern
North Eastern

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Department of Obstetrics and Gynecology
Prime Partner: University of Nairobi
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7097
Planned Funds: \$ 1,615,082.00

Activity Narrative:**1. RELATED ACTIVITIES**

(#7095) ARV services.

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. During the past year, the program supported HIV counseling and testing to 31,670 with over 85% of these seen on admission to labor and delivery units. Close to 4,500 HIV-positive mothers were identified and given appropriate PMTCT ARV prophylaxis. Among the HIV-positive mothers provided with care, 30% of them initiated replacement feeding while 11% of them initiated contraception. 810 mothers have been initiated on HAART and are followed up in the post natal clinic, while 199 HIV exposed children have been linked to care and follow up. In FY 2007, the program will continue to support these activities and will provide HIV counseling and testing to 20,589 pregnant women provide ARV prophylaxis to 2,072 HIV-positive pregnant women. Of these HIV positive women 207 will be provided with Highly Active Antiretroviral Treatment (HAART) and 933 will receive more efficacious ARV regimens, while 932 will receive sd Nevirapine. The program will strengthen comprehensive PMTCT including couple counseling. In strengthening the linkage between PMTCT and HIV care services, the program shall support early infant HIV infection diagnosis by use of Polymerase Chain Reaction (PCR) for 1,033 infants and link all eligible infants to the pediatric ART program. The program shall strengthen the post natal HIV care clinic and shall support identified facilities to initiate this strategy. 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 two hospitals. 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. The program will support the training of 300 service providers on PMTCT, Rationale use of ARVs, and Data collection and reporting. 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. The program will continue supporting activities of the ongoing Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) study to determine the effectiveness of NNRTI-containing HAART in women with prior exposure to NVP for PMTCT. The study will include the follow up of 100-200 participants. The program also proposes to undertake Impact Evaluation of PMTCT services in Kenya. Approximately 200 sites will be selected for assessment.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT activities in these two high volume national referral facilities will contribute to approximately 2.1% of 2007 overall Emergency plan PMTCT targets for Kenya. 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. The results of the ongoing NNRTI resistance study and proposed Impact Evaluation will inform policy and practice on the role of NNRTI containing regimens for HIV infected mothers; and the effectiveness of national PMTCT program respectively. This activity also contributes to expansion of pediatric HIV care services.

4. LINKS TO OTHER ACTIVITIES

(#7095) ART program. All HIV-positive mothers, their infants and partners who are eligible for treatment will be referred to the HIV/AIDS treatment and care services

5. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV-positive pregnant women and HIV positive infants. Health Care providers in these two facilities including doctors, laboratory workers, nurses, pharmacists and other health care workers, for example nutritionists and social workers will also be targeted for training to improve service delivery. This activity also targets National AIDS control program staff and other MOH staff.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

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. During the past year, the program supported HIV counseling and testing to 31,670 with over 85% of these seen on admission to labor and delivery units. Close to 4,500 HIV-positive mothers were identified and given appropriate PMTCT ARV prophylaxis. Among the HIV-positive mothers provided with care, 30% of them initiated replacement feeding while 11% of them initiated contraception.

810 mothers have been initiated on HAART and are followed up in the post natal clinic, while 199 HIV exposed children have been linked to care and follow up. In FY 2007, the program will continue to support these activities and will provide HIV counseling and testing to 20,589 pregnant women provide ARV prophylaxis to 2,072 HIV-positive pregnant women. Of these HIV positive women 207 will be provided with HAART and 933 will receive more efficacious ARV regimens, while 932 will receive sd Nevirapine. The program will strengthen comprehensive PMTCT including couple counseling. In strengthening the linkage between PMTCT and HIV care services, the program shall support early infant HIV infection diagnosis by use of Polymerase Chain Reaction (PCR) for 1,033 infants and link all eligible infants to the pediatric ART program. The program shall strengthen the post natal HIV care clinic and shall support identified facilities to initiate this strategy. 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 two hospitals.

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. The program will support the training of 300 service providers on PMTCT, Rationale use of ARVs, and Data collection and reporting. 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. The program will continue supporting activities of the ongoing NNRTI study to determine the effectiveness of NNRTI-containing HAART in women with prior exposure to NVP for PMTCT. The study will include the follow up of 100-200 participants. The program also proposes to undertake Impact Evaluation of PMTCT services in Kenya. Approximately 200 sites will be selected for assessment.

Continued Associated Activity Information

Activity ID: 4147
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Nairobi
Mechanism: Department of Obstetrics and Gynecology
Funding Source: GHAI
Planned Funds: \$ 600,000.00

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Targeted evaluation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	80	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	51,441	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	9,512	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	390	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
Pharmacists
Infants
National AIDS control program staff
Pregnant women
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Reducing violence and coercion
Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7107
Planned Funds: \$ 524,054.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to all activities in PMTCT.

2. ACTIVITY DESCRIPTION

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 FY 2007, 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 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. All these activities will contribute to the Emergency Plan in Kenya goals of HIV prevention and treatment.

During FY 2007 CDC will continue to work with government of Kenya agencies 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; Two program managers with nursing and public health experience who work directly with the sites in 34 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.

Continued Associated Activity Information

Activity ID: 4301
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 470,000.00

Targets

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

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8647
Planned Funds: \$ 600,000.00

Activity Narrative: 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 ARV Services (#6919), Laboratory Infrastructure (#6920), and Systems Strengthening (#8693).

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 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 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 2006/7 on three-year contracts, this project will, in 2007/8, 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 58 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. 58 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.

Emphasis Areas

	% Of Effort
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing the minimum package of PMTCT services according to national and international standards

Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results

Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting

Number of health workers trained in the provision of PMTCT services according to national and international standards

Target Populations:

Nurses

Nurses

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: New York University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8649
Planned Funds: \$ 30,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in HIV Services (#7015) and Palliative Care (#7014).

2. ACTIVITY DESCRIPTION

New York University School of Medicine has been supporting the scale up of HIV treatment in adults and children at Bomu Medical Centre (Bomu Clinic) located in the Coast Province since 2004. To date the program has supported a total of 469 adults and children to initiate Antiretroviral (ARV) Therapy. The program has been also supporting the integration of HIV counseling and testing for pregnant women in this facility in both the ANC and Maternity unit. To date, a total of 574 pregnant women have received HIV counseling and testing services, and 36 HIV-positive pregnant women given PMTCT prophylactic ARVs, and has also supported the establishment of a pediatric HIV care clinic with a total of 131 children enrolled on the care program.

In FY 2007, the program proposes to strengthen PMTCT services in both the ANC and Maternity unit and will target to provide HIV counseling and testing to 2,146 women and ARV prophylaxis to 161 HIV-positive women and 161 HIV exposed infants. In addition, the program will support the WHO clinical staging of all HIV-positive pregnant mothers to identify those eligible for HAART in line with the National guidelines, and will target to facilitate linkage or access to HAART for all eligible women identified. CD4 testing, if available, will be used as additional criteria for identification of women eligible for HAART. All HIV-positive women identified through the PMTCT program will be linked to the ongoing HIV care program. The on-going follow-up clinics for HIV positive women and their infants in the entire clinic 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, linkage to family planning services, and linkage to HIV care and treatment and Palliative care services. The care package for the infant will include administration of Cotrimoxazole to 161 HIV exposed infants starting six weeks and DBS for PCR-HIV for Early infant diagnosis and will target 152 infants with this intervention. The program will collaborate with the HIV/AIDS treatment/ARV services to provide pediatric HIV services to all eligible infants identified through the program. The program targets to train a total of 12 service providers on PMTCT and will also engage Traditional Health workers for follow up activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT activities in this facility will contribute to the PEPFAR goals of increasing the number of HIV-positive pregnant women and HIV-positive infants accessing HIV care and treatment services.

4. LINKS TO OTHER ACTIVITIES

This activity links to NYU activities in HIV Care and Treatment, and Palliative Care (#7015 and #7014).

5. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, HIV positive pregnant women, Infants and HIV-positive infants. The program also targets public health care workers namely doctors, nurses, traditional birth attendants and other health care workers for training and capacity building.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in HIV/AIDS programs through providing PMTCT services to pregnant women.

7. EMPHASIS AREAS

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

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	1	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	2,146	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	161	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	12	<input type="checkbox"/>

Target Populations:

Adults
 Doctors
 Nurses
 Infants
 Pregnant women
 HIV positive pregnant women
 Traditional birth attendants
 Other Health Care Workers
 HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Coast

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8653
Planned Funds: \$ 340,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in HIV/AIDS treatment/ARV services (#6945) and, TB/HIV (#6944).

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. UCSF will implement comprehensive integrated PMTCT services in 20 facilities in Migori district starting with high volume facilities offering Antenatal care, delivery and postnatal services. Community peer support groups involving People Living with HIV/AIDS (PLWA) will be formed and supported.

In FY 2007, 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, 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. UCSF targets counseling and testing to 24,826 pregnant women and provide antiretroviral prophylaxis for 6,000 (600 on HAART, 3000 on AZT+sdNVP and 2,400 sdNVP) HIV-positive women. Early Infant Diagnosis (EID) using Dry Blood Spots (DBS) at six weeks and cotrimoxazole prophylaxis will target 3,600 HIV exposed infants. 200 counselors will be trained for enhanced adherence support to HIV-positive women and their families. 300 community health workers will be trained to provide community and facility referral linkages. 50 health supervisors will be trained in program management skills, including utilization of data for decision making for program improvement. UCSF will train and update skills of 150 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 2.6% of the overall 2007 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. 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.

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 KEMRI.

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.

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. 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.

7. EMPHASIS AREAS

This activity includes major emphasis on development of Network/Linkages/Referral systems with minor emphasis on Quality Assurance and Supportive Supervision; Community Mobilization/Participation and training.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	20	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	24,826	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,000	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	150	<input type="checkbox"/>

Target Populations:

Adults
 Doctors
 Nurses
 Traditional healers
 Discordant couples
 Infants
 Pregnant women
 HIV positive pregnant women
 Laboratory workers
 HIV positive infants (0-4 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Reducing violence and coercion
 Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Eastern Deanery AIDS Relief Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8654
Planned Funds: \$ 61,165.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in HIV/AIDS treatment/ARV services (#6880), (#7094) and Palliative Care: TB/HIV (#6879).

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 and in FY 2005, 517 women were counseled and tested and 134 were offered ARV prophylaxis. 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 2007, EDARP will consolidate its PMTCT services and initiate services at seven new 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 600 pregnant women and provide antiretroviral prophylaxis for 80 HIV-positive women. All HIV-positive pregnant women eligible for treatment 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. 30 counselors will be trained for enhanced adherence support to HIV-positive women and their families. 100 community health workers will be trained to provide community and facility referral linkages. 15 health supervisors will be trained in program management skills, including utilization of data for decision making for program improvement. Pathfinder will train and update skills of 50 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 0.06% of the overall 2007 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 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

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 EDARP and University of Manitoba ARV services.

5. POPULATIONS BEING TARGETED

This activity targets adults, pregnant women, people living with HIV, 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.

6. 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.

7. EMPHASIS AREAS

This activity includes major emphasis on development of Network/Linkages/Referral systems with minor emphasis on Quality Assurance and Supportive Supervision; Community Mobilization/Participation and training.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	7	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	600	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	80	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	50	<input type="checkbox"/>

Target Populations:

- Adults
- Faith-based organizations
- Infants
- People living with HIV/AIDS
- Pregnant women
- Doctors
- Laboratory workers
- Nurses
- HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Nairobi

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II - Central / Nairobi
Prime Partner: Pathfinder International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8729
Planned Funds: \$ 850,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity will relate to the ARV services (#8765), Orphans and Vulnerable Children (#9056), Palliative Care: TB/HIV (#9072), Palliative Care: Basic Health Care and Support (#8936) and Condoms and Other Prevention (#8874).

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/Central will build on this work in both Nairobi and Central provinces. APHIA II Nairobi/Central will continue to 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 Nairobi/Central 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 increasing steadily through these networks. Laboratory networks will also be established that will greatly improve ART uptake as well as early infant diagnosis.

In 2007, APHIA II Nairobi/Central will consolidate these activities and provide HIV counseling and testing to 35,445 pregnant women and provide antiretroviral prophylaxis to 2,580 HIV-positive women. Of the positive women, 1,290 will receive AZT, 260 HAART and 1,030 single dose nevirapine for prophylaxis. 1,290 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, 500 health supervisors will learn management skills, including utilization of data for decision making. In 2007, this project will use its experience to consolidate progress in existing facilities, expand to others within the two provinces and continue to strengthen District Health Management Teams, and referral networks for PMTCT-plus activities. Pathfinder will train 500 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.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 3.5% of the overall 2007 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.

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 (#8765), OVC care (#9056), TB/HIV services (#9072), HBHC (#8936) and STP services (#8874) funded under the APHIA II Nairobi/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 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. 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.

7. EMPHASIS AREAS

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

Plus up funds will be used to support capacity for service providers to provide couple HIV Counseling and testing within PMTCT sites. 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 target to reach at least 10,000 couples and will be implemented in Nairobi and Central Province.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	35,445	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,580	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	500	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Rural communities
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Central
Nairobi

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8733
Planned Funds: \$ 1,400,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to counseling and testing (#8776), ARV services (#8797), palliative care: home based care and support (#8929), abstinence and be faithful (#9070) and other prevention (#9040) 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 at least 80% of pregnant women in selected sites. In 55 facilities across several districts in Rift Valley Province CT will be provided to 134,460 pregnant women, ARV prophylaxis to 7,817 HIV-positive women. Of these 3900 HIV positive women will receive AZT prophylaxis, 3137 will receive single dose nevirapine while 780 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. 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 3900 exposed infants in the mother and child health clinics (MCH) are priorities. Cost barriers to ART uptake especially laboratory costs in its sites will be addressed.

Significant changes from 2006 to 2007 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 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 2007 APHIA II Rift Valley will support 55 sites, train 200 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. 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.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 13.4% of 2007 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 substantively to Kenya's 5-year strategy of encouraging pregnant women to know their status, availing services to reduce mother-to-child infections and providing HIV/AIDS treatment as a step towards 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, 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 major emphasis on training and development of network/linkages/referral systems with minor emphasis on renovation, quality assurance and supportive supervision as detailed in the activity description in Section 1 above.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	55	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	134,460	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7,817	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	200	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Discordant couples
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Rural communities
HIV positive pregnant women
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Rift Valley

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II - Nyanza
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8734
Planned Funds: \$ 466,880.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to counseling and testing (#8760), abstinence/be faithful (#8989), condoms and other prevention (#8942), palliative care (#8928), TB/HIV (#9059) and ARV services (#8774).

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 2007 this activity will continue the expansion of PMTCT services in 60 public sector and 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 80% of ANC clients, with counseling and testing, to provide ARV prophylaxis to 90% of the expected HIV+ mothers and early infant diagnosis to 50% of exposed infants. To improve the technical capacity of health staff, 250 will receive training in PMTCT based on the national guidelines. In the eleven districts, counseling and testing will be provided to 27,624 pregnant women, antiretroviral prophylaxis to 5,043 HIV+ women, 2,520 of whom will receive the more efficacious regimen, 500 will receive HAART and 2023 will receive single dose nevirapine. Early infant diagnosis will be provided to 2,520 exposed babies. Service delivery will continue to incorporate best practices including op-out testing with same day results, maximally effective combination prophylaxis regimens, referral for partner testing and appropriate referral linkages to support post natal follow up of HIV+ mothers and exposed infants. The project will examine ways to improve infant feeding and compliance to treatment. 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. 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) 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 2.8% of the overall PMTCT targets in 2007. 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 (#8760), abstinence/be faithful (#8989), to reduce stigma and encourage women and families to know their status. It also relates to condoms and other prevention (#8942), palliative care (#8928), TB/HIV (#9059) and ARV services (#8774) 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

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 quality assurance, quality improvement and supportive supervision. Minor emphasis is put on training and community mobilization/participation.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	60	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	27,624	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5,043	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	250	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Discordant couples
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Professional Associations
Rural communities
Host country government workers
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Nyanza

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8738
Planned Funds: \$ 1,220,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity links to ARV services (#8826), palliative care (#8931), TB/HIV (#9068), (counseling and testing services (#8777), Abstinence and Be Faithful (#8994) and Condoms and other prevention activities (#8927).

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 most of the facilities, across the 10 districts counseling and testing will be provided to 116,944 pregnant women and antiretroviral prophylaxis to 9362 HIV-positive women. Of the positive women, 4680 will receive AZT, 930 HAART and 3752 single dose nevirapine for prophylaxis. 4680 infant will be targeted with PCR for early infant diagnosis. Service delivery will continue to incorporate best practices including the opt-out approach for testing, rapid testing and appropriate referrals for care, treatment and support. Priority will be given to the provision of integrated services, including family planning, reproductive health, maternal and child health and the management of opportunistic infections. Effective referral linkages will be established to support postnatal follow up of HIV+ mothers and exposed infants including early infant diagnosis and ART.

Significant changes from 2006 will include emphasis on universal counseling and testing of antenatal clients; the use of more efficacious regimens for ARV prophylaxis and the establishment of referral linkages for the provision of HIV treatment, care and support for HIV infected mothers and immediate members of the child's family. 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.

The new APHIA II Western in 2007 will use Emergency Plan funding to increase the sites to at least 80, train 150 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 to ensure coordination of activities between the public and private sectors. Support to infrastructure development, procurement of medical equipment and improved data collation will enhance service provision. Facilitative supervision by the District Health Management Teams (DHMT) and innovative deployment of health workers will improve service quality. Behavior change communication (BCC) activities amongst rural community members will focus on stigma reduction, psychosocial support, promotion of antenatal care services, facility based deliveries and PMTCT services. Operations research to determine and test appropriate interventions for HIV stigma reduction among community members will be conducted.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 11.7% of 2007 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.

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, 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 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 PMTC, to address male norms, encourage male participation and help reduce stigma and discrimination. Increased availability of services with appropriate referrals for PMTCT plus will also reduce stigma.

7. EMPHASIS AREAS

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

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	80	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	116,944	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	9,362	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	150	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Discordant couples
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Professional Associations
Rural communities
HIV positive pregnant women
Host country government workers
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Western

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8752
Planned Funds: \$ 630,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

The APHIA II Eastern PMTCT activities will relate to HIV/AIDS treatment/ARV services (#8792), counseling and testing (#8782), Orphans and Vulnerable Children (#9041), Palliative Care (#8863), TB/HIV (#9069) and Condoms and Other Prevention (#8932) 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 200 health providers in 39 facilities providing PMTCT services.

In 2007, 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 8 of the 12 districts in the province. Supported sites will counsel and test 52,488 pregnant women and provide ART prophylaxis to 2507 HIV positive women. Of the HIV positive women, 1250 will receive AZT, 250 HAART and 1007 single dose nevirapine for prophylaxis. 1250 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 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+ women and their families. 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, 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 5.2% of 1,000,000 pregnant women in COP 2007 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 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 focused on training of health care workers in PMTCT service provision, minor emphasis will focus on local organization capacity development to manage PMTCT services, quality assurance and supportive supervision and infrastructure development.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	39	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	52,488	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,507	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	200	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Discordant couples
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Professional Associations
Rural communities
HIV positive pregnant women
Host country government workers
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Eastern

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8757
Planned Funds: \$ 800,233.00

Activity Narrative:

1. LIST OF RELATED ACTIVITIES

This activity relates to SCMS activities in other program areas: Laboratory Infrastructure (#8763), HIV/AIDS Treatment: ARV Services (#8854), Counseling and Testing (#8783), HIV/AIDS Treatment: ARV Drugs (#6997), (#6989), (#6969), and Palliative Care: TB/HIV (#8754).

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 (District Regional Center – DRC), 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. In this 12-month period, SCMS will procure 500,000 Government of Kenya (GOK)-approved test kits for Counseling and testing programs within PMTCT.

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.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities offering counseling and testing to pregnant women, as well as the RPM+/MSH activity in logistics information management, distribution support, and forecasting and quantification (#6989), in ARV Drugs (#6997); KEMSA logistics and information management and distribution systems, (#6969); and SCMC procurements in HVCT, (#8783), HLAB (#8763), and HTXS (#8854). It also links to the SCMS activity in Palliative Care: TB/HIV (#8754).

5. POPULATIONS BEING TARGETED

The target populations for this activity are pregnant women in the general population for HIV/AIDS testing.

6. KEY LGISLATVE 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.

Plus up funds will be used to purchase CD4 tests for HIV positive pregnant women and children presenting in MCH clinics. This will help address any gaps experienced in putting HIV positive pregnant women and their families on tripple therapy. The CD4 tests will also be used 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.

Emphasis Areas

% Of Effort

Commodity Procurement

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing the minimum package of PMTCT services according to national and international standards

Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results

Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting

Number of health workers trained in the provision of PMTCT services according to national and international standards

Target Populations:

Pregnant women

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of Medicine and Dentistry, New Jersey
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	8759
Planned Funds:	\$ 200,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to other activities in Prevention of Mother-to-Child Transmission (#7006), (#6925).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>The François Xavier Bagnoud (FXB) Center will provide technical assistance to collaborate with NACSOP, Division of Reproductive Health (DRH) and Kenya Medical Training Centre to support capacity building and scale-up efforts in PMTCT programs in Kenya. This support will include the development of long-term capacity and infrastructure to ensure dissemination, implementation, and utilization of the PMTCT guidelines in pre-service education and in clinical settings and development of Healthcare worker capacity through on-the-job clinical preceptorships and integration of PMTCT content into pre-service curricula. The FXB Center approaches the various factors affecting health and disease using a multidisciplinary model incorporating epidemiology, medicine, nursing, psychology, social science and health services research. The Center's Global Program has a rich background in training and technical assistance with expertise in capacity building, planning and implementation of infrastructure to support training systems and curricula as well as monitoring and evaluation systems. With a strong commitment for collaboration, local ownership and stakeholder participation, the FXB Center initiatives offer in-country training and technical assistance in the areas of PMTCT, pediatric HIV care, guidelines development and capacity building for healthcare worker development and retention. The FXB Centre coordinates the activities of the US Public Health Service (USPHS) Pediatric and Perinatal HIV Management Guidelines and has participated in the development of the WHO/CDC Generic PMTCT Training Package. The Centre has also provided leadership in the process of in-country adaptation of the GTP for many countries including Kenya, Tanzania and Botswana.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This activity focuses on ensuring that service providers access and utilize the national PMTCT guidelines. This activity will also improve the skills of service providers through on-the-job training by use of job aides. This activity thus contributes to improved quality of service delivery in PMTCT programming- one of the PEPFAR goals.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity relates to the NASCOP PMTCT program (#7006) and the MoH-DRH JHPIEGO PMTCT program (#6925).</p> <p>5. POPULATIONS BEING TARGETED</p> <p>This activity targets Host Government Workers and Health Care Providers both in Public and Private settings.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>This is a twinning activity that will support the capacity of the MoH to scale up PMTCT programs through the dissemination and utilization of guidelines.</p> <p>7. EMPHASIS AREAS</p> <p>This activity includes major emphasis on Training and minor emphasis on Policy and Guidelines.</p>

Emphasis Areas

Policy and Guidelines
 Training

% Of Effort

10 - 50
 51 - 100

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing the minimum package of PMTCT services according to national and international standards

Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results

Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting

Number of health workers trained in the provision of PMTCT services according to national and international standards

Target Populations:

Host country government workers
 Public health care workers
 Private health care workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: APHIA II - Coast
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8764
Planned Funds: \$ 950,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to Counseling and Testing (#8781), Palliative Care: TB/HIV (#9062) and Palliative Care: Basic Health Care and Support (#8934), HIV/AIDS Treatment: ARV Services (#8813), Condoms and Other Prevention Activities (#8930), and Orphans and Vulnerable Children (#9048).

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, testing (CT) and ARV prophylaxis in the province. In all the facilities across the six districts, counseling and testing will be provided to 71,935 pregnant women, and ARV prophylaxis to 4,722 HIV-positive women. Of these, 2,360 will receive AZT, 470 HAART and 1,892 single dose nevirapine. 2,360 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 2006 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 universal uptake of CT and ARV prophylaxis and deployment of additional counselors to ANC sites are other important changes. Postnatal follow up of infants and mothers will include infant diagnosis, cotrimoxazole prophylaxis, treatment, and support for infant feeding practices and appropriate linkages for nutritional support.

In 2007, the APHIA II Coast will support 50 sites, train 150 providers and provide logistical support, renovation, supervision and monitoring. Support to PMTCT plus services will include training of service providers, strengthening of laboratory and commodity logistics capacity, increased access to HB, FBC and CD4 assays and linkages to comprehensive care centers. Operations research will focus on improving service delivery. This activity will use the Ministry of Health's WHO/CDC-based curriculum for training, comply with MOH's clinical and reporting guidelines, and participate in the MOH's Technical Working Group.

Community links in rural areas to provide support especially to HIV+ pregnant women will be established through national organizations of PLWHA. Agreements with Provincial Medical Officers will ensure that PMTCT skills are taught to multidisciplinary treatment and care teams at comprehensive care facilities, and that primary HIV care is integrated into MCH clinics.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

PMTCT in this geographical area will significantly support PEPFAR goals for primary prevention and care by contributing 7.4% of 2007 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 (#8781), OVC (#9048), palliative care (#9062) and (#8934) and other prevention activities (#8930) described under the APHIA II Coast in other parts of the 07 COP. PMTCT plus services include counseling and testing which is largely diagnostic, provision of ARV prophylaxis, management of opportunistic infections and ARV services (#8813). 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 major emphasis on training, with lesser emphasis placed on development of network/linkages/referral systems, renovation, quality assurance and supportive supervision as detailed in the activity description in Section 1 above.

Plus up funds will be used to support scale up of HIV counseling and testing services to partners and family members of pregnant women, thus addressing the fourth prong of the PMTCT program strategy. This prong has remained largely unaddressed in Kenya. Approximately 4,500 spouses of HIV positive pregnant women and about 35,000 spouses of HIV negative women will be reached. The CT services will be extended to their family members including children using the pregnant woman as the entry point. This will foster a family centered approach to care and treatment and help improve post natal follow up of the mother-infant pair.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	50	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	71,935	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,722	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	150	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Discordant couples
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Professional Associations
Rural communities
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Coast

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12538
Planned Funds: \$ 300,000.00
Activity Narrative: CMMB will work with faith based mission facilities to provide PMTCT services through capacity building, staff training, and improved logistics supply of consumable items. These facilities are based throughout the country- thus support provided is nation wide. During 2007, these facilities will provide HIV counseling and testing to pregnant women attending ANC and Maternity clinics and will provide ARV prophylaxis to the HIV + women. The program targets to provide HIV CT to 57,771 pregnant women, and provide ARV prophylaxis to 5,033 HIV + women. The program will also strengthen the use of the more efficacious PMTCT ARV regimen and will target to provide combination AZT and single dose Nevirapine to 2,500 HIV + pregnant women, while providing HAART to all the eligible HIV + women. The program will also support Early Infant HIV diagnosis and will target to reach 3,000 HIV exposed infants with this intervention.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	70	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,033	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	57,771	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	60	<input type="checkbox"/>

Table 3.3.01: Activities by Funding Mechanism

Mechanism: University of Nairobi
Prime Partner: University of Nairobi Department of Obstetrics and Gynecology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12542
Planned Funds: \$ 50,000.00
Activity Narrative: Relates to activity 7097.

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	APHIA II - Central / Nairobi
Prime Partner:	Pathfinder International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	19305
Planned Funds:	\$ 500,000.00
Activity Narrative:	APHIA II NEP will work only in the North Eastern Province. Northern part of Eastern and Rift Valley provinces will be covered by APHIA II Eastern and APHIA II Rift Valley projects respectively.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	35	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	24,177	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	881	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards		<input checked="" type="checkbox"/>

Table 3.3.02: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 22,310,385.00

Program Area Context:

Key Result 1: 2.57 million individuals reached with AB community outreach
Key Result 2: 260,000 individuals reached with A-only programs
Key Result 3: 32,000 individuals trained to promote AB

CURRENT PROGRAM CONTEXT AND STATISTICS

Prevention activities in Kenya have consistently promoted behavior change among young people emphasizing delayed sexual debut, reduced numbers of partners, and other risk reducing behaviors consistent with the "A" and "B" of the "A-B-C" continuum. US agencies have supported these efforts with diverse international and local partners, including community and faith-based organizations and this will expand in 2007. Given the epidemiology of HIV in Kenya, a focus on youth will remain central.

Although HIV prevalence has declined overall in Kenya, youth, particularly young girls, remain extremely vulnerable to HIV infection. HIV prevalence among young women 20-24 at 9% is more than three times higher than that of young men of the same age (KDHS 2003). Nearly half of young women aged 15-24 who are sexually active have an older male first sexual partner, increasing their risk of HIV infection. Vulnerability to HIV infection is also related to education: youth in school aged 15-19 are less likely to have sex than out of school youth, with girls again at higher risk than boys. Despite these alarming statistics, there are also some encouraging trends including high rates of reported secondary abstinence. More than half of in school youth and more than a third of out of school youth reported no sex in the previous year (BSS 2003).

SERVICES

PEPFAR AB partners have developed a robust and broad program that works through faith- and community-based initiatives as well as larger government institutions such as the Kenya Institute of Education (KIE). AB programs also address the underlying gender norms and male behaviors which fuel the epidemic. The highly regarded program with Kenya Girl Guides has expanded to include the Boy Scouts and this will continue in 2007.

Abstinence and faithfulness activities supported by USG in Kenya include peer education, networking, community theatre, mass media programs, and curriculum-based training, primarily targeting youth. The "Nimechill" ("I have chilled" / abstained from sex) campaign continues to be popular and has been enriched by the addition of Chill Clubs in hundreds of schools. In 2007, this program will be reinvigorated through a planned public private partnership with Coca-Cola. Coca-Cola will use the company's wide distribution network to support a follow-on to the "Nimechill" campaign. Programs are also implementing innovative ways of reducing girls' vulnerability by establishing 'girls-only' days at a number of youth-friendly AB programs to increase their involvement.

Partners implementing AB programs have added elements to help develop a supportive adult environment. Preliminary assessment results of the 'Families Matter' intervention that trains parents on positive relationships with youth showed a sustained positive effect on parenting and communication skills. This intervention for parents will be scaled up and implemented by others. Other programs continue to involve teachers and community leaders to support youth in adopting and sustaining abstinence.

To address the associated risks of alcohol and substance abuse in relation to HIV sexual risk behavior, programs will incorporate education on alcohol abuse in education and life skills training. Underserved regions like North Eastern province will receive expanded attention, including a new initiative to support AB prevention work in the Dadaab refugee camp through UNHCR. Activities have also begun in underserved regions of Eastern and Central provinces. Programs funded in 2006 will be strengthened, including those targeting marginalized populations such as the physically and mentally handicapped. We will continue to include special populations such as Muslim women, Imams, and pastoralists, and encourage those partners

to work with the Council of Imams and Preachers, and the Young Muslim Association. AB programs will continue targeting a majority of young recruits to the uniformed services as well as young families of the uniformed services community.

REFERRALS AND LINKAGES

Programs will continue to carefully segment target populations so that appropriate interventions are offered to the right groups. Sexually active youth, especially those choosing to return to abstinence, will be helped to access counseling and testing services. Education on faithfulness is now also linked to couple counseling and testing to ensure it is advocated for as a priority with concordant uninfected partners.

The close association between gender norms and increased vulnerability is an important focus of AB program activities. For example, the 'Men as Partners' (MAP) curriculum-based program has been implemented among young recruits of the National Youth Service and will be expanded to cover other uniformed services recruits such as those of the Kenya Wildlife Service. Selected programs such as Tuungane will continue to identify young girls who have been victims of sexual coercion and link them to post-exposure prophylaxis and psychosocial support services.

POLICY

Efforts to harmonize varied AB curricula have been initiated in close collaboration with the Kenya Institute of Education although this is a slow process given the large number of partners. Additional technical support will be sought to expedite this process. Pre-service training will continue in teacher training colleges as well as in-service training with the Centre for British Teachers (CfBT) and the Ministry of Education to prepare teachers to provide youth with information on HIV/AIDS prevention, stigma reduction and gender sensitivity. Gaps in youth-friendly services identified by the Kenya Service Provider Assessment will be met by working with the National AIDS and STD Control Program and the Kenya Medical Training Institute to develop guidelines for youth-friendly services that will equip health workers with skills to communicate to young people about sexuality and sexual risk reduction, particularly abstinence.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Monitoring AB programs for efficacy and keeping an accurate track of multiple community-based outreach activities continues to be a challenge for the USG team. One way of addressing this will be through regionally-focused APHIA programs working in collaboration with the Ministry of Education and NACC. However, managing a growing number of partners continues to be a challenge.

WORK OF HOST GOVERNMENT AND OTHER DONORS

Planned interventions are consistent with the National AIDS Strategic Plan and complement other donor-funded activities including Global Fund awards and the World Bank "Total War on AIDS" project that provided small grants to CBOs through NACC in 2006. The 2007 grant from the World Bank will not be forthcoming until an audit is addressed, which may effect continuity of some programs. USAID will continue to collaborate with DFID to increase coverage of the CfBT training of teachers to implement the HIV/AIDS syllabus nationwide. UNICEF and KIE are partners in producing the Life Skills Manual. CDC has been working with the Kenya Uniformed Services of the Ministry of Home Affairs, including the National Youth Service of the Ministry of Youth Affairs and the Kenya Wildlife Service which falls under the Ministry of Tourism. The US Department of Defense has a strong collaborative relationship with the Kenya Department of Defense.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	257,284
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,566,843
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	31,898

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6832
Planned Funds: \$ 600,000.00

Activity Narrative:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in OP (#8880), CT (#6829) and Palliative Care: Basic Health Care and Support (#6827).

2. ACTIVITY DESCRIPTION

Capable Partners is a project of AED that acts as an umbrella organization in Kenya. One of their grantees is Handicap International (HI) who will be sub-granting to a consortium 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 and other basic necessities to live a comfortable life. Running parallel to this, there 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, predisposes them to HIV/AIDS. Compounding the problem of vulnerability to HIV exposure is the challenge of communicating messages about HIV/AIDS. Low literacy rates among disabled individuals as well as 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 of 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.

The project will train 50 individuals to promote prevention behaviors. Peer educators (disabled youth themselves) will be trained in HIV/AIDS issues. The peer educators will be expected to assist others to build self-esteem by enabling disabled people to understand their rights and measures to protect themselves from abuse or unsafe sex and other risky behaviors that could predispose them to HIV/AIDS. On visiting a VCT centre, a disabled person should have equal access to testing and advice. This means 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 a deaf person in counseling to be able to provide VCT services to 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.

This activity also includes support to the following sub recipients for activities integral to the program:

United Disabled Persons of Kenya Blind	\$40,000.
Low Vision Network	\$40,000.
Dandora Deaf Self-Help Group	\$40,000.
Kenya Disability Action Network	\$40,000.
Kenyan Sign Language Research Project	\$40,000.
Kenya Society for the Mentally Handicapped	\$40,000.
Nairobi Family Support Services	\$40,000.
Disabled Group of Trans Nzoia	\$40,000.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2007 targets by implementing a community outreach program that will reach 5,000 young people, as well as launching one mass media program that promotes AB and reaches 50,000 individuals.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the AED/Capable Partners/ Handicap International activities in OP (#8880), CT (#6829), and HBHC (#6827). 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.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed will be stigma and discrimination through the mainstreaming of disability into HIV/AIDS policy papers in the country. At the moment, little is being done to provide access to this category of people to services on HIV/AIDS, reproductive health and sexuality. Gender will also be addressed due to a rise in gender-based violence of which almost 90% are sexual in nature. Service providers will be on the look-out for victims of such violence and appropriate services will be offered to them promptly to avoid complications that may arise. In all 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 purpose and also care and support as access may have been compromised because of their condition.

7. EMPHASIS AREAS

The major area of emphasis is training. The project will train 50 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 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.

Continued Associated Activity Information

Activity ID: 5091
USG Agency: U.S. Agency for International Development
Prime Partner: Academy for Educational Development
Mechanism: Capable Partners
Funding Source: GHAI
Planned Funds: \$ 350,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	70	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Disabled populations
Faith-based organizations
Girls
Boys

Key Legislative Issues

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

Coverage Areas

Rift Valley

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Adventist Development and Relief Agency
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6833
Planned Funds: \$ 957,503.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

ADRA works within the district coordination of National AIDS Control Council (NACC).

2. ACTIVITY DESCRIPTION

The Abstinence and Behavior Change for Youth (ABY) project operates mainly in the Lake Victoria region of Kenya. The project covers 12 districts in Nyanza Province (Kuria, Migori, Suba, Homa Bay, Rachuonyo, Nyando, Kisumu, Bondo, Siaya, Gucha, Central Kisii, and Nyamira) and four districts of the Rift Valley Province, specifically Trans-Mara, Kericho, Narok, and Nakuru. The training component employs a TOT methodology for the purpose of scaling up and sustainability. The behavior change communication (BCC) strategy focuses on identification, selection and development of age-appropriate and target specific messages, communication channels, publicity, and production of IEC materials. AB messages will reach over 500,000 youth directly and an additional 2.5 million youth aged 10 to 24 years indirectly through mass media by September 2009. The project partners with 15 FBOs, 16 CBOs and 7 PLWHA organizations and collaborates with three Government Ministries: Education (MOE), Health (MOH) and Gender Sports and Social Services in project implementation. Anticipated achievements include an age-appropriate curriculum disseminated to 50,000 youth in FBOs and CBOs through youth-to-youth peer education, including institutionalization of a Pathfinder honor badge for youth 10-15 years of age; youth-serving networks deliver AB messages, health and social risks to 50,000 out-of-school youth; and parent-child communication that will reach 990 adults and 7,500 youth. ADRA plans to work with Kenya Broadcasting Corporation (KBC) in a cost-sharing partnership to produce and air radio spots, panel discussions on Abstinence, Being Faithful and Parent-child Communication in 5 local languages, Kiswahili and English. KBC will also produce TV scrolls and classified infomercials on AB and Parent-child communication. These will be aired 104 times to reach 500,000 youth and young adults with AB and Parent-child communication messages.

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. Main activities include procurement and distribution of IEC materials on A and B messages to schools and CBOs; community outreach activities and capacity enhancement using TOT approach; BCC through mass media and community outreach activities; production and distribution of training; and IEC materials guided by the principle of expressed need.

4. LINKS TO OTHER ACTIVITIES

ADRA works within the district coordination of National AIDS Control Council (NACC). ADRA AB 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 TOTs and theater groups are facilitated to disseminate AB messages.

5. POPULATIONS BEING TARGETED

The project targets young people aged 10 to 24 years. Youth of 10 to 15 years are in primary schools; youth ages 15 to 18 are in secondary schools whereas youth ages 19 to 24 years are in colleges, universities or are out of school. Youth ages 10 to 15 in 137 primary schools will be reached through Pastoral Program of Instruction (PPI) curricula in primary school and outreach programs conducted by FBOs and CBOs. The youth aged 16 to 24 are reached through peer education programs. The project has identified 63 secondary schools and seven colleges for peer education programs. The youth out of school will receive AB messages through community outreach by 16 CBOs. The TOTs from CBOs have already been trained in interactive methodologies and media skills (interviewing, microphone techniques, script writing and editing and radio presentation). Further, the CBOs have been trained in community media (puppetry, drama and folk music).

6. KEY LEGISLATIVE ISSUES ADDRESSED (OVER CHARACTER LIMIT)

ADRA works with seven associations of PLWHAs, providing training and materials for facilitators and for PLWHAs to train others. The training helps PLWHAs avoid re-infection and encourage each other to live positively by sharing life experiences. The training also provides life skills to address stigma and discrimination and assists family members to

accept and support HIV+ members. It raises awareness of the rights of PLWHAs and provides interactive skills for outreach activities with youth. PLWHAs who have publicly declared their HIV status are trained in reaching out to others and to the youth as agents of behavior change.

7. EMPHASIS AREAS

This is primarily a training activity. By developing a core group of trainers drawn from partner organizations at the district level, the capacity of the district is enhanced. The ABY Project also employs a multi-media BCC strategy to reinforce training activities, sensitize people in public fora and pass messages on sensitive issues to age-segmented audiences. This includes interactive community/folk media, outreach, advocacy and community mobilization. The emphasis on partnership, TOT approach and the BCC strategy has been used to facilitate behavior change and enhance sustainability.

Continued Associated Activity Information

Activity ID: 5716
USG Agency: U.S. Agency for International Development
Prime Partner: Adventist Development and Relief Agency
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	50,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	117,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,224	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Disabled populations
Faith-based organizations
People living with HIV/AIDS
Program managers
Teachers
Volunteers
Rural communities
Children and youth (non-OVC)
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas

Nyanza
Rift Valley

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Twinning Center
Prime Partner:	American International Health Alliance
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	6843
Planned Funds:	\$ 475,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities in Abstinence and Be Faithful Programs (#6876).</p> <p>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.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA This twinning relationship will contribute to HIV prevention in youth, a high priority in the Kenya Five-Year Strategy. It will also assist in the evaluation of AB activities in Kenya. There are now many FBOs and CBOs implementing AB activities with PEPFAR funding. Most of these organizations do not have in-house capacity for a thorough assessment of the impact of their work, so the evaluation findings that this twinning project will generate will no doubt benefit other AB partners as well. In this regard, there are no specific targets attached to this entry.</p> <p>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.</p> <p>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.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED Twinning is the primary issue addressed in this project.</p> <p>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.</p>

Continued Associated Activity Information

Activity ID:	4818
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	American International Health Alliance
Mechanism:	Twinning Center

Funding Source: GHAI
Planned Funds: \$ 75,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	6,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,000	<input type="checkbox"/>

Target Populations:

Faith-based organizations
Primary school students
Secondary school students

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6849
Planned Funds: \$ 400,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Condoms and Other Prevention (#9173), Counseling and Testing (#8747) and Palliative Care: Basic Health Care and Support (#6850).

2. ACTIVITY DESCRIPTION

CARE Kenya, in partnership with local and indigenous organizations in the Northeastern Province of Kenya, will reach 35,000 in- and out-of-school children, parents, and village elders, and train 300 people to promote abstinence and marital faithfulness. The program will reinforce the protective influence of parents, grandparents, and other caregivers in changing risk behavior and stimulate broad community discourse on health norms and the avoidance of risky behaviors. The overall aim is to increase abstinence until marriage and increase fidelity in marriage. The primary implementing partner in this activity, CARE Kenya, was awarded a cooperative agreement with CDC in late FY 2004. CARE has many years of experience in Kenya. The purpose of this cooperative agreement is for CARE to build the capacity of local and indigenous organizations in the Northeastern Province of Kenya, and to provide sub-grants to local organizations in this area. The recent Kenya Demographic and Health Survey (KDHS) and other surveys have documented very low levels of HIV infection, under 1%, in this remote area of Kenya. Because of this low prevalence and the remoteness of this area of Kenya, to date there has been very little attention paid to the issues of HIV prevention and care in this part of Kenya. However, the road to Garissa, the provincial capital, has recently been improved and thus the population of this area is likely to become more exposed to HIV than in the past. Under this COP, we propose to have CARE support a limited number of sub-grantees. One of these, the Catholic Diocese of Garissa, has a wide coverage on schools in the neighboring Hola district and Wajir district. CARE is currently working with selected community organizations in Garissa and will be expanding its activities into the underserved Wajir district where it has identified a potential local partner, the Wajir South Development agency (WASDA). It will continue to identify local partners in collaboration with CDC and at least 65% of its project budget will go to directly to support sub-grants to local organizations. This activity therefore includes support to the following sub-recipients for activities integral to the program: Garissa Catholic Diocese, Garissa Youth Network; Sisters Maternity Home Group, Mikono Youth Group, Wajir South Development. Funding amounts for these agencies will be determined once new sub-grantees have been identified for FY 2007.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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

4. LINKS TO OTHER ACTIVITIES

This activity links to other activities in CARE Kenya HVOP (#9173) CARE Kenya HVCT (#8747) and CARE Kenya HBHC (#6850). It will target strengthening the capacity of local organizations to identify and develop partnerships for referrals.

5. POPULATIONS BEING TARGETED

The activities implemented by CARE in this program area will work to prevent HIV infection among children and youth in primary and secondary schools. It will also target special populations including out-of-school youth and underserved mobile populations in nomadic settings. Its capacity building process will target community, program and religious leaders and work with volunteers. Its in-school program will work with teachers to deliver the AB education. It will also target community and Faith Based organizations and largely rural communities. It will target strengthening supportive environments to safeguard the current low HIV prevalence rates.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

7. EMPHASIS AREAS

This activity includes an emphasis on local organization capacity development and quality assurance, supportive supervision. It will also deliver IEC services and engage local communities through community mobilization. Human resources are another emphasis.

The factors that increase project costs include the insecurity, distance between locations, severe lack of infrastructure, 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 capacity building support to partners in the district.

Continued Associated Activity Information

Activity ID: 4179
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: CARE International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

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

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Mobile populations
Program managers
Teachers
Volunteers
Rural communities
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas

North Eastern

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Centre for British Teachers
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6858
Planned Funds: \$ 550,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful (#9007), (#8701) and Condoms and Other Prevention (#6842), (#8780) and Policy and Systems Strengthening work to be carried out by the Mobile Task Team.

2. ACTIVITY DESCRIPTION

The Secondary School Action for Better Health (SSABH) program will be implemented in 170 secondary schools over a 13-month period. 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 20 new trainers (making a total of 116 SSABH participants trained since 2005) who will lead the training program. From each school, a total of eleven people will be trained: the Headteacher, 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 2,000 teachers and students (170 Headteachers, 1,020 teachers, 680 students, 20 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 88,400 individuals will be reached through community outreach (85,000 students and 3,400 teachers). Every effort will be made to synergize with the AFT-EF project and work in sites where the education gatekeepers have already been made aware of the Education Sector Policy for AIDS. The selection of sites will be made in collaboration with MOE, AFT and USAID in order to ensure adequate coverage. Links with the Kenya Head Teachers Association will also be explored.

The teachers who have received training lead and support the students. Compared to previous phases of SSABH (in 2005 and 2006), the number of trained teachers per school will increase. In addition, the 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 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 Zonal Inspectors for investigating 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 among the major transport routes across Kenya through the Transport Corridor Initiative (FHI-TCI). 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. SSABH will not actively promote or provide condoms.

4. LINKS TO OTHER ACTIVITIES

Selected sites will include those schools where the American Federation of Teachers

Education Foundation's sub-grant to the Kenya National Union of Teachers (KNUT) has already sensitized Headteachers to the impact of HIV and AIDS on the education sector and for the need for a concerted response. Liaison with KNUT has been formalized through the participation of CfBT on the KNUT advisory committee. 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 adults 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.

Continued Associated Activity Information

Activity ID: 4183
USG Agency: U.S. Agency for International Development
Prime Partner: Centre for British Teachers
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	88,400	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,000	<input type="checkbox"/>

Target Populations:

Adults
People living with HIV/AIDS
Policy makers
Teachers
Secondary school students

Key Legislative Issues

Stigma and discrimination
Education

Coverage Areas

Central
Coast
Eastern
Nairobi
Rift Valley
Western
Nyanza

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6876
Planned Funds: \$ 1,250,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6875), Condoms and Other Prevention (#6872), Orphans and Vulnerable Children (#6874). It also relates to Abstinence / Be Faithful (#6843).

2. ACTIVITY DESCRIPTION

A total of 250,000 individuals will be reached with community outreach programs that promote abstinence and/or Be Faithful, of which 80,000 will be reached with Abstinence-only education. 2,500 individuals will be trained to implement these programs through over fifteen programs. CHF will continue to provide sub-award grants to organizations and build their organizational and technical capacity to deliver quality AB programs. Specific activities to be carried out by sub-grantees will include curriculum-based programs, theatre, community outreach targeting in and out of school youth in communities with abstinence education and life skills. CHF works with community and faith-based organizations to strengthen implementation of their abstinence curriculum in their church-sponsored schools. These curricula are used in programs such as the African Inland Church Ministries' "Why Wait" program, the Baptist AIDS Response Agency (BARA) "True Love Waits" and the "True Love Stays" a fidelity program and the programs of the Kenya Episcopal Conference (KEC-Catholic Secretariat). The KEC program also works through a twinning relationship with the American Health Alliance through De Paul University to develop a strong monitoring and evaluation system. CHF will continue to support new emerging partners identified collaboratively with CDC/Kenya, culminating in increased sub-award grants to partners implementing AB programs under the new COP. CHF will work towards strengthening each partner organization's capacity progressively towards independent sustainability. Subgrantees will receive advanced training on grant writing and will be linked to other funding sources, with a view to "graduating" some partners from the LPATH program to make room for new, emerging partners. CHF will also facilitate networking among the sub-grantees to share lessons learned. CHF will promote implementation of best practices, evidence based interventions and will provide supportive supervision for continuous quality improvement. CHF will continue to support behavioral interventions for the Nyanza Reproductive Health Society's "young men's prevention project" for young men enrolling in the Kisumu male circumcision project (please note: the circumcision component is not PEPFAR supported). Significant changes in FY 2007 include support to the Kenya uniformed services recruits, an activity previously supported through KEMRI. This activity also includes estimated support to the following sub recipients for activities integral to the program, including CHF management costs:

African Inland Mission: \$100,000
Apostles of Jesus AIDS Ministries: \$60,000
Baptist AIDS Response Agency: \$100,000
Vuma: \$60,000
Community Research for Education and Development: \$70,000
Eastlands Pastors Pentecostal Fellowship: \$40,000
Gethsemane Children of God: \$8,000
Kenya Assemblies of God: \$30,000
Kenya Episcopal Conference: \$100,000
Nomadic Community Trust: \$30,000
Nyanza Reproductive Health: \$100,000
Nyarami I: \$7,000
Soy: \$35,000
Upendo: \$10,000
Uniformed Services: \$250,000
New Partners: TBD

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activities supported by CHF in this program area will work to prevent HIV infection among 250,000 young people in various parts of the country, include young men in the Kisumu area. 2,500 people will also be trained to deliver AB programs. These activities are consistent with the Kenya 5-Year Strategy which focuses on HIV prevention in youth.

4. LINKS TO OTHER ACTIVITIES

These interventions for young people, will link to interventions funded by CHF under OP

activity (#6872), CT activity (#6875), OVC activity (#6874) and American Health Alliance Twinning activity (#6843). Young sexually active people eligible for condoms and other prevention interventions will be served by OP activities and referred to CT services. OVC programs will also incorporate AB activities. The Kenya Catholic Secretariat project will receive additional support from the Twinning in strengthening its M&E system.

5. POPULATIONS BEING TARGETED

The general population, including adult men and women of reproductive age are targeted with AB messages. Children and youth, including boys and girls in primary and secondary schools and their teachers are targeted. More at-risk groups including out-of-school youth are also a key target. These activities will continue targeting parents to help ensure that a supportive adult environment is promoted for a comprehensive youth prevention approach. Other supportive adults to be included in interventions include teachers, community and religious leaders and program managers. Most project involve volunteers in many activities including peer-based approaches and these serve mainly rural communities. The capacity building focuses on CBOs, FBOs, and local NGOs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will focus on changing male norms and behaviors through the provision of HIV prevention services targeted to young men. It also addresses increasing gender equity in HIV/AIDS programs. Twinning is also addressed through partnership with the American Health Alliance/De Paul University.

7. EMPHASIS AREAS

The primary focus of CHF is capacity building support to these local organization which includes conducting preliminary partner assessment, training and organizational set ups. This is followed on by providing Quality Assurance, Quality Improvement and Supportive Supervision to funded projects. The partners mainly undertake community mobilization / participation and related activities. Other activities include provision of information, education and communication including curriculum based AB interventions and training. Training is conducted at various levels; by CHF to its partners as well by partners to their project implementation staff and community members. These activities entail a minor emphasis of the project. Human resources also are a minor emphasis with both CHF and its partners employing staff to run these programs.

Continued Associated Activity Information

Activity ID: 4171
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Community Housing Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 800,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	90,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	380,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,000	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Program managers
Teachers
Volunteers
Rural communities
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas

Nairobi
Nyanza
Eastern
Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6889
Planned Funds: \$ 340,000.00

Activity Narrative: 1. LIST OF RELATED 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 (#6887).

2. ACTIVITY DESCRIPTION

In FY 2006, FHI/CRTU will collaborate with "I Choose Life" (ICL) to reach youth in special groups with ABC messages in a balanced way. ICL will increase the total number of trained student peer educators to 400 (including those already trained in FY 2005) and reach 25,000 students with AB messages. Ongoing life skills training and small behavior change communication (BCC) groups need 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.

Specifically, FHI/CRTU and ICL through FY 2007 propose to strengthen life skills training, particularly to address gender equity issues, train an additional 400 student peer educators and expand the intervention to cover all campuses of University of Nairobi plus an additional university campus, reaching 25,000 students. The activity will generate strategic information in order to identify the appropriate channels to reach youth with essential prevention and health messages. The activity will also incorporate information about family planning (FP) into the ongoing peer education and BCC program since recent research shows that youth (1) still confuse ABC concepts with the need for dual protection and (2) need more information about contraceptive methods. Adding FP to the ongoing on-campus program will address needs expressed by students, and will also strengthen linkages between the peer educator network, campus organizations and the student health service. Radio will be used to reach students with vital health and ABC prevention messages that resonate with university youth by engaging students fully in the pre-production research and script writing. FHI will also actively seek opportunities to collaborate with the School of Journalism, as well as campus theatre groups and other student clubs and organizations on the production of the radio series. FHI and ICL will partner with local FM radio stations to produce and broadcast ABC messages and programs as part of their social responsibility program targeted at youth in institutions of higher learning. 20 producers will be trained to promote ABC messages as part of the activity.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the 2007 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 and out-of-school youth.

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 female students. 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 information, education and communication. 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. Community mobilization and participation is also emphasized, since university students are also the main partners in the

design and implementation of the activity.

Continued Associated Activity Information

Activity ID: 5130
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: Contraceptive Research Technology and Utilization
Funding Source: GHAI
Planned Funds: \$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	25,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	420	<input type="checkbox"/>

Target Populations:

- Adults
- Volunteers
- University students
- Out-of-school youth

Key Legislative Issues

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

Coverage Areas:

- National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ANCHOR
Prime Partner: Hope Worldwide
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6892
Planned Funds: \$ 219,442.00

Activity Narrative:**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 Maringo 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, training in abstinence interventions, and school-based programs were developed and have been used for the last 2 years.

The abstinence curriculum involves personal and character issues, dating and marriage, drug, substance and alcohol abuse, peer issues and social pressures. Gender-based violence, rape, and abuse are also discussed over the intensive 8-hour youth program. These participatory youth discussions follow discussion guides and are led by trained facilitators. Pre- and post-test evaluations are conducted and young people are referred to local OVC support programs if their families are affected by HIV/AIDS. Community Action Teams include parents, teachers and students, and they develop local strategies to reinforce behaviour change among the youth. The intention 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 in Maringo will be mobilized through football tournaments during the school holidays and educated on the importance of abstinence. Partnerships with public, private and civil organizations will be established to strengthen program outputs.

A 2-year model will be implemented where the HWWK ABY program will continue to work with the trained groups for two years on issues such as a comprehensive HIV/AIDS course, leadership, basic counseling skills and career development. This will increase the quality of both direct and indirect reach.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

HWWK aims to increase its contribution towards averting new HIV/AIDS infections in Kenya. This will be achieved by employing multiple strategies that help unmarried young people aged 10-24 to increase 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, and help reduce the incidence of gender-based violence, sexual coercion and cross-generational sex affecting youth.

HWWK will train 1725 individuals to provide HIV/AIDS programs that promote abstinence and/or being faithful. In addition 20,000 individuals will be reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful, and of these 10,000 will receive abstinence-only messages. The training will continue to create demand for VCT services, and 200 people will be counseled and tested. In collaboration with partners, free medical camps will continue to be organized, and 600 people will be reached with care and support through the camps.

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

Established social institutions such as schools, FBOs, CBOs and NGOs form the main

community structures through which different age groups will be reached. A special 'A' only curriculum will be implemented among 10-14 year olds. The goal for this age group is to delay sexual debut and encourage life skills development. 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. Among parents, teachers and community leaders, the goal is to create a supportive environment for the youth to practice abstinence and faithfulness.

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 behaviour 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.

6. EMPHASIS AREAS

Major emphasis in this program is training and equipping youth with relevant life skills. The youth will be equipped with negotiation skills to help them make informed choices. 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. Since football is a crowd puller, football tournaments will be used to mobilize the youth for education on these matters.

Continued Associated Activity Information

Activity ID: 5538
USG Agency: U.S. Agency for International Development
Prime Partner: Hope Worldwide
Mechanism: ANCHOR
Funding Source: GHAI
Planned Funds: \$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,725	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Street youth
Non-governmental organizations/private voluntary organizations
Children and youth (non-OVC)
Men (including men of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas

Central
Nairobi

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Hope Worldwide
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6893
Planned Funds: \$ 100,000.00

Activity Narrative:**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 15,000 youth. It will also train 300 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.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the FY 2007 project period, a total of 15,000 individuals will be reached with community outreach programs that promote abstinence and/or being faithful through three project sites. 300 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 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.

Continued Associated Activity Information

Activity ID: 4198
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Hope Worldwide
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Program managers
Teachers
Volunteers
Rural communities
Girls
Boys
Primary school students
Secondary school students
Migrants/migrant workers
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas

Eastern
Nairobi

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Impact Research and Development Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6896
Planned Funds: \$ 845,000.00

Activity Narrative: 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 60,000 youth under the Tuungane behavior change project through providing Abstinence and Faithfulness education and related services through six youth-friendly satellite centers in five major slums of Kisumu, Nyanza Province. Tuungane will also initiate activities with the Suba community. A central referral and coordination center (Tuungane central) will continue to serve as the hub of all AB youth activities and up to 300 youth will receive a curriculum-based training on life planning skills. The Tuungane project will enhance adult involvement in the AB program through training 200 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 3,000 at-risk girls with behavior change interventions and improve the involvement of girls in all elements of the project. 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 September 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 an additional 200 leaders to reach 60,000 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.

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, as well as primary and secondary school students. 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 teachers. 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 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 placed on development of network/linkages/referral systems, information education and communication, training, needs assessment and human resources.

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 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 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 AB counselling 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.

Continued Associated Activity Information

Activity ID:	4246
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Impact Research and Development Organization
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 100,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	80,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	350	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Street youth
People living with HIV/AIDS
Program managers
Teachers
Volunteers
Rural communities
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Institute of Tropical Medicine
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6903
Planned Funds: \$ 500,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Activities (#6943), 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, 4,000 youth and 3,000 parents will be reached with targeted HIV prevention messages and fifteen 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 contribution to HIV infections averted through reaching 4,000 youth and 3,000 parents and training 15 community leaders.

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 adaptation process.

Continued Associated Activity Information

Activity ID: 4217
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Institute of Tropical Medicine
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 400,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	315	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Teachers
Volunteers
Rural communities
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS programs
Increasing women's access to income and productive resources

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6913
Planned Funds: \$ 150,000.00

Activity Narrative: 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 50,000 refugees and members of the host community and train 100 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 Kalokol, 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 50,000 beneficiaries with AB messages and train 100 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 Kalokol, 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.

Continued Associated Activity Information

Activity ID: 4805
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Rescue Committee
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 75,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Refugees/internally displaced persons
Program managers
Teachers
Volunteers
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas

Rift Valley

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya AIDS NGO Consortium
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6939
Planned Funds: \$ 300,000.00

Activity Narrative: 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 30,000 youth and young adults and train 150 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 30,000 youth in its various project sites through training 100 peer counselors. 50 youth will be trained in theatre skills particularly among the out of school youth population. 200 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

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.

Continued Associated Activity Information

Activity ID: 5132
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya AIDS NGO Consortium
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	35,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Program managers
Teachers
Volunteers
Rural communities
Children and youth (non-OVC)
Religious leaders

Key Legislative Issues

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

Coverage Areas

Central
Eastern
Nairobi

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6943
Planned Funds: \$ 220,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Counseling and Testing (#6941), Condoms and Other Prevention (#6948), and Abstinence and Be Faithful Programs (#6903).

2. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute (KEMRI), through its collaboration with CDC, will participate in a study of youth interventions conducted by the Institute of Tropical Medicine (ITM) in the Asembo and Gem areas of Nyanza Province, which has the highest HIV prevalence rates in the country. KEMRI and CDC have had a long collaboration in Nyanza Province, and KEMRI implements activities through a cooperative agreement with CDC Atlanta. Although some of the activities for this youth intervention are implemented by ITM, and are described in that entry, KEMRI is also actively involved in the study, primarily through the hiring of local staff and by supporting local implementation of the project. One of the major activities being conducted by KEMRI in partnership with ITM is the implementation of a "Families Matter" curriculum which involves both the youth and their parents. This is an adaptation of the US-based "Parents Matter" curriculum which CDC has evaluated in the US. To date, parents and community and religious leaders in Asembo and Gem are very supportive of this approach of enabling parents to take a more active role in HIV prevention for their adolescent children. Staff hired by KEMRI will be involved in the continued "roll-out" of this intervention. Efforts to change the social norms which contribute to the high risk for young girls in this part of Kenya are part of this intervention. The project has also found that the lack of skills and employment opportunities contributes to high-risk behavior among girls, so one aspect of the project is the provision of vocational skills and opportunities for income-generating activities for these youth. In the past, CDC-prevention programs have been met with unexpected shortfalls in funding or supplies which require a rapid response such as supporting partner organizations to attend particularly important forums or providing essential prevention supplies. To provide a back up for this, up to \$50,000 is included in this narrative to enable KEMRI, in collaboration with CDC respond favorably to such needs.

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 is young people, including children aged 10 to 14. It will primarily provide staffing and other administrative support in the implementation of the ITM project; therefore the specific targets related to this activity are listed in the CDC-AB-ITM entry and are therefore not duplicated in this entry.

4. LINKS TO OTHER ACTIVITIES

This activity will be very closely linked to AB activity (#6903) implemented by the Institute of Tropical Medicine and to the KEMRI OP activity (#6948) and CT KEMRI activity (#6941) for Nyanza province. These activities serve as referral points for each other, and ITM staff provide technical assistance in the scientific adaptation of curricula that is largely implemented by KEMRI staff. Young people needing counseling and testing are served under the KEMRI CT activity.

5. POPULATIONS BEING TARGETED

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

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

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 early sexual debut is also an important component of this project, along with IEC activities to educate the youth and their parents about abstinence and faithfulness.

Continued Associated Activity Information

Activity ID: 4089
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 75,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

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

Target Populations:

- Adults
- Community leaders
- Program managers
- Teachers
- Volunteers
- Rural communities
- Girls
- Boys
- Primary school students
- Secondary school students
- Out-of-school youth
- Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6966
Planned Funds: \$ 150,000.00

Activity Narrative: 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 2006, Kenya Department of Defense (KDOD) trained 25 personnel as master trainers for the Men as Partners program (MAP): five from each barrack (Lanet Army Barracks, Eldoret Recruits Training College, Embakasi Garrison, Moi Air Base and Mtongwe Naval Base). The MAP 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 2007. 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 2007, 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 50 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 2007, 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 2007, 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 10,000 additional individuals in the KDOD community and its environs is 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 2007 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 MAP 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.

Continued Associated Activity Information

Activity ID: 5272
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: Kenya Department of Defense
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	250	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

Adults
 Military personnel
 Children and youth (non-OVC)

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Live With Hope Centre
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 6981
Planned Funds: \$ 100,000.00

Activity Narrative: 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 2007, 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 20 additional schools by training 20 teachers and 150 students in the program. LWHC will also continue utilizing health clubs as an initial entry point into the local secondary schools to train peer educators in the I Choose 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 more students in FY07. LWHC, in FY 2007, 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 training 10,000 parents to support their children in behavior change. In addition, LWHC will begin a Men as Partners program for the adult men in the community that focuses on building relationship skills that emphasize fidelity and family values. In FY 2006, LWHC met their training targets of 200 individuals to promote 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 supported 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 2007 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.

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 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. The education program will use peer education and behavior change messages that challenge gender norms and behaviors to help protect youth from HIV infection. The LWHC HIV education program also provides opportunities for individuals in the support group and home-based care program to publicly discuss their HIV status and promote the eradication of stigma and discrimination that still inhibits many Kenyans from learning their status and seeking support.

7. EMPHASIS AREAS

The major emphasis area in FY 2007 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.

Continued Associated Activity Information

Activity ID: 4919
USG Agency: Department of Defense
Prime Partner: Live With Hope Centre
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 50,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	<input type="checkbox"/>

Target Populations:

- Adults
- Community-based organizations
- Faith-based organizations
- Teachers
- Children and youth (non-OVC)
- Out-of-school youth

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7007
Planned Funds: \$ 200,000.00

Activity Narrative: 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 (NASCO) 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. NASCO 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. NASCO 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. NASCO will also partner with the Kenya Medical Training college (KMTCC) to help develop in-service training guidelines to KMTCC 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. Significant changes from 2006 to 2007 that will take place will be that NASCO will play a key role in ensuring that epidemiological data is captured, analyzed and presented for use in implementation of prevention programs. NASCO 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 NASCO 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. Because this activity is mainly a coordination role, no specific targets are assigned to this partner.

4. LINKS TO OTHER ACTIVITIES

This project will establish essential linkages with other NASCO 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). NASCO 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 NASCO 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.

Continued Associated Activity Information

Activity ID: 4226
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS & STD Control Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

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

Target Populations:

- Adults
- National AIDS control program staff
- Girls
- Boys
- Other MOH staff (excluding NACP staff and health care workers described below)
- Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Frontiers in Reproductive Health
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7022
Planned Funds: \$ 250,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Condoms and Other Prevention (#8874), Counseling and Testing (# 8976), and Abstinence and Being Faithful (#8989), (#8725).

2. ACTIVITY DESCRIPTION

The Kenya Adolescent Reproductive Health Program (KARHP), implemented by Population Council FRONTIERS and PATH, is a multisectoral intervention with proven effectiveness in influencing HIV/AIDS knowledge, attitudes and behaviors that supports three Government of Kenya ministries: Education, (MOE); Gender, Sports, Culture & Social Services (MOGSCSS); and Health (MOH). In 2007 with the institution of the Ministry of Youth Affairs, it will replace MOGSCSS. The program supports the GOK ministries, both individually and through stimulating intersectoral collaboration, to integrate adolescent reproductive health (ARH) activities into their routine programs that promote abstinence and behavior change for youth. Ministry staff capacity is built using a "life skills" curriculum that has been developed by Frontiers and PATH. Their life skills curriculum was promoted by the Provincial Director of Education in Western province as the chosen curriculum for use throughout Western province. Over the past three years, the program has been introduced in two districts of Western Province, and then institutionalized and scaled up to cover all eight districts in the Province. In 2007, Frontiers will take the KAHRP methodology into an additional province to be selected following consultation with APHIA II partners and GOK. Guidance and counseling teachers in schools will promote HIV prevention and reproductive health information and services for adolescents in their routine work. Staff members are key implementers, working closely with peer educators, religious and civic leaders, other teachers and parents to enhance and sustain community acceptance. Currently Population Council and PATH are collaborating with the APHIA II program to introduce KARHP in two districts of Nyanza province and two districts of Eastern province where PATH will take the lead as the APHIA consortium member.

In 2007, it is expected that the project will train 800 teachers and Parent Teacher Association members in 50 schools and 50 Ministry of Education officials; 50 Social Development Advisors, and 50 MOH staff. In total, 1,000 people will be trained in communicating AB messages and 10,000 people reached.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project aims at increasing knowledge of sexual and reproductive health issues using innovative approaches for public sector authorities to work not only with youth, but also with their parents, teachers and community leaders to improve HIV prevention through delayed sexual debut, secondary abstinence, and safer sexual practices among sexually active young people.

4. LINKS TO OTHER ACTIVITIES

Through provision of reproductive health information to young people, this project increases the demand for reproductive health services such as VCT services and STI treatment. Key messages and activities are conveyed through existing community and religious structures, resulting in the strengthened capacities of local religious organizations, and community groups to address HIV risk through prevention and abstinence. The project activities will complement APHIA II project activities targeting in- and out-of-school youth and provision of youth friendly services at public health facilities (#8874), (# 8976), (#8989), (#8725).

5. POPULATIONS BEING TARGETED

KARHP targets primarily girls and boys aged 10 to 14 years, and 15 to 19 years in primary schools, as well as unmarried out-of-school youth in the project communities. The project also reaches community and religious leaders, parents and local authority representatives.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Through the content of the life skills curriculum, group discussions and individual counseling sessions, the project will address gender equity, male norms and behavior, sexual violence and coercion, and stigma and discrimination. KARHP has continued to support MOE in developing the national schools curriculum on family life skills and HIV/AIDS, and development of the national Guidance and Counseling Policy for schools. It will also support the MOH to integrate KARHP activities in their yearly work plans to enable the Ministry to comprehensively address ARH issues. Through advocacy and lobbying at

the national level among the three ministries, ARH issues will be continually promoted as a priority by the ministries as they prepare their strategic plans.

7. EMPHASIS AREAS

The life skills curriculum addresses issues of gender, stigma and discrimination. One of the primary gender issues in Kenya today is violence and coercion stemming from gender relations. By addressing these issues at an early age and forming adult mentors, the youth will have a better chance of developing good morals and high principles to live by.

Continued Associated Activity Information

Activity ID: 4203
USG Agency: U.S. Agency for International Development
Prime Partner: Population Council
Mechanism: Frontiers in Reproductive Health
Funding Source: GHAI
Planned Funds: \$ 400,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,000	<input type="checkbox"/>

Target Populations:

Adults
 Community leaders
 Doctors
 Nurses
 Policy makers
 Teachers
 Rural communities
 Girls
 Boys
 Primary school students
 Secondary school students
 Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Council
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7026
Planned Funds: \$ 250,000.00

Activity Narrative: 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 48,000 youth with abstinence and faithfulness messages through training forty new adult mentors and providing update trainings to all 200 Friends of Youth (FOYs). 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 200 FOYs who will use an informal curriculum-based approach using the 'Life Skills Plus' curriculum. Each of the 200 FOYs will reach at least twenty new youths each month to encourage abstinence and behavior change activities. Additionally, the FOY project will train 50 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 implement activities integral to the program for \$80,000.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During the 2007 project period, a total of 48,000 individuals will be reached with an intensive curriculum-based life skills training program through 200 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.

Continued Associated Activity Information

Activity ID:	4218
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Population Council
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 150,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	48,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Program managers
Teachers
Volunteers
Rural communities
Girls
Boys
Primary school students
Secondary school students
Religious leaders

Key Legislative Issues

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

Coverage Areas

Central
Nairobi
Eastern

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Scouting Solutions
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7029
Planned Funds: \$ 1,161,244.00

Activity Narrative: 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

PATH is implementing the Scouting for Solutions (SfS) project in partnership with the Kenya Scouts Association (KSA). The core focus is to reach young people with information and skills for HIV prevention through abstinence and being faithful messages. The highlight of Year 2 was training 2815 scout leaders on information and skills for HIV prevention using participatory methods who reached over 47,080 scouts aged 12-15 years. An important milestone was the successful launch of the SfS project on July 15th during the Scouts Patron's Day which was presided over by the President of Kenya. The project initiated approaches to deliver information and build skills among the Scouts using activity packs and newsletters. Two activity packs were completed, four editions of newsletters were produced and 181,500 copies distributed. A monitoring system was put in place and a computer-based data management system was installed to enable KSA to monitor program activities and share progress with donors and partners. A gender advocacy toolkit was developed to guide dialogue with parents, education administrators and other gatekeepers. The project integrated HIV messages in scouting competitions where awards (scarves, goggles, cameras and uniforms) were provided to winning teams. Recruitment of girls in scouting was boosted by training 350 female scout leaders in basic scouting and sponsorship of 300 female scout leaders for advanced level training. The main focus of project activities in Year 3 is to continue reaching more scouts with information and skills to help them avoid risky behaviors and to continue promoting gender equity in scouting so as to achieve KSA's goal of gender parity by 2008. The Advocacy, Communication and Social Mobilisation (ACS) strategy developed in year 2 will continue to inform the communication and skills building components of this project. The scout's principle of "Learning by doing" will be applied liberally in all materials and activities where emphasis will be placed on the participatory learning process. This information will reach the rest of the school community and out-of-school youth through drama by Little Magnet Theatre. PATH will continue to work with KSA to strengthen the organization's capacity for implementation and supervision of project activities. The SfS sub-agreement with KSA will be revised to reflect activities that will be carried out in Year 3. Meetings with key stakeholders and partners will continue through the Partners Leadership Group and the SfS Technical Committee. Parents and community members will be engaged in SfS activities, through activity packs and newsletters provoke dialogue with these key audiences. Advocacy with key stakeholders such as relevant government ministries will be actively pursued using the advocacy toolkit and talking points to be developed in Year 3. New progressive badges will be introduced in an effort to allow both boys and girls scouts to compete equally for badges and annual contests. SfS is sponsoring several badges because they provide motivation and recognition of the Scouts' journey of self discovery and attitude formation/change. Five new badges will be supported in Year 3. All activities will be monitored using the tools developed in Year 2, as well as those revised in Year 3. Additionally, Straight Talk Foundation and Instituto Promundo will continue to provide technical assistance to the project in newsletters and gender and advocacy areas respectively.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through these interventions, the SfS project addresses issues critical to young people in HIV prevention. This includes providing information and building skills necessary for positive behavior formation, enhancing gender sensitivity among the boy scouts and scout leaders. The project also reaches vulnerable groups such as girls and out-of-school youth. Through newsletters and activity packs, SfS is providing the youth with credible sources of information. Parents/guardians and other protective adults are being engaged through dialogue and communication skills to provide the youth with a supportive environment for behavior change. Training, which is a major component of the SfS project, provides skills and opportunities for scout leaders and other adults with skills to change their own behavior even as they assist the youth to change.

4. LINKS TO OTHER ACTIVITIES

In addition to the above activities, parents, policy makers and other stakeholders will be brought on board to support girls in scouting. Parents/guardians and other protective adults who are not only influential sources of knowledge, beliefs, attitudes and values for

young people but also important gatekeepers will be engaged in reinforcing the messages scouts are getting from the project. Year 3 activities will also include lobbying with policy makers within the scouting system and the Ministry of Education to provide more support for scouting at the district level.

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 project will facilitate promotion of gender equity in scouting through revision of scouting policies to make them more gender sensitive. A gender advocacy tool kit developed in Year 2 will be instrumental in this process. In addition, the sexual harassment and abuse policy which was developed by World Scouts Bureau/Africa Regional Office will be adopted and operationalized. Plans will be initiated to amend the Kenya Boy Scouts Act to accommodate the inclusion of girls in scouting.

7. EMPHASIS AREAS

The project puts major emphasis on reaching the youth with information for HIV prevention, building of capacity of local partners through training and infrastructural support. Other areas of emphasis include development of policy guidelines and monitoring and supervision of project activities.

Continued Associated Activity Information

Activity ID: 5443
USG Agency: U.S. Agency for International Development
Prime Partner: Program for Appropriate Technology in Health
Mechanism: Scouting Solutions
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	72,100	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,815	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Non-governmental organizations/private voluntary organizations
Policy makers
Teachers
Volunteers
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Salesian Mission
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7033
Planned Funds: \$ 56,599.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in the Counseling and Testing and OVC program areas.

2. ACTIVITY DESCRIPTION

In FY07, the "Life Choices Program" will provide AB messages to 14,000 individuals. The target population is youth 10 to 19 years of age at over 13 Salesian sites in Central, Nairobi, Eastern, and North Eastern provinces. The majority of Salesian Missions' (SM) work will be in the urban environments such as Embu, Kakuma, Korr, Makuyu, Nairobi (Boys Town, Kibera, Mlolong, Upper Hill, and Utume) where HIV/AIDS prevalence in Kenya is 10% versus 7% nationwide. Trainers and community leaders/mobilizers will reach 14,000 in- and out-of-school youth. Approximately 400 peer educators will be trained, who are expected to reach 9,000 youth. Twenty of the peer educators will exclusively target OVC. The involvement of parents, teachers, community leaders and parishes will support and reinforce the behavior change messages advocated by the trainers and peer educators. Five hundred parents will be educated by the trainers. Community mobilization and participation will occur in the parishes by training 150 parishioners who will reach 1,500 people. BCC messages will provide additional reinforcement and reach approximately 10,000 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 (notably street children and OVC), and community mobilization. The main objective is to change social norms regarding risky sexual behavior, and the education and dissemination of information on condoms and condom use. At this time SM is not capable of estimating the number of HIV infections that it will avert, however we will be doing our part through the faith-based communities, youth groups, a BCC campaign, and the education of thousands of individuals to prevent the spread of HIV and AIDS.

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 2007, 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, SI and information, education and communication.

Continued Associated Activity Information

Activity ID:	5762
USG Agency:	U.S. Agency for International Development
Prime Partner:	Salesian Mission
Mechanism:	N/A

Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	6,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	14,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,000	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Street youth
- Refugees/internally displaced persons
- Teachers
- Girls
- Boys
- Primary school students
- Secondary school students
- Out-of-school youth
- Religious leaders

Key Legislative Issues

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

Coverage Areas

Central

Nairobi

Rift Valley

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Samaritan's Purse
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7034
Planned Funds: \$ 634,128.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Counseling and Testing and ARV treatment programs at faith-based hospitals including Maua Methodist Hospital, Tigania Catholic Mission Hospital, and Nyambene District Hospital.

2. ACTIVITY DESCRIPTION

Samaritan's Purse (SP) Kenya 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 FY07, the SP-Kenya MET Program will focus on increasing male youth involvement in ABY activities, reducing sexual coercion of young people, decreasing HIV/AIDS-related stigma, and increasing unmarried female youth participation in VCT. In the baseline survey conducted in March 2006 the Tigania, Ntonyiri and Igembe locations all had deficiencies in those key program areas. In a recent follow-up survey, Tigania area stood out as a priority area for increasing knowledge on HIV/AIDS and behavior change for youth. To address these concerns, the SP-Kenya team intends to continue the standard MET approach cycle of activities, but will adapt and increase certain program activities. Specifically, the SP-Kenya (SP-K) team will focus on adapting the curriculum used in workshops to address the concerns of male youth who have had less than average involvement in program activities in the past year, strengthening and increasing community conversations on child sexual abuse and exploitation, involving more youth in compassionate care activities for vulnerable households, and launching a radio program. Activities for SP-K will train 1,560 individuals to provide HIV/AIDS prevention programs that focus on AB. Those trained will reach 31,200 individuals with community outreach HIV/AIDS prevention programs that promote AB. These trainings will take place in 39 communities in the Tigania, Ntonyiri, and Igembe areas within Meru North. In addition to ongoing program monitoring, follow-up surveys in February and August of 2007 will provide management with data on the program's impact on knowledge, attitudes, and practices of young people in the target area.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

MET program targets include 31,200 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, 8% 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 4% 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 Nyambene District Hospital (NDH), and the MOH supported VCT center in Maua town. Youth and youth leaders participate in the care of PLWHA, and will make referrals to the PEPFAR funded ART and palliative care programs at MMH and NDH.

5. POPULATIONS BEING TARGETED

The MET program targets primarily children and youth, including girls, boys, primary and secondary school students. Additionally, program activities target adult men and women, HIV/AIDS-affected families, out-of-school youth, community leaders, religious leaders, and volunteers. Groups and organizations targeted include community-based organizations, faith-based organizations and rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The program addresses gender equity in programming through behavior change messages

and mentoring targeting vulnerable girls and young women and male norms and behaviors through community conversation about sexual abuse and exploitation of children and youth. Training community mentors and increasing dialogue with leaders aims to reduce violence and coercion. Open dialogue about HIV/AIDS helps break the stigma and identify the cultural norms contributing to abuse of children. New radio programming in Kimeru addresses sexual violence and coercion, social norms, and stigma and discrimination.

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.

Continued Associated Activity Information

Activity ID: 5440
USG Agency: U.S. Agency for International Development
Prime Partner: Samaritan's Purse
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	31,200	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,560	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Street youth
Volunteers
Rural communities
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas

Eastern

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APHIA II - Health Communication & Marketing
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7052
Planned Funds: \$ 2,360,000.00

Activity Narrative: 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

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.

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. Through these interventions, the awardee will target at least 50,000 people with AB messages and train at least 500.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2007, 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 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

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

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 collaborate with the education sector, and train individuals in message development and communication.

PLUS UP: 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.

Continued Associated Activity Information

Activity ID: 5090
USG Agency: U.S. Agency for International Development
Prime Partner: To Be Determined
Mechanism: BCC/SM-PSI
Funding Source: GHAI
Planned Funds: \$ 700,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

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

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers
Rural communities
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
HIV positive children (5 - 14 years)

Key Legislative Issues

Addressing male norms and behaviors
Stigma and discrimination
Education

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7114
Planned Funds:	\$ 300,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to all activities in Abstinence and Be Faithful Programs.</p> <p>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.</p>

Continued Associated Activity Information

Activity ID:	5138
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GAP
Planned Funds:	\$ 155,000.00

Targets

Target

Target Value

Not Applicable

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7131
Planned Funds: \$ 300,585.00

Activity Narrative:**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

"Mobilizing Youth for Life" (MYFL) will focus on improving the quality of AB interventions while expanding the program reach. Through partnership with seven local FBOs, AB peer education activities will be carried out. A total of 155,456 individuals will be reached through community outreach that promotes HIV/AIDS prevention through abstinence and being faithful activities. Working through extensive networks, including 140 churches, 356 schools, 6 universities, and 100 local out-of-school youth community groups, World Relief (WR) will mobilize and equip more than 2,048 volunteers and peer mentors, 140 pastors and 712 teachers to guide youth and train 19,200 parents. WR will also help establish 602 youth clubs that will provide continued social support for youth. Peer education activities will be carried out in 356 schools through trained peer educators. MYFL outreach through churches will be scaled up, as will the work with out-of-school youth. Special focus will continue to be given to the "influencers of youth," including parents, church leaders and other community leaders and members. Advocacy and sensitization meetings will be held to help these influential adults understand their role in supporting youth in their commitment to AB, and also in creating an enabling environment. Trained teachers, peer educators and abstinence clubs will continue to carry out AB activities. In addition, MYFL volunteers will make monthly follow-up visits to each school and church program. M&E systems are in place with partners submitting monthly planning and reporting documents to WR staff and with WR staff conducting monthly field visits to partner's sites. Meetings are held with individual partners on a monthly basis and communication lines between WR and the partners remain open.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

WR's AB activities will contribute to reducing the number of new infections among the youth and subsequently the general population. The project seeks to reduce the number of boys and girls who have sex before age 15 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% (men) and 77% (women) to 95% for both.

4. LINKS TO OTHER ACTIVITIES

While MYFL is an AB program, a considerable number of youth in the target population are reported to be sexually active. Youth who have had sexual experiences will be referred to VCT and STI diagnosis and treatment centers. They will be encouraged to practice secondary abstinence. Referrals and linkages between AB outreach and government counseling and testing outlets will be strengthened.

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.

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.

Continued Associated Activity Information

Activity ID: 5378
USG Agency: U.S. Agency for International Development
Prime Partner: World Relief Corporation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	155,456	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,760	<input type="checkbox"/>

Target Populations:

Adults
 Community-based organizations
 Faith-based organizations
 Teachers
 Volunteers
 Children and youth (non-OVC)
 Out-of-school youth
 Religious leaders

Key Legislative Issues

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

Coverage Areas

Central

Eastern

Nairobi

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7133
Planned Funds: \$ 1,090,184.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to World Vision's Kenya AIDS Treatment and Support for OVC (KATSO) in partnership with Mildmay International(#6991); ADRA's AB program (#6833) and FHI's APHIA II interventions in Rift Valley (#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

The Abstinence and Risk Avoidance for Youth (ARK) Program continues 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 anti-AIDS clubs, peer educators to foster the adoption of AB behaviors by strengthening their capacity for healthy behaviors; (iii) parent groups equipped to communicate and counsel youth about sexual health and healthy choices; (iv) teachers 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 PLHWAs 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 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 Common Ground Melting Pot meetings among youth, parents and other stakeholders, e.g. challenging harmful norms that prevent 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 reach 54,090 individuals and train 4,623. Specifically, ARK will generate 3,100 youth peer educator/coaches, 450 adult mentors, and 170 community outreach programs that promote "A and/or B" equipping 29,753 youth 10 to 14 years old with life skills that will help them delay age of sexual debut and 24,337 youth 15 to 24 years to practice primary or secondary "A and/or B", contributing to a reduction in the rate of HIV transmission. ARK will create a critical mass of groups of parents, community and religious leaders, teachers, youth service providers trained by 30 certified master trainers to conduct downstream training in "A and/or B". ARK will sensitize and mobilize 50 government leaders at various levels particularly to defend and promote the rights of youth and to protect them from HIV/AIDS. All the above activities support the national strategies of the government of Kenya and have the explicit support of government ministries that deal with youth and HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

ARK activities are linked to ongoing work within the World Vision ADPs. ARK collaborates with the Ministries of Education and Health to mobilize and equip youth, health care providers and teachers with skills to promote A and/or B behaviors. ARK also works with other development organizations such as ADRA and FHI to increase the range and quality of services to the youth, and links with ADRA's AB program and AB activities of APHIA II Rift Valley (#9070). ARK also uses the KATSO program, facilitated advisory and action groups and the systems that exist in the communities to cultivate supportive family and community environments for youth to practice the A and/or B behaviors. ARK works

closely with village and district level leadership as well as FBO leaders to address obstacles in the environment that curtail the adoption of A&B norms.

5. POPULATIONS BEING TARGETED

ARK's primary target audience is girls aged 10-24 years. The secondary audience is boys of the same age, while parents, caregivers, teachers, religious and community leaders, and health care providers are other (tertiary) targets. ARK targets youth aged 10-14 with outreach "A" activities while those aged 15-24 years receive "A and/or B" activities including secondary abstinence for those who are already sexually active.

6. KEY LEGISLATIVE ISSUES ADDRESSED

ARK activities address male cultural beliefs, norms and stereotypes that predispose girls to HIV infection, while empowering men and boys to become ardent defenders of women and girls' rights and to exercise equity in all areas. ARK maintains a deliberate bias towards addressing the needs of girls and young women.

7. EMPHASIS AREAS

This activity emphasizes community mobilization of various types of organizations referred to above. Other emphases include local organization capacity development; training and facilitation using ARK-branded facilitation guides and a QI verification checklist; information, education and communication materials including a self assessment and planning tool (ARK passport) to enable the youth to stick to the healthy choices they make.

Continued Associated Activity Information

Activity ID: 5720
USG Agency: U.S. Agency for International Development
Prime Partner: World Vision Kenya
Mechanism: Kenya AIDS Treatment and Support for OVCs
Funding Source: GHAI
Planned Funds: \$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	29,753	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	54,090	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	4,623	<input type="checkbox"/>

Target Populations:

Community leaders
Faith-based organizations
Doctors
Nurses
National AIDS control program staff
Teachers
Volunteers
Girls
Boys
Primary school students
Secondary school students
Women (including women of reproductive age)
Out-of-school youth
Religious leaders
Other Health Care Worker

Key Legislative Issues

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

Coverage Areas

Nyanza
Rift Valley
Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Transport Corridor Initiative
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8701
Planned Funds: \$ 100,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8781), (#8777), (#8976), HIV/AIDS Treatment: ARV Services (#8813), (#8826), (#8765), Prevention of Mother-to-Child Transmission (#8764), (#8738), (#8729), and Palliative Care: Basic Health Care and Support (#8934), (#8931), (#8936).

2. ACTIVITY DESCRIPTION

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, i.e. 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 two to three 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. To date, ROADS has worked in 3 sites – Mariakani, Malaba and Busia – to reach over 42,000 youth, women, truck drivers and PLWHA, through nearly 500 peer educators from over 100 community and faith-based organizations (CBOs and FBOs) to convey AB messages with accurate information about available prevention, care and treatment services, and VCT referral and outreach services. ROADS builds the capacity of faith-based youth groups with abstinence-only messages for primary and secondary school students and out-of-school youth through magnet theatre, sports and other community mobilization activities. 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 also reduces the economic vulnerability of women and youth through job training and referral to microfinance institutions and thus facilitates abstinence and faithfulness. ROADS engages private sector pharmacists, businessmen, and faith leaders to reach out to men.

In FY 2007, ROADS will continue and strengthen this programming in its existing three sites and expand this programming to Mlolongo, a major truckstop outside of Nairobi where 300+ truck drivers are parked each night and many unemployed, poor women and out-of-school youth are drawn to find money. ROADS will continue to build community cohesion, sustainability and maximize coverage through its innovative "cluster model" that encourages joint program activities by over 100 community groups. Approximately \$80,000 will be allocated to CBO clusters of youth and women and the truck driver association.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

ROADS contributes to overall abstinence and faithfulness efforts by implementing practical, effective strategies for helping vulnerable populations act on intentions to remain abstinent or reduce the numbers of casual partners. Specifically, youth will be reached in school and through social networks with training to build knowledge and community theatre to model behavior skills. Mobile populations (truck drivers) will receive training to build their skills and will be provided with group-specific options to avoid high-risk environments.

4. LINKS TO OTHER ACTIVITIES

ROADS is a multi-sectoral HIV and AIDS program that seeks to reduce stigma and discrimination through broad community dialogue and participation. Additionally, through ongoing coordination with other USAID/Kenya PEPFAR partners, ROADS links with, and creates demand for, clinic-based services (CT, PMTCT, STI diagnosis and management) strengthened through PEPFAR programming in these areas. ROADS will coordinate CT outreach in sites where truck drivers and community members meet: the truckers resource center, and the boda-boda (bicycle taxi) drivers community facility. We also plan to work with FBOs to encourage on-site CT mobilization in conjunction with their focused

outreach to truckers and community men around support for social norm change for partner reduction and faithfulness.

5. POPULATIONS BEING TARGETED

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 addressed to truck drivers and their attendants who are away from their families for three months or more and community men and women. In addition to addressing target populations at risk, ROADS strengthens community resources--business, community and religious leaders with moral authority and the capacity to offer support to women and youth to reduce their vulnerability--as well as public and private health care providers and teachers who can promote HIV education and health-seeking behavior.

6. KEY LEGISLATIVE ISSUES ADDRESSED

ROADS programming will include (1) focused campaigns with bar/lodging owners and religious leaders to reduce alcohol abuse as a partner reduction strategy among truck drivers and community men, (2) advocacy to reduce alcohol access by youth, (3) programming to address gender-based violence (GBV) as a key HIV risk factor and barrier to CT and partner communication. Specific activities will include programs to change male sexual networking norms and to reduce stigma and discrimination. Detailed discussions on alcohol and GBV issues and program options have already been started in the sites.

7. EMPHASIS AREAS

ROADS activities are community-driven as a result of ongoing focused community dialogue and mobilization. Targeted peer education, community theatre, and outreach are used to promote AB behaviors and skills. ROADS builds referrals to public and private health and social services. Most important is the emphasis on developing the capacity of a broad range of community-based groups: business, community and religious leaders, teachers and health workers to ensure that programming is sustained within the communities.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	25,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	30	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Truck drivers
People living with HIV/AIDS
Teachers
Primary school students
Secondary school students
Out-of-school youth
Religious leaders
Pharmacists

Key Legislative Issues

Gender
Stigma and discrimination
Food
Microfinance/Microcredit

Coverage Areas

Coast
Nairobi
Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8725
Planned Funds: \$ 790,000.00

Activity Narrative: 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

After a pilot project in two districts, in FY 2006 PATH and Population Council Frontiers project implemented the Kenya Adolescents Reproductive Health Project 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. 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 be 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 2006, 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 2007, 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 2007, 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 20,000 individuals and especially youth with abstinence and being faithful messages. Two hundred 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 youth and their parents to support increased positive communication. 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. It also indirectly targets adults in the general population through its efforts to reduce the stigma 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 arounds in education.

7. EMPHASIS AREAS

Major emphasis is capacity building of local organizations and minor emphasis on information, education and communication and strategic information.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	135,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,675	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Street youth
Policy makers
Teachers
Girls
Boys
Primary school students
Secondary school students

Key Legislative Issues

Gender

Stigma and discrimination

Education

Coverage Areas

Eastern

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	APHIA II - Central / Nairobi
Prime Partner:	Pathfinder International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8731
Planned Funds:	\$ 850,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to activities in Counseling and Testing (#8976), Palliative Care: TB/HIV (#9072), and Prevention of Mother-to-Child Transmission (#8729).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>In FY 2007, Pathfinder and its prevention partners, including PSI, will target youth and adults with AB messages that are appropriately adapted to different target groups. 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 20,000 individuals will be reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful, while 25 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.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This activity will contribute significantly to the overall 2007 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.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>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.</p> <p>5. POPULATIONS BEING TARGETED</p> <p>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.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>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.</p> <p>7. EMPHASIS AREAS</p> <p>There will be a major emphasis on capacity building of implementing partners (IPs), community-owned 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 these interventions.</p>

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	175,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,500	<input type="checkbox"/>

Target Populations:

Adults
 Business community/private sector
 Community leaders
 Community-based organizations
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Teachers
 Children and youth (non-OVC)
 Out-of-school youth

Key Legislative Issues

Addressing male norms and behaviors
 Increasing women's legal rights
 Education

Coverage Areas

Central

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APHIA II - Coast
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8950
Planned Funds: \$ 1,670,000.00

Activity Narrative: 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

This activity will reach 500,000 youth with abstinence and being faithful messages in Coast Province. The activity 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. Approximately 2,000 people will be trained to provide AB programs among youth. 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 Guide 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 Guide 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 500,000 youth with abstinence and being faithful messages and another 300,000 with abstinence 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 three districts 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 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.

This APHIA II program will roll out the Ministry of Education Sector Policy for HIV and AIDS.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	506,250	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,250	<input type="checkbox"/>

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Street youth
HIV/AIDS-affected families
International counterpart organizations
Mobile populations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Teachers
Volunteers
Rural communities
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
Religious leaders
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender
Stigma and discrimination
Education

Coverage Areas

Coast

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APHIA II - Nyanza
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8989
Planned Funds: \$ 1,265,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8760), and Condoms and Other Prevention (#8942).

2. ACTIVITY DESCRIPTION

The APHIA Nyanza project implemented by EngenderHealth initiated support to AB activities in Nyanza Province in FY 2006. 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. In schools, 200 teachers will be trained in adolescent development, gender issues, and HIV information and facilitation skills. They will train 400 student peer educators who will then implement a child-to-child school program targeting primary school children. Further, 200 youth advocates will be trained to implement youth-to-family activities, a significant innovation in the community in FY 2007 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 10,000 in-school youth and 10,000 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. 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. A total of 12,000 community members will be reached through these strategies. This project will work in close collaboration with the National AIDS and STI Control Programme of the Ministry of Health, ensuring that activities meet the Government of Kenya priorities and guidelines. In 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.

This activity also includes support to the following sub-recipient for activities integral to the program: PATH \$825,000.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AB in this geographical area will contribute substantively to the Kenya 5-Year Strategy for primary prevention which puts youth first to protect them from infection. The child-to-child program provides significant support to the strategy 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), 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.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This APHIA II 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 emphasis on training of youth, teachers and community leaders as detailed in the activity description in Section 1 above.

PLUS UP: 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.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	32,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	800	<input type="checkbox"/>

Target Populations:

Adults
 Community leaders
 Community-based organizations
 Faith-based organizations
 Street youth
 Teachers
 Rural communities
 Girls
 Boys
 Primary school students
 Out-of-school youth

Key Legislative Issues

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

Coverage Areas

Nyanza

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8994
Planned Funds: \$ 600,000.00

Activity Narrative:**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

Although the HIV prevalence level (4.9%) in Western Province is lower than the national average (6.7%), it is still considered high, and prevention interventions will be continued to address rising levels of incidence in the province. This APHIA II Western activity will continue the expansion of abstinence-based programs for youth (through child-to-child programs) in Western Province building on the support previously provided through USAID'S APHIA II TBD activity approved in the 06 COP. The 06 COP APHIA II TBD activity included follow-on activities of the previous AMKENI project. APHIA II TBD also builds on mass media programs carried out by FHI/IMPACT targeting in- and out-of-school youth in Western province. The previous work of Population Council through the Kenya Adolescent Reproductive Health Program (KARHP) working on dissemination of HIV/AIDS information and behavior change among in-school youth in collaboration with the Ministries of Education, Health and Gender, Culture and Social Services will also be monitored as throughout 2006 every district in the province had been covered.

The detailed activity will be articulated through discussions among USAID, other USG partners and the consortia that will be awarded in the Cooperative Agreement. However it is expected that, at the current level of funding, 15,000 youths will be reached with AB messages and 200 people will be trained to provide AB messages.

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 the 2006 COP by Amkeni and IMPACT projects 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, primary school students, adults, out-of-school youth, community leaders, rural communities, religious leaders, teachers, other public health care workers including public health officers, community-based organizations and faith-based organizations. The nature of population-specific messages will be discussed and agreed upon by the successful partner and USAID.

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.

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	235,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,720	<input type="checkbox"/>

Target Populations:

Girls
Boys
Primary school students
Secondary school students
Out-of-school youth

Key Legislative Issues

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

Coverage Areas

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Federation of Teachers - Educational Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9007
Planned Funds: \$ 0.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Condoms and Other Prevention (#6842), (#8780), Policy Analysis and System Strengthening (#6841), and other Abstinence and Be Faithful Programs (#8701), (#6858).

2. ACTIVITY DESCRIPTION

This program will be implemented by the Kenya National Union of Teachers (KNUT) as a sub-grantee of the American Federation of Teachers Education Foundation (AFT-EF) with an emphasis on the introduction to and training on the "Education Sector Policy for HIV and AIDS." KNUT, in close collaboration with the Ministry of Education, will carry out specific activities targeting teachers and students with information on Abstinence and Being Faithful. At school level the activities will include training to include abstinence, delay of sexual activities among the pupils and encouraging fidelity especially among the teachers.

This activity will be implemented in 50 schools in the 18 districts where AFT/KNUT has been working. The activity will train about 1,000 teachers on abstinence and being faithful who will in turn reach out to about 25,000 pupils (500 per school) with prevention messages. In addition, culturally and age appropriate information, education and communication materials for both teachers and pupils will be developed and disseminated.

Through increased awareness of HIV prevention, including fidelity and faithfulness within marriage and increased access to AIDS prevention services such as voluntary counseling and testing, AFT-EF and KNUT will reduce HIV risk in part of the 240,000-strong teaching workforce of Kenya. This is one of the activities that contribute to the sensitization of teachers about HIV/AIDS through a collaborating union. It is also a component of the comprehensive AIDS programming being developed by the FHI Transport Corridor Initiative along the major transport route running across Kenya.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes to the increased use of schools to target teachers and students with AB messages. This program will have a component of in-service training of teachers who will in turn reach the students and the communities through outreach programmes. The program will also involve the production and dissemination of the relevant information, education and communication materials for use by both teachers and students. The activities will reduce incidences of new infections among the teachers and the students and also reduce stigma and discrimination against HIV+ individuals.

4. LINKS TO OTHER ACTIVITIES

This activity also links with activities in policy and systems strengthening and also condoms and other prevention to be carried out by American Federation of Teachers-Educational Foundation (#6842). KNUT will work in some towns along the transit corridor where FHI-TCI (#8780) and (#8701) is working with in-should youth. CfBT will target teachers in some of the schools where KNUT has already sensitized them in AB activities (#6858). AFT-EF and KNUT will strengthen inter-organizational linkages with the Ministry of Education, Teachers Service Commission, National AIDS Control Council, UNICEF and NGOs such as Kenya Network of Positive Teachers (KENEPOTE) to coordinate prevention, care and treatment programs. KNUT will work with HIV+ teachers to advocate for their rights as union members.

5. POPULATIONS BEING TARGETED

The primary target population is teachers, AIDS-affected families and people living with AIDS. The program will also target policy makers and some institutions within the host government especially the Ministry of Education and the Teachers Service Commission who are responsible for teacher employment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This is a twinning activity between two teacher unions: American Federation of Teachers Education Foundation and the Kenya National Union of Teachers. The key issue addressed will be the implementation of the government's policy on HIV in the education sector. The program will also help in reducing stigma and discrimination against HIV+ individuals.

7. EMPHASIS AREAS

The major emphasis area is training and sensitization. Minor emphasis areas include development of network /linkages/referral systems, workplace programs and policy and guidelines.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

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

Target Populations:

Adults
 Business community/private sector
 Community leaders
 HIV/AIDS-affected families
 National AIDS control program staff
 People living with HIV/AIDS
 Policy makers
 Teachers
 Professional Associations
 Primary school students
 Secondary school students
 University students

Key Legislative Issues

Increasing women's legal rights
 Twinning
 Stigma and discrimination

Coverage Areas

Central

Coast

Eastern

Nairobi

Nyanza

Rift Valley

Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9070
Planned Funds: \$ 1,720,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8776), Palliative Care: Basic Health Care and Support (#8929), HIV/AIDS Treatment: ARV Services (#8797), Condoms and Other Prevention (#9040), Orphans and Vulnerable Children (#9029), Prevention of Mother-to-Child Transmission (#8733), and Palliative Care: TB/HIV (#9065).

2. ACTIVITY DESCRIPTION

This activity will reach 500,000 youth with abstinence and being faithful (AB) messages in Rift Valley Province. The activity will employ the 360 degree Model of Protection that seeks to delay first sex and increase secondary abstinence among youth ages 10 to 24 years old and 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 reproductive health (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 encompasses young people with a supportive environment at every level of their life (family, peers, school, and community). 2,000 people will be trained to provide AB programs among youth. The activity will be implemented by faith-based sub-partners 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 the Kenya Girl Guide Association (KGGA) to reach out to more youth in school with AB messages through a life skills program and a Sara communication initiative targeting girls. The Young Mens Christian Association (YMCA) will target under-served populations including Christian and Muslim youth in Naivasha. APHIA Rift Valley will also develop, produce and distribute AB communication materials through their various partners and networks.

They will expand youth peer education interventions using the Y-PEER approach established by YouthNet and the UN Fund for Population Activities (UNFPA); work with the Provincial Education Office and KGGA to roll out the life skills peer education program established under the IMPACT Project to more schools in Rift Valley Province; and work with tertiary training colleges and universities to integrate HIV/AIDS education using the "I Choose Life" approach and the National Organization of Peer Educators (NOPE)'s Ambassadors of Change. They will collaborate with local youth groups and partners to expand the youth program to four districts in Rift Valley Province.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will reach 500,000 people through AB messages, contributing significantly to the overall 2007 PEPFAR goals. The activity will seek to integrate prevention into 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.

7. EMPHASIS AREAS

The activity will have a major emphasis on local organization capacity development with lesser emphases on information, education and communication, training and community mobilization and participation.

Emphasis Areas

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

Targets**Target****Target Value****Not Applicable**

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

630,000

Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful

5,515

Target Populations:

Girls

Boys

Primary school students

Secondary school students

Key Legislative Issues

Addressing male norms and behaviors

Volunteers

Stigma and discrimination

Education

Coverage Areas

Rift Valley

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9078
Planned Funds: \$ 1,205,700.00

Activity Narrative: 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

Peace Corps Volunteers (PCVs) and their counterparts will use sporting activities as platforms to promote safe sexual practices especially among sexually active youth and young adults with particular emphasis on mutual fidelity. PCVs and their counterparts will work with the youth to develop HIV/AIDS messages that will be displayed on posters, pamphlets, bumper-stickers, branded, ideally, on T-shirts and on the balls that will be used in the sporting activities.

Peace Corps will also continue supporting the 11 PCVs who arrived in country in 2005 and 12 that will arrive in 2006. These PCVs will continue adapting and/or creating HIV/AIDS messages in Kenyan Sign Language e.g. on DVDs, CDs or VCRs, posters, etc. The emphasis of these PCVs who are fluent in Kenyan Sign Language will be on Being Faithful and will be directed towards sexually active deaf youth and young adults.

Peace Corps will also support training in five-day regional cross-sectoral HIV/AIDS workshops whose participants will be PCVs and their counterparts. Participants will be trained on the design and delivery of activities that provide a supportive environment of youth and young adults, through the involvement of families, schools, health facilities, peers and communities, to meet the HIV/AIDS and reproductive needs of youth and young adults. The PCVs and their counterparts will in turn train other community members and co-workers at their sites.

Peace Corps will also support the translation into 6 local languages and reproduction and distribution of an HIV/AIDS training manual. These will be in Kiswahili, Luo, Luhya, Kikuyu, Kalenjin and Kamba. It has become increasingly necessary to communicate in local languages to ensure that vital information on HIV/AIDS is not lost or misinterpreted through verbal translation. PCVs also gain more acceptance and trust in their communities when they are able to speak in local languages or the national language. Ultimately, community members are more willing to openly discuss issues surrounding HIV/AIDS and opens up opportunities for PCVs to work with community.

Peace Corps will also support 20 PCVs who will work in and with local organizations to prevent HIV/AIDS transmission by increasing their communities' awareness of HIV/AIDS issues through Abstinence and Be faithful messages. The outcome will be to enhance their communities' abilities to adopt health-seeking behaviors and make informed choices about their bodies and their lives.

Peace Corps will continue to support Volunteer Activity and Support Training (VAST) where Counterparts and PCVs will access small grants and technical assistance, enabling them to expand both their reach and quality of services delivered to people infected and affected by HIV/AIDS. Such low cost interventions will promote Being Faithful initiatives that assist in the reduction of HIV transmission.

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 PCVs involvement in working through a strong network of organizations at the community level and acts as a catalyst to provide long-term capacity development support to NGOs, CBOs and FBOs. Peace Corps Kenya has 140 volunteers serving in six of eight provinces in rural Kenya for a period of two years which enables them to make a comprehensive needs assessment in their communities and to design and implement the appropriate response, collectively with their community members. In FY 2007, PCVs will continue engaging in a range of activities that will lay particular emphasis to Being Faithful.

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 who Peace Corps volunteers

work with. The activities will also link with Condoms and Other Preventions through demonstrations of appropriate condom use. The Peace Corps Volunteers will continue to work with Hope Worldwide through youth sporting 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 70,300 while those reached through Abstinence Only (A) are 40,200. The activities will also train 726 individuals in promoting HIV/AIDS prevention through Abstinence and/or Being faithful.

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 on community mobilization and participation activities. Minor emphasis includes peer education and life skills training and capacity building of teachers and community health workers.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	40,200	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	70,300	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	726	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Disabled populations
Faith-based organizations
Discordant couples
Street youth
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Teachers
Secondary school students
University students
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Increasing women's access to income and productive resources
Volunteers
Stigma and discrimination

Coverage Areas

Central
Coast
Eastern
Nyanza
Rift Valley
Western

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations High Commissioner for Refugees
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9215
Planned Funds: \$ 100,000.00

Activity Narrative: 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 30,000 young individuals and train 200 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 (NCCK), and CARE Kenya's Emergency and Refugee Operations (ERO). The AB program will be implemented mainly by two partners; CARE and NCCK. 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. NCCK, 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 30,000 youth and young adults and training 200 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.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	<input type="checkbox"/>

Target Populations:

Community leaders
 Refugees/internally displaced persons
 Program managers
 Teachers
 Girls
 Boys
 Primary school students
 Secondary school students
 Out-of-school youth
 Religious leaders

Key Legislative Issues

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

Coverage Areas

North Eastern

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministry of Education, Science and Technology, Kenya
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10174
Planned Funds: \$ 0.00

Activity Narrative: This activity will be continuing in FY 2007 but does not require new funding. The below activity description is carried over from the FY 2006 Country Operational Plan.

1. ACTIVITY DESCRIPTION

The Kenya Ministry of Education, Science and Technology (MOEST) has recently completed their Kenya Education Sector Support Programme (KESSP) in which one of the objectives is to implement the AIDS policy for the education sector including training teachers to implement the HIV/AIDS syllabus in schools. AIDS is a major challenge to all the sectors of Kenyan society. In the education sector, the epidemic has severely affected quality, access, equity, supply and demand for education, thus reversing the gains made in the sector in the last ten years. Every Kenyan household is either affected or infected by the epidemic. This has untold physical and psychological effects on the infected and affected. Strengthening the sector's capacity to respond to the epidemic will require a review of the policy on HIV/AIDS and curriculum for various categories of educational institutions (early childhood development, primary, secondary, vocational/technical and non-formal education) in collaboration with the Kenya Institute for Education. MOEST will need to initiate skills-based training relevant to AIDS in pre-service teacher training programmes. One of the prospective partners in this activity is the Kenya Education Staff Institute (KESI) which is being assisted by USAID to become a center of excellence for teacher training. This APHIA II TBD activity will fund the development of curricula for pre-service teacher training to be used eventually in 34 diploma and teacher training colleges as well as the production of the same. First-year students will be targeted, with the expectation of training 12,000 teacher trainees per year (approximately 3000 per college), once the curriculum is available and all institutions are participating (in the first year, therefore, we expect to train 6000 teacher trainees). As the "Education Sector Policy on HIV and AIDS" will be one of the materials used in the course, the cost of reproduction of this booklet will also be covered. Behavior change sensitization programs for communities, teachers, and personnel will help address HIV/AIDS in the education sector. Using a life-skills approach as part of the school health program, sensitization will help build the capacity of teachers to handle HIV/AIDS in educational institutions, and address substance abuse. Guidance and counseling services in educational institutions will be strengthened to help those suffering from stigma and trauma associated with HIV/AIDS.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This is one of the APHIA II TBD activities that contributes to the promotion of abstinence, being faithful and behavior change practices among youth.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES IN 2005 COP BY MOEST. This APHIA II TBD activity will build on the 2005 activity with UNICEF and the Kenya Institute of Education to update and reproduce the Life Skills curriculum. It directly responds to the AIDS policy for the education sector which was developed with MTT using 2004 PEPFAR funding, and the development of the District Education Management and Monitoring Information System. It will then feed directly into the in-service teacher training being carried out by CfBT. With the inclusion of the AIDS policy in the pre-service teaching curriculum, this activity will strengthen the AFT-EF/ Kenya National Union of Teachers policy sensitization project. This activity also relates to the MTT PAS activity (#4156), MTT SI activity (#4157) and AFT-EF OP activity (#4081).

4. POPULATIONS BEING TARGETED

The populations which will be directly affected include teacher trainees and indirectly, their future students.

5. KEY LEGISLATIVE ISSUES

Messages will address gender norms and behaviors as well as stigma and discrimination. This is a wrap around in the education sector.

6. EMPHASIS AREAS

The major emphasis is on human resource development with minor emphases on information, education and communication as well as policy and guidelines.

Continued Associated Activity Information

Activity ID: 5100
USG Agency: U.S. Agency for International Development
Prime Partner: Ministry of Education, Science and Technology, Kenya
Mechanism: NA
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6,000	<input type="checkbox"/>

Target Populations:

Teachers

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Education

Coverage Areas:

National

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area: \$ 6,170,000.00

Program Area Context:

Key Result 1: Increase collection of blood units from low-risk volunteer donors by 40% each year to 168,000 in FY 2007

Key Result 2: Increase repeat donations from 10% to 30% of all volunteer donations

Key Result 3: Increase the number of hospitals receiving more than 80% of their blood through the National Blood Transfusion Service (NBTS) from 125 to 150

CURRENT PROGRAM CONTEXT

Fear of HIV and weakened health infrastructure caused a 50% drop in blood donation in Kenya between the 1980s and 1990s. A national survey in 1994 demonstrated a 2% risk of HIV transmission in all transfusions due to inadequate testing and poor quality control. Children with anemia from malaria and pregnant women require 75% of all transfusions in Kenya. Inadequate safe blood supplies therefore also contribute to high maternal and infant morbidity and mortality. 130,000 units were collected from all sources in 2005 compared to an estimated need of 250,000 units. Low risk volunteer blood donors recruited through the NBTS contributed 64% of the national blood supply.

Following the bombing of the US Embassy in Nairobi in 1998, USAID supported the GOK in establishing the NBTS and construction and equipping five Regional Blood Transfusion Centers (RBTC). A sixth center was constructed with funding from HHS. USG assistance also contributed to 1) development and dissemination of Policy Guidelines on Blood Transfusion in Kenya, the National Strategy on Blood Donor Mobilization, and Clinical Guidelines for Appropriate Use of Blood and Blood Products; 2) provision of blood bags and blood testing supplies; and 3) training and supervision of staff, including in-country FHI/WHO supported distance-learning for lab technicians in blood banking at the Kenya Medical Training College and training of six physicians in transfusion medicine at Emory University, in-service training and supervision for over 100 NBTS laboratory personnel through the support of American Association of Blood Banks (AABB).

The NBTS collaborates with the Kenya Red Cross Society (KRCS), Bloodlink Foundation and Hope Worldwide (an organization working with out-of-school youth and faith-based groups) for mobilization of volunteer blood donors from among high school and college students, community and faith based organizations, and adults in workplaces. These organizations have trained blood donor recruiters who mobilize low-risk non-remunerated volunteer blood donors from all sectors of society. All blood is screened for HIV, syphilis, hepatitis B and hepatitis C. A decline in HIV prevalence among donors from about 6% in year 2000 to less than 2% in year 2006 has been achieved. Safe blood units collected increased from 22,000 in 2003 to 42,000 in 2004, and 83,000 in 2005.

BARRIERS ENCOUNTERED / STRATEGIES FOR RESOLUTION

Blood safety receives limited support from government resources. Frequent staff transfers and overall staff shortages hamper quality improvements. Many hospitals still collect blood in emergencies from high-risk family members and testing of these units is not always optimal. Track 1 funding is enabling the NBTS to develop as an independently functioning unit within the Ministry of Health through improved infrastructure, communications, and management and staffing.

Additional partnerships with community groups are being strengthened through KRCS and Hope Worldwide under this Track 1 cooperative agreement. Blood-Link Foundation will use public-private partnerships to identify low risk repeat donors in the workplace and foster public private partnerships to increase the funding base for NBTS. The NBTS will also develop a business plan to ensure long-term sustainability of safe blood activities. Diversification of the donor base to include more out-of-school adults has resulted in an increase in HIV prevalence amongst donors. This is being addressed by review of donor selection criteria. Policy and plans to inform and counsel blood donors who are deferred are still being formulated. Logistic and communication challenges remain.

WORK OF HOST GOVERNMENT AND OTHER DONORS

While the Government of Kenya policy on blood transfusion has outlined the structure of the NBTS, there is a lack of legislative authority for it to become a semi-autonomous agency of the Ministry of Health. Other donors contributing to a safe blood supply include the Japan International Cooperation Agency, which has trained laboratory staff, conducted a national assessment of blood safety and improved laboratory infrastructure. There is excellent donor coordination through a national committee chaired by the National Blood Transfusion Service.

Program Area Target:

Number of service outlets carrying out blood safety activities	162
Number of individuals trained in blood safety	200

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Association of Blood Banks
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6840
Planned Funds: \$ 400,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITES

This activity relates to the National Blood Transfusion Service's blood safety activity (#7011).

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 national blood transfusion service 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 will be used to develop an action plan for further activities in FY 2007. 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 from 20 health care facilities will be trained on implementation of the recently completed National Standards for Transfusion services. Appropriate methods for donor notification will be developed in conjunction with NBTS. Reliable record keeping and data management systems will be designed to facilitate program evaluation and monitoring. Technical support will be given to initiate five hospital transfusion committees. AABB will guide the process of extension of laboratory space and procurement of equipment for centralized blood testing in Kenya. 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 80 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 (#7011).

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 community mobilization and participation through the recruitment of low-risk-voluntary blood donors from among all adults above 16 years of age so as to identify a safe source of blood for transfusion. An area of minor emphasis will be training of health care workers to enhance their ability to mobilize safe blood donors and process and use blood appropriately.

Continued Associated Activity Information

Activity ID: 4274
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: American Association of Blood Banks
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Units of blood collected		<input checked="" type="checkbox"/>
Number of employees provided with blood donation information		<input checked="" type="checkbox"/>
Number of service outlets carrying out blood safety activities		<input checked="" type="checkbox"/>
Number of individuals trained in blood safety	100	<input type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations
 Policy makers
 Doctors
 Laboratory workers
 Nurses

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 6877
Planned Funds: \$ 140,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity links to the NBTS Track 1 cooperative agreement for blood safety activity (#7011) and the AABB Track 1 cooperative agreement for blood safety activity(#6840).

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission through blood transfusion. Community Housing Foundation (CHF) will support Bloodlink Foundation to work with the National Blood Transfusion Service (NBTS) in the mobilization of voluntary non-remunerated blood donors in the workplace within corporate organizations. This activity will increase the supply of safe blood to the NBTS, increase the proportion of repeat donors and develop private-public partnerships that will enhance the sustainability of the blood safety program in Kenya. Equally important will be the expansion of the out-of-school donor pool from the current 20% to 30 % by the year 2008. Bloodlink Foundation will assist the NBTS to collect 14,000 additional units of blood through the continuation of established partnerships with 150 corporate partnerships in Nairobi, Mombasa, Nakuru, Kisumu and Eldoret. (Please note: targets for units of blood collected are reported under NBTS's activity #7011.) At least two key personnel will be trained in each corporate organization to mobilize donors within their organizations. A training curriculum was developed for these trainings in 2005. 25,000 employees will be educated about safer blood donation. To enhance the sustainability of Kenya's blood program corporate organizations will be encouraged to take up blood safety programs as part of their social responsibility projects thus promoting public-private partnerships in the area of blood safety. Bloodlink Foundation in partnership with a leading local tele-communications company initiated the highly successful Safaricom blood drives conducted in major towns during school holiday months. This activity will be continued in FY 2007 to help boost national blood supplies. Significant changes from 2006 to 2007 for this activity include expansion to an additional 30 military barracks in Nairobi, Thika, Nanyuki, Nakuru, Mombasa, Isiolo and Eldoret through which 30,000 adults will be reached. Activities will also aim to increase repeat donors in partner organizations by 50%. Currently there are less than 20% repeat donors within the NBTS. Bloodlink will work with the NBTS to support donor clubs in partner organizations.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the prevention of medical transmission of HIV through blood transfusion by increasing the supply of blood from volunteer blood donors. These persons have a lower prevalence of transfusion transmissible infections than family replacement donors. All blood will be collected, processed and distributed by the NBTS. Other organizations that will be involved in donor recruitment for the NBTS are the Kenya Red Cross and Hope Worldwide.

4. LINKS TO OTHER ACTIVITIES

This activity links to the NBTS Track 1 cooperative agreement for blood safety activity (#7011) and the AABB Track 1 cooperative agreement for blood safety activity(#6840). Please note: because NBTS will actually be collecting the blood from donors mobilized by CHF, targets for units of blood collected are reported under NBTS activity #7011.

5. POPULATIONS TARGETED

This activity will target adults in the workplace as well as private businesses that can contribute to the sustainability of blood safety activities in Kenya.

6. EMPHASIS AREAS

Major emphasis for this activity is the workplace at which volunteer blood donors will be recruited. Minor emphases are community mobilization, information/education/communication, and local organization capacity development. This activity will also promote private-public sector partnerships.

Continued Associated Activity Information

Activity ID: 4862
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Community Housing Foundation
Mechanism: N/A

Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Units of blood collected		<input checked="" type="checkbox"/>
Number of employees provided with blood donation information	12,000	<input type="checkbox"/>
Number of service outlets carrying out blood safety activities		<input checked="" type="checkbox"/>
Number of individuals trained in blood safety	150	<input type="checkbox"/>

Target Populations:

Adults
Business community/private sector

Coverage Areas

Coast
Nairobi
Nyanza
Rift Valley

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Blood Transfusion Service, Kenya
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 7011
Planned Funds: \$ 4,000,000.00

Activity Narrative: 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 (BloodLink Foundation), under the umbrella organization CHF. (Internews) will help promote voluntary blood donation by training radio journalists.

2. ACTIVITY DESCRIPTION

This activity relates to reduction of medical transmission of HIV through blood by the provision of adequate supplies of safe blood to all health care facilities in Kenya. Fear of HIV/AIDS and weakened health infrastructure 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, and Clinical Guidelines for Appropriate Use of Blood and Blood Products. While the government of Kenya policy on blood transfusion has outlined the structure of the NBTS, there is a lack of legislative authority for it to become a semi-autonomous agency of the Ministry of Health. Blood safety receives limited financial support from government resources. Frequent staff transfers and overall staff shortages hampered quality improvements. In Y05 the NBTS received a PEPFAR grant to support the recruitment of volunteer blood donors, procurement of supplies and equipment for blood testing and processing and to support the training and supervision of staff. 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 (Hope Worldwide and Kenya Red Cross Society) for donor mobilization have continued to operate smoothly. It is estimated that less than 0.5% of Kenyans are blood donors and that 90% of Kenya's blood supply is currently obtained from students. The World Health Organization (WHO) suggests that a country cannot be self-sufficient in blood unless about 2% of the population are blood donors. This funding will expand the partnership between the NBTS and the sub-partners who will recruit for low-risk non-remunerated volunteer blood donors in work places, training institutions, out-of-school youth and among faith and community based organizations. FY07 funding will be used to scale up blood donor recruitment to increase blood collections by 40,000 units while reducing the prevalence of HIV to below 1%. Repeat donations will be increased by 20%. This funding will be utilised to increase from 42 to 60, the number of health care facilities that obtain at least 80% of their blood supply from the NBTS. Training in donor recruitment, data management, National Standards for Transfusion services and quality processing will be organized nationally. Regional blood transfusion centres will organize training for user hospitals in appropriate blood use. A national Blood transfusion Strategic plan will be developed. The in-country WHO supported distance-learning course in blood banking at the Kenya Medical Training College which has previously focused on blood bank staff will be expanded to encompass hospital blood bank personnel at the hospital level so as to ensure strict observation of the blood cold chain and rationalise demand for blood. Y07 funding will enable two clinicians to participate in the CDC/Emory University-developed transfusion medicine course in Atlanta GA. As blood collections increase manual and semi-automated testing has been identified as a bottleneck within the blood bank. This will be addressed in Y07 by increased automation and centralization of testing. 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 100,000 units of blood from low-risk volunteer blood donors. This would meet the current blood consumption in the country and contribute to the prevention of 4,000 cases of HIV. At least 100 health care workers will be trained in blood safety.

4. LINKS TO OTHER ACTIVITIES: American Association of Blood Banks (#6840) gives technical support to NBTS through provision of training in BDR, blood processing and banking preparation of policy guidelines, protocols for quality assurance schemes, standard operating procedures and blood bank management. Bloodlink- BDR is among corporate organizations to broaden donor base and develop sustainability plan.

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. These activities will benefit the general population including people living with HIV/AIDS.

6. EMPHASIS AREAS COVERED

This activity includes major emphasis on local organization capacity development (NBTS), for community mobilisation and participation through the recruitment of low-risk-voluntary blood donors from among all adults above 16 years of age so as to identify a safe source of blood for transfusion. Minor emphasis will be placed in infrastructure development for the renovation of blood banks, procurement of specialized equipment, reagents, lab consumables, furniture and vehicles to ensure safe blood under the PEPFAR program.

Continued Associated Activity Information

Activity ID: 4273
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Blood Transfusion Service, Kenya
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Units of blood collected	140,000	<input type="checkbox"/>
Number of employees provided with blood donation information	20,000	<input type="checkbox"/>
Number of service outlets carrying out blood safety activities	80	<input type="checkbox"/>
Number of individuals trained in blood safety	200	<input type="checkbox"/>

Target Populations:

Adults
Business community/private sector
Community-based organizations
Faith-based organizations
Street youth
Military personnel
Secondary school students
University students
Doctors
Laboratory workers
Nurses

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Regional Procurement Support Office/Frankfurt
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	7032
Planned Funds:	\$ 320,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity is linked to Track 1 funding for the National Blood Transfusion Service in blood safety (#7011) and to the American Association of Blood Banks (AABB), also in blood safety (#6840).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>The USG supported the establishment of a national blood transfusion service in Kenya with six regional blood banks following the Embassy bombings (1998-2004). The national blood transfusion service's regional blood banks have since contributed to the ten-fold increase of blood units collected from low-risk volunteer donors and screened for transfusion transmissible infections including HIV starting at 8,000 in 2000 to 83,000 in 2005. Additional staff including nurses, laboratory technologists, data managers and blood donor recruiters with a marketing background have been employed in the last two years to facilitate increased blood collection, processing and data management. Each blood bank now has distinct departments for donor care, data management and finance and administration. Physical space within the blood banks now limits operational activities due to shortage of office space and storage facilities for both blood and consumables. Additional storage and office space for data management, administration and donor recruitment is required at four of the regional blood banks in Nakuru, Mombasa, Embu and Kisumu. The National Blood Transfusion Service (NBTS) has requested assistance in creating the required space. This funding will allow the extensions to each of the four regional blood banks to accommodate additional staff and thus facilitate greater efficiency in delivery of safe blood. Technical assistance in design of the facilities will be obtained from the American association of Blood Banks (AABB) who are a Track 1 partner.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This activity will contribute to averting HIV transmission through blood transfusion, which is estimated to account for up to 10% of HIV infections worldwide. Adequate office accommodation will enhance planning of blood collection activities, staff training and data and commodities storage, retrieval and use.</p> <p>4. LINKED ACTIVITIES</p> <p>This activity is linked to Track 1 funding in blood safety for the National Blood Transfusion Service (#7011) and the American Association of Blood Banks (#6840).</p> <p>5. POPULATIONS BEING TARGETED</p> <p>This activity will improve the infrastructure of the NBTS banks. Targets and target populations are reported under the NBTS activity.</p> <p>6. EMPHASIS AREAS COVERED</p> <p>This activity has major emphasis infrastructure development.</p> <p>The National Blood Transfusion Service has decided to centralize all blood testing so as to ensure quality testing for HIV and other transfusion transmissible infections. Restructuring of the laboratory in Nairobi to accommodate necessary testing equipment and cold rooms for blood and sample storage has commenced for this purpose but additional funding is required. These funds will be used to avail back-up for electricity and water to ensure continuous testing and cold storage of blood and blood products. A freezer room will facilitate long term storage of fresh frozen plasma and plasma samples for the establishment of a look-back system.</p>

Continued Associated Activity Information

Activity ID: 6446
USG Agency: Department of State / Bureau of Administration
Prime Partner: Regional Procurement Support Office/Frankfurt
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 650,000.00

Emphasis Areas

Infrastructure

% Of Effort

51 - 100

Targets

Target

Units of blood collected

Target Value

Not Applicable

Number of employees provided with blood donation information

Number of service outlets carrying out blood safety activities

Number of individuals trained in blood safety

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 7108
Planned Funds: \$ 260,000.00

Activity Narrative: 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, support supervision, preparation of procedural guidelines and data collection tools and the review and analysis of quarterly reports. Support supervision will involve travel to the six regional blood transfusion centres located in Kisumu, Eldoret, Nairobi, Nakuru, Embu and Mombasa and satellite centres in Voi, Naivasha and Kericho as well as international travel for blood safety related workshops, seminars and conferences. These staff will also liaise with and coordinate the various organizations that support blood donor 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 and Bloodlink Foundation. Direct support will be given to the Moi Teaching & Referral Hospital blood bank, during its transition from being a direct recipient of funding from CDC to its absorption into the NBTS system. This activity also includes participation in various Ministry of Health committees that impact on blood transfusion policy and practices in the country. These include: Blood Safety Committee, Blood Safety Interagency Committee, Laboratory Interagency Committee, HIV Lab Committee and World Blood Donor's Day Committee. The staff will additionally give in-country support to international groups supporting blood safety activities in Kenya such as the American Association of Blood banks (AABB), Internews and Community Housing Foundation (CHF).

A study carried out in Kenya in 1998 found that 4% of blood transfusions transmitted HIV attributed to inadequate testing, lack of standards and clerical errors. The Ministry of Health (MOH) intends to abolish hospital based blood banks, but Kenya is still in a transitory phase with both a national transfusion service and hospital based blood banks. National blood requirements are not known. This activity involves a national evaluation of all blood transfusion services in the country to inform on the number of transfusing facilities, total units of blood transfused, occurrence of post-transfusion adverse events, integrity of the blood cold chain, extent and methodology of pre-transfusion blood testing. This mid-term review of the PEPFAR blood safety program in Kenya will determine the levels of blood safety and sufficiency. Cost-analysis will determine expenditure at various stages of blood collection and processing so as to guide the MOH in developing a sustainability plan for blood safety. (\$300,000)

Only 5-10% of 100,000 blood donors get to know their results annually due to lack of a formalized system for notification of donor test results. This translates to a missed opportunity to inform 95,000 persons of their HIV status and reinforce prevention (AB) messages given in pre-donation talks. Several people continue to donate repeatedly due to lack of knowledge of their HIV status, endangering both their health and that of recipients and is also wasteful of NBTS resources. In this activity at least two schemes for donor notification will be piloted. Two NGOs (Hope Worldwide and Kenya Red Cross) currently supporting the NBTS in donor mobilization and also engaged in HIV counseling and testing activities could easily collaborate with NBTS in this activity. Lessons learnt will guide the NBTS donor notification policy. Up to 95,000 adults will receive HIV test results, AB messages and other TTI test results. (\$200,000)

Continued Associated Activity Information

Activity ID:	4302
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A

Funding Source: GAP
Planned Funds: \$ 190,000.00

Targets

Target	Target Value	Not Applicable
Units of blood collected		<input checked="" type="checkbox"/>
Number of employees provided with blood donation information		<input checked="" type="checkbox"/>
Number of service outlets carrying out blood safety activities		<input checked="" type="checkbox"/>
Number of individuals trained in blood safety		<input checked="" type="checkbox"/>

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Local Voices
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8705
Planned Funds: \$ 200,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This Internews/Local Voices blood safety activity relates to Internews/Local Voices activities in HIV/AIDS Treatment Services (#6915), OVC (#9076), and PMTCT (#6916), Counseling and Testing (#6917), and Policy Analysis and Systems Strengthening (#6918).

2. ACTIVITY DESCRIPTION

Kenya has recently been facing a serious shortfall in safe blood to meet transfusion needs in the country. The number of blood units collected has fallen dramatically from 150,000 in the 1960s to 60,000 in the mid-nineties and then up to 100,000 at present (Republic of Kenya, 2002). The shrinking amount 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.

Through a cooperative agreement between the Kenyan Ministry of Health and USAID, Family Health International conducted a nationwide survey in June 2004 of knowledge, attitudes and behavioural practices related to blood donation in Kenya with the intention to provide insights into ways of developing a more efficient blood donor recruitment and retention campaign. Carried out with 1175 selected respondents, the study found that levels of awareness on blood donation are high; however, the quality of the information needed improvement. The main source of information for most respondents was from hospital staff with very little information being obtained from the National Blood Transfusion Service (NBTS) or the mass media. Among major hindrances to blood donation was the fear of being known to be HIV positive. Although media outreach is a critical component of donor mobilization efforts, traditionally, relations between blood services and the media have been limited to occasional press releases or paid advertisements which are expensive and difficult to evaluate.

The study clearly suggested a larger role for media in any strategy aimed to educate the public to increase or improve blood donation in Kenya, as media can be a powerful force in raising awareness, building knowledge and influencing public opinion. With the background knowledge provided by the Kenyan Ministry of Health report, Internews will aim 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, 4 senior radio journalists, 4 senior TV journalists and 4 camera people will be trained resulting in 4 news features on radio and TV on safe blood as well as 4 shorter features. In addition, a workshop will be held for 10 safe blood NGOs, including the Kenya Red Cross, Hope Worldwide and Bloodlink Foundation as well as service providers, hospitals and government bodies on effective media relations. This NGO training will result in at least 10 blood transfusion stories being aired or published as a result of a media conference that will be held on the last day. Two afternoon roundtables on safe blood issues will also be held for journalists and NGOs. The training program will be supported by on-going mentorship and follow-up, as well as 4 travel grants for TV that will result in at least 8 additional TV features on blood safety being aired.

3. 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.

4. LINKS TO OTHER ACTIVITIES

This Internews/Local Voices blood safety activity relates to Internews/Local Voices activities in HIV/AIDS Treatment Services (#6915), OVC (#9076), and PMTCT (#6916), Counseling and Testing (#6917), and Policy Analysis and Systems Strengthening (#6918). The blood safety activities of the Internews project countrywide relate to CT, as it will incorporate information on the need to get tested for HIV.

5. 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.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will improve access to information, to better enable Kenyans in their decision-making on blood donation.

7. EMPHASIS AREAS

This activity includes a major training and minor emphases on information, education and communication and capacity development.

Internews will aim to improve information on blood safety by training journalists to increase the frequency and quality of stories on blood safety issues. Senior radio and TV journalists (8) and 4 cameramen will be trained resulting in 8 safe blood news features on radio and TV. In addition, a workshop will be held for 10 safe blood NGOs, service providers, hospitals and government bodies on effective media relations resulting in at least 10 blood transfusion stories being aired. Improving the media's coverage of blood safety will help increase volunteer blood donors by 40% a year. Moreover, a successful partnership with the media will help reduce the 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.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Units of blood collected		<input checked="" type="checkbox"/>
Number of employees provided with blood donation information		<input checked="" type="checkbox"/>
Number of service outlets carrying out blood safety activities		<input checked="" type="checkbox"/>
Number of individuals trained in blood safety		<input checked="" type="checkbox"/>

Target Populations:

Adults
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: APHIA II - Health Communication & Marketing
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8804
Planned Funds: \$ 350,000.00

Activity Narrative:

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 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 activity will not provide any sub awards.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2007, 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 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Units of blood collected		<input checked="" type="checkbox"/>
Number of employees provided with blood donation information		<input checked="" type="checkbox"/>
Number of service outlets carrying out blood safety activities		<input checked="" type="checkbox"/>
Number of individuals trained in blood safety		<input checked="" type="checkbox"/>

Target Populations:

Adults
 Teachers
 Secondary school students
 University students
 Out-of-school youth

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	12543
Planned Funds:	\$ 500,000.00
Activity Narrative:	Relates to activity #7108.

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area: \$ 2,000,000.00

Program Area Context:

Key Result 1: Scale up injection safety initiatives from current four provincial hospitals and three provinces to eight provincial hospitals and five provinces
Key Result 2: Support use of sharps disposal containers in all intervention provinces to improve health waste management and reduce needle stick injuries
Key Result 3: Develop and disseminate injection safety messages to health workers and communities that improve injection practices and reduce inappropriate demand for injections

CURRENT PROGRAM CONTEXT

A study conducted in Kenya by the World Health Organization in 2003 revealed that medical transmission of HIV and other blood borne infections occurs through unsafe 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 both client demand and prescriber preference. Additionally, essential drug kits supplied by the Ministry of Health (MOH) include significant parenteral drugs without adequate supplies of injection equipment. This failure to systematically provide sufficient injection equipment supplies was identified as a key contributor to widespread reuse of syringes and needles. A majority of health care facilities also report stock-outs of disposable injection supplies in the year, a situation that favors re-use of injection devices.

A 2003 survey of health workers by the Expanded Program for Immunization (EPI) 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 support those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61 % needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred in the process of sharps disposal.

Basic approaches being employed to achieve national safe injection practices include: development, dissemination and implementation of national policies on injection safety and post exposure prophylaxis; 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. Advocacy with the government 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 including the Kenya Medical Training College and medical universities will be assisted by JSI-MMIS and JHPIEGO to review teaching curricula to include safe injection practices.

The original Track 1 award to John Snow Inc. led to the creation of a National Injection Safety Committee with membership from senior Ministry of Health personnel and non-governmental organizations. This committee has drafted a policy on injection safety for MOH ratification. To date 1,000 health care workers, 46 trainers, 80 logistics officers and 200 waste handlers have been trained in safe injection practices.

BARRIERS ENCOUNTERED / STRATEGIES FOR RESOLUTION

The MOH strongly supports the injection safety initiative but lacks a system to monitor adherence to policies at facility level. This hindrance will be overcome through the reactivation of Infection Control Committees at each facility. Track 1 funding is insufficient to achieve national coverage by 2009 and country-programmed funds have been increased by over 100% to overcome this. In addition the intervention strategy will change from one of supplying 100% of injection devices to one of meeting stock gaps as advocacy for government to procure more supplies and rationalize injection use are also stepped up. Frequent staff transfers create a sustained training gap. This will be addressed by institutionalizing safe

injection practices in the curricula of medical training colleges.

NEW INITIATIVES

Rolling out the national policies and training health workers throughout the country will benefit from COP funding and result in improved practices at over 1,000 health facilities in five provinces. Simple segregation of medical waste at these facilities will be a small investment to reduce injuries. While the procurement and use of auto-disable injection devices has improved, the cost of protective injection devices remains high and needle stick injuries due to recapping are common. Linkages to the counseling and testing program to encourage health workers to know their status and to the ART program for delivery of post exposure prophylaxis will be strengthened to reduce HIV transmission in medical settings.

WORK OF HOST GOVERNMENT AND OTHER DONORS

MOH syringe procurement in their 2005-06 budget included 50% auto-disable devices. The Kenya EPI program, with support from GAVI, has been the leader in injection safety, with 100% procurement of auto-disable, single use injection equipment, but this funding is declining in the next year; increased investment by Government of Kenya and other donors will be required.

Program Area Target:

Number of individuals trained in medical injection safety	12,000
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Table 3.3.04: Activities by Funding Mechanism

Mechanism: Making Medical Injections Safer
Prime Partner: John Snow, Inc.
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 6926
Planned Funds: \$ 0.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to injection safety activities implemented by the National AIDS and STI Control Program (NAS COP) (#7010) and field-funded John Snow, Inc. (#8985).

2. ACTIVITY DESCRIPTION

This activity relates to the prevention of HIV transmission among health care workers, medical waste handlers and the community. The activity will focus on increasing and improving injection safety interventions through activities that build on internationally accepted strategies. The World Health Organization (WHO) estimates of global burden of disease suggest that unsafe injections around the world account for 5% of HIV infections, 32% of hepatitis B virus infections and 40% of hepatitis C virus infections. A 2004 survey by JSI Making Medical Injections Safe (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 support those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61% needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred in the process of sharps disposal. 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-MMIS activity commenced in Kenya in 2004 under PEPFAR.

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; and 6) secure the required budget for injection safety and infection control including safe disposal of used equipment. Significant changes in FY 2007 include scale up of activities to Coast and Rift valley provinces as well as total coverage of Kenyatta National Hospital in addition of continuation of services in Nakuru, Embu, Kisumu, Kakamega and Nyeri provincial hospitals and Kiambu and Bondo districts. In FY 2006 JSI-MMIS received supplemental country funds to facilitate faster expansion towards national coverage. It is expected that national coverage will be achieved by 2008. The Ministry of Health has committed to increase procurements of auto-disable injection devices and health care waste disposal containers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will reduce at least 5% of HIV transmission in the intervention regions of Kenya. In 2004 safe injection practices were introduced to two of 74 districts in Kenya. 243 health care workers, 30 logistics officers and 103 health waste handlers were trained. All health care facilities in the two districts were issued with re-use prevention injection commodities and sharps waste disposal boxes. In 2005, while intervention continued in these two districts, two provincial hospitals were embraced. The level of funding precluded extension of activities beyond the hospitals. These have, however, been used as model sites for outlying health care facilities. 234 health care workers, 48 logistics officers and 92 medical waste handlers have been trained on safe injection practices. In 2006, additional 400 individuals (health care workers, logistical officers and medical waste handlers) will be trained on injection safety. 400 health care workers will be trained in 2007.

4. LINKS TO OTHER ACTIVITIES

The injection safety initiative is linked to the Kenya Expanded Program for Immunization (KEPI), which already procures non re-use injection devices for its program. Other Kenyan stakeholders in the area of injection safety have been mobilized including the Ministry of

Health Infection 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) and USAID.

5. POPULATIONS BEING TARGETED

This activity targets health care workers, the community, medical waste handlers, and policy-makers

6. EMPHASIS AREAS

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. A second area of emphasis will be commodity procurement of re-use prevention injection devices, sharps disposal containers and needle removers for intervention hospitals. This activity will also guide the development of policies to ensure adequate supplies of appropriate injection supplies at health care facilities.

Continued Associated Activity Information

Activity ID: 4293
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: John Snow, Inc.
Mechanism: Making Medical Injections Safer
Funding Source: GHAI
Planned Funds: \$ 550,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of facilities implementing safer medical injection practices		<input checked="" type="checkbox"/>
Number of individuals trained in medical injection safety	3,000	<input type="checkbox"/>

Coverage Areas

Central

Nyanza

Rift Valley

Western

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 7010
Planned Funds: \$ 120,000.00

Activity Narrative: 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 Health, in conjunction with the Division of Curative Services, Division of Preventive and Promotive Health and National AIDS Control Program (NASCOP), will review, develop and monitor the implementation of the national standards, guidelines and strategic plan for injection safety and health care waste management completed in FY 2006 and coordinate the scale up of injection safety by various partners country-wide to ensure coverage of 5 provincial hospitals and 5 provinces by 2008 and national coverage by 2009. Appropriate monitoring tools will be developed and used to determine the impact of these activities. This activity includes the coordination of the above-mentioned activities to impart improved attitudes and behavior change among health care workers and the general public regarding the role of proper disposal of medical wastes, especially sharps, that contribute to the transmission of HIV/AIDS in hospital settings and the surrounding communities. 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.

Secondly, NASCOP will advocate for safer injection practices through collaboration with other partners including Danya Int. and JHPIEGO to guide the development of country-specific information, education and communication (IEC) material and media messages targeted at health care waste handlers, injection prescribers and the community at large. The injection safety program will outsource the sensitization and dissemination of IEC materials and policy document to JHPIEGO who are a partner to NASCOP. These will be aimed at reducing the demand for injections, rationalizing prescription of injectables and increasing awareness about the risks to the community of improperly disposed injection waste. 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.

The third objective is to monitor injection practices country-wide and give supportive supervision that will strengthen performance at all levels including that of implementing partners. Infection Prevention Committees (IPC) at five major hospitals will be reactivated to oversee 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. These groups will hold quarterly meetings to discuss the outcomes and plan for the way forward.

Lastly, the injection safety program will provide funding for the Kenya Medical College to hold various trainings for the post-graduate and the pre-service students on injection safety, PEP and waste management in the prevention of nosocomial transmission infections. The college will incorporate safe injection practice into their curriculum.

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 should be 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

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.

Continued Associated Activity Information

Activity ID: 6433
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS & STD Control Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target

Target Value

Not Applicable

Number of facilities implementing safer medical injection practices

Number of individuals trained in medical injection safety

Target Populations:

Doctors

Nurses

Pharmacists

National AIDS control program staff

Policy makers

Laboratory workers

Other Health Care Worker

Doctors

Laboratory workers

Nurses

Pharmacists

Traditional healers

Other Health Care Workers

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	7111
Planned Funds:	\$ 252,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to all other activities in injection safety.</p> <p>2. ACTIVITY DESCRIPTION ACTIVITY DESCRIPTION</p> <p>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.</p> <p>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.</p> <p>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 current COP, additional partners will include the University of Nairobi, Danya International and USAID APHIA II implementing partners.</p>

Continued Associated Activity Information

Activity ID: 4305
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 126,850.00

Targets

Target	Target Value	Not Applicable
Number of facilities implementing safer medical injection practices		<input checked="" type="checkbox"/>
Number of individuals trained in medical injection safety		<input checked="" type="checkbox"/>

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8817
Planned Funds: \$ 278,000.00

Activity Narrative:

1. LIST OF RELATED ACTIVITIES

This activity relates to the following injection safety activities: John Snow Inc- Making Medical injections Safer (#6926, #8985) and Ministry of Health – National AIDS and STI Control Program (#7010). It also links to Supply Chain Management Systems (SCMS) activities in other program areas: PMTCT (#8757), Treatment: ARV Services (#8854), Lab Infrastructure (#8763), and TB/HIV (#8754). It also supports all PEPFAR service-delivery activities where sharps are used.

2. ACTIVITY DESCRIPTION

This SCMS activity will procure injection safety related commodities including waste disposal materials such as needle disposal boxes and bins for medical waste segregation. SCMS will be able to use its volume procurement to reduce costs for this equipment and thereby increase the proportion of injection equipment that is either auto-disable, protective, or both. SCMS will support all of PEPFAR Kenya’s service delivery activities through provision of an uninterrupted supply of these commodities, since shortages of needles and syringes is a primary factor in re-use and other dangerous practices. 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 the 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 work with the Ministry of Health and John Snow, Inc./Making Medical Injections Safer (JSI-MMIS) project to forecast requirements. This activity will also liaise and strengthen local procurement and distribution partners such as KEMSA, by working transparently and collaboratively with them. SCMS will be asked to procure commodities with a focus on results. In this 12-month period, SCMS will procure commodities to support injection safety activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to reduction in HIV transmission throughout the country through injection safety activities implemented by JSI/MMIS, MOH and all PEPFAR partners.

4. LINKS TO OTHER ACTIVITIES

This activity relates to all service delivery activities that pose injection safety risks and in particular the JSI-MMIS and MOH-NASCOP activities.

5. POPULATIONS BEING TARGETED

This activity targets health care workers, the community, medical waste handlers, and policy-makers.

6. EMPHASIS AREAS

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

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. In this activity Supply Chain Management Systems will procure safety boxes for disposal of medical sharps. Colour coded waste disposal bins and bags and transfer trolleys will also be procured to facilitate 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 will contribute towards reduction of HIV transmission.

Emphasis Areas

% Of Effort

Commodity Procurement

51 - 100

Targets

Target

Target Value

Not Applicable

Number of facilities implementing safer medical injection practices

Number of individuals trained in medical injection safety

Target Populations:

Doctors

Nurses

Laboratory workers

Other Health Care Worker

Doctors

Laboratory workers

Nurses

Other Health Care Workers

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: ACCESS
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8821
Planned Funds: \$ 250,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

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 (NASCO) and CDC.

2. ACTIVITY DESCRIPTION

The ACCESS project implemented by JHPIEGO will disseminate the injection safety and waste management guidelines in 12 districts of Nyanza and Rift Valley Provinces and provide orientation to 600 health workers. Subsequently these health workers will give service orientation to 3,000 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 (NASCO) 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 NASCO 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.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to reduction in HIV transmission in Kenya. In FY 2007, dissemination of the guidelines will strengthen and improve safe injection and waste disposal practices through training of 600 trainers of trainers.

4. 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 NASCO. 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 health care workers, the community, medical waste handlers, and policy-makers .

6. 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.

7. EMPHASIS AREAS COVERED

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 (NASCO) 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 and achieve national coverage by 2009.

Emphasis Areas

	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of facilities implementing safer medical injection practices		<input checked="" type="checkbox"/>
Number of individuals trained in medical injection safety	6,600	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 National AIDS control program staff
 Policy makers
 Laboratory workers
 Doctors
 Laboratory workers
 Nurses

Coverage Areas

Rift Valley
 Coast
 Nyanza
 Western

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Danya International, Inc
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8824
Planned Funds: \$ 150,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is linked to injection safety initiatives implemented by the Ministry of Health, National AIDS and STI Control Program (#7010), JHPIEGO (#8821) and all PEPFAR treatment, care and prevention programs. The activity is also linked to HHS/CDC communication programs in Treatment (#8749) and TB/HIV (#8847, #7046).

2. ACTIVITY DESCRIPTION

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).

This activity will determine key audiences, key messages, best strategies and communication channels and develop a dissemination plan for the community. 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. 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.

3. 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.

4. 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.

5. POPULATIONS BEING TARGETED

This activity targets policy makers, health care workers and the general public.

6. KEY LEGISLATIVE ISSUES ADDRESSED

None.

7. EMPHASIS AREAS

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 determine key audiences, 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.

Emphasis Areas**% Of Effort**

Community Mobilization/Participation

10 - 50

Information, Education and Communication

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of facilities implementing safer medical injection practices

Number of individuals trained in medical injection safety

Target Populations:

Adults

Doctors

Nurses

Pharmacists

Laboratory workers

Other Health Care Worker

Doctors

Laboratory workers

Nurses

Pharmacists

Other Health Care Workers

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Making Medical Injections Safer
Prime Partner: John Snow, Inc.
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8985
Planned Funds: \$ 550,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is linked to PEPFAR treatment, care and prevention programs and Supply Chain Management Systems (#8817), JHPIEGO (#8821) and Danya Int. (#8824) injection safety initiatives. It supplements the track 1 JSI-MMIS activity (#6926) 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 funds will enable JSI Making Medical Injections Safe (JSI-MMIS) to scale up injection safety interventions through activities that build on internationally accepted strategies to health care facilities in Coast, 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, 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 support those of an earlier study by the University of Nairobi among 214 nurses in Nairobi, which reported 61% needle stick injuries in health care workers over a three-month period. Needle recapping accounted for 46% of the injuries while 12% occurred in the process of sharps disposal. 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-MMIS activity commenced in Kenya in 2004 under PEPFAR. 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; and 6) secure the required budget for injection safety and infection control including safe disposal of used equipment. Significant changes in FY 2007 include scale up of activities to Coast province as well as total coverage of Kenyatta National Hospital in addition of continuation of services in Central province. In FY 2006 JSI-MMIS received country funds to facilitate faster expansion towards national coverage. It is expected that national coverage will be achieved by 2008 through this intervention. The Ministry of Health has committed to increase procurements 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.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will reduce at least 5% of HIV transmission in the intervention regions of Kenya. In 2004 safe injection practices were introduced to two of 74 districts in Kenya. 243 health care workers, 30 logistics officers and 103 health waste handlers were trained in 2004. All health care facilities in Kiambu and Bondo districts were issued with re-use prevention injection commodities and sharps waste disposal boxes. In the following year 234 health care workers, 48 logistics officers and 92 medical waste handlers in Nyanza and Western provinces were trained on safe injection practices. The level of funding precluded extension of activities beyond the Kakamega and Nyanza Provincial Hospitals. These were, however, used as model sites for outlying health care facilities. COP funds in FY 2006 allowed intervention into Central Province and part of the Kenyatta National Hospital with training of 400 individuals (health care workers, logistical officers and medical waste handlers). In FY 2007 an additional 400 health care workers will be trained in Nairobi and Coast provinces.

4. LINKED ACTIVITIES

The injection safety initiative is linked to the Ministry of Health Infection Prevention and

Control Program, the National AIDS and STD Control Program (NAS COP) Nosocomial TB/HIV Prevention Unit and 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 country World Health Organisation (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 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.

5. POPULATIONS BEING TARGETED

This activity targets health care workers, the community, medical waste handlers, and policy-makers.

6. EMPHASIS AREAS

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. A second area of emphasis will be commodity procurement of re-use prevention injection devices, sharps disposal containers and needle removers for intervention hospitals. This activity will also guide the development of policies to ensure adequate supplies of appropriate injection supplies at health care facilities.

Continued Associated Activity Information

Activity ID:	4293
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	John Snow, Inc.
Mechanism:	Making Medical Injections Safer
Funding Source:	GHAI
Planned Funds:	\$ 550,000.00
Activity ID:	4305
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GAP
Planned Funds:	\$ 126,850.00
Activity ID:	6433
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National AIDS & STD Control Program
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 100,000.00
Activity ID:	6478
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 100,000.00

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of facilities implementing safer medical injection practices	7	<input type="checkbox"/>
Number of individuals trained in medical injection safety	5,000	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
National AIDS control program staff
Policy makers
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Clinical Epidemiology Unit
Prime Partner: University of Nairobi
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8990
Planned Funds: \$ 200,000.00

Activity Narrative:**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 (NAS COP) (#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.

Emphasis Areas**% Of Effort**

Targeted evaluation

51 - 100

Targets

Target	Target Value	Not Applicable
Number of facilities implementing safer medical injection practices		<input checked="" type="checkbox"/>
Number of individuals trained in medical injection safety		<input checked="" type="checkbox"/>

Target Populations:

Adults
 Doctors
 Nurses
 Pharmacists
 Children and youth (non-OVC)
 Laboratory workers
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Other Health Care Workers

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	12539
Planned Funds:	\$ 200,000.00
Activity Narrative:	One of the core pillars of injection safety is the appropriate management and disposal of used needles. Medical sharps must be disposed of in a manner that poses no risk of HIV transmission to health care workers and the community. Waste disposal has been identified as a major drawback to achieving injection safety. Many health care facilities throw used injection devices into open pits at unsecured sites accessible to humans, animals and birds. This activity will fence off waste disposal sites at hospitals and support covering of pits for sharps disposal. Personal protective equipment will be issued to waste handlers to prevent needle stick injuries. A contractor will be identified to carry out this activity which will contribute to the prevention of HIV transmission through medical injections.

Table 3.3.05: Program Planning Overview

Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area: **\$ 18,083,000.00**

Program Area Context:

Key Result 1: 3.29 million individuals reached through community outreach
Key Result 2: 16,300 individuals trained to promote HIV/AIDS prevention
Key Result 3: 38,400 targeted condom outlets supported

CURRENT PROGRAM CONTEXT

Prevention efforts in Kenya are established, integrated, and involve the continuum of interventions which have been shown in this country and elsewhere to reduce transmission. As described in our Five-Year Strategy, awareness of AIDS is almost universal. However, we will continue to address information gaps and stigma by emphasizing programs that involve specific prevention services rather than general awareness-raising. In addition, Kenya's HIV epidemic is maturing, and shifting patterns of risk may necessitate additional prevention approaches in the Condoms and Other Prevention (OP) program area.

Recent analyses of national HIV data (JAIDS, 2006) suggest that most-at-risk populations in Kenya are defined by risk behaviors and by demographics, particularly region of residence. Both men and women in Nyanza Province are twice as likely to have HIV infection compared with those in Nairobi. Women in the highest wealth quintile are 2.6 times more likely to have HIV infection compared with women in the poorest quintile. Widowed and divorced women have very high HIV prevalence. Among women who drink alcohol, HIV prevalence is 19%, compared with 9% among those who have never drunk alcohol, and men who drink frequently are also at higher risk for HIV infection. In Kenya, HIV discordance within married couples is high: 50% of married HIV-infected persons have an HIV-negative spouse (DHS 2003). HIV-negative partners in discordant couples are Kenya's largest high risk population, although the vast majority of these individuals are unaware of their own and their partner's HIV status. Indeed, HIV risk perceptions appear distorted in Kenya: according to the 2003 DHS, men and women who consider themselves to be at low risk for HIV are, in fact, the most likely to be HIV-infected.

Condom use with non-marital, non-cohabitating partners is still low in Kenya: less than 25% of women and 50% of men who had engaged in high-risk sex used a condom, and the same usage rates occurred among young women and men, aged 15-24. Implementing partners distribute either socially marketed condoms from the private sector provided by DFID, or public sector condoms provided by the Government of Kenya (purchased through Global Fund or World Bank grants). However, in future DFID cannot be relied on to fulfill this need. USG does not at present procure condoms in Kenya.

NEW INITIATIVES

The most significant new initiatives are prevention with positives (PwP) and expanded substance abuse interventions. PwP will be incorporated into care, treatment, counseling and testing, AB, and OP activities. Given that most HIV-infected people with an HIV-negative spouse do not realize that they are in an HIV discordant marriage, partner testing for all HIV-infected persons will be promoted and integrated into care and treatment programs wherever possible. Counselor and provider training in how to support discordant couples will be strengthened and expanded. Other PwP interventions will support HIV-infected persons who chose to be sexually active to have healthy sexual lives with minimal HIV transmission risk and will include improved STI management for HIV-infected persons and their partners, condom promotion, linkages to family planning and PMTCT programs, and substance abuse counseling. PwP activities will be conducted in partnership with organizations of PLWHAs and PLWHA leadership will be a cornerstone of USG PwP efforts.

Our substance abuse initiatives with adults will continue, and several local CBOs will be assisted to develop prevention activities among substance-abusers in urban Nairobi and Mombasa. A new initiative will be developed with substance-abusing youth in the slums of Nairobi, and one partner will develop the capacity of community-based organizations to work with adults and youth addicted to alcohol and/or drugs. Another will not only promote AIDS prevention activities with substance-abusers but also make referrals for counseling and testing and ARV treatment for those who require it. They will also develop a twinning

activity to set up substance abuse treatment centers in Nairobi. A targeted evaluation will assess the alcohol and substance-use risk behavior of urban slum-dwelling adolescents in Nairobi and Mombasa. The information will serve as a basis on which interventions aimed at alcohol and substance-use risk reduction among slum-dwelling youth can be implemented and youth brought into mainstream society. We will also continue to work with the Ministry of Education to introduce substance abuse prevention information to the life skills education materials used in schools and teacher training colleges.

Support of a behavioral intervention component of a male circumcision project that targets high-risk vulnerable young men and emphasizes faithfulness, correct and consistent condom use, and early treatment of STIs will continue in 2007. OP programming from 2006 focusing on most-at-risk populations including transport workers, commercial sex workers, and out-of-school youth will continue in 2007. Another 2006 intervention that targeted female sex workers in Kisumu will continue and expand in 2007. Interventions will include finding alternatives to CSW for the young women engaged in sex work, promoting testing and treatment for STIs, and empowering them to maintain correct and consistent condom use. We will also build on last year's pilot projects targeting domestic workers, male sex workers, and men who have sex with men.

BARRIERS ENCOUNTERED / STRATEGIES FOR RESOLUTION

High-risk associated with occupational status is identified as an ongoing problem in our Five Year Strategy, and we will increase the number of prevention activities at worksites in seven provinces. The twinning relationship between Kenya National Union of Teachers and American Federation of Teachers will continue. We will increase our support through interventions along the transportation corridor connecting Mombasa with Kampala, providing comprehensive prevention programs to the referenced target populations. Other ongoing programs include activities targeting uniformed services, refugees, nomadic populations, worksites, intravenous drug users, substance abusers and the physically and mentally disabled among others. Within the uniformed services and the military, control of STIs and peer education will continue to be a focus.

WORK OF HOST GOVERNMENT AND OTHER DONORS

Through the World Bank MAP assistance to the National AIDS Control Council (NACC), small awards were given to local NGOs and CBOs in prevention activities in 2006. To date, over 5,400 grants totaling over \$30 million to CBOs have been awarded. The WB is working closely with NACC to develop a nationwide civil society program that addresses the spectrum of AIDS concerns in the community. This new project, "TOWA," (Total War on AIDS) is to be funded in FY 2007 as soon as the results of an audit are addressed. DFID is in the process of designing a new health strategy and will no longer be funding civil society but instead directing their assistance to the Government of Kenya. A gap may therefore be experienced not only in condom procurement, but also in support to NGOs and CBOs. The Global Fund will continue its support to 26 NGOs with over \$2.8 million for Phase 2 through NACC. At the implementation level, NASCOP is conducting an intervention to target CSW, IDUs, MC, and condom promotion at the grassroots level throughout the country and USG support for NASCOP will be expanded in '07 under a new cooperative agreement awarded in late 2006.

Program Area Target:

Number of targeted condom service outlets	38,363
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,285,500
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	16,305

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6830
Planned Funds: \$ 1,070,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

One or more of the activities under this umbrella mechanism relate to the alcohol abuse targeted evaluations in Condoms and Other Prevention (#9052), Palliative Care: Basic Health Care and Support at the Coast Provincial General Hospital with APHIA II Coast (#8954) and Kenyatta National Hospital with APHIA II Central (#8936).

2. ACTIVITY DESCRIPTION

Substance use 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 (CAP) this activity will strengthen the organizational and technical capacities of Kenyan organizations implementing programs that prevent the spread of HIV among drug and alcohol users. CAP will continue to provide funding and intensive technical assistance to up to ten organizations who will be implementing programs that decrease specific behaviors associated with drug and alcohol use. 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) skills-based addictions training for existing and new addictions counselors in both out-patient and in-patient addiction-treatment facilities.

Related partners include the following:

Reachout Center Trust, Omari, Asumbi, Redhill Place, the Students Campaign Against Drugs, Muslim Education and Welfare Association, Mombasa Youth Counseling Center, TeenTalk, New Life Center, East Africa Regional Youth Network, Metanoia, DARN Counseling Center, St John Eastern Deanery, Kisumu Urban Apostolate Program and Africa Jesuit AIDS Network. SAPTA (Support for Addiction Preventions and Treatment for Africa) will be funded to implement training programs in collaboration with the Twinning Against AIDS Program.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The U.S. Five-Year Global HIV/AIDS Strategy of the President's Emergency Plan for AIDS Relief notes that some of the populations most affected by HIV/AIDS, such as injection drug users, are the most difficult to reach through conventional health care programs. By strengthening the organizational and technical capacities of Kenyan NGOs providing HIV/AIDS prevention services to alcohol and drug users, awareness of the link between HIV and alcohol and drug use will increase. 26,000 individuals using drugs and alcohol will be reached with community services that promote HIV/AIDS prevention. Up to 250 individuals will be trained to provide addictions counseling and HIV prevention.

4. LINKS TO OTHER ACTIVITIES

The activity will link with BHCS activity and palliative care services activity provided at Coast Provincial General Hospital and other facilities in Mombasa (#8954), and to services at Kenyatta National Hospital (supported by University of Nairobi) in Nairobi (#8936) for treatment of substance-abusers. It will also link up with the Population Council Horizons Targeted Evaluation in Condoms and Other Prevention (#9052) on substance-abusing urban youth.

5. POPULATIONS BEING TARGETED

The primary target population for this project is young adults, especially alcohol and drug users. Additional target populations include commercial sex workers, youth, including glue-sniffing street children, outreach workers, voluntary counseling and testing (VCT) counselors and the non-governmental/community-based organizations (NGO/CBOs) implementing project activities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

During the course of these interventions, the focus will be on prevention of alcohol abuse and drug use and treatment for those who are addicted. As with any prevention materials, stigma and discrimination will be addressed as well as gender inequities. Volunteers will also be involved in the program, particularly those who are former substance-abusers.

7. EMPHASIS AREAS

The major emphasis area of this activity is the development of networks linkages, and referral systems between outreach workers, NGOs, and health care providers. Other emphasis areas include information, education, and communication, local organization capacity development, and community mobilization/participation.

"Capable Partners will expand existing activities with the disabled with \$100,000 of plus funds. A predisposing factor to HIV risk among people with disabilities is lack of awareness on the dangers of risky sexual behavior. This is compounded by a general lack of awareness of the needs of disabled people among service providers and other stakeholders. Groups such as the Dandora Self Help Group has developed a model program to reduce stigma, enhance knowledge, promote attitude and behavior change and accessibility to HIV/AIDS services for deaf persons. In 2007, the project will scale up this model to other settlements in Nairobi and possibly to other urban areas in Kenya. A total of 100 peer educators will be trained to raise HIV/AIDS awareness, reduce stigma and create demand for VCT services among people with disabilities. It is expected that over 1000 PWDs will be reached with prevention messages and will access VCT services.

\$150,000 in plus-up funds will be utilized to scale up a highly successful outreach program focusing on services for street children, operated by WEMA Center in Mombasa. Currently, the Bamburi Centre caters for 126 resident ex-street girls, over 600 street children registered at Wema Street and Community Outreach project in Kizingo and 260 orphaned and vulnerable children (male and female OVC's) from poor communities/slums neighbouring the Centre in Bamburi. Services provided include provision of shelter for the ex-street girls, parental care, food, clothing, medical care, educational support, vocational training, spiritual guidance and counseling and family re-unification. There could be over 4,000 street children in Mombasa Island, and well over 20,000 in Mombasa district. 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 the street youth suffer from a multiplicity of socio-economic gaps/problems that inevitably lead to desperation and anti-social behavior. They constantly encounter sexual abuse and molestation, drug addiction and abuse as the most prevalent problems. These problems are mainly caused by widespread poverty both in rural and urban areas (slum communities), domestic violence, retrogressive socio-cultural beliefs & practices and the far reaching negative impact created by the HIV/AIDS on poor families. Young girls are particularly sexually vulnerable while boys are more likely to go into crime and drug abuse. The program will expand services in Mombasa to Nairobi and Kisumu and will reach 2000 street children with support and rehabilitation services.

Continued Associated Activity Information

Activity ID:	4125
USG Agency:	U.S. Agency for International Development
Prime Partner:	United Nations Office on Drugs and Crime
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 0.00

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	8	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	29,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	370	<input type="checkbox"/>

Target Populations:

Commercial sex workers
 Faith-based organizations
 Injecting drug users
 Street youth
 Non-governmental organizations/private voluntary organizations
 Out-of-school youth

Key Legislative Issues

Stigma and discrimination
 Increasing gender equity in HIV/AIDS programs
 Volunteers
 Other

Coverage Areas

Coast
 Nairobi

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Federation of Teachers - Educational Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6842
Planned Funds: \$ 0.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful Programs (#9007), (#6858), (#8701), Counseling and Testing (#8778), (#8781), (#8782), (#8976) (#8760), (#8766), (#8777) Condoms and Other Prevention Activities (#8780), Other/Policy Analysis and Systems Strengthening (#6841), (#7040), HIV/AIDS Treatment: ARV Services (#8792), (#8813), (#8765), (#8805), (#8774), (#8826), (#8797), and Orphans and Vulnerable Children (#9041), (#9048), (#9056), (#9067), (#9029), (#9071), (#9073).

2. ACTIVITY DESCRIPTION

The American Federation of Teachers (AFT) Educational Foundation, in cooperation with the Kenya National Union of Teachers (KNUT), will continue implementing their existing activities which include: (1) increasing the capacity of KNUT national and district offices to deliver and support HIV/AIDS policy information, prevention education, counseling and referral services to schools and teachers; (2) supporting and expanding school-based peer education, counseling and referral for 5000 teachers serving 182,000 pupils in 350 Kenyan communities; (3) strengthening linkages between 550 schools and community VCT, care and treatment centers to improve access for teachers and pupils; (4) expanding and intensifying awareness education and advocacy for improved HIV/AIDS school-workplace policies in 550 schools and 71 KNUT district offices; and; (5) intensifying labor-management negotiations to improve terms and conditions of employment and provision of care and treatment services for teachers living with AIDS. Through increased awareness of HIV/AIDS preventive behaviors, including condom promotion among those at risk and fidelity and faithfulness within marriage, and increased access to AIDS prevention services such as voluntary counseling and testing, AFT-EF and KNUT will reduce HIV risk in part of the 240,000-strong teaching workforce of Kenya. This is one of the activities that contribute to the sensitization of teachers about HIV/AIDS through a collaborating union. It is also a component of the comprehensive HIV/AIDS programming being developed along the major transport route running across Kenya. The activity will train 5,500 teachers and reach 208,000 pupils and community members with prevention messages as well as help to establish 20 condom outlets.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya Five-Year Strategy that focuses on HIV prevention targeting high-risk groups. Results from this project will contribute to number HIV infections averted.

4. LINKS TO OTHER ACTIVITIES

This activity also links with activities in Policy and Systems Strengthening to be carried out by American Federation of Teachers-Educational Foundation (#6841). AFT works closely with Kenya National Union of Teachers to implement the AIDS policy for the education sector. CfBT will target teachers in some of the schools where KNUT has already sensitized them. AFT-EF and Kenya National Union of Teachers will strengthen inter-organizational linkages with the Ministry of Education, Teachers Service Commission, National AIDS Control Council, UNICEF and NGOs such as Kenya Network of Positive Teachers (KENEPOTE) to coordinate prevention, care and treatment programs. They will also link up with APHIA II programs working in OVC support.

5. POPULATIONS BEING TARGETED

The primary target population is teachers, HIV/AIDS affected families and people living with AIDS, particularly teachers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This is a twinning activity between two teacher unions: American and Kenyan. Increasing awareness of the severity and pervasiveness of stigma and discrimination against HIV-positive teachers has prompted the project team to rapidly scale up awareness education for teachers and KNUT district leaders, head teachers and District Education Officers using the Ministry of Education HIV/AIDS policy for the education sector. To further combat stigma and discrimination in schools, AFT-EF/KNUT will continue a model "safe school" program that recognizes schools with strong AIDS policies and outstanding teacher and student AIDS education and anti-stigma programs. They will also work with KENEPOTE, a dynamic organization of 3,000 HIV+ teachers in Kenya.

7. EMPHASIS AREAS

The major emphasis area is training. Minor emphasis areas include linkages with other sectors, initiatives, policy and guidelines.

Continued Associated Activity Information

Activity ID: 4932
USG Agency: U.S. Agency for International Development
Prime Partner: American Federation of Teachers - Educational Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 120,000.00

Emphasis Areas

	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target

Target Value

Not Applicable

Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

Adults
 People living with HIV/AIDS
 Policy makers
 Teachers
 Primary school students

Key Legislative Issues

Twinning
 Education
 Stigma and discrimination

Coverage Areas

Central

Coast

Eastern

Nairobi

Nyanza

Rift Valley

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6872
Planned Funds: \$ 1,505,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6876), Counseling and Testing (#6875), and Orphans and Vulnerable Children (#6874).

2. ACTIVITY DESCRIPTION

The primary implementing partner in this activity, Community Housing Foundation (CHF), is implementing a capacity building and grants management program, supporting numerous local organizations to implement various interventions. CHF will work with local organizations to implement HIV prevention activities among high risk youth and adults. A total of 90,000 individuals will be reached with behavioral interventions and 450 people will be trained in delivering HIV prevention services for high risk populations. 200 condom outlets will be established. These activities will contribute to the result of increased access to HIV/AIDS prevention services for high risk and underserved population. CHF will continue supporting local groups currently receiving FY 2006 funds by building both their organizational and technical capacity to enhance service delivery for OP, culminating in the disbursement of sub-award grants to carry out targeted OP activities. CHF will assist its sub-grantees to develop appropriate tools and strategies for Monitoring and Evaluation and the use of scientific and evidence based approaches in Behavior Change Communication (BCC) to enhance partners output. CHF will strengthen its partner interventions by ensuring there is an adequate focus on Positive Prevention. It will help partners employ appropriate approaches to focus on preventing sexual transmission among individuals with HIV. To help both with prevention as well as reduce stigma and discrimination, these programs will promote leadership by PLWAs in Positive Prevention through groups such as the Movement of Men Against AIDS. Networking and information sharing among partner organization will be strengthened. CHF will continue to support behavioral interventions for the Nyanza Reproductive Health Society in implementing a pilot "young men's prevention project" for young men enrolling in the Kisumu male circumcision project. Moreover, CHF will work collaboratively with CDC to identify additional emerging partners to engage with during FY 2007. CHF will continue to support behavioral interventions for the Nyanza Reproductive Health Society in implementing a pilot "young men's prevention project" for young men enrolling in the Kisumu male circumcision project. It will also provide workplace interventions for sugar plantation workers, including migrant workers and sex workers with their partners within the sugarbelt region in south Nyanza. A significant change in FY 2007 will be support to the Uniformed services programs including the National Youth Service, the Kenya Wildlife Service and the Kenya Police service departments, previously supported through KEMRI. This activity also includes support to the following sub recipients for activities integral to the program, with CHF management costs included:

Community Research and Education Development \$70,000
Merlin \$70,000
Movement of Men Against AIDS in Kenya \$70,000
Nomadic Community Trust \$40,000
Soy \$35,000
Nyanza Reproductive Health \$100,000
Uniformed Services \$550,000
New partners – TBD \$200,000

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The activities supported by CHF in this program area will work to prevent HIV infection among 90,000 high risk individuals, including commercial sex workers and their partners, sugar plantation workers, migrant workers, out of school youth and discordant couples. PLWAs will help provide leadership on Positive Prevention. Young men in the Kisumu area enrolling for the UNIM male circumcision will be targeted as well as boda boda and matatu operators. 450 people will be trained to provide OP services and 200 condom outlets will be established. These activities are consistent with the Kenya Five-Year Strategy which focuses on HIV prevention in youth.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to CHF activities in the areas of AB (#6876); and CT (#6875), Orphans and Vulnerable Children (#6874). Sub-grantees will segment their target populations and link younger youth and OVCs to AB activities. Counseling and testing will be widely advocated and people will be referred to CT services.

5. POPULATIONS BEING TARGETED

Young adults, especially young men, will be targeted by these activities. In addition, commercial sex workers and their clients will be targeted in both Nairobi and in the sugar plantations in Nyanza Province. People living with HIV/AIDS will be targeted, not only to receive services, but also to be involved in community outreach promoting Positive Prevention. These interventions for high risk youth, especially young people, will link to the partner faithfulness interventions, including advocacy for partner reduction. Teenage men who may have begun sexual activity can be targeted for voluntary counseling and testing (VCT), messages of faithfulness to one partner, and rapid treatment of STI. Individuals and groups involved in high risk sexual behavior will also be educated about the benefits and means of achieving faithfulness including reduction of sexual partners and other prevention strategies such as correct, consistent condom use, rapid treatment of STI and VCT, as well as reporting for VCT. Such young men can also be asked to refer their female sexual partners, who by definition are sexually active, high risk individuals, for counseling and treatment. PLWAs and their sex partners will be encouraged to seek screening and treatment for STIs, care and ART treatment. This activity will also train community, program, and religious leaders as well as local organizations including CBOs, FBOs and local NGOs. Activities will largely focus on serving rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender issues will be addressed. These include increasing gender equity, addressing male norms and reducing violence/coercion. The focus on Positive prevention programming will also address stigma and discrimination. The projects targeting commercial sex workers will work to assist young women to find alternate forms of employment and income.

7. EMPHASIS AREAS

The primary focus of CHF continues to be support to local organizations' capacity development as well as provide Quality assurance, Quality Improvement and Supportive Supervision. CHF will help sub-grantees train their staff and volunteers in the interventions, and will assist in capacity building of the local groups. This will enable groups provide services that relate to community mobilization / participation, provision of information, education and communication and the development of networks, referrals and linkages. Human resources both for CHF and for sub-grantees are an additional minor emphasis area.

Continued Associated Activity Information

Activity ID: 4167
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Community Housing Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,105,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	200	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	90,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	450	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
Street youth
Military personnel
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Teachers
Rural communities
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Public health care workers

Key Legislative Issues

Stigma and discrimination
Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS programs
Reducing violence and coercion
Increasing women's access to income and productive resources

Coverage Areas

Nyanza
Nairobi
Eastern
Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Contraceptive Research Technology and Utilization
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	6887
Planned Funds:	\$ 300,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity is related to Condoms and Other Prevention Activities (#8874) and Abstinence and Be Faithful Programs (#6889).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>Findings from the formative assessment (05 COP) and lessons learned from the pilot intervention (06 COP) need to be rolled out through additional communities in Nairobi and reach more housegirls with HIV prevention messages. Therefore, FHI/CRTU proposes in FY 2007 to continue to gather strategic information and identify lessons learned to support scale-up of the intervention. The activity will scale-up the intervention beyond Bahati Church to two additional faith-based institutions in Nairobi. 50 trained peer educators will reach an additional 500 housegirls with HIV and unwanted pregnancy prevention messages.</p> <p>The 06 COP mass media campaign will be expanded to involve two additional radio stations which will air HIV and unintended pregnancy prevention messages to reach 10,000 housegirls as well as the communities in which they work to create awareness of the vulnerability of housegirls. 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 sub-contract a yet to-be-determined Communications Agency (possibly University of Nairobi's School of Journalism) to help design the messages. FHI and Kenyatta University will also explore opportunities to produce a documentary that sensitizes communities to the vulnerability of housegirls to HIV, unintended pregnancy and other negative health outcomes. FHI will also conduct an intervention assessment to generate strategic information that will enhance the design and implementation of interventions for housegirls.</p> <p>Finally, FHI will provide technical assistance (TA) 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.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>These activities will contribute to the 2007 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.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity also relates to OP activities (#8874) and AB activities (#6889).</p> <p>5. POPULATIONS BEING TARGETED</p> <p>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 (FBOs).</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>Key legislative issues focus on gender, specifically on increasing gender equity in HIV/AIDS programs while also addressing male norms and behaviors.</p> <p>7. EMPHASIS AREAS</p> <p>The major emphasis is on information, education and communication with minor emphases on training, community mobilization, and local organization capacity development.</p>

Continued Associated Activity Information

Activity ID: 4965
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: Contraceptive Research Technology and Utilization
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	<input type="checkbox"/>

Target Populations:

Faith-based organizations
 Volunteers
 Girls
 Women (including women of reproductive age)
 Out-of-school youth
 Religious leaders

Key Legislative Issues

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

Coverage Areas

Nairobi

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Hope Worldwide
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6895
Planned Funds: \$ 150,000.00

Activity Narrative: 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 35,000 high risk individuals and will train 200 people to implement activities focused on sexual risk reduction. 10 condom outlets will be established. 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 2007 project period, a total of 35,000 individuals will be reached with community outreach programs that promote safer sexual behavior through promoting condoms and other prevention services. 2,000 STI clients will receive treatment through three project sites. 200 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. 10 condom outlets will be established.

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.

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.

Continued Associated Activity Information

Activity ID: 6579
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Hope Worldwide
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	10	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	35,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Discordant couples
Street youth
HIV/AIDS-affected families
Truck drivers
People living with HIV/AIDS
Volunteers
Rural communities
Children and youth (non-OVC)
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Nurses

Key Legislative Issues

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

Coverage Areas

Eastern
Nairobi

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Impact Research and Development Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6897
Planned Funds: \$ 930,000.00

Activity Narrative:**1. LIST**

AB (#6896), CT (#8751) and HIV/AIDS Treatment/ARV Services (#7090) and Palliative Care (#6870).

2. DESCRIPTION

IRDO will reach 30,000 youth under the Tuungane behavior change project with condoms and other prevention activities. It will continue to work through the six youth-friendly satellite centers in five major slums of Kisumu, 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. 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 PEP. 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 2007 for this activity include the scale up to Suba. Another important addition in FY 2007 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 counseling services for youth, including street youth and referrals for free STI treatment.

3. OVERALL

AB 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 200 leaders to reach 30,000 individuals with condoms and other prevention services. Seven condom outlets will be established.

4. LINKS

CT (#8751), ART (#7090), AB (#6896) and STI treatment. 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 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 are referred for psychosocial support to Our Lady of Perpetual Support for People living with HIV/AIDS (OLPS) (#6870).

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, men who have sex with men, street youth and out-of-school youth. At community level, this program will target community and religious leaders, most of whom will work in a volunteer capacity. 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

This project will address key legislative issues particularly gender issues. 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

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.

Plus up:

IRDO'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 within the five major Kisumu slums. these will include Obunga, Bandari and Nyalenda areas.

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 CT (High risk youth \$50,000 and (High risk adults \$100,000).

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 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 five people 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 delivery of services, specifically the surgical cutting procedures involved in male circumcision.

Continued Associated Activity Information

Activity ID: 6583
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Impact Research and Development Organization
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 260,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	27	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	<input type="checkbox"/>

Target Populations:

Adults
Business community/private sector
Brothel owners
Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
Street youth
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Teachers
Volunteers
Rural communities
Girls
Boys
Out-of-school youth
Partners/clients of CSW
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

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

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Institute of Tropical Medicine
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6904
Planned Funds: \$ 650,000.00

Activity Narrative:**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, 700 women will be reached with targeted HIV prevention messages. ITM will also integrate an alcohol and HIV prevention initiative that will reach 500 men. 20 people will be trained to deliver this intervention and 10 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 700 at-risk young women and 500 young men. 10 condom outlets will be established and 20 people trained to deliver this intervention.

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.

Continued Associated Activity Information

Activity ID: 4852
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Institute of Tropical Medicine
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 300,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	20	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,200	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	<input type="checkbox"/>

Target Populations:

- Adults
- Brothel owners
- Commercial sex workers
- Community leaders
- Community-based organizations
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Out-of-school youth

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	International Medical Corps
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	6908
Planned Funds:	\$ 175,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to activities in Counseling and Testing (#6907) and Prevention of Mother-to-Child Transmission (#6906).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>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 200 beach workers from amongst the local community to enable them carry out intensive activities aimed at significantly reducing sexual risk behaviors among 35,000 individuals. 250 condom outlets will be established.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>The program will reach 35,000 at risk individuals, train 200 people and establish 250 condom outlets.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity is linked to activities in Counseling and Testing (#6907) and Prevention of Mother-to-Child Transmission (#6906).</p> <p>5. POPULATIONS BEING TARGETED</p> <p>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.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>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.</p> <p>7. EMPHASIS AREAS</p> <p>Community mobilization is a major emphasis area, while human resources, training and information, education and communication and needs assessment are minor emphases.</p>

Continued Associated Activity Information

Activity ID: 6610
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Medical Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 50,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	350	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	45,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	<input type="checkbox"/>

Target Populations:

Adults
 Business community/private sector
 Commercial sex workers
 Community leaders
 Traditional healers
 Discordant couples
 HIV/AIDS-affected families
 Mobile populations
 People living with HIV/AIDS
 Out-of-school youth
 Partners/clients of CSW
 Private health care workers

Key Legislative Issues

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

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6910
Planned Funds: \$ 125,000.00

Activity Narrative: 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 Kalokol 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. 100 persons will be trained in the delivery of effective HIV prevention services. 50 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. 100 people will be trained and 50 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.

Continued Associated Activity Information

Activity ID: 4149
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Rescue Committee
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 175,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	50	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Refugees/internally displaced persons
People living with HIV/AIDS
Program managers
Volunteers
Rural communities
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Public health care workers

Key Legislative Issues

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

Coverage Areas

Rift Valley

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya AIDS NGO Consortium
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6938
Planned Funds: \$ 325,000.00

Activity Narrative: 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 20,000 high-risk individuals with safer sex interventions including condom promotion and train 250 people to deliver these interventions. 20 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 20,000 at risk youth and adults, particularly individuals with HIV in its' project sites. It will train 50 peer educators, 100 bar workers on alcohol abuse and other essential gatekeepers in the quarry settlements, transport and small-trade sectors. 100 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. 20 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

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.

Continued Associated Activity Information

Activity ID:	4153
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Kenya AIDS NGO Consortium
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 150,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	40	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	350	<input type="checkbox"/>

Target Populations:

Adults
Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Men who have sex with men
Street youth
HIV/AIDS-affected families
Truck drivers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Teachers
Volunteers
Rural communities
Secondary school students
University students
Widows/widowers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Nurses

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Reducing violence and coercion
Increasing women's access to income and productive resources
Stigma and discrimination

Coverage Areas

Central

Nairobi

Eastern

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6948
Planned Funds: \$ 125,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to Abstinence and Be Faithful Program (#6903) and to the Condoms and Other Prevention Activity (#6904).

2. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute, through its collaboration with CDC, will participate in a study of youth interventions conducted by the Institute of Tropical Medicine (ITM) in the Asembo and Gem areas of Nyanza Province, which has the highest HIV prevalence rates in the country. KEMRI and CDC have had a long collaboration in Nyanza Province and KEMRI implements activities through a cooperative agreement from CDC Atlanta. Although most of the activities for this youth intervention are implemented by ITM, and are described in that entry, KEMRI is also actively involved in the study, primarily through the hiring of local staff and to support some of the local implementation of the project. In 2007, 6000 individuals will be reached with targeted HIV prevention messages. 10 condom outlets will be established. This comprehensive youth intervention study includes the following OP activities. One activity being conducted by ITM is the adaptation and implementation of a safer sex curriculum targeting youth aged 13 to 17 years old. "Healthy choices for a better future" is an adaptation of "Making Proud Choices", a curriculum that was selected by CDC as an effective intervention. The curriculum is currently going through the final stages of adaptation and will be pilot tested in the coming weeks. ITM is also developing a proposal to evaluate this curriculum. Staff hired by KEMRI will be involved in the assessment and implementation of this curriculum. In addition, prevention activities are organized throughout the year at schools and in the community in close participation with local youth committees and volunteers. Efforts to change the social norms which contribute to the high risk for young girls in this part of Kenya are part of this intervention. The project has also found that the lack of skills and employment opportunities contributes to high risk behavior among girls, so one aspect of the project is the provision of vocational skills and opportunities for income generating activities for these youth.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This project will contribute to the Kenya's Five-Year Strategy which focuses on HIV prevention in youth, as the primary target group is young people, including adolescents aged 13 to 17 years. 6,000 young people will be reached with this intervention and 10 condom outlets will be established.

4. LINKS TO OTHER ACTIVITIES

This activity will be very closely linked to AB activities implemented by the Institute of Tropical Medicine (#6903) and to the OP activities being implemented by ITM (#6904) in Nyanza province.

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 10 to the early 20's. Different, age appropriate curricula are used with these groups. In addition, their parents and community and religious leaders and volunteers are targeted by the project. Teachers and rural communities are also targeted as well as adults through adult involvement. It also targets People Living with HIV/AIDS.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This project will have a strong gender component, including addressing male norms and behaviors, focusing on reducing violence and coercion and increasing gender equity in HIV/AIDS programs. Through its' livelihoods project, it will increase women's access to income and productive resources.

7. EMPHASIS AREAS

The primary emphasis area is community mobilization to change social norms which encourage early sexual debut. Another emphasis 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 conducting needs assessment are also important areas in this project.

Continued Associated Activity Information

Activity ID: 4094
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	10	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

Adults
 Community leaders
 People living with HIV/AIDS
 Teachers
 Volunteers
 Rural communities
 Children and youth (non-OVC)
 Out-of-school youth
 Religious leaders

Key Legislative Issues

Increasing women's access to income and productive resources
 Increasing gender equity in HIV/AIDS programs
 Addressing male norms and behaviors
 Reducing violence and coercion

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6962
Planned Funds: \$ 100,000.00

Activity Narrative:**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 Ministry 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 2007, 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 geographic areas within Kenya, specifically Gilgil, Nanyuki and Mombasa, all of which are known to have a high concentration of CSWs due to their position 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. Liaisons will be developed between the KDOD and National AIDS and STI Control Program (NASCOP) to ensure high quality care and training in STI and HIV prevention and education for KDOD health personnel assigned at the military health facilities. 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 2007 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 AB program area, this funding will support condom education and promotion as a supplement to the AB program activities in order to provide a comprehensive prevention program. This activity also intends to incorporate scaling-up of command involvement and support in promoting behavior change activities by conducting regular trainings and organizing seminars/workshops for the military personnel under their respective commands in order to ensure consistent and correct messages regarding prevention.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

KDOD services targeting 5,300 people will contribute to the FY 2007 prevention targets for Kenya among at-risk adult populations. 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 of correct and consistent condom use among this high-risk group as well as STI education/prevention. The KDOD will integrate their OP program with other sexual transmitted infection (STI) clinics and reproductive health clinics at the various military health facilities.

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 AB 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 four 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 prevention messages as part of their STI treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the issues of male norms and behaviors which promotes 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.

Continued Associated Activity Information

Activity ID: 4254
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: Kenya Department of Defense
Funding Source: GHAI
Planned Funds: \$ 100,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	40	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,300	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	<input type="checkbox"/>

Target Populations:

- Adults
- Commercial sex workers
- Military personnel
- Partners/clients of CSW
- Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7008
Planned Funds: \$ 100,000.00

Activity Narrative: 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 (NASCOP) will support, supervise and monitor condoms promotion and prevention activities targeting at-risk youth and vulnerable populations in Kenya. NASCOP will also support the procurement and installation of 2000 condom dispensers at targeted outlets. 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. NASCOP 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. NASCOP 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. NASCOP 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 NASCOP will play a key role in ensuring that epidemiological data is captured, analyzed and presented for use in implementation of prevention programs. NASCOP 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 NASCOP 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. Because NASCOP plays a coordination role and not a direct implementer, there are no targets assigned to this partner for reaching people with OP messages or training. NASCOP will however provide support to set up 2,000 condom outlets in designated locations.

4. LINKS TO OTHER ACTIVITIES This project will establish essential linkages with other NASCOP coordinated national programs including NASCOP CT activity (#7009); NASCOP AB activity (#7007), NASCOP PMTCT activity (#7006); NASCOP ARV services activity (#7004); NASCOP palliative care: basic health care and support activity (#7005), NASCOP palliative care: TB/HIV (#7001) and NASCOP strategic information activity (#7002).

5. POPULATIONS BEING TARGETED

Activities implemented by NASCOP 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 NASCOP.

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.

Continued Associated Activity Information

Activity ID: 4228
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS & STD Control Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets	Target Value	Not Applicable
Number of targeted condom service outlets	2,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Street youth
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Rural communities
Children and youth (non-OVC)
Out-of-school youth
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Frontiers in Reproductive Health
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7025
Planned Funds: \$ 400,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Counseling and Testing (#8760), (#6983) and Abstinence and Be Faithful Activities (#8989).

2. ACTIVITY DESCRIPTION

This project is based on previous research in Kisumu showing that married adolescents are at elevated risk of HIV infection over and above their sexually active counterparts. With sites in Rachuonyo and Homa Bay Districts, the project is using media messages through radio spots and drama to raise awareness on the HIV/RH risks associated with early marriage as well as marital transition of HIV and premarital voluntary counseling and testing (VCT). Local leaders, including church leaders, are trained as advocates so that they can pass HIV prevention and reproductive health (RH) messages through their routine activities in the community. In order to reach girls who are already married or girls at risk of early marriage, a local non-governmental organization (NGO) is training mentors to mobilize girls into clubs and reach them with HIV and RH information and referrals. In addition, young people and couples are referred to existing VCT sites, through a coupon system. In FY 2007, training and media activities will expand with additional radio messages and additional drama groups trained, while other activities continue to be implemented. Over the year, 350,000 people will be reached with radio spots raising awareness on early marriage, HIV, marital transmission and premarital VCT. Additional drama groups will be trained with 30,000 people reached through this approach. Thirty thousand community members will be reached with prevention messages through 110 trained church and civic leaders. One thousand couples will be referred for couples VCT and, of the 30,000 targeted populations reached, 5,000 girls will be reached through clubs. This year will include small-scale monitoring studies, including a study of the coupon subsidy system, as well as documentation of the project. In addition, Population Council field staff will be based in the project sites to monitoring ongoing activities.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The project raises awareness of HIV risk that adolescents face within marriage. Abstinence is promoted by emphasizing that marriage is not a safety zone from HIV-infection, encouraging adolescents and their families to delay marriage. The project promotes faithfulness within marriage and will contribute to preventing HIV transmission between discordant couples.

4. LINKS TO OTHER ACTIVITIES

The project will create demand for VCT services being provided by Liverpool VCT and Care and APHIA II Nyanza and will make links to community activities in AB.

5. POPULATIONS BEING TARGETED

350,000 people will be reached with radio spots raising awareness, 30,000 community members will be reached with prevention messages through 110 existing, trained church and civic leaders. One thousand couples will be referred for couples VCT and 5,000 girls will be reached through clubs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Power imbalances in sexual decision-making and the right of women to protect themselves from HIV infection, even within marriage, is emphasized. This activity will work toward increasing women's legal protection and addressing male norms and behaviors. Kenya is a signatory to the Rights of the Child that defines children as below 18 years and considers child marriage a human rights violation.

7. EMPHASIS AREAS

The major emphasis of this activity will be community mobilization/participation in promotion of pre-marital VCT and VCT for newly married couples. Information, education and communication materials will be used to raise awareness of HIV risks associated with early marriage, including messages conveyed through the radio, through drama, and by community leaders. Community-level married girls clubs will support and empower newly married adolescent girls in their early stages of marriage.

Continued Associated Activity Information

Activity ID: 6580
USG Agency: U.S. Agency for International Development
Prime Partner: Population Council
Mechanism: Frontiers in Reproductive Health
Funding Source: GHAI
Planned Funds: \$ 400,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	110	<input type="checkbox"/>

Target Populations:

Adults
 Most at risk populations
 Girls
 Boys
 Host country government workers
 Public health care workers

Key Legislative Issues

Addressing male norms and behaviors
 Increasing women's legal rights
 Stigma and discrimination
 Education

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Council
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7027
Planned Funds: \$ 260,000.00

Activity Narrative: 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 20,000 youth with condoms and other prevention education and services. It will train an additional 40 FOYs and establish 10 condom outlets. 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 train 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 2007 project period, a total of 20,000 individuals will be reached with an intensive curriculum-based life skills training program through an additional 40 FOYS/adult mentors trained. 10 condom 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.

Continued Associated Activity Information

Activity ID: 6582
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Population Council
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 150,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	10	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	20,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	<input type="checkbox"/>

Target Populations:

Adults
Out-of-school youth
Partners/clients of CSW

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Central

Nairobi

Eastern

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II - Health Communication & Marketing
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7051
Planned Funds: \$ 1,185,000.00

Activity Narrative: 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

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. The awardee will support 35,000 condom outlets nationwide, e.g. in hotels, kiosks, bars and other public places.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2007, 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. Approximately 1,000 people will be trained to disseminate behavior change messages.

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.

Plus up: 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. HCM is primarily a communication activity focusing on the development of information, education, and communication. 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 other prevention, including condom use, will be shared with those who volunteer to undergo circumcision.

Continued Associated Activity Information

Activity ID: 5006
USG Agency: U.S. Agency for International Development
Prime Partner: To Be Determined
Mechanism: BCC/SM-PSI
Funding Source: GHAI
Planned Funds: \$ 1,400,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	35,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers
Rural communities
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
HIV positive children (5 - 14 years)

Key Legislative Issues

Addressing male norms and behaviors
Stigma and discrimination
Education

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7106
Planned Funds:	\$ 250,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to all activities in Condoms and Other Prevention.</p> <p>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 team OP team will be supported by two locally employed drivers whose work is devoted to supporting HIV prevention interventions.</p>

Continued Associated Activity Information

Activity ID:	4300
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GAP
Planned Funds:	\$ 200,000.00

Targets

Target

Number of targeted condom service outlets

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Target Value

Not Applicable



Table 3.3.05: Activities by Funding Mechanism

Mechanism: Transport Corridor Initiative
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8780
Planned Funds: \$ 640,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

(#8781), (#8777), (#8976), (#8813), (#8826), (#8765) (#8934), (#8931), (#8936).

2. ACTIVITY DESCRIPTION

The overall goal of the multi-sectoral ROADS Project (branded SafeTStop) along the Transport Corridor Initiative (TCI) is to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable people along major East African transport corridors which see high HIV transmission rates among drivers and their assistants and vulnerable groups of in- and out-of-school youth, OVC and low-income women in these host communities. Truck drivers can be away from home for two to three months at a time and held up for days in customs clearance. The high poverty rates and joblessness of the host communities often results in transactional sexual behaviors involving not only community women but youth and OVC. To date, ROADS has worked in three sites--Mariakani, Malaba and Busia--to reach over 41,000 youth, women, truck drivers, PLWHA, through nearly 2000 peer educators to mobilize prevention behaviors and skills beyond abstinence and faithfulness for those who need this assistance. In FY 07 200 peer educators will reach a further 25,000 people. Working through over 100 CBOs and FBOs as well as the Kenya Long-Distance Truck Driver Welfare Association, the Kenya National Chamber of Commerce and Industry, and the African Development and Emergency Organization, ROADS conveys 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. ROADS is establishing another 50 condom outlets through the SafeTStop model, which links bars, guest houses, pharmacies/drug shops, health providers and other venues through shop/point-of-purchase branding. ROADS partners refer pregnant women for PMTCT services. In FY 2007, ROADS will reinforce peer education, magnet theatre and other community mobilization activities through HIV and AIDS updates, refresher training, training of new peer educators/mobilizers (including local business leaders and additional bar/lodging owners in alcohol-HIV programming; expand peer family discussion groups; fortify HIV prevention training for health care providers, pharmacists/drug shop providers; build entrepreneurial and marketing skills for women, out-of-school youth and secondary school students, and strengthen community savings schemes; and develop focused BCC for older orphans, a key underserved group.

Provides support to numerous community-based sub-recipients for activities integral to the program. ROADS builds community cohesion, sustainability and maximizes coverage through its innovative "cluster model" that promotes joint programming by over 100 community groups. Approximately \$125,000 will be allocated directly to CBO clusters of older youth and women and the truck driver association and local pharmacies and business leaders.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

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.

4. LINKS TO OTHER ACTIVITIES

Multi-sectoral HIV and AIDS program that seeks to reduce stigma and discrimination through broad community dialogue and participation. Additionally, through ongoing coordination with other USAID/Kenya PEPFAR partners, ROADS links with, and creates demand for, clinic-based services (CT, PMTCT, treatment of OIs and STIs) strengthened through PEPFAR programming in these areas. ROADS will coordinate CT outreach in sites

where truck drivers and community members meet – the truckers’ resource center, and the boda-boda (bicycle taxi) drivers’ community facility. We also plan to work with FBOs to encourage on-site CT mobilization in conjunction with their focused outreach to truckers and community men around support for social norm change for partner reduction and faithfulness.

5. POPULATIONS BEING TARGETED

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 strengthens community resources--business, community and religious leaders--who can provide support to vulnerable community women and youth to reduce their vulnerability--as well as public and private health care providers and teachers who can promote HIV education and health-seeking behavior.

6. KEY LEGISLATIVE ISSUES ADDRESSED

(1) focused campaigns with bar/lodging owners and religious leaders to reduce alcohol abuse among truck drivers and community men, (2) advocacy to reduce alcohol access by youth, (3) programming to address GBV as a key HIV risk factor and barrier to CT and partner communication. Specific activities will include programs to change male social norms and to reduce stigma and discrimination. Detailed discussions on GBV issues and program options have already been held in the sites.

7. EMPHASIS AREAS

community-driven as a result of ongoing focused community dialogue and mobilization. Targeted peer education, community theatre, and outreach promote OP behaviors and skills; mobilizing pharmacies and drug shops to stock condoms and to talk about risk reduction strategies. ROADS proactively refers to public and private health and social services. Most important is the emphasis on developing the capacity of many community-based groups: business, community and religious leaders; teachers and health workers to ensure that programming is sustained beyond the project.

This activity is an expansion of an existing activity for the Transport Corridor Initiative (TCI). With additional funding of \$50,000, TCI will expand their activities targeting 5000 high-risk youth and adults along the transport corridor by training an additional 40 peer educators. HIV Prevention activities targeting glue-sniffing youth, a growing IDU population, and other alcohol and substance abusers will be expanded along the transport corridor. Other activities will focus on HIV prevention targeting 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	50	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	240	<input type="checkbox"/>

Target Populations:

Adults
Business community/private sector
Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Street youth
Truck drivers
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Host country government workers
Pharmacists

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Reducing violence and coercion
Increasing women's access to income and productive resources
Stigma and discrimination
Food
Microfinance/Microcredit

Coverage Areas

Coast
Nairobi
Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: South Rift Valley
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8808
Planned Funds: \$ 375,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Abstinence and Being Faithful (#6891) and Counseling and Testing (#6968).

2. ACTIVITY DESCRIPTION

Kenya Medical Research Institute (KEMRI) will embark 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 Nariobi-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. A significant aspect of the existing KEMRI-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 2007, KEMRI south Rift, will address this existing gap in HIV/AIDS prevention by targeting 5,000 individuals in Kapsoit and Chepseon in creating a sustainable prevention program which addresses the specific risk factors of commercial sex workers (CSW) as well as other high-risk adults in both locations. Kapsoit and Chepseon have an estimated HIV prevalence rate of 4-6% 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. KEMRI-south Rift will address this issue in these two localities with condom promotion and STI identification and management. They will also target 20 people to be trained in promoting HIV/AIDS prevention among high-risk adults.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

KEMRI-south Rift Valley'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 20 individuals in both locations in the promotion of routine testing of STIs as well as the promotion of consistent and correct condom use. This activity will target 5000 individuals with HIV prevention messages as well as behavior change skills that significantly minimize their risk behaviors. 30 condom dispensers will also be set up throughout the two locations.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to Live with Hope's Abstinence/Being Faithful program (#6891) as another prevention activity occurring in Kericho District. Through coordination the two programs will work closely together in identifying populations to reach with prevention. Counseling and testing services through KEMRI-south Rift Valley (#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.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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 KEMRI-south Rift Valley 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.

Unallocated funds for this activity will expand existing activities in the 2007 COP. Kenya Medical Research Institute (KEMRI) will embark 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 Nariobi-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.

A significant aspect of the existing KEMRI-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 2007, KEMRI south Rift, will address this existing gap in HIV-AIDS prevention by targeting 6,000 individuals in Kapsoit and Chepseon in creating a sustainable prevention program which addresses the specific risk factors of commercial sex workers (CSW) as well as other high-risk adults in both locations.

Kapsoit and Chepseon have an estimated HIV prevalence rate of 4-6% 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. KEMRI-south Rift will address this issue in these two localities with condom promotion and STI identification and management. They will also target 30 people to be trained in promoting HIV/AIDS prevention among high-risk adults. The additional funds will also be used to identify and implement 40 condom distribution sites in non-traditional locations where access to free condoms is limited.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	45	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	<input type="checkbox"/>

Target Populations:

Adults
Brothel owners
Commercial sex workers
Truck drivers
Partners/clients of CSW

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Increasing women's access to income and productive resources

Coverage Areas

Rift Valley

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II - Central / Nairobi
Prime Partner: Pathfinder International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8874
Planned Funds: \$ 1,050,000.00

Activity Narrative: 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

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/Central Province Project. In FY 2007, 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. It is expected that 74,000 individuals will be reached with community HIV/AIDS outreach prevention programs that are focused on more than just abstinence and/or being faithful, while 275 persons will be trained in the same. At the same time, 15 condom outlets will be installed to provide easy access.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute significantly to the overall 2007 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.

With \$150,000 in plus-up funding APHIA II Nairobi/Central will expand their activities to target 100,000 high-risk youth by training 50 peer educators. HIV prevention activities targeting glue-sniffing youth, a growing IDU population, and other alcohol and substance abusers will be expanded in Nairobi and Central province. With \$250,000 they will focus on HIV prevention with 100,000 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. To do this

they will train 50 adults. 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 and central province through the Nairobi Womens Hospital and outreach centers and train 20 health workers and community participants.

Emphasis Areas

	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	15	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	294,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	395	<input type="checkbox"/>

Target Populations:

Adults
 Business community/private sector
 Brothel owners
 Commercial sex workers
 Community-based organizations
 Discordant couples
 Children and youth (non-OVC)

Key Legislative Issues

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

Coverage Areas

Central
 Nairobi

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8880
Planned Funds: \$ 150,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity also relates to activities in Abstinence and Be Faithful Programs (#6832) and Counseling and Testing (#6829).

2. ACTIVITY DESCRIPTION

There is an estimated population of 2.7 million disabled people in Kenya who are at high risk of HIV/AIDS infection. Widespread stigma toward mental disabilities has resulted in a hidden population which leaves them open to severe and unreported sexual abuse. It is imperative that information is packaged appropriately for the different disability groups to inform them of ways to protect themselves and identify where they can seek support. This activity has three components to reach this vulnerable population.

The first component is an ongoing community outreach program that will tailor prevention activities to increase access to HIV/AIDS information and education. In 2006, AED/CAP supported eight organizations to begin the process of translating existing HIV/AIDS information (including materials produced by the Ministry of Health) into formats such as Braille, large print, sign language etc. In 2007, this process will continue, and there will be an emphasis on behavior change among youth with disabilities. Handicap International (HI) is working with the United Disabled Persons of Kenya, in the Ministry of Culture and Social Services, in the area of advocacy and policy development. In addition, AED will continue to provide funding to HI to work with eight local NGOs and CBOs targeting 13,000 physically and mentally disabled people with OP activities.

In the second component, AED will develop a series of training programs. A special education program will be developed on safe motherhood, sexuality and reproductive health with understandable information tailored to the intellectual needs of women with mental disabilities. Health workers will be trained to deliver this program and better prepare them to provide services to the physically and mentally disabled. Training will also target government workers such as teachers and public health care workers. Peer educators (disabled youth themselves) will be trained in HIV/AIDS issues. The peer educators will be expected to assist by building self-esteem through 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. 500 individuals will be trained to promote HIV/AIDS prevention targeting this population.

In the third component, interventions will be developed for blind and low vision persons and the deaf to reduce risk through increased access to HIV/AIDS prevention services for high-risk and underserved populations. These activities will contribute to the result of increased awareness of HIV preventive behaviors and provide targeted condom promotion at eight condom service outlets.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In 2007 Handicap International proposes to reach 13,000 individuals through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, 500 individuals will be trained to promote HIV/AIDS prevention and 8 condom service outlets will be targeted.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to AB (#6832) and CT (#6829).

5. POPULATIONS BEING TARGETED

The main target population is Special Populations including: 1) persons with different types of disabilities (hearing, seeing, mentally and the physically disabled) and 2) out-of-school youth. In the general population, parents and guardians will also be involved especially to support the mentally challenged to access HIV services. Training will include host country government workers such as teachers and public health care workers. Groups/Organizations include CBOs and NGOs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The project will address issues of Stigma reduction and Discrimination, as it has been the major factor hindering access to HIV services by PWDs. It will work to promote the rights of disabled people for equal access to HIV/AIDS related prevention and intervention measures and to influence government policies to include needs of PWDs. Gender equity is

also key to this project, as within the disability fraternity issues of women with disabilities have not been well articulated and would therefore be taken into consideration in all activities.

7. EMPHASIS AREAS

The major area of emphasis is training. It will include host country government workers such as teachers and public health care workers to prepare them to provide services to the physically and mentally disabled. An area of lesser emphasis is information, education and communication to develop a special education program on safe motherhood, sexuality and reproductive health with understandable information tailored to the intellectual needs of women with mental disabilities. Implementation will entail local organization capacity development, and this will facilitate development of network/linkages/referral systems.

Continued Associated Activity Information

Activity ID: 4940
USG Agency: U.S. Agency for International Development
Prime Partner: Academy for Educational Development
Mechanism: Capable Partners
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	8	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	13,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	<input type="checkbox"/>

Target Populations:

Adults
 Disabled populations
 Non-governmental organizations/private voluntary organizations
 Teachers
 Out-of-school youth
 Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8927
Planned Funds: \$ 1,116,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to all other program area activities for APHIA II Western-TBD: 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

This APHIA II Western activity will continue the expansion of STI prevention and treatment services in Western Province, building on the support previously provided through USAID's AMKENI Project. It will also build on HIV/AIDS prevention activities that were approved in 2006 in the area of "other prevention" implemented through FHI/IMPACT. The detailed activity will be articulated through discussions with the consortium that will be awarded the cooperative agreement, but it is expected that 400,000 individuals will be reached through community outreach programs; 2,000 individuals will be trained to provide Other Prevention messages and 60 outlets targeted for condom distribution.

Emphasis will be placed on reaching out to the informal sector, targeting high-risk populations including women and men in worksites, low-income community women, sex workers, truck drivers, single mothers, matatu touts (mini-bus conductors) and women in churches and mosques in Western Province.

Significant changes in 2007 for this activity include the emphasis on HIV and FP integration and supervision to improve quality of services and facilitate referrals across programs.

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 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.

4. LINKS TO OTHER ACTIVITIES

This activity carries forward previously approved 2006 COP activities of Engender Health/AMKENI and FHI/IMPACT. The OP activities link to other all other program area activities for APHIA II Western TBD, 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.

Unallocated funds in the amount of \$100,000 will enable APHIA II Western to expand support in HIV prevention and supportive services among high-risk adults including commercial sex workers and their clients and transport workers. 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.

Plus-up funds in the amount of \$100,000 will enable APHIA II Western to expand 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 womens 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 targetted 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.

This APHIA II program will roll out the Ministry of Eduaction Sector Policy for HIV and AIDS.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	65	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	452,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,750	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Factory workers
Family planning clients
Doctors
Nurses
Truck drivers
People living with HIV/AIDS
Pregnant women
Rural communities
Out-of-school youth
Partners/clients of CSW
Religious leaders

Key Legislative Issues

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

Coverage Areas

Western

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II - Coast
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8930
Planned Funds: \$ 2,186,000.00

Activity Narrative: 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

The activity will build on HIV/AIDS Other Prevention activities implemented under the 06 COP. It will reach 700,000 individuals through community outreach programs and train 1,700 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 100 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. 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.

This APHIA II program will roll out the Ministry of Education Sector Policy for HIV and AIDS.

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	100	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75,200	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,450	<input type="checkbox"/>

Target Populations:

Adults
Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Factory workers
Faith-based organizations
Family planning clients
Discordant couples
Injecting drug users
Men who have sex with men
Street youth
HIV/AIDS-affected families
International counterpart organizations
Truck drivers
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Seafarers/port and dock workers
Rural communities
Girls
Boys
Widows/widowers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Transgender individuals
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors
Volunteers
Stigma and discrimination

Coverage Areas

Coast

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8932
Planned Funds: \$ 976,000.00

Activity Narrative: 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

Civil society activities are crucial to promoting health 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 (STI) Control Program (NAS COP) 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 2007 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 build 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 (NAS COP), 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 250 condom service outlets and 20,500 individuals will be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and being faithful. A total of 100 individuals will be trained to promote HIV/AIDS prevention programs.

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.

This APHIA II program will roll out the Ministry of Education Sector Policy for HIV and AIDS.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	250	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	26,750	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	350	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Truck drivers
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Program managers
Teachers
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders
Nurses

Key Legislative Issues

Gender
Stigma and discrimination
Education

Coverage Areas

Eastern

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II - Nyanza
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8942
Planned Funds: \$ 935,000.00

Activity Narrative: 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

The USAID APHIA II Nyanza project implemented by EngenderHealth initiated support to condoms and other prevention activities in Nyanza Province in FY 2006. In FY 2007, 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 also includes support to the primary sub-recipient for activities integral to the program: PATH at 85% of the amount requested for OP.

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 FY 2007, 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.

Plus up: APHIA II Nyanza continues to support other prevention activities in Nyanza

Province, focusing on out of school youth. Utilizing the 24 youth groups that have been trained in three districts, peer leaders will be trained to provide prevention messages highlighting male circumcision. Through community "magnet theatre" youth will receive information on the medical benefits of MC and get an opportunity to address misconceptions on this prevention strategy. Youth will be referred to APHIA II Nyanza supported sites for clinical services.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	50	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	490,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	<input type="checkbox"/>

Target Populations:

Adults
 Community leaders
 Faith-based organizations
 Family planning clients
 Doctors
 Nurses
 People living with HIV/AIDS
 Pregnant women
 Rural communities
 Out-of-school youth
 Religious leaders
 Other Health Care Worker
 Doctors
 Nurses
 Other Health Care Workers

Key Legislative Issues

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

Coverage Areas

Nyanza

Table 3.3.05: Activities by Funding Mechanism

Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9040
Planned Funds: \$ 2,100,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling 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

The activity will build on HIV/AIDS prevention activities implemented under FY 2006 in the area of "other prevention." It will reach 700,000 individuals through community outreach programs and train 2,000 people through existing local non-governmental organizations (NGOs), faith-based organizations (FBOs) and the private sector thus reaching individuals in formal and non-formal sectors. Under the leadership of National Organization of Peer Educators (NOPE), the activity will aim to reach women and men in worksites and youth at risk. The local NGOs 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 Rift Valley 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 antiretroviral treatment (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 (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.

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 Narok, Nakuru and Naivasha; linking them to voluntary counseling and testing (VCT), prevention of mother to child transmission (PMTCT), care and support services; supporting prevention efforts among the uniformed services by working with the provincial police AIDS Control Unit (ACU); expanding the peer education program targeting truck drivers patronizing the various truck stops along the Nairobi-Nakuru-Eldoret road and linking the activities to the existing ROADS Project; targeting most-at-risk populations (MARPS) such as the cattle traders and linking the programs to the sex worker programs. 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-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.

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	820,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,100	<input type="checkbox"/>

Target Populations:

Adults
 Commercial sex workers
 Discordant couples
 Military personnel
 Truck drivers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Horizons
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9052
Planned Funds: \$ 150,000.00
Activity Narrative: This is a Targeted Evaluation. This project, titled "An assessment of alcohol and substance abuse risk among slum-dwelling youth in Nairobi and Mombasa" aims at assessing the alcohol and substance-use risk behavior of urban slum-dwelling adolescents in Nairobi and Mombasa. The information will serve as a basis on which interventions aimed at alcohol and substance-use risk reduction among slum-dwelling youth can be implemented and youth brought into mainstream society. The assessment will be in the form of a quantitative survey with about 1,000 slum-dwelling males and females in 4-5 informal settlements in Nairobi, and about 500 of their counterparts in Mombasa. A TE Background Sheet can be found under Supporting Documents.

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

- Brothel owners
- Community leaders
- Most at risk populations
- Program managers
- Girls
- Boys
- Out-of-school youth
- Religious leaders

Key Legislative Issues

- Addressing male norms and behaviors
- Other

Coverage Areas

Coast

Nairobi

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9173
Planned Funds: \$ 150,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6849), Counseling and Testing (#8747) and Palliative Care: Basic Health Care and Support (#6850).

2. ACTIVITY DESCRIPTION

CARE Kenya, in partnership with local and indigenous organizations in the Northeastern Province of Kenya, will reach 5,000 high-risk individuals with condom promotion and other prevention activities. 150 people will be trained to deliver interventions and three condom outlets will be established. Out of school youth, mobile populations including nomads in their migrant nature, business people, truck drivers, partners and clients of sex workers will be targeted with behavioral interventions to reduce their risk of HIV infection and transmission. STI treatment for persons infected with HIV will be strengthened amongst health service providers such as the Sisters Maternity Home. CARE will use innovative approaches of strengthening access to STI services by eliminating barriers such as access to treatment centers through provision of mobile outreach services. An important element in CARE Kenya's other prevention program is to develop a strong focus on Positive prevention by ensuring that specific activities are geared towards reducing the risk of HIV transmission by individuals with HIV. Such interventions would include extensive campaigns for knowing one's Serostatus, a need which can be met through the CT component of CARE's program. CARE will also comprehensively educate its target populations on the need for CT as well as seeking care and treatment early, with a view to lowering viral load and reducing the risk of infection. Other interventions will include behavioral interventions that would help individuals with HIV reduce behaviors that put others at risk. The primary implementing partner in this activity, CARE Kenya, was awarded a cooperative agreement with CDC in late FY 2004. CARE has many years of experience in Kenya. The purpose of this cooperative agreement is for CARE to build the capacity of local and indigenous organizations in the Northeastern Province of Kenya, and to provide sub-grants to local organizations in this area. The recent Kenya Demographic and Health Survey (KDHS) and other surveys have documented very low levels of HIV infection, under 1%, in this remote area of Kenya. Because of this low prevalence and the remoteness of this area of Kenya, to date there has been very little attention paid to the issues of HIV prevention and care in this part of Kenya. However, the road to Garissa, the provincial capital, has recently been improved and thus the population of this area is likely to become more exposed to HIV than in the past. Under this COP, we propose to have CARE support a limited number of sub-grantees and extend its support beyond Garissa town to other divisions in the district as well as to the neighboring Wajir district. Because this is a new intervention area, subgrantees and funding amounts are not available at the time of preparing this COP.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute towards the achievement of the Emergency Plan's prevention targets in the Condoms and Other prevention program area. It will reach 5,000 underserved at-risk people and train 150 people to provide condoms and other prevention services, including a special focus on Positive Prevention. Three condom outlets will be established.

4. LINKS TO OTHER ACTIVITIES

This activity links to other activities in CARE Kenya HVAB (#6849) CARE Kenya HVCT (#8747) and CARE Kenya HBHC (#6850). It will target strengthening the capacity of local organizations to identify and develop partnerships for referrals.

5. POPULATIONS BEING TARGETED

The activities implemented by CARE in this program area will work to prevent HIV infection among adult men and women and special populations including nomads and migrant populations in underserved nomadic settings and truck drivers. It will target strengthening supportive environments to safeguard the current low HIV prevalence rates. Other populations targeted include out-of-school youth, partners/clients of CSWs and HIV/AIDS affected families, including widows/widowers. CARE will target most-at risk populations including commercial sex workers and discordant couples. It will work with a variety of community leaders including business community especially in Garissa and Wajir towns and community, program, religious leaders and volunteers. Capacity building will target for civil society organizations and the groups rural communities they serve. CARE

will target working with public health care workers of varied cadre to improve access to health care, particularly STI screening and treatment.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The primary legislative issue addressed in this project is increasing gender equity in HIV/AIDS programs and addressing male norms and behaviors. It will also address reducing violence and coercion, especially among young Somali girls.

7. EMPHASIS AREAS

This activity includes an emphasis on local organization capacity development and quality assurance, supportive supervision and training. It will also focus on community mobilization and participation, human resources and the development of information, education and communication materials. The factors that increase project costs include the insecurity, distance between locations, severe lack of infrastructure, difficulty in recruiting and retaining qualified staff, and higher staff salaries to compensate for the hardship location. Project costs reflect the current lack of local capacity and need to provide training and other capacity building support to partners in the district.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	3	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	<input type="checkbox"/>

Target Populations:

Adults
Business community/private sector
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
HIV/AIDS-affected families
Truck drivers
Non-governmental organizations/private voluntary organizations
Program managers
Volunteers
Rural communities
Widows/widowers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Public health care workers

Key Legislative Issues

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

Coverage Areas

North Eastern

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Prisons Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9228
Planned Funds: \$ 205,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Abstinence and Be Faithful Programs (#6876), (#6943), Counseling and Testing (#6875), (#4255), Palliative Care: Basic Health Care Support (#6870).

2. ACTIVITY DESCRIPTION

This activity has two components, the first component will involve activities to promote correct and consistent use of condoms among the Non-Military Uniformed Service Personnel who are most at risk of HIV infection and who engage in high risk behaviors. Proper condom supply channels will be put in place to ensure availability in all the Uniformed Services camps, stations and parks country-wide. Regular monitoring of condom utilization will be done through a requirement for all units to file reports on both male and female condom use on monthly basis. The second component will involve activities focusing on young recruits entering the Uniformed Services, including the Kenya Prisons Service, National Youth Service, the Kenya Wildlife Service, Administration Police and the Kenya Police. These services recruit about 8,000 young men and women in the age group 18 to 24 years annually. Though this group is being targeted in the focused program referred to as "Men as Partners" (MAP) under the AB program area, an additional element will be introduced in the training institution to include those who may not be covered by this program and those who do not adhere to the intended behavior change of either abstaining or being faithful. 60 Uniformed Service personnel will be trained to carry out this activity. 5,000 members of the uniformed services will be reached through this activity, and 50 condom outlets will be established.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

OP activities within the Uniformed Services will contribute to the overall Emergency plan for FY 2006 prevention targets for Kenya. This activity contributes to Kenya's Five-Year Strategy emphasis of reducing the risk of HIV transmission among young people. The Uniformed Services will integrate their OP program with other sexually transmitted infection (STI) clinics and reproductive health clinics at the various Uniformed Services health facilities.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to CHF CT activity (#6875) targeting to serve uniformed services personnel, since all OP activities will at all times encourage routine counseling and testing among the Uniformed Services community. This OP activity is also linked to Uniformed Services KEMRI/USP AB activity (#6876) by partnering with other activities that promote prevention among the youth of the Uniformed Services community. Persons requiring HIV care and treatment will be served under the CHF HBHC activity (#6870).

5. POPULATION BEING TARGETED

The OP activities will reach the most at risk population by targeting the Uniformed Services personnel, discordant couples and prisoners. It will also reach the civilian population living and working in the Uniformed Services work places and also the host population living in the Uniformed Services neighborhood. Medical personnel working in these uniformed services will also be targeted for appropriate training. HIV/AIDS affected families PLWHAs will be a target on positive prevention.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address the issues of male norms and behaviors, as many (though not all) of the members of these uniformed services are young men. It will also challenge traditional male norms that have been identified as contributing to sexual coercion and multiple sexual partners. The USP OP program will also address stigma and discrimination that often is a significant obstacle to adopting behaviors that contribute to HIV prevention.

7. EMPHASIS AREAS

The major emphasis area for this activity will be on a workplace program for the Non-Military Uniformed Services. Training will also be an emphasis area to ensure that Uniformed Services personnel receive the STI/HIV prevention services this activity provides. Other emphasis areas will be information, education, and communication to promote behavior change. Supervision and quality assurance will be supported.

Continued Associated Activity Information

Activity ID: 5064
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: Uniformed Services Project
Funding Source: GHAI
Planned Funds: \$ 70,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	150	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	<input type="checkbox"/>

Target Populations:

Nurses
 Discordant couples
 HIV/AIDS-affected families
 Military personnel
 People living with HIV/AIDS
 Prisoners

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations High Commissioner for Refugees
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9235
Planned Funds: \$ 100,000.00

Activity Narrative: 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 25,000 high-risk individuals and train people to deliver these interventions at the Dadaab Refugee Camp in North Eastern Province, Kenya. 100 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 (Ifu, 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 work with its three implementing partners, GTZ, National Council of Churches of Kenya (NCCCK), 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 25,000 at risk individuals, including positive prevention among people with HIV. 150 people will be trained to deliver services. 100 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.

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	100	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
Program managers
Rural communities
Out-of-school youth
Religious leaders
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

North Eastern

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of Manitoba
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHA
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	19323
Planned Funds:	\$ 50,000.00
Activity Narrative:	This reprogramming action will provide bridge funding to the University of Manitoba to support preliminary activities for the new sex worker expanded project. These will include facilitating stakeholder and other planning meetings, surveys on population estimates, set up of office premises, advertising for staff recruitment and mapping activities. These activities are required to support the preparation of a rapid start up when FY08 funds become available in April 2008.

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area: \$ 23,244,297.00

Program Area Context:

Key Result 1: Provide a basic care package to 75,000 HIV+ individuals including safe water, nutritional support, and opportunistic infections medications

Key Result 2: Increase integration of programs providing prevention, care and treatment to PLWHA

Key Result 3: Expand community networks and develop new networks to care for PLWHA

Key Result 4: Establish legal support programs for more than 2,500 individuals to support inheritance planning and the right of widows to inherit property

CURRENT PROGRAM CONTEXT

Currently, an estimated 1,400,000 Kenyans are already infected with HIV, and approximately 100,000 new infections occur each year. All HIV-infected persons require HIV counseling and testing; however only 30% are identified annually (~420,000 in 2006). Each patient identified should receive at least one component of basic palliative care based upon their disease stage; 20% will require ART. Palliative care includes all clinic-based and home-/community based activities for HIV-infected persons encompassing 1) clinical and laboratory monitoring and disease management, 2) psychological, spiritual, and social support, 3) prevention information, and 4) end-of life care. In FY 2006 the anticipated number of individuals provided with USG-supported facility-based, community-based and/or home-based HIV-related palliative care is 315,000 (75%), increasing to over 360,000 in FY 2007.

In the last three years, palliative care services have been rapidly expanded throughout Kenya. As of March 2006, 230,000 persons were accessing USG-supported services at 387 sites, including non-ART HIV medical care at national referral hospitals, all 8 provincial hospitals, all 72 district hospitals, 64 mission and/or faith-based hospitals, over 70 health centers, and 13 private hospitals. USG agencies support a clinical care model focusing on patient support centers that offer a broad range of services, e.g., HIV testing, clinical monitoring, diagnosis and treatment of opportunistic infections (OI), links to support groups, and prevention of secondary transmission (Prevention with Positives). Community-based support complements these activities through nutritional supplementation, psychosocial support activities, loan programs and legal support.

NEW INITIATIVES

In FY 2007, two new initiatives will strengthen palliative care services through commodity procurement to expand the availability of essential care to PLWHA. We will utilize the successful basic care package pioneered in Uganda to reach 75,000 patients in 2007, expanding to 250,000 clients within three years. By utilizing this 'package' approach, USG anticipates reducing the commodity shortages experienced at primary care facilities and ensuring that patients receive cotrimoxazole, bednets (in malaria endemic areas), a safe water system (WaterGuard), vitamins, and condoms. Consumable items (condoms, WaterGuard, multivitamins) will be re-supplied on a continuing basis. Cotrimoxazole will be supplied through PSCMS and be distributed through patient support centers or dispensaries.

The second initiative involves utilization of a central organization for procurement and distribution of OI drugs to ensure reliable and uninterrupted supplies of these essential commodities to EP supported sites. The contractor will forecast, procure, store, and distribute a limited formulary of OI drugs for 110,000 patients.

REFERRALS AND LINKAGES

The key elements of the USG-funded palliative care program embrace the full spectrum of services providing integrated and comprehensive home and basic health care to PLWHA linked to comprehensive care centers (CCC), patients support centers, and rural dispensaries. Through training of trainers programs, health workers from primary care facilities receive comprehensive and integrated care instruction, and community-based health care workers train primary care givers at home to complement facility-based services.

At health facility sites, staff will receive integrated HIV care training following Ministry of Health curricula instructing them in the prevention, identification and management of OIs, clinical monitoring of HIV-infected adults, children, and infants, coupled with appropriate counseling and education. CCCs or MCHs in rural health facilities will manage and follow the infants and children of HIV-infected women. A case manager will manage referrals to and from the community. The community-based component will include treatment literacy, basic management of OIs, ART and TB treatment adherence, adequate nutrition, home hygiene and nursing skills, malaria prevention and treatment, family planning, and identification and referral of persons suspected to be infected with HIV and TB.

Formal linkages between health facilities and community-based activities will enhance effective care, follow-up, referral tracking, and monitoring of patient satisfaction. Both professional 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 Catholic Relief Service training curricula, to provide psychosocial support and adherence support for ART, TB, and clinic visits. This activity will mobilize and strengthen the organizational and institutional capacity of district-level institutions to integrate, plan, lead, monitor and evaluate home and community care support programs. Quality assurance and quality improvement for both facility and community interventions will be key in ensuring that standards of care are met. Care providers will be trained on the MOH Standard Operational Procedures.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Definitions of care have been defined in GOK policy documents but not enforced, primarily due to a lack of materials and drugs in lower-level health facilities. Secondly, fully equipped home-based care kits have been unavailable due to restrictions on drug procurement. The distribution of home-based kits and therapeutic nutrition supplements through civil society and government facilities will resolve these issues. Finally, success in palliative care depends on strong referral networks between communities and the government. To fortify these networks, Capable Partners and HPI will work with the Department of Children’s Services and the National AIDS Control Council to improve their databases and to nurture the relationship between these agencies.

In Kenya, MOH severely restricts the use of opioids for palliative care, including end-of-life care. Through Mildmay International, the USG teams will advocate for policy changes to broaden access to pain medication in ways that will increase the ability of providers to alleviate suffering while maintaining safeguards against medication abuse.

WORK OF HOST GOVERNMENT AND OTHER DONORS

Provision of home-based care and other social support for PLWHA through NGOs and CBOs is part of Kenya’s National AIDS Strategic Plan 2005-2010 and the National AIDS and STD Control Program Home-based Care Strategy for 2004-2008. There is an effort to standardize practice to meet national guidelines. Home-based care guidelines for Kenya were finalized in 2003 with significant technical and financial contributions by USG agencies that have been further involved in guideline dissemination and use in practice. DFID provides significant support for home-based care with an emphasis on Nyanza Province.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1,240
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	389,227
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4,000

Table 3.3.06: Activities by Funding Mechanism

Mechanism: FANTA
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6826
Planned Funds: \$ 570,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is linked to HBHC (#6902).

2. ACTIVITY DESCRIPTION

Kenya has strong human capacity in nutrition, with nutritionists posted to all provincial and district hospitals. Given the strong positive role nutrition can play in improving the care and quality of life of People Living with HIV/AIDS (PLWHA), The large number of nutritionists in Kenya offers an opportunity to significantly increase coverage and enhance the quality of care and support for PLWHA. However, many of these nutritionists lack substantial knowledge about nutrition and HIV/AIDS and about how to provide nutritional care to PLWHA as part of comprehensive services. Many health care systems also require strengthening in order to effectively provide PLWHA with comprehensive care that includes nutritional care and support. In FY 2005 and FY 2006 FANTA worked with the Kenya Ministry of Health's National AIDS and STD Control Program (NAS COP) to: develop and produce National Guidelines on Nutrition and HIV/AIDS, and counseling materials on nutrition and HIV/AIDS and disseminate them to over 30 health care facilities. FANTA also developed a national training manual on nutrition and HIV/AIDS for Comprehensive Care Centers (CCC) and trained over 60 health care providers from 36 health care facilities and NGOs and 6 training and policy institutions. FANTA also worked with the Kenya Medical Research Institute (KEMRI) to begin a targeted evaluation of the impacts of food supplementation on PLWHA. During FY 2007, FANTA will expand these activities to cover more hospitals and reach more PLWHA, strengthen NAS COP's national approach to nutritional care and support, improve integration of nutrition services in HIV/AIDS care and treatment facilities, bolster linkages between facility and community-based services, and strengthen the capacity of MCH health care personnel to provide comprehensive nutrition services to women and children in the context of HIV/AIDS. This activity has five components: (1) Expand training of CCC personnel on HIV/AIDS and nutrition to cover an additional 30 facilities, in addition to the 36 facilities covered in FY 2006. (2) Adapt the essential nutrition actions (ENA) tools and training manual to the Kenyan context of high HIV prevalence and conduct national-level training on ENA in the context of HIV/AIDS for nutritionists and other health staff (e.g. midwives, nurses, doctors) working in MCH clinics in 40 facilities. (3) Support NAS COP in establishing a multi-year strategy for integration of food and nutrition into HIV care and treatment and establishing monitoring and evaluation systems for food and nutrition components of the national HIV/AIDS response in 66 hospitals. (4) Strengthen nutrition counseling, targeted food assistance, patient flow, and information systems at CCCs participating in Food by Prescription to create 15 model CCC sites offering a comprehensive food and nutrition package. (5) Support NAS COP to strengthen linkages and referral systems between facility-based treatment services and community-based care and support services, and help incorporate nutrition components into PEPFAR-supported OVC programs in Kenya, including training of community-based service providers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

During FY 2007 FANTA will train 60 service providers from 30 hospitals in nutrition and HIV/AIDS, who will in turn provide nutritional services to 7,000 PLWHA. Essential nutrition actions tools and training will be provided to 60 service providers in 40 MCH facilities. These activities will improve the quality and effectiveness of ART services provided to 2,000 ART clients and to other women and children living with HIV/AIDS who pass through MCH service points. The NAS COP strategy for integration of food and nutrition into HIV care and treatment will strengthen policy and national program implementation, and the monitoring and evaluation systems will be implemented in at least 66 facilities. The fifteen model CCC sites with comprehensive packages of food and nutritional care will serve 4,000 PLWHA. Facility-community linkages and integration of nutrition components into OVC programs will reach 3,000 PLWHA and OVC and involve training of 120 community- and home-based care providers through 20 community-based service points. Accounting for overlap among beneficiaries of the above activities, the total number of PLWHA and OVC reached with services supported by these activities is 11,000. These numbers are in addition to the facilities and PLWHA who will continue to be reached in FY 2007 with counseling materials developed in FY 2006 and service provider training provided in FY 2006.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to the Nutrition and HIV/AIDS TBD (#6902).

5. POPULATIONS BEING TARGETED

FANTA targets individuals infected by HIV/AIDS, OVC, care givers, community members, host government workers, public and private health workers, and implementing organizations, including community-based and faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is strengthening the Wrap-Around approach for food. These activities strengthen linkages and integration between services that provide treatment and care to PLWHA and services that address their food and nutrition needs, contributing to improved response to treatment and better quality of life. The activities will improve the quality of services, increase the numbers of service delivery points, PLWHA and OVCs reached with nutrition services, and produce effective models for wrapping food and nutrition services around HIV/AIDS treatment and care services.

7. EMPHASIS AREAS

This activity has a number of areas of emphasis. The major area of emphasis is Food/Nutrition because all of the activities strengthen food and nutrition components of HIV/AIDS treatment and care. Minor areas of emphasis are Training, Development of Network/Linkages/Referral systems. FANTA will support linkages and referral systems between facility-based and community-based services and support systems. Another minor emphasis area is Strategic Information. FANTA will support NASCOP in establishing monitoring and evaluation systems for food and nutrition components, which will be used in 66 facilities.

Continued Associated Activity Information

Activity ID: 4066
USG Agency: U.S. Agency for International Development
Prime Partner: Academy for Educational Development
Mechanism: FANTA
Funding Source: GHAI
Planned Funds: \$ 400,000.00

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

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	240	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Traditional birth attendants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Doctors
Nurses
Traditional birth attendants

Key Legislative Issues

Food
Wrap Arouds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6827
Planned Funds: \$ 300,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This relates to Capable Partners activities in Other Prevention (#6830), OVC (#6831), AB (#6832) and CT (6829).

2. ACTIVITY DESCRIPTION

Capable Partners will support two agencies in Basic Health Care and Support. First, Handicap International will continue to support the Kitale AIDS Program, building on an effective existing program to provide a basic package of treatment services, including diagnosis and management of opportunistic infections. The program will continue to develop referral linkages to programs providing antiretroviral treatment primarily at 4 rural AIDS clinics. The nutrition demonstration project based at Kiminini Cottage hospital will be scaled up and linked to a home-based care project. 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. HI was originally going to train health workers in Kitale District Hospital in the management of AIDS but in 2006 AMPATH has taken over this role. HI is therefore focusing on strengthening the capacity of health workers in rural clinics providing ARVs (through AMPATH). Second, Nazareth Hospital will increase community-based support services to the PLWHAs already enlisted for support through the ART program and their families. Family-based caregivers drawn from the client's 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. There are currently 100 children on ARVs, 60 of whom are orphans. In FY 2007 Nazareth will develop a program for more comprehensive community based care for these children. The nutrition support program will also be scaled up from the existing 150 patients to 350.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2007 Handicap International proposes to train: 25 health workers in 4 rural AIDS clinics in the management of treatment for HIV/AIDS, 75 health facility staff will undergo HIV/AIDS sensitization and 25 health workers on 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, including multivitamins, and those who are malnourished will receive nutritional supplementation. In FY 2006 Nazareth increased the number of people living with HIV/AIDS on ART from 350 to more than 700. In FY 2007 over 2,000 PLWHAs will be receiving ART. In FY 2007, the 250 households with PLWHAs 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 (#6898).

5. POPULATIONS BEING TARGETED

The populations being targeted include Caregivers (of PLWHA and OVC) including public health workers, 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 papers in the country. At the moment little is being done to provide access to this category of people to services on HIV/AIDS, reproductive health and sexuality. Gender will also be addressed due to a rise in gender-based violence of which almost 90% are sexual in nature. Service providers will be on the look-out for victims of such violence and appropriate services will be offered to them promptly to avoid complications that may arise. In all the activities of the project equity will also be a key focus. Female youth, women in general and PWDs will be provided with more access to services and attention will also be given to them in order to bridge the gap between them and the other members of the society on matters related to the project objectives. The aim of this will be to provide these 'more at risk' segments of the population with adequate information for prevention purpose and also care and

support as access may have been compromised because of their condition. A final legislative area is a Wrap Around for Microfinance/Microcredit due to the establishment and equipping of 10 PLWHA support groups in the community for income generating activities.

7. EMPHASIS AREAS

The major area of emphasis is Local Organization Capacity Development with minor emphasis areas in Development of Network/Linkages/Referral Systems due to the linking of ART with community and development initiatives. Other minor emphasis in Linkages With Other Sectors and Initiatives (through prevention-based activities like VCT, Behavior Change Communication and community education), Community Mobilization/Participation and training.

Continued Associated Activity Information

Activity ID: 4214
USG Agency: U.S. Agency for International Development
Prime Partner: Academy for Educational Development
Mechanism: Capable Partners
Funding Source: GHAI
Planned Funds: \$ 225,000.00

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

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	13	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,350	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations
Disabled populations
Street youth
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Public health care workers

Key Legislative Issues

Gender
Stigma and discrimination
Increasing gender equity in HIV/AIDS programs
Reducing violence and coercion
Increasing women's access to income and productive resources
Microfinance/Microcredit

Coverage Areas

Rift Valley
Central

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Medical and Research Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6838
Planned Funds: \$ 150,000.00

Activity Narrative:**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) and PMTCT(#6837).

2. ACTIVITY DESCRIPTION

The African Medical Research Foundation (AMREF) will continue a successful HIV treatment program operating in 2 sites in Kibera, a very large informal settlement in Nairobi, Kenya, and expand activities to 2 additional area sites, providing a package of basic health services to 1400 people with HIV, including 200 children. AMREF will support staff salaries, training, laboratory evaluation, adherence counseling, and monitoring, provide drugs for prevention and treatment of opportunistic infections, and expand access to safe drinking water and malaria prevention interventions. Funding will include provision of HIV care. Patient care is managed by multidisciplinary teams, and care interventions are supported through extensive involvement of community health workers and peer educators, including many people who themselves have HIV/AIDS. The community health workers and peer educators work in both the clinics and communities to support adherence, provide counseling and education about nutrition and other key aspects of care, and assist with recognition of adverse drug reactions and early referral. AMREF staff 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. Provision of care for children including psychosocial support, and expansion of HIV prevention activities in care settings will be emphasized. The central AMREF laboratory will be strengthened to 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 2006, the program was providing palliative care services to more than 622 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

These activities will contribute to the results of expansion of palliative care services for people with HIV, strengthened human resource capacity to deliver palliative care services for HIV, and a strengthened referral network for HIV care.

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 (#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 are the HIV-infected Kibera adult and pediatric 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. 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.

Continued Associated Activity Information

Activity ID: 4817
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: African Medical and Research Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 116,667.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,400	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 HIV positive pregnant women
 Laboratory workers
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6850
Planned Funds: \$ 0.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in ARV Services (#9888), PMTCT (#6851), ARV Services (#8805), and Palliative Care (#8867).

2. ACTIVITY DESCRIPTION

CARE Kenya will support 4 hospitals in North Eastern Province (Garissa Provincial, Ijara, Wajir and Madera District Hospitals) to provide palliative care services to 700 individuals with HIV including 70 children. The activities will also include training of 50 individuals in the provision of HIV-related palliative care services, refer them to care and treatment, and conduct community-based activities in support of care and treatment. At each site CARE Kenya will provide technical assistance, equipment and supplies, laboratory services, provide drugs for opportunistic infections, and expand access to safe water. In addition, this activity provides support groups linked to each facility, additional community-based services, and the identification of and training for community-based organizations. Activities directed towards the delivery of ARV services will be conducted in close collaboration with the Provincial ART Officer for North Eastern Province.

CARE has many years of experience in Kenya, including implementation of prevention of mother to child transmission programs and capacity building for local organizations. In FY 2005 CARE Kenya had attempted to support local organizations to provide palliative care services; this was unsuccessful due to the paucity of local organizations capable of performing these tasks, and FY 2006 care funds were reprogrammed to the Kenya Medical Research Institute. However, subsequently in FY 2006 CARE Kenya changed its approach and identified local staff to perform technical assistance and supportive assistance to directly assist the health facilities in the provision of care. North Eastern Province has low population density and very low rates of HIV when compared to other areas of Kenya, but is home to vulnerable mobile populations. While the bulk of programming in this province focuses on prevention, it is critical to have palliative care services available. Providing care, even when the need is relatively small, will facilitate prevention efforts such as testing, in that there will be services available for the small number of people who are found to be HIV-positive. By July 2006, this collaboration was supporting care at 4 district hospitals for more than 300 patients including 30 children.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of palliative care services for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver palliative care services, and a strengthened referral network for provision of palliative care and ART.

4. LINKS TO OTHER ACTIVITIES

CARE'S non-ART activities in North Eastern Province link closely to prevention activities supported by CARE International (#6851), and to coordination of ARV scale up supported through the National AIDS and STD Control Program (#7004) and APHIA II TBD (#8805).

5. POPULATIONS BEING TARGETED

The targeted populations by these activities include health care workers, people living with HIV/AIDS especially HIV positive pregnant women and children (6 - 14 years) and the general population. The nomadic population currently has relatively low rates of HIV; however, our experience has shown that care and treatment linkages are key to the success of prevention programs, and therefore a key to keeping the HIV rates low.

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 the areas of commodity procurement (for example for drugs for opportunistic infections, lab reagents and other supplies), community mobilization, local organization capacity development, human resources (salaries for health care workers at the clinics), training, and quality assurance and supportive supervision.

Continued Associated Activity Information

Activity ID: 4180
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: CARE International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations
 Doctors
 Nurses
 Mobile populations
 People living with HIV/AIDS
 HIV positive pregnant women
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North Eastern

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6855
Planned Funds: \$ 250,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in ART Services (#6853, #6854, #6945) and TB/HIV (#8843).

2. ACTIVITY DESCRIPTION

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 2006, approximately 20,000 patients were receiving palliative care services as a result of Track 1 funding awarded to this partner and more than 1000 additional patients had care services as a result of supplemental funding awarded late in FY 2005.

In FY 2007 the Catholic Relief Services (CRS) Consortium will expand services currently supported both by Track 1 funds and in country funds to support palliative care for 30,000 patients (including more than 2000 children) at 24 service delivery sites throughout Kenya. There will be 75 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 palliative care services for clinically qualified HIV-positive patients, strengthen human resource capacity to deliver HIV care, and a strengthen referral network for provision of these services.

4. LINKS TO OTHER ACTIVITIES

These activities link to ARV treatment (#6853, #6854) 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. For example, in Kisumu, St. Monica's Hospital is being integrated into the network center at the KEMRI-supported Nyanza Provincial Hospital.

5. POPULATIONS BEING TARGETED

These activities target people living with HIV/AIDS. Care services for children with HIV are being established or expanded at all sites. The ability to diagnose and provide care for very young children is 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).

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.

Continued Associated Activity Information

Activity ID:	4924
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 190,000.00

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

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	24	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	30,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	75	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central
Coast
Eastern
Nairobi
Nyanza

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Lea Toto
Prime Partner: Children of God Relief Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6863
Planned Funds: \$ 150,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

The COGRI Lea Toto Home Based Care activities will relate to HIV/AIDS treatment services (#6862), counseling and testing (#6860), and orphans and vulnerable children (#6861).

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 implement programs in selected slums in Nairobi in Kangemi, Kariobangi, Kibera, Kawangware. In FY 2007, Children of God Relief Institute/Lea Toto Project will provide high quality facility and home based care and other support services to 12,000 family members and 4,200 children. In addition, 800 care givers will be trained in home based care services.

The facility-based activities will include strengthening of facilities that are already serving as network referral centers for pediatric HIV care, payment of 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.

In the community, the Lea Toto Project will work with trained community workers at the activity sites and provide or facilitate access to a range of services for families and OVC caregivers. It is anticipated that these services will include training around OVC support; anti-retroviral treatment education; vocational and micro-business training for family income support and psycho-social support, including succession planning. Other program activities include nutritional support, micro-finance and empowering of caregivers through the self help groups. Group therapy sessions will include life skills training, disclosure meetings, support group meetings and follow up counseling sessions. Life skills training sessions which are held with adults and children aged between 7 and 16 years address issues related to drug adherence basic hygiene and nutrition. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling and other support services for HIV+ children and their families.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy by increasing the number of people receiving HIV/AIDS care and support. Specifically, 12,000 family members and 4,200 children will be provided with HIV-related palliative care, 800 trained to provide palliative care and 6 service outlets will provide care. This activity will contribute to increasing the number of HIV positive children receiving medical care, and accounts for 2% of all persons in care for this program area.

4. LINKS TO OTHER ACTIVITIES

The COGRI Lea Toto Home Based Care activities will relate to HIV/AIDS treatment services (#6862), counseling and testing (#6860), and orphans and vulnerable children (#6861). As vulnerable children are identified, they will go through counseling and testing and will be enrolled as appropriate to care and treatment activities.

5. POPULATIONS BEING TARGETED

This activity will target people affected by HIV/AIDS including Caregivers, HIV positive infants and children, OVCs and PLWHAs. The activity will also target community and religious leaders as well as community volunteers. 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. 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 and carry out activities to meet these needs. Minor emphasis will be in training of care providers and providing IEC in Life Skills Training.

Continued Associated Activity Information

Activity ID: 5105
USG Agency: U.S. Agency for International Development
Prime Partner: Children of God Relief Institute
Mechanism: Lea Toto
Funding Source: GHAI
Planned Funds: \$ 190,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	800	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
Girls
Boys
Primary school students
Secondary school students
Caregivers (of OVC and PLWHAs)
Religious leaders
Other Health Care Worker
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
Gender
Increasing women's access to income and productive resources
Microfinance/Microcredit

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6868
Planned Funds: \$ 2,250,000.00

Activity 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 increase and strengthen its support from 8 to 12 sites in Central Province in the provision of palliative care services. These activities will support palliative care services to 20,000 patients with HIV, including 1000 children. CU-ICAP will establish/enhance care and treatment networks centered at the provincial hospital and larger district hospitals in Central Province and 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 continue to work closely with the Provincial ART Officer for Central Province, for example 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 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 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 ARV services (#6866, #6867) 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 (NAS COP). Palliative care services will also link to PMTCT services (#7016) 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 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.

Continued Associated Activity Information

Activity ID: 4922
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	60	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)
 Laboratory workers
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6870
Planned Funds: \$ 515,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in ARV Services (#6869), Counseling and Testing (#6875), TB/HIV (#6871) and PMTCT (#6949).

2. ACTIVITY DESCRIPTION

Cooperative Housing Foundation (CHF) will build organizational capacity and provide sub grants to NGOs, FBOs, and CBOs, resulting in the provision of palliative care services for 14,000 people (including 2000 children) in 25 facilities and programs; in addition to training 300 individuals to provide HIV-related palliative care services. The key activities of the primary partner will be to develop capacity of local organizations and provide supportive supervision. Funds granted through CHF to sub partners will be used to provide a standard package of palliative care services, including support for health care worker salaries in accordance with Emergency Plan guidance, training, infrastructure improvement, community mobilization activities, support for laboratory evaluation, prevention and treatment of opportunistic infections, and expanded access to safe water and malaria prevention interventions. This activity will expand existing programs, add new sub partners, and continue to place emphasis on providing services for children. The primary implementing partner in this activity, CHF, has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations.

By March 2006, CHF was supporting 4 organizations, whose combined activities were providing palliative care services for more than 2500 individuals with HIV. Capacity building activities have included both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific ability to implement care programs).

This activity includes support to the following sub-recipients for activities integral to the program:

Merlin \$130,000

AID Village Infectious Disease Clinics \$20,000;

Christian Missionary Fellowship \$30,000;

Nomadic Communities Trust \$40,000;

Community of St. Egidio \$30,000;

VIHDA \$20,000;

Kenyan Palliative Care Association \$30,000

Services supported by the various sub-partners vary widely. For example, AID Village Infectious Diseases and Christian Missionary Fellowship both support services for rural, primarily Masaai populations, the Hospice Association provides end of life pain management and care for people with HIV/AIDS and HIV associated cancers, Community of St. Egidio serves very remote populations and Vihda provides services that specifically target children.

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 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 CHF's activities is to support development of linkages between the organizations they support to implement a variety of HIV prevention and treatment activities. For example, linkages that have been established during capacity building trainings have led to improved referrals/linkages of patients from VCT - Nyarami, a sub partner of CHF (#6875), Palliative care: TB/HIV (#6871), ARV services (#6869), and PMTCT (#6949).

5. POPULATIONS BEING TARGETED

The primary target populations are people with HIV, including HIV-infected children. Some sub-partners reach remote populations who are otherwise unable to access care services, for example, the Maasai populations served by AID Village Infectious Diseases and Christian Missionary Fellowship. The activity will also target to work with 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 (the last 5 through sub-grants).

Continued Associated Activity Information

Activity ID: 4165
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Community Housing Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 400,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	14,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern
Nyanza
Rift Valley
Central

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Eastern Deanery AIDS Relief Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6878
Planned Funds: \$ 250,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in TB/HIV (#6879), ARV services (#6880), Counseling and Testing Services (#6881) and PMTCT (#8654).

2. ACTIVITY DESCRIPTION

The Eastern Deanery AIDS Relief Program (EDARP) will expand services at 10 sites in the Eastleigh slums of Nairobi to provide palliative care to 10,500 people with HIV, including approximately 1,500 children. Funds will also be used to provide training in palliative care services 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 palliative care services including laboratory evaluation, adherence counseling and monitoring, drugs for prevention and treatment of opportunistic infections, improved access to safe drinking water, and end-of-life care. The program also includes a very strong component of community-based support for treatment adherence, infrastructure improvement (renovations at the facilities), and the production and distribution of patient informational materials. For pediatric expansion, EDARP is addressing important issues related to optimizing pediatric care, e.g. EDARP staff are implementing programs designed to support adherence to treatment for children of all ages and are developing policies and best practices related to difficult issues such as disclosure of HIV status to children. 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. EDARP was established in 1993 in response to the HIV pandemic affecting the people living in the Eastlands area of Nairobi. A network of community health workers and clinical sites has been established, and now provides a variety of HIV prevention and treatment services to 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. By April 2006, EDARP was providing palliative care services to more than 6185 people, including more than 300 children.

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 HIV care services, and a strengthened referral network to provide these services.

4. LINKS TO OTHER ACTIVITIES

This activity links to other EDARP-supported activities, such as ARV services (#6880), TB/HIV (#6879), PMTCT (#8654), and Counseling and Testing (#6881). The services are implemented in collaboration with the ART officer of Nairobi Province and are linked to the network center at Kenyatta National Referral Hospital, currently supported by University of Nairobi.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) living with HIV/AIDS. Treatment services for diagnosis and care of very young children will continue 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.

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, information, education, and communication, human resources, quality assurance, quality improvement, and supportive supervision, training, and strategic information.

Continued Associated Activity Information

Activity ID: 4128
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Eastern Deanery AIDS Relief Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 190,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,500	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 HIV positive pregnant women
 Laboratory workers
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Indiana University School of Medicine
USG Agency:
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6901
Planned Funds: \$ 400,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8758), 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 Moi University School of Medicine, Moi Teaching and Referral Hospital, Indiana University School of Medicine and other US academic medical centers. By end of July 2006, AMPATH had opened 18 HIV/AIDS care clinics and screening programs at Moi Teaching and Referral Hospital, four district hospitals (Webuye, Teso, Kapenguria, and Kitale), and seven rural health centers (Mosoriot, Turbo, Burnt Forest, Amukura, Chulaimbo, Naitiri, and Mount Elgon). Moi University Faculty of Health Sciences (MUFHS) is one of two schools of medicine, nursing and public health in Kenya, now providing medical and health education to 670 students. Indiana University School of Medicine (IUSM) has collaborated with MUFHS since MUFHS' inception in 1990. IUSM has supported a team of faculty members on-site in Eldoret for the last sixteen years. AMPATH encompasses a balance of HIV prevention and treatment within a framework of education, research, and clinical service to ensure its relevance and sustainability in Kenya. The program is directed by the Dean of MUFHS and the Director of MTRH, and the institutions cooperate closely in the implementation of the program. In COP 2007, supported activities will include: strengthening of the regional referral center (Moi Teaching and Referral Hospital) to serve as a referral center for HIV/AIDS care, including strengthening of laboratory capacity and management of complicated medical cases, and establishment of quality and best practice standards for HIV care. 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 18 AMPATT care and treatment sites.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By September 30, 2008, this activity will provide treatment to more than 50,000 patients, thus contributing to 20% of the USG targets for this program area. This activity will support the expansion of palliative care services to 18 service outlets and the training of 800 individuals in the provision of HIV-related palliative care services.

4. LINKS TO OTHER ACTIVITIES

These activities support and link to the network center at Moi Teaching and Referral Hospital, and link to other services such as TB/HIV (#6900), PMTCT (#6898), CT (#8758) and ARV 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 people affected by HIV/AIDS such as people living with HIV/ AIDS, HIV positive pregnant women and their families. Other populations targeted are health workers who will benefit from training in order to enhance service provision.

6. KEY LEGISLATIVE ISSUES

The main legislative issues addressed in this activity are 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.

Continued Associated Activity Information

Activity ID: 5103
USG Agency: U.S. Agency for International Development
Prime Partner: Indiana University School of Medicine
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 500,000.00

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

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	18	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	50,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	800	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 HIV positive pregnant women
 Laboratory workers
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

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

Coverage Areas

Rift Valley
 Western
 Nyanza

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6909
Planned Funds: \$ 100,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6914), 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 300 HIV-infected individuals, including 50 children at 4 sites in Kakuma, Lokichogio and Lodwar in Turkana District, Rift Valley Province, targeting both refugees and the local population.

Turkana District, the largest district of Kenya, 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 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 people with HIV at health centers within the refugee camps to provide treatment for refugees and will build on existing collaborative relationships with health facilities supported by Africa Inland Church to provide treatment for the local population. IRC will expand care programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation, and providing adherence counseling and monitoring.

IRC has been implementing an HIV/AIDS prevention program and outreach to hard-to-reach populations and rural communities in this area since September 2001. They are uniquely suited to provide care in refugee situations and remote areas and will build on very substantial existing medical capacity in the camps. They have a strong relationship with the local mission hospital, relying on the hospital for operating theatres, OB/GYN care, and other services, and are already collaborating with the mission hospital to build capacity related to provision of basic health services for people with HIV. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps.

A significant change from FY 2006 to FY 2007 for this activity include expansion of sites and number of people reached, increase emphasis on provision of care for the local community at the Kakuma Mission Hospital and Lodwar District Hospital and increased emphasis on provision of care for children.

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 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 local Turkana. Although the prevalence of HIV is lower in the refugee populations, HIV infection is now the leading cause of adult death in this group. IRC is mindful of concerns related to continuation of care in the event of repatriation and has the appropriate collaborations in place to 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.

Continued Associated Activity Information

Activity ID: 4148
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Rescue Committee
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 62,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	300	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Most at risk populations
Mobile populations
Refugees/internally displaced persons
People living with HIV/AIDS
HIV positive pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North Eastern

Table 3.3.06: Activities by Funding Mechanism

Mechanism: South Rift Valley
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6922
Planned Funds: \$ 860,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6973), Palliative Care: TB/HIV (#6975), Orphans and Vulnerable Children (#6982) and Orphans and Vulnerable Children(#7035).

2. ACTIVITY DESCRIPTION

The South Rift Valley basic health care and support program is a broad initiative by the Walter Reed/KEMRI HIV project in collaboration with Ministry of Health (MOH) district hospitals, two mission and two private tea estate hospitals, and a local community based organization within the South Rift Valley Province of Kenya.

The South Rift Valley has a population of approximately 2.5 million people in 6 districts within the Rift Valley Province, with a HIV prevalence ranging from 5% to as high as 19% in some congregated settings. In FY 2006, the South Rift Valley program was providing medical care and treatment to 10,471 HIV infected patients, with 5,195 patients on care (not qualifying for ART). In FY 2007, the program will increase the number of patients to 25,450 by the end of March 2008, increasing the total number of patients on care and support to 14,900.

To ensure a sustainable and quality based program this activity will continue to work with the MOH and the National AIDS/STI Control Program (NAS COP) in offering palliative care services. In FY 2007, concerted efforts will continue to support continued quality clinical care for HIV infected patients, routine patient follow-up, laboratory monitoring, prevention and treatment of opportunistic infections (OIs), nutritional support, and increasing treatment literacy and drug adherence.

In order to enable the overcrowded facilities cope with an increasing number of patients being registered at the clinical sites efforts will continue in the area of decentralizing ART care and treatment services, in accordance with the network model, which seeks to build the capacity for rural health centers to provide quality basic health care and support to HIV+ individuals. In FY 2007, this model will be further strengthened and expanded to support 75 additional rural facilities throughout the six districts in the provision of palliative care and support. By doing so, over 40% of the current patients seeking care and support will be able to access services in nearby rural facilities.

As of July 1, 2006, the South Rift Valley program was providing treatment to 1106 children, of whom 758 were on palliative care. In FY 2007 the program will focus on improving pediatric diagnosis to be able to recognize 3000 HIV positive children below 14 years of age, among whom 1,845 will be on palliative care. The South Rift Valley palliative care program will seek to support pediatric diagnostic, care and treatment programs throughout the region.

In FY 2007, the South Rift Valley basic health care and support program will also support Live with Hope Center (LWHC) in their community home based care program which has been receiving Emergency Plan funds since FY 2004. In FY 2007, the program will continue to serve and care for over 1,000 individuals in their homes in the provision of 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 5-year strategy of providing basic health care and support to 250,000 clients, by providing services to 14,900 individuals (6% of the overall FY 2007 Emergency Plan national target). The collaboration with MOH, other GOK offices and major stakeholders ensures these services are sustainable, the goal of the collaborative efforts being provision of quality care.

4. LINKS TO OTHER ACTIVITIES

This activity is linked directly to the other KEMRI-South Rift Valley HIV/AIDS program initiatives in six districts located within the Rift Valley. It is directly related to KEMRI-South Rift ARV services (#6973) in the identification and provision of palliative care for those who do not qualify for ARVs and are enrolled in the program. It is also linked to orphans and vulnerable children (OVC) programs of LWHC (#6982) and Samoei Community Response to OVC (#7035) in Kericho District to ensure that those HIV+ children in palliative care that require additional support are adequately linked to receive additional

care and support beyond basic health care and support.

5. POPULATION BEING TARGETED

The KEMRI-South Rift Valley basic health care and support program will target primarily those people affected by HIV/AIDS including caregivers as well as children since the main objective of the program is to provide supplemental care to existing medical treatment. Also this activity will work collaboratively with host government workers specifically the NASCOP staff at a district level in the implementation of the program locally. Training efforts will be concentrated on health care workers both in public and private institutions throughout the South Rift Valley. 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 palliative care and support. Traditionally, women are more receptive to the service but efforts will be made through a strong peer support network to encourage men to access services as well. Many of the palliative care and support programs actively use counselors to address male norms and behaviors as well that may contribute to the spread of HIV. This is most pertinent to this program area when it comes to issues of disclosure and discordance among partners. A lot of issues of reducing stigma and discrimination are also addressed by the delivery of services at the community level especially through the efforts of decentralizing services at the district level to local areas through the network model.

7. EMPHASIS AREAS

Major emphasis for this program activity is in human resources especially in the development of capacity and sustainability for these activities in basic health care and support at the local level. Other contributing areas are in the activities of community mobilization, Development of Network/Linkages/Referral Systems, food/nutrition and infrastructure.

Continued Associated Activity Information

Activity ID:	4106
USG Agency:	Department of Defense
Prime Partner:	James Finlay (K) Ltd.
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 20,000.00
Activity ID:	4110
USG Agency:	Department of Defense
Prime Partner:	Kericho District Hospital, Kenya
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 95,000.00
Activity ID:	4123
USG Agency:	Department of Defense
Prime Partner:	Africa Inland Church Litein Hospital
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 60,000.00

Activity ID: 4244
USG Agency: Department of Defense
Prime Partner: Tenwek Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 40,000.00

Activity ID: 4325
USG Agency: Department of Defense
Prime Partner: Longisa District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 30,000.00

Activity ID: 4329
USG Agency: Department of Defense
Prime Partner: Kapkatet District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 32,500.00

Activity ID: 4333
USG Agency: Department of Defense
Prime Partner: Nandi Hills District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Activity ID: 4335
USG Agency: Department of Defense
Prime Partner: Kilgoris District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 60,000.00

Activity ID: 4337
USG Agency: Department of Defense
Prime Partner: Kapsabet District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 75,000.00

Activity ID: 4889
USG Agency: Department of Defense
Prime Partner: Unilever Tea Kenya
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 20,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	75	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	14,900	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	114	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Faith-based organizations
 Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 National AIDS control program staff
 Orphans and vulnerable children
 People living with HIV/AIDS
 Rural communities
 Caregivers (of OVC and PLWHAs)
 Laboratory workers
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Other Health Care Workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Addressing male norms and behaviors

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6942
Planned Funds: \$ 900,000.00

Activity Narrative: This will be an expansion of COP 07 activities. 1. LIST OF RELATED ACTIVITIES
This activity relates to activities in ARV Services (#6945), Counseling and Testing (#6941), TB/HIV (#6944), and PMTCT (#6949). Kenya Medical Research Institute (KEMRI) will expand ongoing activities at more than 50 sites mainly in Nyanza but also in Eastern, North Eastern Provinces and Kilifi district. These expanded activities include support for provision of facility based palliative care services for 56,000 people with HIV, including 3000 children, and support for training for 650 health care workers. Laboratory and clinical network centers will be supported at New Nyanza Provincial Hospital and Kilifi District Hospitals. Support for N. Eastern and Eastern Provinces will transition to Care International and TBD partner, respectively. 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.

2. ACTIVITY DESCRIPTION

Kenya Medical Research Institute (KEMRI) will expand ongoing activities at more than 50 sites mainly in Nyanza but also in Eastern, North Eastern Provinces and Kilifi district. These expanded activities include support for provision of facility based palliative care services for 50,000 people with HIV, including 3000 children, and support for training for 650 health care workers. Laboratory and clinical network centers will be supported at New Nyanza Provincial Hospital and Kilifi District Hospitals. Support for N. Eastern and Eastern Provinces will transition to Care International and TBD partner, respectively. 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, 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 ART 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. Significant changes from FY 2006 to FY 2007 for this activity include decentralization of services, transitioning to new USG partners in Central, North Eastern, and Eastern Provinces, and increased emphasis on: provision of care for children, strengthening linkages with related programs, greater involvement of PLWAs and prevention with positives. In FY 2007, KEMRI will initiate support for 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.

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 2006, this collaboration was supporting care at more than 70 facilities and was supporting palliative care services for more than 40,000 patients.

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 (#6945) 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 Cooperative Housing Foundation in Nyanza Province. They also tie into well-established referral linkages with local VCT (#6941) and PMTCT (#6949) programs. Practical training supported by KEMRI is linked directly to classroom training supported by Mildmay International (#6992). The population level impact of the supported services is being evaluated through SI activities (#6946) conducted by KEMRI. KEMRI activity support in Central and Eastern Provinces will gradually be replaced by support from Columbia University (#6868) and TBD partner (#7043).

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% compared to 7% nationally). 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 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, and quality assurance and supportive supervision, training, and strategic information.

Continued Associated Activity Information

Activity ID:	4088
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Kenya Medical Research Institute
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 425,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target

Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients

Target Value

Not Applicable

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)

50

Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)

56,000

Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

650

Target Populations:

Doctors

Nurses

Pharmacists

People living with HIV/AIDS

HIV positive pregnant women

Laboratory workers

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nyanza

Central

Eastern

Coast

North Eastern

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Uniformed Services Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6956
Planned Funds: \$ 150,000.00

Activity Narrative:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV Services (#6954), Counseling and Testing (#6950), TB/HIV(#6951), and PMTCT (#6953).

2. ACTIVITY DESCRIPTION

The Kenya Medical Research Institute (KEMRI) in collaboration with the Kenya Uniformed Services Program (USP), comprising the National Youth Service (NYS), Kenya Wildlife Services (KWS), Kenya Prison Services (KPS), Administration Police (AP) and Kenya Police Department (KPD), will provide basic health care and support to over 1000 HIV-positive service personnel, their dependents, prisoners and surrounding communities at 8 health centers in Nairobi, Coast, Nyanza, and Rift Valley Provinces, Additionally, 30 individuals will receive training in the provision of HIV care services. Activities will focus upon improving the quality of life of Kenya Uniformed Service personnel, their families, prisoners and surrounding communities infected with HIV and needing care. At these sites, KEMRI will provide technical assistance, equipment and supplies and infrastructure improvement. In addition, KEMRI 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 and the local populations. Referral systems and networking will be developed to ensure care. The Kenya USP will manage data on people served and will report both nationally and through Emergency plan. Over the last three years, USP, in partnership with CDC, has been encouraging VCT testing among uniformed personnel to identify those requiring HIV care. Over 20,000 people are targeted to receive VCT services in 2007/2008, with an anticipated 600 (3%) HIV infected individuals to be offered care services. The USP medical services are limited and can only provide palliative care within the catchment areas of the above health centers. An appropriate referral system will be developed to Ministry of Health or other approved health facilities for the rest of the HIV infected people identified. 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 (#6950), PMTCT (#6953), ARV services (#6954) and Palliative Care: TB/HIV (#6951).

5. POPULATIONS BEING TARGETED

The target populations for this activity are HIV-infected prisoners, Uniformed Services 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.

Continued Associated Activity Information

Activity ID:	5110
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Kenya Medical Research Institute
Mechanism:	Uniformed Services Project
Funding Source:	GHAI
Planned Funds:	\$ 100,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 Most at risk populations
 People living with HIV/AIDS
 Prisoners
 Laboratory workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Coast
 Nairobi
 Nyanza
 Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6960
Planned Funds: \$ 150,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in counseling and testing (#6957), Prevention of Mother-to-Child Transmission(#6959), ARV Services (#6958) and Palliative Care: TB/HIV (#6961).

2. ACTIVITY DESCRIPTION

The Kenyan Department of Defense (KDOD) will provide basic health care and support to over 2,000 HIV-positive military personnel, their dependents and civilian population residing in near the military barracks at 8 KDOD medical facilities. In FY 2007, 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. Palliative care activities will include the provision of clinical care to HIV infected individuals who are not yet eligible for antiretroviral therapy or do not have access to antiretroviral therapy. In FY 2007, this activity plans to expand from one primary site this year to 8 additional centers. These 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. 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 1350 have been registered in an HIV comprehensive care clinic. As per end of August 2006, 850 people were on antiretroviral therapy, and the remaining 500 were receiving basic health care and support. FY 2007 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 for over 2000 patients as described, the KDOD basic health care and support program will contribute to the overall number of people under care in Kenya. 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), ARV services (#6958), and TB/HIV services (#6961). Through the KDOD PMTCT program (#6959) 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. New treatment sites will increase coverage and access to all these targeted populations. Health care providers will also be targeted by increased ARV training, thus increasing the amount of clients able to be served 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 are clinics.

Continued Associated Activity Information

Activity ID: 4252
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: Kenya Department of Defense
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,027	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- Pharmacists
- HIV/AIDS-affected families
- Military personnel
- Orphans and vulnerable children
- People living with HIV/AIDS
- Caregivers (of OVC and PLWHAs)
- Laboratory workers
- Other Health Care Worker
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: FAHIDA
Prime Partner: Kenya Rural Enterprise Program
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6972
Planned Funds: \$ 650,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This Activity is related to HBHC APHIA II Western TBD (#8931).

2. ACTIVITY DESCRIPTION

This activity seeks to mitigate the adverse socio-economic consequences of the 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, 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.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy and result in 650 new borrowers who are infected or affected by HIV/AIDS. Supporting their income generating activities will directly improve their standard of living and health condition. Currently the program covers five districts in western province with target groups of people living with AIDS (PLWHAs) in the communities including Commercial Sex Workers (CSWs). This will contribute to behavioral change, improve living standards, provide better planning and organizational abilities for income generating activities (IGAs) productivity through the training provided to them by the project. There will be reduced stigmatization against HIV/AIDS infected and affected persons reduced where non-infected recognize the infected persons doing better economically and socially.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to other palliative care activities that will be implemented by the APHIA II Western TBD (#8931). 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.

Continued Associated Activity Information

Activity ID: 5080
USG Agency: U.S. Agency for International Development
Prime Partner: Kenya Rural Enterprise Program

Mechanism: FAHIDA
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	650	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

- Commercial sex workers
- Community-based organizations
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Professional Associations

Key Legislative Issues

- Stigma and discrimination
- Microfinance/Microcredit

Coverage Areas

- Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Liverpool VCT and Care
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6984
Planned Funds: \$ 200,000.00

Activity Narrative:**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 8,000 people with HIV, including 800 children at 8 sites in Nairobi, and Nyanza 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 TBD 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 2006 to FY 2007 include geographic consolidation of activities, expanded support for coordination activities, and an increased emphasis on support for treatment of children 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 (#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 TBD in Eastern (#8983).

5. POPULATIONS BEING TARGETED

The primary target group for these activities is people living with HIV/AIDS, including HIV positive children (6 - 14 years). LVCT activities serve 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.

Continued Associated Activity Information

Activity ID: 4177
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Liverpool VCT and Care

Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	80	<input type="checkbox"/>

Target Populations:

Disabled populations
 Doctors
 Nurses
 Pharmacists
 Men who have sex with men
 People living with HIV/AIDS
 Laboratory workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern

Nairobi

Nyanza

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mildmay International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6992
Planned Funds: \$ 700,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HBHC: Basic Care Package TBD (#8849), HBHC (#8936), HBHC (#8928) and HBHC (#8931).

2. ACTIVITY DESCRIPTION

Over 2 million Kenyans are thought to be living with HIV/AIDS. The HIV/AIDS epidemic has increased the number and percentage of people seeking health services and increased the cost of health care. This is demonstrated by the overwhelming demand for health care services with bed occupancy rates for patients with HIV/AIDS ranging from 50–75%. The KNSP 2005-2010 has identified the need for comprehensive Home Based Care (HBC) and Palliative care as key strategies required to respond to this need.

Over the past three years Mildmay has provided technical assistance to enable MTC Kisumu to develop tailor made courses on HBC. The courses include short courses for divisional level services providers, for District Health Management Teams (DHMTs) and a diploma validated by MTC Nairobi to train District Home Based Care co-ordinators. Mildmay has also provided MTC Kisumu with technical assistance to develop a Business Unit. The Business Unit is now running courses on HBC relatively independently and is starting to market these courses to the Ministry of Health and other agencies such as World Vision. In FY 2007 Mildmay plans to support further institutional strengthening by working with MTCs in Kakamega, Thika and Nairobi to enable them to also offer these types of courses. Over the three year program Mildmay will focus on further institutional capacity development for MTCs across the country. There are 22 MTCs in Kenya and they provide training for 80% of health professionals in the country. The first stage of the program will focus on four MTCs with the aim of reaching half of the MTCs in Kenya by the end of the program.

Institutional Capacity Building

In order to ensure that MTCs can provide sustainable quality training, places will be offered on the Mildmay Degree course (validated by Manchester University) to MTC tutors and their counter parts in the PHMTs. The Mildmay Degree was developed in Kenya and has been specifically designed to strengthen institutional capacity within the health and medical education systems in relation to HIV/AIDS care training and service development. A total of 86 participants from Kenya have completed the first part of this program (level two) graduating with a diploma in HIV/AIDS care. Of these, 20 were from MTCs. Mildmay is now able to offer the next stage of this program (level three) which enables participants to graduate with a degree. The level three training prepares participants for leadership roles in relation to education and service development on HIV/AIDS care.

The course is run jointly with Mildmay Uganda, with half of the modules held in Kenya and half in Uganda. This provides a unique learning environment so that participants can learn from experiences in both countries. Places will be offered to Tutors from MTC Kisumu, Nairobi, Thika, and Kakamega and senior Ministry of Health staff from these provinces. In addition, 12 places will be offered on the first part of the program, level two. This is also an 18 month part time course. Places will be offered to staff from MTCs in Thika, Kakamega, Nairobi and Senior Ministry of Health staff from Western, Nairobi and Central provinces.

MTC Diploma

MTC Kisumu will complete the pilot of the locally validated diploma in February 2007. This course has been adapted by MTC Kisumu from the Mildmay Degree and aims to prepare senior managers to develop effective HBC and HIV/AIDS care services at district level. In March 2007 MTC Kisumu and MTC Nairobi will offer this course to a total of 50 participants, 25 per site. Priority for places on this program will be given to Ministry of Health staff that are collaborating with APHIA II partners in Western, Nairobi and Central provinces. It is anticipated that this will be the required course for qualification as a District HBC Coordinator. MTC Kakamega and Thika will be provided with technical assistance in year one to prepare them to run this course in year two.

Short Courses on HBC and Palliative Care

APHIA II partners that are developing HBC services and involved in providing the Basic Care package will be requested to select, in collaboration with the PHMTs and DHMTs, Ministry of Health staff for training on short courses and the local diploma offered by the

MTCs. It is envisaged that the health care professionals graduating from MTC courses will take up posts as District and Divisional HBC Coordinators. They will then be expected to train CHWs using NASCOP curricula so that carers in turn can be trained. Mildmay will provide technical assistance to enable the MTCs to integrate issues related to Palliative Care and the Basic Care package into these curricula. In year one 175 participants will be trained on MTC short courses. MTC Kisumu has the capacity to train additional participants if APHIA II partners directly support places on courses.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the FY 2007 targets by training 325 government health workers in Medical Training Colleges (MTCs) in courses ranging from short to degree-level to enhance their ability to provide quality HIV/AIDS services that are responsive to clients' needs.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to HBHC APHIA II partner activities as follows: HBHC (#8849), HBHC (#8936), HBHC (#8928) and HBHC (#8931).

5. 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.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The legislative issues being addressed are reduction of stigma and discrimination.

7. 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.

Continued Associated Activity Information

Activity ID: 4131
USG Agency: U.S. Agency for International Development
Prime Partner: Mildmay International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 900,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Targeted evaluation	10 - 50
Training	51 - 100

Targets

Target

Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)

Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)

Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

Target Value

Not Applicable

325

Target Populations:

Doctors

Nurses

Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7005
Planned Funds: \$ 700,000.00

Activity Narrative:**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).

2. ACTIVITY DESCRIPTION

This will be an expansion of the 07 activities as described in the COP. The National AIDS and STD Control Program (NAS COP) is the arm of the Ministry of Health that is responsible for implementation of medical interventions related to treatment and prevention of HIV/AIDS. NAS COP will oversee the implementation of all HIV care programs in Kenya. Specific activities supported by NAS COP will result in provision of palliative care services to 25,000 people with HIV (including 2500 children) not included in other reported targets at approximately 25 sites not otherwise supported by the Emergency Plan. These activities will also result in the training of 350 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 include the coordination of all partners in the provision of care for people with HIV (through national level meetings such as the National ART task force), and supervision of treatment in Ministry of Health and other facilities.

Specific guidelines for prevention and treatment of opportunistic infections including sexually transmitted illness, 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 people enrolled in patient support centers (HIV clinics) will be improved. Funds will be used to provide administrative support and transport for the Provincial/Regional ART coordinators so that they can coordinate, track, and provide supportive supervision to sites in their areas and to support regular regional meetings of care providers. The supervisory structure at NAS COP includes a core staff at a national level that consists of a small technical and administrative staff and an expanding staff responsible for M&E.

A system of regional supervision of HIV/AIDS treatment activities has been established with Provincial ART Coordinators ("PARTOS") who are responsible to assist with establishment of care and treatment services at additional sites, site evaluations, accreditation, and supervision for care programs. Significant changes from 2006 to 2007 include the 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities are essential to the overall implementation and coordination of HIV care and treatment programs in Kenya. NAS COP supported activities are essential to the formation/strengthening of the linkages needed in the network model and to the development of a sustainable system to provide HIV care in Kenya.

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 Provincial ART coordinators 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)

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 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.

Continued Associated Activity Information

Activity ID: 4224
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS & STD Control Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 422,500.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	350	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: New York University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7014
Planned Funds: \$ 175,000.00

Activity Narrative:**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 3000 people with HIV/AIDS including 350 children, 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 ART Officer for Coast Province.

NYU has a long history of providing quality AIDS care in a variety of settings and over the past several years has expanded capacity and expertise related to provision of care and treatment in resource limited settings like Africa. The AIDS Research and Family Care Clinic (ARFCC) was established in May 2001 and provides a comprehensive range of free medical and psychosocial services to families living with HIV in and around Mombasa. The clinic is served by a dedicated laboratory that offers HIV tests, basic hematology and chemistry tests, 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 700 patients by June 2006, including more than 100 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 3000 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.

Continued Associated Activity Information

Activity ID: 4133
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: New York University
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

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

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- Pharmacists
- People living with HIV/AIDS
- Laboratory workers
- Other Health Care Worker
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Coast

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7089
Planned Funds: \$ 250,000.00

Activity Narrative:**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) and PMTCT (#6949).

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 3 sites in Kisumu, 17 in Suba, 10 in Migori, and 8 in Kuria. These activities will support palliative care services for 12,000 people with HIV, including 1200 children. Services will include diagnostic testing; ongoing counseling with a particular focus on counseling for couples (including those with discordant HIV results); and prevention, diagnosis, and management of opportunistic infections. Funds will support salaries for health care workers and infrastructure through renovation in accordance with Emergency Plan guidance, in addition to training 50 individuals to provide HIV-related palliative care services. An area of emphasis for the UCSF supported program is to manage families rather than individuals with HIV. The programs supported by UCSF make extensive efforts to identify and provide treatment to family members of enrolled patients and have structured care provision to optimize the provision of care to families. UCSF also works closely with partners providing HIV prevention services to youth, and will provide youth-friendly HIV treatment services to individuals referred from those programs. 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 (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 2006, the established patient care centers in Nairobi and Nyanza were providing palliative care services to more than 3,500 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 ARV activities (#7090, #6945), Counseling and Testing (#6941, #6907), TB/HIV (#9054, #6944), PMTCT programs (#6949) and to ART training (#6991).

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.

Continued Associated Activity Information

Activity ID: 4137
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of California at San Francisco
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 105,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	39	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
HIV positive pregnant women
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi
Nyanza

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Manitoba
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7093
Planned Funds: \$ 100,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in ARV Services (#7094) and PMTCT (#7097).

2. ACTIVITY DESCRIPTION

University of Manitoba will expand provision of palliative care services at two sites in Nairobi, providing care for 700 people with HIV, including 50 children. Patients receiving care will include two cohorts of patients identified through US government funded research studies, their families, and others in the geographic area. Services will be provided at Pumwani Maternity Hospital (PMH) and a clinic in the Pumwani Majengo area of Nairobi. University of Manitoba activities will link with those conducted by other University based groups collaborating with the University of Nairobi and will be conducted in close collaboration with 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 10 individuals to provide HIV-related palliative care (excluding TB/HIV).

University of Manitoba has an extensive history of work in Kenya with vulnerable populations including sex workers and a long standing research collaboration with the University of Nairobi with a primary focus on evaluation of risk factors for maternal to child transmission of HIV. Since 1986, they have been the main provider of health care and counseling for over 1700 mothers and their families. This long-term association has nurtured and created a very trusting environment for patients to visit. Prior to the availability of Emergency Plan funds, it had not been possible to provide antiretroviral treatment to the women and children in this cohort because of lack of resources. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi. Extensive community-based services have already been established that involve peers as educators and a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the HIV care expertise among the University of Manitoba staff.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of palliative care for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver HIV care, and a strengthened referral network for provision of HIV care.

3. LINKS TO OTHER ACTIVITIES

These activities link closely to ART services provided by University of Manitoba (#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.

4. 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 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.

Continued Associated Activity Information

Activity ID: 4135
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Manitoba
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 48,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	700	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	10	<input type="checkbox"/>

Target Populations:

Commercial sex workers
 Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 HIV positive pregnant women
 Laboratory workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Department of Pediatrics
Prime Partner: University of Nairobi
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7096
Planned Funds: \$ 200,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in ARV Services (#7095), TB/HIV (#9057), and PMTCT (#7097).

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 two additional sites in order to provide services to 4000 people with HIV, including 1000 children. Their activities will emphasize the provision of treatment to children, management of complicated opportunistic infections among HIV patients, and participants in US government sponsored research. Palliative care services will include cotrimoxazole preventive therapy, management of opportunistic infections, management of malnutrition, and end-of-life care. Activities will strengthen KNH to provide highly skilled and laboratory services, conduct training, infant diagnostic testing infants, and serve in other diagnostic and management capacities particularly with respect to care of children. In addition to providing training to 90 health care workers, UNBO will provide technical assistance to the National AIDS and STD Control Program (NASCOP) in the development of HIV care policy and guidelines.

The University of Nairobi Pediatrics Department has run research clinics for perinatal cohorts of HIV infected women at KNH for 12 years studying PMTCT, immune responses, and disease progression in women and children, managing a handful of patients receiving donated ART. Research doctors have undergone short courses on the topic of HIV management and have now themselves conducted numerous courses on the topic of HIV care. The KNH Comprehensive Care Center has been running 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 August 2006, more than 2500 patients, including approximately 300 children were receiving care as a result of the activities of this partner. Significant changes from FY 2006 to FY 2007 include development of mechanisms to allow referral of uncomplicated 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 expansion of palliative care for people with HIV, strengthened human resource capacity to deliver HIV care services, and a strengthened referral network for provision of these services. These activities will develop the capacity of KNH to serve as a key network center, developing clinical HIV expertise in the management of both adults and children.

4. LINKS TO OTHER ACTIVITIES

This activity relates to 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 NASCOP (#7004), and training activities supported by the Kenya Pediatric Association, a treatment sub-partner of CHF, and to multiple activities in and around Nairobi that refer to KNH as a network center.

5. POPULATIONS BEING TARGETED

These activities target people (adults, children, infants) 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 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.

Continued Associated Activity Information

Activity ID: 4925
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Nairobi
Mechanism: Department of Pediatrics
Funding Source: GHAI
Planned Funds: \$ 115,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	90	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- Pharmacists
- People living with HIV/AIDS
- HIV positive pregnant women
- Laboratory workers
- Other Health Care Worker
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Key Legislative Issues

- Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7099
Planned Funds: \$ 200,000.00

Activity Narrative:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#8830), and ARV Services (#7100).

2. ACTIVITY DESCRIPTION

University of Washington (UW) will expand a long-standing research collaboration with the University of Nairobi to provide HIV care to 10,000 people with advanced HIV, including 800 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. By June 2006, the HIV Clinic (Hope Clinic) was providing care for more than 4000 patients.

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), Palliate 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 people living with HIV/AIDS including infants (0 - 5 years) and children (6 - 14 years) and private and public health care workers.

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.

Continued Associated Activity Information

Activity ID:	4231
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of Washington
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 100,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Laboratory workers
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Nyanza

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations High Commissioner for Refugees
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8736
Planned Funds: \$ 50,000.00

Activity Narrative: 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).

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will support expanded palliative care services 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. 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 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; 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, 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 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. 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 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.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	100	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	10	<input type="checkbox"/>

Target Populations:

Refugees/internally displaced persons
 People living with HIV/AIDS
 Public health care workers
 Private health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North Eastern

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Kenya Heartland Coffee Project/APHIA Nairobi-Central
Prime Partner:	Pathfinder International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8755
Planned Funds:	\$ 0.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to other private public partnerships in OHPS (#9174) and HTXS (#8765).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>As part of PEPFAR's increased focus on sustainable private public partnerships, this activity will support the African Wildlife Foundation and Starbucks Coffee Company in their joint Kenya Heartland Coffee Project (KHCP) to enhance HIV prevention, care and support to small holder coffee farmers in the Nyeri, Samburu and Isiolo districts, collectively referred to as the Samburu Heartland. The proposed activity will be managed by a TBD USAID implementing partner. Starbucks, a leading coffee retailer, has approved coffee samples from selected coffee cooperatives in KHCP and supports the purchase of their coffees. AWF is Starbucks' local implementing partner, leading the KHCP mission of conserving wildlife and the environment while increasing livelihoods through sustainable coffee production. Active engagement in HIV/AIDS activities is a key component of sustainable coffee production, as HIV continues to infect and affect a growing population of coffee farmers in these rural areas. The KHCP seeks to enrich existing conservation and livelihood objectives of small scale coffee farmers and coffee cooperatives through awareness creation and quality care to HIV/AIDS infected and affected farmers and their families.</p> <p>This activity will target providing basic health care and support to approximately 2,000 coffee farmers. With PEPFAR funding, 100 individuals currently working in two targeted coffee cooperatives in Nyeri district will be trained in organizational capacity building, and supported in the development of referral networks to local health dispensaries for provision of cotrimoxazole and other medical components of the basic care package. This activity will also strengthen the delivery system of the basic care package through CBOs to coffee cooperative members and the surrounding community.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This activity addresses gaps in provision of community-based basic health care and support for small-scale agriculturalists. The activity also broadens PEPFAR's public private partnership initiatives in Kenya.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity relates to other private public partnerships in OHPS (#9174) and HTXS (#8765) by providing basic health care and support to small-scale farmers and day laborers who represent the underpinning of Kenya's agricultural economy. In particular, this activity will be augmented by the Kenya HIV/AIDS Private Sector Business Council's work in the policy and system strengthening program area, which targets small and medium sized enterprises for HIV-related policy development and training peer educators and counselors to be agents of change in prevention, stigma and discrimination reduction.</p> <p>5. POPULATIONS BEING TARGETED</p> <p>The activity targets the business community/private sector, community-based organizations, and rural communities.</p> <p>6. EMPHASIS AREAS</p> <p>This activity has major emphases on local organization capacity building and minor emphasis on community mobilization/participation.</p>

Emphasis Areas

Community Mobilization/Participation
 Local Organization Capacity Development

% Of Effort

10 - 50
 51 - 100

Targets**Target****Target Value****Not Applicable**

Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)

Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)

2,000

Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

100

Target Populations:

Business community/private sector
 Community-based organizations
 Rural communities

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Child and Family Wellness Shops
Prime Partner: Sustainable Health Enterprise Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8762
Planned Funds: \$ 100,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to all other ART and OI Service Delivery activities (#8820).

2. ACTIVITY DESCRIPTION

This activity 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 to sustainably expand accessibility of services. Shop owners are licensed by CFWS, whose goal is to ensure they have a living income from their business.

The 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 also disseminate prevention messages.

In its 2nd year of PEPFAR funding and third year of implementation CFWS will undertake the following activities. First they will 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%. Second, they will scale up 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 FY 2004 to over 1,500,000 in FY 2008. Third, they will develop and test a mobile clinic model for serving more remote sparsely populated areas. Finally CFWS will expand services and products offered to include HIV/AIDS referrals and supporting treatment of opportunistic infections through improved 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 palliative care services, 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 HXTS (#8820) and 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 ADDRESSED

This area addresses legislative issues related to Public-Private sector 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.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Health Care Financing	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	225	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

Adults
 People living with HIV/AIDS
 Children and youth (non-OVC)
 Nurses
 Other Health Care Workers

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Health Policy Initiative
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8823
Planned Funds: \$ 500,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in System Strengthening and Policy Analysis (#7040) and Orphans and Vulnerable Children (#7041).

2. ACTIVITY DESCRIPTION

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.

3. 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.

4. LINKS TO OTHER ACTIVITIES

This activity links to HPI's activities in: the program areas of Systems Strengthening and Policy Analysis (#7040), that seek to enhance the capacity of local institutions and PLWHA networks; of OVCs (#7041), working to create a supportive social and policy environment for OVC and care givers to access basic services.

5. POPULATIONS BEING TARGETED

These activities target OVC, PLWHA and caregivers of OVC and PLWHA.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed is gender.

7. EMPHASIS AREAS

The main emphasis area for this program is development of network/linkages/referral systems and a minor emphasis on local organisation capacity development.

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target

Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients

Target Value

Not Applicable

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)

150

Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)

6,000

Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

680

Target Populations:

Orphans and vulnerable children

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Community Grants Program
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8825
Planned Funds: \$ 100,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity is related to the community grants program grant support in HKID (#9079).

2. ACTIVITY DESCRIPTION

To better meet the needs of small, grassroots organizations seeking support for HIV/AIDS affected communities, 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. 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.

Administrative support for the CGP will be funded under the HBHC program area. Costs will cover the hiring of an Eligible Family Member as the grants officer, and a FSN for administrative management. The PEPFAR CGP grants officer will be expected to work closely with current SSH grants officer(s) as well as SSH partners including District Social Development Officers to identify viable organizations for program implementation. The grants officer will rank and evaluate all unsolicited proposals prior to review by a full committee comprised of representatives from the PEPFAR Coordination Office, and PEPFAR's "umbrella" partners, Cooperative Housing Foundation and the Academy for Educational Development's Capable Partners Program. This 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. The grants officer, with support from the administrative assistant, also will be responsible for keeping a database of received proposals, identifying organizations that may be appropriate for consideration under a current umbrella partner, and sending timely and appropriate replies for other organizations whose proposals fall outside the parameters for CGP review. The grants officer will be under the supervision of the PEPFAR Kenya Country Coordinator.

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 position 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 addresses the need for small, community-level interventions for HIV/AIDS related activities, with the majority of requests focused on support to AIDS orphans and other vulnerable children. This activity is linked to (#9079) in the HKID program area as well as other HKID activities and HBHC activities focused on children and their caregivers.

5. POPULATIONS BEING TARGETED

This activity targets men, women, and primary school and secondary school students. Other groups reached include PLWAs, OVC, and caregivers of OVC, as well as CBOs, FBOs, and rural communities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The Community Grants Program sponsorships will support issues of stigma and discrimination. Other issues addressed include gender equity in HIV/AIDS programs.

7. EMPHASIS AREAS

The major emphasis area for this activity is local organization capacity development. Minor emphases are information, education and communication; and community mobilization/participation.

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target

Target Value

Not Applicable

Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)

Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)

Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Orphans and vulnerable children

People living with HIV/AIDS

Rural communities

Primary school students

Secondary school students

Caregivers (of OVC and PLWHAs)

HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8863
Planned Funds: \$ 250,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

The APHIA II Eastern HBHC activities relate to HIV/AIDS treatment/ARV services (#8792), Counseling and Testing (#8782), Other Prevention (#8932), Orphans and Vulnerable Children (#9041), TB/HIV care activities (#9069), AB (#8725), PMTCT (#8752) and Strategic Information (#8875).

2. ACTIVITY NARRATIVE

Persons living with HIV/AIDS, their families and caregivers must have access to a variety of resources in order to address the wide spectrum of problems that are faced by households, especially poor households, when dealing with a debilitating disease in an adult family member. This activity will provide integrated and comprehensive home and basic health care to 10,000 PLWAs. These patients will be linked to 20 health facilities providing care. Through a cascaded training of trainers, 150 primary care facility health workers will be trained to provide comprehensive and integrated care training to 600 home /community based care workers who in turn train the primary care givers at home, to complement the facility based services. At 20 health facility clinics, 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, 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 in the 20 facilities 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, 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.

Through this activity, the organizational capacity of PLHA groups will be strengthened so as enable them to be pro-active leaders, advocates and participants in the response to the epidemic. Community members including PLHA and older 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.

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.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The APHIA II Eastern will reach 10,000 clients. 750 individuals, including 150 facility-based health workers and 600 community-based caregivers, will be trained to provide palliative care through 20 service outlets. This APHIA II Eastern 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-Eastern will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Eastern HBHC activities will relate to HIV/AIDS treatment/ARV services (#8792), Counseling and Testing (#8782), Other Prevention (#8932), Orphans and Vulnerable Children (#9041), Palliative Care: TB/HIV (#9069), AB (APHIA II Eastern), PMTCT (#8752), Strategic Information (#8875). Efforts will also link more clients to HIV counseling and testing, ARV and to ensure ARV and DOTS adherence will be stepped up in FY 2007.

5. POPULATIONS BEING TARGETED

Populations are being targeted are: 1) People affected by HIV/AIDS (including Caregivers, HIV positive children and infants, HIV/AIDS-affected families and People living with HIV/AIDS) and 2) Groups/Organizations (including community-based organizations, country coordinating mechanisms and faith-based organizations. Other populations

targeted include other health workers for training.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination by providing access to increased resources in order to address the wide spectrum of problems that are faced by households when dealing with a debilitating disease in an adult family member. Contingent on enhanced funding for year one activities (2006/2007) Wrap Arounds will be addressed by the network of community-based sub grantees.

7. EMPHASIS AREAS

The main emphasis is on Local Organization Capacity Development through building the capacity of communities and local organizations to implement community-based care and support to HBC clients and OVC. There is a minor emphasis on Training, Linkages with Other Sectors and Initiatives (Linkages and strong collaboration with other public and private sector prevention and treatment efforts will help to overcome resource limitations and build sustainability. Efforts will also link more clients to ARV and to ensure ARV and DOTS adherence will be stepped up in the coming year) and Community Mobilization/ Participation (building the capacity of community organizations to assist families).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	750	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 HIV/AIDS-affected families
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Rural communities
 Caregivers (of OVC and PLWHAs)
 Religious leaders
 Other Health Care Worker
 HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	APHIA II - Nyanza
Prime Partner:	EngenderHealth
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8928
Planned Funds:	\$ 350,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>The APHIA II Nyanza HBHC activities relate to HIV/AIDS Treatment Services (#8774), Counseling and Testing (#8760), Other Prevention (#8942), OVC (#9071), TB/HIV Care activities (#9059), AB (#8989), PMTCT (#8734) and Strategic Information (#8859).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>USAID's APHIA II Nyanza project implemented by EngenderHealth began its support to basic health care support services in Nyanza Province in FY 2006. In FY 2007 this activity will continue to provide basic health care support services to 10,000 PLWAs in 60 public sector and faith-based health facilities and communities across nine districts in Nyanza Province. In the rural communities 100 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 60 health facilities by training 200 health workers in the management of opportunistic infections and other HIV/AIDS-related complications. 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.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This activity will help to optimize the quality of life for 10,000 PLWAs in Nyanza province and provide critical support to families affected by HIV/AIDS.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity relates to activities in counseling and testing (#8760), condoms and other prevention (#8942) and PMTCT (#8734), TB/HIV Care activities (#9059), and ARV (#8774) through the formation of effective referral networks for HIV prevention, treatment care and support services.</p> <p>5. POPULATIONS BEING TARGETED</p> <p>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.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>This activity addresses stigma and discrimination by encouraging community support for people living with HIV/AIDS.</p> <p>7. EMPHASIS AREAS</p> <p>This APHIA II Nyanza activity has a major emphasis on training, with minor emphases on community mobilization/participation and development of networks and referral systems.</p>

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	60	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Doctors
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Rural communities
Caregivers (of OVC and PLWHAs)
Other Health Care Worker
Doctors
Nurses
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8929
Planned Funds: \$ 200,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

The APHIA II Rift Valley HBHC activities will relate to HIV/AIDS treatment services (#8797), Counselling and Testing (#8776), Other Prevention (#9040), OVC (#9029), TB/HIV care activities (#9065), AB (#9070), PMTCT (#8733) and Strategic Information (#8895).

2. ACTIVITY DESCRIPTION

This activity will provide integrated and a comprehensive home and basic health care package to 14,000 people with HIV/AIDS linked to 22 comprehensive care centers and a network of 175 Rural Health Facilities (RHF). Through a cascaded training of trainers, 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, children and their families, coupled with appropriate counselling and education. All babies and children of HIV infected mothers will be followed up at the CCCs or MCHs in the 22 facilities 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, 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 17 DHMTs institutions to integrate, plan, lead, monitor and evaluate home and community care support programs.

This activity will lead to the linkage of 10,000 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. 25,000 PLWH and their family members will receive nutritional and food support and through collaboration with AGRI, 2,500 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 counsellor training will be strengthened and through active monitoring and follow-up to assess its impact to the children and PLWA

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The APHIA II Rift Valley will reach 14,000 clients and 2,500 individuals will be trained to provide palliative care through 197 service outlets. 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-TBD will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

4. LINKS TO OTHER ACTIVITIES

The activity will link to APHIA Rift Valley other activities in PMTCT (#8733), TB/HIV HIV/AIDS treatment services (#8797), Counselling and Testing (#8776), Other Prevention (#9040), OVC (#9029), TB/HIV care activities (#9065), AB (#9070) that all seek to provide comprehensive district based services coordinated at the provincial level.

5. POPULATIONS BEING TARGETED

Two populations are being targeted: 1) People affected by HIV/AIDS (including Caregivers, HIV positive children and infants, HIV/AIDS-affected families and People living with HIV/AIDS) and 2) Groups/Organizations (including community-based organizations, country coordinating mechanisms and faith-based organizations). Other populations targeted include community and religious leaders as well as other health workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination by providing access to increased resources in order to address the wide spectrum of problems that are faced by households when dealing with a debilitating disease in an adult family member. In addition, it will address Wrap Arounds through the provision of food and microfinance/micro credit.

7. EMPHASIS AREAS

The main emphasis is on Local Organization Capacity Development through building the capacity of communities and local organizations to implement community-based care and support to HBC clients and OVC. There is a minor emphasis on Training, Linkages with Other Sectors and Initiatives (Linkages and strong collaboration with other public and private sector prevention and treatment efforts will help to overcome resource limitations and build sustainability. Efforts will also link more clients to ARV and to ensure ARV and DOTS adherence will be stepped up in the coming year) and Community Mobilization/Participation (building the capacity of community organizations to assist families).

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	197	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	14,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,500	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Rural communities
Caregivers (of OVC and PLWHAs)
Religious leaders
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8931
Planned Funds: \$ 200,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

The APHIA II Western HBHC activities relate to HIV/AIDS Treatment/ARV Services (#9073), TB/HIV care activities (#9068), AB (#8994), PMTCT (#8738) and Strategic Information (#8855).

2. ACTIVITY DESCRIPTION

In the FY 2006 COP USAID transitioned a number of existing partners in palliative care into the APHIA II Western TBD. During FY 2006 these activities continued in transition due to the re-advertisement of the Western APHIA II RFA. These activities included 1) providing PLWHAs 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 and 4) provide financial services to HIV/AIDS infected and affected persons in three districts (Kakamega, Butere-Mumias, and Busia).

In FY 2007 these activities will continue and expand as the new prime partner for APHIA II Western begins implementing activities in the last quarter of FY 2006. Details of the partners and strategies will be dependent on the discussions with the District Health Management Teams and provincial MOH in the districts and province. However, the partner will ensure that at the facility level, cotrimoxazole and (where indicated- fluconazole) prophylaxis becomes part of basic standard of care for HIV infected patients. The TBD partner 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. Efforts to link more clients to ARV and to ensure ARV and DOTS adherence will be stepped up in FY 2007. It is expected that 9000 HIV positive individuals will be provided with standard basic care as well as training a number of caregivers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the FY 2007 Emergency Plan result by increasing the availability of skilled health workers to provide care and treatment. It will enable service providers to identify and provide treatment to the large numbers of HIV infected patients who are potential candidates for ART. Through increased access to integrated services with linkages to HIV services, women and other community members will be encouraged to utilize services. It will also contribute to Kenya's 5-year strategy emphases of developing effective linkages between prevention, care and treatment services within an integrated network. With respect to mitigation of socio-economic impact, the activity will contribute to the program area through 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 the Basic Care Package TBD (#8849), HIV/AIDS Treatment/ARV Services (#9073), TB/HIV care activities (#9068), AB (#8994), PMTCT (#8738) and Strategic Information (#8855).

5. POPULATIONS BEING TARGETED

Two populations are being targeted. 1) People affected by HIV/AIDS (including Caregivers, HIV positive children and infants, HIV/AIDS-affected families and People living with HIV/AIDS) and 2) Groups/Organizations (including community-based organizations, country coordinating mechanisms and faith-based organizations. The clients 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

The main legislative issue is the reduction of Stigma and Discrimination of PLWHAs by improving their health and increasing the possibility of returning to work to contribute to their families' welfare. This activity will increase gender equity ensuring better coverage of women and children who are more disproportionately affected by HIV/AIDS. There is a wrap around for food and microfinance/micro credit.

7. EMPHASIS AREAS

The area of major emphasis is the Development of Network/Linkages/Referral Systems by building providers' capacity to offer high quality clinical palliative care and support services, and by reinforcing quality assurance linkages with the Ministry of Health. Minor emphasis includes Quality Assurance and Supportive Supervision, Training and Linkages with Other Sectors and Initiatives by strengthening systems to link clients to other HIV/AIDS resources, including home based and psychosocial care.

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

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	9,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Western

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II - Coast
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8934
Planned Funds: \$ 300,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

The APHIA II Coast HBHC activities will relate to HIV/AIDS treatment services (#8813), counseling and testing (#8781), Other Prevention (#8930), orphans and vulnerable children (#9048), TB/HIV care activities (#9062), AB (#8950) and PMTCT (#8764).

2. ACTIVITY NARRATIVE

This activity will provide integrated and comprehensive home and basic health care to 26,000 people with HIV/AIDS linked to 29 comprehensive care centers and 75 RHF's. Through training of trainers, 200 primary care facility health workers will be trained to provide comprehensive and integrated care training to 100 home /community based care workers who in turn train the primary care givers at home, to complement the facility based services. At 60 health facility clinics 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, 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 in the 29 facilities 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, 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 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 7 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 intervention will be key in ensuring that standards of care are met. Care providers will be trained on the MOH 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 7000 families with economic support programs using the CRS SILC model. Community members including PLWA and older 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. Through linkages with the KARI, 350 people will be trained on improved agricultural techniques and 7 demonstration plots in will be established. APHIA will tap into the CRS' USAID/FFP program to provide supplementary nutrition to families caring for OVC. Continued support will be given to the PLWA families supported through the COPHIA Project.

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.

This activity also includes support to the following sub recipient for activities integral to the program: Catholic Relief Services who will in turn provide sub awards to local partners.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The APHIA II Coast will reach 26,000 clients and 5,000 individuals will be trained to provide palliative care through 50 service outlets. 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-TBD will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

4. LINKS TO OTHER ACTIVITIES

HIV/AIDS treatment/ARV (#8813), Counseling and Testing (#8781), Condoms and Other Prevention (#8930), Orphans and Vulnerable Children (#9048), Palliative Care: TB/HIV (#9062), Abstinence and Be Faithful (#8950) and Prevention of Mother to Child Transmission (#8764). Efforts will also ensure that ARV and DOTS adherence will be stepped up in FY 2007.

5. POPULATIONS BEING TARGETED

Two populations are being targeted. 1) People affected by HIV/AIDS (including Caregivers, HIV positive children and infants, HIV/AIDS-affected families and People living with HIV/AIDS) and 2) Groups/Organizations (including community-based organizations, country coordinating mechanisms and faith-based organizations. Other populations targeted include community and religious leaders as well as health workers both in private and public sectors for training.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address Stigma and Discrimination by providing access to increased resources in order to address the wide spectrum of problems that are faced by households when dealing with a debilitating disease in an adult family member. In addition, it will address Wraparounds through the provision of food and microfinance/micro credit.

7. EMPHASIS AREAS

The main emphasis is on Local Organization Capacity Development through building the capacity of communities and local organizations to implement community-based care and support to HBC clients and OVC. There is a minor emphasis on Training, Linkages with Other Sectors and Initiatives (Linkages and strong collaboration with other public and private sector prevention and treatment efforts will help to overcome resource limitations and build sustainability. Efforts will also link more clients to ARV and to ensure ARV and DOTS adherence will be stepped up in the coming year) and Community Mobilization/ Participation (building the capacity of community organizations to assist families).

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	60	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	26,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Rural communities
Caregivers (of OVC and PLWHAs)
Religious leaders
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Coast

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II - Central / Nairobi
Prime Partner: Pathfinder International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8936
Planned Funds: \$ 350,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

The APHIA II Nairobi/Central HBHC activities will relate to HIV/AIDS treatment services (#8765), Counseling and Testing (#8976), Other Prevention (#8874), OVC (#9056), TB/HIV care activities (#9072), AB (#8731), PMTCT (#8729) and Strategic Information (#8870).

2. ACTIVITY DESCRIPTION

This activity relates to care and support for people and families affected by HIV/AIDS under the APHIA II Nairobi/Central Province Project. In FY 2007, Pathfinder International (PI) and its partners will target 8,000 people with home and community based palliative care in Nairobi and Central Province. Palliative care (basic) will include a comprehensive package of community home-based care consisting of home nursing, clinical care, nutrition, STI/HIV prevention, education, OVC care, paralegal support and protection, psychosocial and spiritual support and links to income generating activities. PI will work with local implementing partners including established NGOs, CBOs, and FBOs. PI will strengthen the technical and institutional capacity of partners and build collaborative working relationships with a variety of stakeholders to encourage effective, efficient programming. Gender and youth issues will be addressed. PLWHA will be involved to ensure expansion and high quality of care and support programming. To promote GIPA, PLWHA will be recruited through implementing partners such as KENWA and others as CHWs, as they can be particularly effective not only in improving the quality of services but also in combating the serious issue of stigma.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Nairobi/Central activity will reach 8,000 clients and 200 individuals will be trained to provide palliative care through 50 service outlets. This APHIA II Nairobi/Central 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- Nairobi/Central will adhere to GOK policies and guidelines and participate in national-level HIV technical working groups.

4. LINKS TO OTHER ACTIVITIES

Linkages to clinical services will be established through a two-way referral system and will include HIV/AIDS treatment services (#8765), Counseling and Testing (#8976), Other Prevention (#8874), TB/HIV care activities (#9072), AB (#8731) and PMTCT (#8729). 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. PI 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.

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 will be targeted for sensitization and training related to home-based care. CHWs and caregivers will be trained and receive periodic refresher training. Groups/Organizations targeted include community-based and faith-based organizations.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address issues of stigma and discrimination by improving the health and lives of the PLWAs, allowing them to provide increased care for their children and potentially return to work.

7. EMPHASIS AREAS

The main emphasis is on Local Organization Capacity Development through building the capacity of communities and local organizations to implement community-based care and support to HBC clients and OVC. There is a minor emphasis on Training, Linkages with Other Sectors and Initiatives (Linkages and strong collaboration with other public and private sector prevention and treatment efforts will help to overcome resource limitations and build sustainability. Efforts will also link more clients to ARV and to ensure ARV and DOTS adherence will be stepped up in the coming year) and Community Mobilization/ Participation (building the capacity of community organizations to assist families).

Pathfinder/APHIA II has been identified as the prime partner for a private public partnership with the African Wildlife Foundation and Starbucks Coffee Company, in their project to enhance HIV prevention, care and support to small holder coffee farmers in the Nyeri, Samburu and Isiolo districts, collectively referred to as the Samburu Heartland. The proposed activity will be managed by a TBD USAID implementing partner. Starbucks, a leading coffee retailer, has approved coffee samples from selected coffee cooperatives in KHCP and supports the purchase of their coffees. AWF is Starbucks' local implementing partner, leading the KHCP mission of conserving wildlife and the environment while increasing livelihoods through sustainable coffee production.

Active engagement in HIV/AIDS activities is a key component of sustainable coffee production, as HIV continues to infect and affect a growing population of coffee farmers in these rural areas. The KHCP seeks to enrich existing conservation and livelihood objectives of small scale coffee farmers and coffee cooperatives through awareness creation and quality care to HIV/AIDS infected and affected farmers and their families.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of services outlets where access to safe water has been integrated into the package of basic services offered to HIV+ clients		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Rural communities
- Caregivers (of OVC and PLWHAs)
- Religious leaders
- Other Health Care Worker

Key Legislative Issues

- Stigma and discrimination

Coverage Areas

Central

Nairobi

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	APHIA II - Central / Nairobi
Prime Partner:	Pathfinder International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12450
Planned Funds:	\$ 200,000.00
Activity Narrative:	"Pathfinder/APHIA II has been identified as the prime partner for a private public partnership with the African Wildlife Foundation and Starbucks Coffee Company, in their project to enhance HIV prevention, care and support to small holder coffee farmers in the Nyeri, Samburu and Isiolo districts, collectively referred to as the Samburu Heartland. The proposed activity will be managed by a TBD USAID implementing partner. Starbucks, a leading coffee retailer, has approved coffee samples from selected coffee cooperatives in KHCP and supports the purchase of their coffees. AWF is Starbucks' local implementing partner, leading the KHCP mission of conserving wildlife and the environment while increasing livelihoods through sustainable coffee production.

Active engagement in HIV/AIDS activities is a key component of sustainable coffee production, as HIV continues to infect and affect a growing population of coffee farmers in these rural areas. The KHCP seeks to enrich existing conservation and livelihood objectives of small scale coffee farmers and coffee cooperatives through awareness creation and quality care to HIV/AIDS infected and affected farmers and their families.

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Mission for Essential Drugs and Supplies
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	15217
Planned Funds:	\$ 1,900,000.00
Activity Narrative:	The funds will be used to fund the current USAID contract will MEDS to provide additional ARVs and drugs for opportunistic infections to over 75,000 patients on ART in Kenya as the mission completes the solicitation and award of a follow-on contract to procure ARVs and drugs for opportunistic infections in the remaining part of the Emergency Plan.

Table 3.3.06: Activities by Funding Mechanism

Mechanism: APHIA II - Health Communication & Marketing
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 19329
Planned Funds: \$ 2,300,000.00
Activity Narrative: na

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area: \$ 16,150,000.00

Program Area Context:

Key Result 1: Intensified screening and treatment for HIV among TB patients and for TB among HIV+ patients
Key Result 2: Expanded and strengthened delivery of integrated HIV and TB services, including strengthened referral systems
Key Result 3: Strengthened capacity of health workers to provide integrated HIV and TB services
Key Result 4: Overall strengthened partnerships for TB/HIV activities

CURRENT PROGRAM CONTEXT

In 2005, the National Leprosy and TB Program (NLTP) reported 108,000 cases of TB, 60% of which were estimated to be co-infected with HIV. This represents a more than five-fold increase in the national TB burden over the last 15 years. Due to the high rate of HIV infections among TB patients, the NLTP 5-Year Strategic Plan (2006 -2010) recognizes that the integration of TB and HIV services is essential to ensure that patients affected by both epidemics receive appropriate TB and HIV care and treatment. In FY 2006, USG resources and technical assistance complemented GOK efforts in the development of a TB/HIV training curriculum, support for TB/HIV activities in the prisons and for a multi-media TB/HIV campaign. Additional support targeted the private sector as an important underutilized resource for TB/HIV activities. Diagnostic counseling and testing for all TB patients is now the standard of care in Kenya and 60% coverage was achieved in 2006 during which 94% and 30% of eligible HIV+ TB patients were placed on CTX and ART, respectively. USG support for TB/HIV surveillance continues to yield essential data to monitor and evaluate program performance and benchmark targets and quality of care.

NEW INITIATIVES

The emphasis of USG support in FY 2007 will be provision of HIV counseling and testing for all persons evaluated for TB disease (TB suspects and TB patients); screening HIV-infected patients receiving HIV services in patient support centers and medical in-patient wards, as well as other HIV care settings for TB and treat or refer for treatment as appropriate; linking all HIV-infected TB suspects to TB diagnosis, and appropriate TB/HIV care, and strengthening training in TB and HIV diagnosis/care/management. Through the national, regional and district TB/HIV coordinating bodies, the linkage between TB services with accredited HIV treatment sites will be strengthened and expanded as will be TB laboratory services, patient referral/tracking systems, and recording and reporting systems. PEPFAR funds will also be used to support procurement of essential commodities such as HIV test kits and cotrimoxazole (CTX), and to improve infrastructure.

Increased access to CTX and ART is planned for all eligible TB patients in 2007. Further, support for participation of private practitioners in TB/HIV activities will be strengthened and expanded through public-private partnerships. Ongoing activities also aim to provide technical and financial support to provincial and district health management teams to increase local ownership and strengthen referral networks between TB and HIV services. Staff support to the NLTP and National AIDS and STD Control Program will enhance TB and AIDS program linkages to care and treatment. It is expected that FY 2007 efforts will: 1) increase the proportion of TB patients tested for HIV from 60% to 80%; 2) increase the proportion of HIV+ TB patients on CTX from 94% to 100%; 3) increase the proportion of PLWHA screened for TB from 10% to at least 20%; and 4) increase the proportion of HIV+ TB patients receiving ART from 30% to 50%

WORK OF HOST GOVERNMENT AND OTHER DONORS

To meet these targets, USG agencies (CDC, USAID and DOD) will work complementarily with the national HIV/AIDS and TB programs, WHO, and all implementing TB/HIV partners. The Emergency Plan funds a variety of other programs supporting TB services such as the large AMPATH ART program in western Kenya. The Laboratory Program is supporting the National TB Reference Laboratory to provide staff training and EQA to all smear microscopy, mycobacterial culture and TB drug susceptibility networks. The

TB/HIV program will partner with the VCT program to implement prevention with positives in TB clinics. The care and treatment and strategic information program areas are supporting selected TB/HIV targeted evaluations (TEs) whose outcomes will improve program performance. The USG team will continue to promote integration of TB/HIV care and health care worker training into core programs such as VCT, PMTCT and care/treatment. For instance, the potential of initiating ART in TB clinics / TB therapy in ART clinics will be evaluated as will new diagnostic algorithms to diagnose smear negative, extrapulmonary and pediatric TB as these become available. Appropriate attempts will be made to include HIV-infected children in all TB/HIV policies and programs.

Kenya has been awarded Round 5 TB funding by the Global Fund to support efforts to control MDR-TB through surveillance and treatment. Emergency funds will be used to support efforts to prevent and manage drug-resistant TB among HIV+ TB patients. Kenya also expects to receive Round 6 Global Fund support to strengthen TB diagnostic capacity at the dispensary level. Additional support amounting to \$600,000 will be received in 2006/2007 through an OGAC/WHO collaboration to support collaborative TB/HIV activities in 15 districts.

In addition to required PEPFAR TB/HIV indicators, in 2007 we will also document the following custom indicators to assist with TB/HIV program management and evaluation: 1) number and percentage of HIV+ patients in HIV care screened for TB; 2) number and percentage of TB suspects/patients tested for HIV; 3) number and percentage of HIV+ registered TB patients/suspects; 4) number and percentage of HIV+ TB patients receiving CTX; and 5) number and percentage of HIV+ TB patients receiving ART.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1,650
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	98,250
Number of HIV-infected clients given TB preventive therapy	0
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	2,500

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6871
Planned Funds: \$ 570,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT (#6875) and TB/HIV (#7001).

2. ACTIVITY DESCRIPTION

This activity supports a public-private partnership (PPP) between Kenya's National Leprosy and TB Program (NLTP) and the Kenya Association for Prevention of TB and Lung Disease (KAPTLD) for collaborative TB/HIV activities. 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 NLTP in 2006, KAPTLD has begun TB/HIV activities in Nairobi, Mombasa, Nakuru, Eldoret, Kisumu and other urban sites in Kenya. KAPTLD will use FY 2007 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 2007 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 psycho-social 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 NLTP, 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 ongoing VCT, PMTCT, STI and ARV treatment services in both the private and public settings. These activities will be coordinated by the NLTP and NASCOP (#7001) 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 and strengthened systems capacity for program monitoring and evaluation and management of commodities.

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.

"Plus-up funds will be used to expand existing COP 07 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 patients. 2. ACTIVITY DESCRIPTION This activity supports a public-private partnership (PPP) between Kenya's National Leprosy and TB Program (NLTP) and the Kenya Association for Prevention of TB and Lung Disease (KAPTLD) for collaborative TB/HIV activities. 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.

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The partnership was established last year with support from the Emergency Plan, and since the signing of an MOU with NLTP in 2006, KAPTLD has begun TB/HIV activities in Nairobi, Mombasa, Nakuru, Eldoret, Kisumu and other urban sites in Kenya. KAPTLD will use FY 2007 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 2007 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 psycho-social 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 NLTP, 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. In addition, CHF will build organizational capacity and give sub grants to Merlin (\$ 50,000) and Community of St. Egidio (\$50,000) to intensify screening and treatment for TB among HIV patients and HIV among TB patients. It is estimated that 500 patients will be HIV/TB co-infected. The two organizations will also support expanded and strengthened delivery of integrated HIV and TB services, including strengthened referral systems and building capacity of 25 health workers to provide integrated HIV and TB services

Continued Associated Activity Information

Activity ID:	4166
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Community Housing Foundation
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 200,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	30	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,500	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	220	<input type="checkbox"/>

Target Populations:

Adults
 Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Professional Associations
 Laboratory workers
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Eastern Deanery AIDS Relief Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6879
Planned Funds: \$ 500,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT (#6881) and HTXS (#6880).

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 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. The populations served have high rates of HIV and TB and suffer widespread poverty and limited access to quality health services. In FY 2007, 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, intensify screening of HIV-infected persons for TB and further strengthen patient referral systems between TB and HIV programs. To increase capacity to deliver TB/HIV services, EDARP will hire, retain and train new and existing health workers, improve infrastructure and support supply of HIV test kits and essential medicines. 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 2007 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 TARGETTED

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

Emphasis areas include commodity procurement, development of network/linkages/referral systems, IEC, infrastructure, local organization capacity development, and training.

Eastern Deanery TB clinics provide a significant pool of HIV-infected persons who have not been previously targeted for HIV prevention. The plus-ups will be used to promote partner notification, partner testing, risk reduction and provision of condoms. Other

activities to be supported include: improvement of infrastructure, expansion and enhancement of staff capacity, laboratory and clinical supplies and mobilization of PLWHA and community support groups.

Continued Associated Activity Information

Activity ID: 4129
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Eastern Deanery AIDS Relief Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,000	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	600	<input type="checkbox"/>

Target Populations:

Adults
 Commercial sex workers
 Faith-based organizations
 Discordant couples
 People living with HIV/AIDS
 Children and youth (non-OVC)
 Doctors
 Laboratory workers
 Nurses

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Indiana University School of Medicine
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6900
Planned Funds: \$ 450,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#8758), ARV Services (#6899, #7004), Palliative Care: Basic Health Care and Support (#6901) and PMTCT (#6898).

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 centers. Moi University Faculty of Health Sciences (MUFHS) is one of two schools of medicine, nursing and public health in Kenya, now providing medical and health education to 670 students. Indiana University School of Medicine (IUSM) has collaborated with MUFHS since MUFHS' inception in 1990. IUSM has supported a team of faculty members on-site in Eldoret for the last sixteen years. 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, including Moi Teaching and Referral Hospital, six district hospitals (Kabarnet, Busia, Webuye, Teso, Kapenguria, and Kitale), and eleven rural health centers (Mosoriot, Turbo, Burnt Forest, Amukura, Chulaimbo, Naitiri, Khunyangu, Port Victoria, and Mount Elgon). Like other care systems in Kenya, AMPATH has found that active Mycobacterium tuberculosis (TB) affects more than 10% of newly enrolled HIV patients and HIV is found in up to 70% of new TB patients presenting to TB clinics.

The overall objective of the AMPATH HIV/TB care model is to demonstrate a decreased prevalence of TB in areas served by AMPATH and integrate care of co-infected patients into a comprehensive program that meets the objectives of the National Tuberculosis and Leprosy Program [NLTP] and NASCOP. To meet these objectives, AMPATH has initiated a HIV/TB model that supports all AMPATH clinics and surrounding communities through these interventions:

a) Case Finding: Expand the very successful case finding model just completed in Uasin Gishu District to all AMPATH communities. The model deploys community-based cough monitors who are dually trained at sputum collection and diagnostic counseling and testing (DTC) for HIV. In combination with improved training of MOH laboratory personnel and patient follow up, this model has demonstrated very cost-effective case finding and over 90% adherence through completion of TB treatment. In addition, DTC is provided to all TB infected patients. All co-infected patients are referred to the AMPATH HIV/TB clinic for care.

b) Care of the co-infected: AMPATH physicians and clinical officers will provide comprehensive HIV/TB management in all AMPATH clinics. All providers will undergo additional training on NLTP guidelines and all national registration and reporting procedures will be observed. NLTP staff will be integrated into the clinic in an effort to improve reporting and patient convenience. Providers with additional expertise in managing the co-infected patient will be available to all clinics for consultation. The AMPATH Medical Record System will provide electronically generated patient care reminders and alerts in an effort to assure uniform performance and adherence to national guidelines for both HIV and TB care.

c) Contact tracing and outreach: In an effort to further reduce the prevalence of active TB surrounding AMPATH service areas, an active program of contact tracing will be initiated. Home visits will be offered to all co-infected patients and the visit will be done by a dually trained DTC/cough monitor to perform home rapid testing for HIV and sputa collection for AFB smear. In addition, a cough monitor in the field will visit the index patient every two weeks to check on adherence and provide health information. Where necessary, the cough monitor will provide transport support for all HIV infected patients and their children to the AMPATH clinic.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will lead to the identification and care of 6,000 TB/HIV co-infected patients in the AMPATH service areas by September 2008, thus contributing to 9% of the national target in this program area. These activities will contribute to the results of expansion of ARV treatment for clinically qualified TB/HIV co-infected patients, as well as regular screening of HIV positive patients for TB infection.

4. LINKS TO OTHER ACTIVITIES

These activities support and link to the network center at Moi Teaching and Referral Hospital, and link to other services such as Counseling and Testing (#8758), ARV Services (#6899, #7004), Palliative Care: Basic Health Care and Support (#6901) and PMTCT (#6898) supported primarily by this partner. There are well-established links with other services supported by this and other partners for example, diagnostic testing for HIV among TB patients, and provision of HIV care and treatment services to HIV positive TB patients.

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 community mobilization/ participation by use of community-based cough monitors who are dually trained at sputum collection and diagnostic counseling and testing (DTC) for HIV. A minor emphasis area is training for health workers.

Continued Associated Activity Information

Activity ID: 4235
USG Agency: U.S. Agency for International Development
Prime Partner: Indiana University School of Medicine
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	18	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	6,000	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Rift Valley
Western
Nyanza

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Medical Corps
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6905
Planned Funds: \$ 450,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT (#6907) and PMTCT (#6906).

2. ACTIVITY DESCRIPTION

In FY 2007, the International Medical Corps (IMC) will further expand TB/HIV services in Kibera (Nairobi Province), Suba District (Nyanza Province) and Tana and Taita-Taveta Districts (Coast Province). IMC complements national TB and HIV programs' efforts to deliver essential services for hard-to-reach high-risk populations with limited access to health services in these three Provinces. In Nairobi, IMC serves a needy low-income population in the Nairobi slums. In Nyanza, 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 August 2006, IMC laid a strong foundation for TB/HIV activities in Tana River and Taita-Taveta Districts by training 140 health staff and opening up 56 TB/HIV service outlets. IMC surpassed FY 2006 TB/HIV program targets in Kibera and Suba Districts for number of patients served, number of staff trained and number of service outlets established. IMC will build on this momentum and create better patient referral networks and partnerships with other PEPFAR programs (PMTCT, VCT, Care/Treatment) and other partners, including UCSF, KEMRI and local PLWHA organizations in Suba District, FHI at the Coast and national TB and HIV programs at all sites.

In tandem with both PEPFAR and NLTP country strategic plans, greater attention will be given to intensified TB screening for PLWHA and improving access to ART for HIV-positive TB patients and suspects who qualify. The other specific TB/HIV activities will include: diagnostic HIV testing for all TB suspects on an opt out basis, screening of HIV+ individuals for TB, delivery of HIV-related care and support (cotrimoxazole, ARV, nutrition, risk reduction counseling) for HIV+ TB patients and TB preventive treatment. Other activities will include strengthening community participation in and ownership of the TB/HIV program, improving delivery of DOTS at community and household levels, expanding linkages with other partners and programs, tracing treatment defaulters, linking with PLWHA groups to enhance participatory advocacy, strengthening referral linkages between TB and HIV programs, improving infrastructure and expanding training of health workers.

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 TB/HIV activities will be integrated with ongoing VCT (#6907), PMTCT (#6906) and STI and ARV treatment services in the respective Districts in support of the national programs. 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.

5. POPULATIONS BEING TARGETED

These activities will target TB suspects (both adults and children) and PLWHA identified at VCT (adults), PMTCT (pregnant women), STI (adults), ARV clinics (children and adults) and PLWHA organizations. Efforts will be made to intensify TB screening and TB case finding among PLWHA identified at these sites.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Diagnostic HIV testing for all TB patients will be on an "opt out" principle. National guidelines on HIV testing requiring consent, confidentiality and counseling will be observed as standard of care. 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, community mobilization, IEC, human resources, infrastructure, and training.

Plus up funds will essentially be used to further expand and strengthen existing activities. With PEPFAR support IMC is currently implementing a Home based counseling and testing (HBCT) program in Suba district. This will eventually cover the entire population of Suba. The ANC prevalence of Suba is 30%, therefore many HIV infected patients will be identified in the Home Based CT program. Plus up funds will be used to carry out TB screening in the Home Based CT program. The outreach VCT counselors will be trained in TB screening, and supported to carry out field visits. Although the focus of the TB screening will be HIV positive individuals, since the counselors will be at community level, they will also be able to carry TB screening for the all people in the household. By March 2007, 50,000 people will have been counseled and tested in Suba. In the same period, TB screening will have been provided to at least 10,000 of these individuals.

Continued Associated Activity Information

Activity ID: 4238
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Medical Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 350,000.00

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

Targets	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	65	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,200	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	350	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
People living with HIV/AIDS
Rural communities
Children and youth (non-OVC)
Laboratory workers
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Coast
Nairobi
Nyanza

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6944
Planned Funds: \$ 1,950,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT (#6941), Palliative Care (#6942), ARV Treatment (#6945), and PMTCT (#6949).

2. ACTIVITY DESCRIPTION

In FY 2007, Kenya Medical Research Institute (KEMRI) will expand collaborative TB/HIV activities in Nyanza Province, an area that is projected to register 25,000 new TB patients. All 12 districts in Nyanza Province will be supported to expand TB/HIV collaborative activities, including HIV testing of TB suspects and monitoring and treatment of HIV in TB clinics. We will strengthen active TB screening among HIV-positive clients at the PSC/CCC and medical inpatient wards. PEPFAR funds will support provincial and district TB/HIV stakeholders meetings, train workers in and implement enhanced TB screening, diagnosis, treatment, and referral, and develop and print IEC materials. Mechanisms of referral to TB clinics and back-referral to HIV care settings will be emphasized, and treatment and recording of TB in HIV care settings will be piloted.

KEMRI is also supporting TB/HIV services in Kodiaga and Kibos prisons, and will expand services to prisons in Siaya, Homa Bay and Kisii, including intensified TB case detection. In collaboration with the Kenya Association for Prevention of TB and Lung Disease (KAPTL), KEMRI will support good clinical and laboratory practice in 10 private clinics. Activities will focus on capacity building, provision of equipment, minor renovation, and procurement of supplies including cotrimoxazole (CTX), HIV test kits and laboratory reagents. In addition 5 laboratory technicians will be recruited to improve access to AFB microscopy and investigations for HIV care. In Nairobi, in 2007, Rhodes TB Clinic will screen 10,000 TB suspects, and serve between 4000 – 5000 TB patients. In FY 07, TB/HIV activities will be coordinated by KEMRI through partnership with the National Leprosy and Tuberculosis Program (NLTP), Nairobi City Council (NCC) and the USG agencies. In both Nyanza and Nairobi, the funds requested for will be used for testing TB suspects and patients for HIV, screening for TB among HIV+ persons, providing HIV+ TB patients with referral and CTX/ART, risk reduction counseling and psycho-social support, training of health workers to deliver TB/HIV services, supporting infrastructural development, supporting supply of HIV test kits and medicines for TB prevention and other opportunistic infections and improving referral linkages. To improve community participation in DOTs delivery, 700 community health workers (CHWs) from Migori and Rachuonyo Districts will be trained. In addition, supervision of the already trained 1,460 CHWs will be strengthened through recruitment of a coordinator. Motivation of the trained community health volunteers will be maintained through regular meetings, refresher trainings, exchange visits and non-monetary incentives. In order to improve supervision of TB/HIV work, 3 motor bikes will be provided. All sites delivering collaborative TB/HIV services will use a standard TB/HIV data collection tool developed by the NLTP.

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 20% 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. Quality of laboratory services will be improved through recruitment of laboratory technologist, AFBs microscopy training and improved supervision.

4. LINKS TO OTHER ACTIVITIES

These activities will be linked to ongoing CT (#6941), Palliative Care (#6942), ARV Treatment (#6945), and PMTCT (#6949) activities in Nyanza and Nairobi Provinces including linkages with the private sector and prisons.

5. POPULATIONS BEING TARGETTED

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

Diagnostic 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, and training.

Provider-initiated diagnostic HIV counseling and testing in all health care settings including OPDs, in-patients and TB clinics is essential because this facilitates provision of comprehensive care and provides opportunity to prevent new HIV transmissions. TB clinics already test more than 60% of TB patients and plan to achieve universal coverage. Diagnostic CT in OPDs and among in-patients is still poorly provided for but has potential to complement TB activities as TB suspects will be screened for HIV and PLWHA screened for TB. It is essential that uninterrupted supply of HIV test kits is sustained in all these clinical settings and the Plus-up funds will be used to supplement supply of test kits.

Continued Associated Activity Information

Activity ID: 4090
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 424,744.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	155	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	16,500	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	340	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
People living with HIV/AIDS
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nyanza
Nairobi

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Uniformed Services Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6951
Planned Funds: \$ 600,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in CT (#6950), Palliative Care: Basic Health Care and Support (#6956) and ARV Treatment (#6954) and PMTCT (#6953).

2. ACTIVITY DESCRIPTION

TB and AIDS are the leading causes of deaths in overcrowded Kenyan prisons, the majority of which remain underserved. Failure to contain TB and HIV in the prisons is failure to contain TB and HIV in the civilian population from which the prisoners come 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 being implemented to decongest and improve prison living conditions. In partnership with the National Leprosy and TB Program (NLTP) and Kenya Prisons Services (KPS), CDC's Uniformed Services Program (USP) 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 order to achieve a more efficient and coordinated response, the USP channeled FY 2006 funding for prison TB/HIV activities through the CDC/KEMRI cooperative agreement (CoAg). In FY 2006, USG supported KPS and the NLTP 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 with or acquire during their incarceration. FY 2007 activities will focus on additional investment in prisons' TB/HIV infrastructure and HR capacity. These efforts, which also support ART services in selected prisons, will be strengthened and expanded through partnerships with other programs. The key TB/HIV activities that target the inmates, prison staff and host communities alike include: testing TB patients/ suspects for HIV, screening HIV-infected persons for TB, 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. Additional activities will include production and distribution of TB screening protocols for the prisons, support for essential staff and supply of additional 5 X-ray units and 20 microscopes to enhance TB diagnostic capacity in prisons not catered for previously.

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 (#7001)) and supported by KEMRI (#6944), Kenya Prisons Services, PLWHA organizations and other partners.

5. POPULATIONS BEING TARGETED

TB suspects and PLWHA among 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 CT 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.

Plus-up funds will support expansion of integrated HIV/TB services in additional 9 prisons

among several that still remain underserved. Funds will support improvement of clinical and laboratory infrastructure, staff training, referral systems, data tracking systems and coordinating meetings. TB suspects among prisoners, prison staff and host communities will be screened for HIV and those living with HIV/AIDS screened for TB.

Continued Associated Activity Information

Activity ID: 4256
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: Uniformed Services Project
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	29	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,500	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	250	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 People living with HIV/AIDS
 Prisoners
 Laboratory workers
 Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Nyanza

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6961
Planned Funds: \$ 235,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Counseling and Testing (#6957), Prevention of Mother-to-Child Transmission (#6959), Palliative Care: Basic Health Care and Support (#6960) and ARV Services (#6958).

2. ACTIVITY DESCRIPTION

The Kenya Department of Defense (KDOD) proposes to intensify the care and treatment of military patients with co-infections of tuberculosis and HIV (TB/HIV) by undertaking more health personnel training in management of TB/HIV, improving the laboratory capacity for TB/HIV, and improving the infrastructure as necessary in designated health facilities to cater for 500 patients with TB/HIV co-infections. These combined TB/HIV activities will result in a strengthened capacity for KDOD health professionals to care for HIV infected TB patients, a strengthened capacity of KDOD health institutions to deliver HIV/TB services, improved diagnostics and treatment of TB among HIV+ individuals in the military population, and improved supply of TB drugs in the Kenyan military. KDOD also plans to extend TB/HIV services to the neighboring civil population as well in FY 2007 therefore increasing the capacity of TB/HIV care and treatment. Refresher training for integrated TB/HIV activities for KDOD health professionals will be undertaken. TB/HIV care clinics will be established in the 8 care and treatment centers in Armed Forces Memorial Hospital (AFMH) and Moi Air Base in Nairobi, Mombasa, Nanyuki, Nakuru, Gilgil, Eldoret and Thika. The TB treatment services at the AFMH have been integrated into the Comprehensive Care Clinic to facilitate effective care of TB/HIV co-infected patients.

KDOD also intends to integrate TB/HIV services in all the other seven military clinics. All HIV positive patients will be screened for TB and those found to be infected will be given anti-TB with cotrimoxazole prophylaxis as per the Kenya's National Leprosy and Tuberculosis Program (NLTP) guidelines. TB infected patients will be screened for HIV and STIs and antiretroviral therapy (ART) will be offered appropriately. Liaison with the NLTP will be maintained for both training and maintenance of treatment/care standards. A network system of HIV/TB patient tracing and referral will be maintained in the whole military structure of medical care. KDOD will train 50 health workers to provide clinical prophylaxis and/ treatment for TB/HIV infected individuals (diagnosed or presumed). In partnership with the United States Department of Defense (USDOD) Walter Reed Project (WRP) and the NLTP, the KDOD has in the last four years trained a number of KDOD health personnel in basic TB/HIV management. Intensification of TB/HIV case finding coupled with more training will lead to more patients being identified and appropriate care given. 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 (#6957), Prevention of Mother-to-Child Transmission (#6959), Palliative Care: Basic Health Care and Support (#6960) and ARV Services (#6958).

HIV-infected patients will be investigated for TB and similarly all TB-infected patients will be tested for HIV. Those found to be infected will be offered opportunity for care and treatment accordingly. 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 and where possible these services will be extended to the neighboring civil population.

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 new sites will include improved 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 major emphasis on training and minor emphasis on commodity procurement, human resources, and infrastructure. KDOD will procure medical supplies (e.g. laboratory diagnostics and drugs) as required for the diagnosis and management of HIV/TB co-morbidities. Staff training as well as obtaining additional staff will occur in order to meet the needs of the increased patient load. Finally, minor renovations will be required to prepare clinic space for this program activity in the three new clinics at Eldoret, Thika and Moi Air Base.

Continued Associated Activity Information

Activity ID: 4253
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: Kenya Department of Defense
Funding Source: GHAI
Planned Funds: \$ 155,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	8	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
Pharmacists
Discordant couples
Military personnel
People living with HIV/AIDS
Children and youth (non-OVC)
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: South Rift Valley
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 6975
Planned Funds: \$ 790,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Treatment: ARV services (#6973), Counseling and Testing (#6968, #7038) and Prevention of Mother-to-Child Transmission (#6967).

2. ACTIVITY DESCRIPTION

"Fund will be used for expansion of activity in the 2007 COP. The South Rift Valley (SRV) Program is a broad initiative by the Walter Reed Project/Kenya Medical Research Institute (WRP/KEMRI) HIV project in collaboration with Ministry of Health (MOH) district hospitals, two mission and two private tea estate hospitals within six districts located in the SRV province of Kenya.

In FY 2005, Kericho District Hospital within the SRV adopted the tuberculosis/HIV (TB/HIV) Model which is currently providing TB and HIV care and treatment to more than 500 TB patients co-infected with HIV. The model emphasizes activities to screen all HIV infected patients for TB as well as ensures TB infection control in health care and congregate settings.

"

"In FY07, this model and approach to TB/HIV will be replicated in the three remaining districts in the SRV in which KEMRI-SRV is implementing comprehensive HIV/AIDS care and treatment services. Projected plans for this activity in FY 2007 are to add an additional 20 TB/HIV diagnostic sites and 32 additional TB treatment sites within the six districts. The district hospitals will be the referral units for TB patients requiring specialized diagnostic, treatment or in-patient services from the rural health facilities. Forty additional health workers will be trained on TB/HIV to support the additional health facilities supported to offer TB/HIV services. These facilities will provide health care to a targeted 4,370 TB/HIV co-infected patients.

"

"All patients with TB under this program are offered HIV testing, recognition and management of STIs, and given education on safer and more responsible sexual behavior. All co-infected patients are given cotrimoxazole preventive therapy and offered comprehensive HIV/AIDS care, support and treatment (ART). Emergency Plann (EP) funds in FY 2006 were used to support the duplication of best practices in TB/HIV in two other districts within the SRV as well. Together the combination of the three districts' TB/HIV activities assisted in supporting 26 TB/HIVdiagnostic sites and 43 TB treatment sites. The program will continue to support improvement of the capacities of the laboratories in smear microscopy services and Kericho district hospital lab will continue to offer quality assurance in smear microscopy (augmented by fluorescent microscopy) in the region of the six districts. "

The program, in collaboration with the NLTP program, will continue to strengthen and optimize referral of specimen for TB culture and sensitivity to the national reference laboratory. The program will also continue to support efficient and timely supply of TB drugs to all the TB treatment sites. This activity will also continue to facilitate regular support supervision and technical assistance to all the health facilities offering TB diagnosis and treatment services through direct support as well as through collaborative district level supervisory meetings.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

KEMRI-SRV will contribute towards the provision of integrated TB/HIV care by reducing TB morbidity and mortality in HIV-infected individuals and also reducing HIV-related morbidity and mortality in TB patients co-infected with HIV. Planned activities will improve equity in access to TB/HIV treatment and care services since the currently underserved rural communities will have better access.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to KEMRI-SRV ARV services (#6973) throughout the six districts as well as with KEMRI-SRV Counseling and Testing (#6968) activities with a primary focus on provider initiated CT. It will also be linked to Tenwek Mission Hospital CT activity (#7038). TB/HIV is also linked to SRV PMTCT program (#6967) as part of the comprehensive care and support initiative for all HIV infected pregnant women who are screened in the PMTCT program.

5. POPULATION BEING TARGETED

This activity will target the general population of both adults and children but those primarily who have contracted TB and are being diagnosed or treated in the clinical setting. Trainings under this activity will focus on health care workers both in the private and public settings. All TB/HIV activity initiatives will be implemented in accordance or in collaboration with host government workers namely the National AIDS/STI Control Program (NAS COP) and the National TB and Leprosy (NLTP) program.

6. KEY LEGISLATIVE ISSUES ADDRESSED

KEMRI-SRV TB/HIV activity will address increasing gender equity in HIV/AIDS programs 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.

7. EMPHASIS AREAS

This activity includes major emphasis on commodity procurement and minor emphasis on community mobilization, human resources, infrastructure, and training. KEMRI-SRV will procure medical supplies (e.g. laboratory diagnostics and drug) as required for the diagnosis and management of HIV/TB co-morbidities. Staff training as well as obtaining additional staff will occur in order to meet the needs of the increased patient load. Finally, minor renovations will be required to prepare clinic space for this program activity.

Continued Associated Activity Information

Activity ID: 4112
USG Agency: Department of Defense
Prime Partner: Kericho District Hospital, Kenya
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 350,000.00

Activity ID: 4879
USG Agency: Department of Defense
Prime Partner: Kilgoris District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Activity ID: 4881
USG Agency: Department of Defense
Prime Partner: Kapsabet District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 80,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	32	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,370	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	55	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
Pharmacists
Discordant couples
National AIDS control program staff
Children and youth (non-OVC)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7001
Planned Funds: \$ 3,250,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in CT (#7009), PMTCT (#7006), Palliative Care: Basic Health Care and Support (#7005), ARV Treatment (#7004), Laboratory Infrastructure(#7003) and SI (#7002).

2. ACTIVITY DESCRIPTION

The National Leprosy and TB Program (NLTP) under the National STD and AIDS Control Program (NAS COP) is responsible for establishing TB policy and provides overall coordination, implementation and evaluation oversight for all TB/HIV activities in Kenya. In FY 2007, the Emergency Plan will provide essential support towards the achievement of targets set in the current NLTP Five-Year (2006 – 2010) Strategic Plan. National roll-out of collaborative TB/HIV activities is being coordinated by the National TB/HIV Steering Committee (NTHSC) established jointly by the NLTP and NAS COP, 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 NLTP projects that over 140,000 cases of TB will be registered for treatment in 2007, 60% of whom will be co-infected with HIV. The NLTP has a well-deserved reputation for widespread coverage, good diagnostic facilities, and for provision of free high-quality TB drugs. In FY 2007, the NLTP will build on gains made in FY 2006 to consolidate and further increase access to integrated TB/HIV services nationwide. Of 108,000 TB patients registered at the end of 2005, 60% received diagnostic HIV counseling and testing, 94% of those testing HIV-positive were placed on cotrimoxazol (CTX) and 30% started ART. In FY 2007, the NLTP will concentrate on getting more eligible TB patients onto ART and intensify, with collaborating partners, TB screening for HIV-infected persons identified in HIV care settings.

Apart from Emergency Plan, the NLTP receives complementary funding from several partners including WHO and the Global Fund. In 2006 and 2007, the NLTP will receive \$600,000 through OGAC/WHO cooperation to support TB/HIV activities in 15 districts that had previously received inadequate coverage. Kenya has been awarded Round 5 TB funding by the Global Fund to support efforts to control MDR-TB through surveillance and treatment. Emergency funds will be used to support efforts to prevent and manage drug-resistant TB among HIV/TB co-infected patients. Kenya has also applied for Round 6 Global Fund support to strengthen TB diagnostic capacity at dispensary level. In order to decrease the burden of HIV among TB patients, the NLTP will promote diagnostic HIV testing for all TB patients and TB suspects (where feasible) and will provide OI prophylaxis, nutritional and psychosocial support to co-infected patients. In order to decrease the burden of TB in PLWHA, the NLTP will intensify TB screening for affected persons, provide quality TB treatment for those with active disease, TB preventive treatment for those who qualify and intensify TB infection prevention measures in health care facilities and congregate settings, such as prisons. Additional activities will include increased attention to prevention with positives in TB settings, sustained TB/HIV media campaigns and increased private-public partnerships in TB/HIV services.

In addition to required PEPFAR TB/HIV indicators, the NLTP will support reporting of the following custom indicators to assist with TB/HIV program management and evaluation: number and percentage of HIV+ patients in care screened for TB, number and percentage of HIV+ registered TB patients, number and percentage of HIV+ TB patients receiving CTX and number and percentage of HIV+ TB patients receiving ART.

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 NAS COP and other implementing partners. In addition, the NLTP will work collaboratively with other programs implementing TB/HIV activities among special populations such as the prisons and refugees. The NLTP will lead all partners in the

development, formulation and approval of national TB/HIV policy guidelines. For instance, while TB preventive treatment is advocated by the Emergency Plans, the NLTP is proceeding cautiously on IPT given recent reports of potential perverse effects of this intervention. Through CDC's support, the NLTP and all partners now have a new TB/HIV training curriculum.

5. POPULATIONS BEING TARGETTED

TB suspects (adults and children) from whom the 142,000 TB patients in 2007 will be drawn. The TB suspects will be seen at various clinical settings - both public and private health facilities at different levels of care ranging from hospitals, health centers, dispensaries, faith-based health facilities, the prisons, private hospitals and others. The other populations targeted are HIV+ persons identified from VCT, PMTCT, STI, and ARV clinics and PLWHA organizations - TB screening will be intensified for all 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 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

Emphasis areas include policy/guidelines, commodity procurement, development of networks / linkages / referral systems, IEC, infrastructure, local organization capacity development, quality assurance / supportive supervision, infrastructure and training.

(\$1.4 M) Delivery of quality TB diagnostic services and containing emerging threat of MDR-TB are critical to control of HIV-driven TB in Kenya. The Plus-up funds will be used to improve capacity of the Central Reference Laboratory for TB (CRL-TB) to implement a national QA program and support establishment of a strong national MDR-TB surveillance system. The CRL-TB infrastructure will be strengthened by providing a stable power back-up (new generator) and a large capacity autoclave for waste disposal.

Communication and monitoring capacity of the CRL will be strengthened through provision of internet services and establishment of a working relationships with KEMRI TB laboratory. In addition, funds will be used to maintain adequate supplies of media and other laboratory commodities. Through Global Fund, Kenya is establishing an MDR-TB isolation facility in Nairobi and Plus-Up funds will complement these efforts through staff training, support for infrastructure, support supervision/feedback and promotion of best laboratory and clinical practices.

(\$500,000) In addition to required PEPFAR TB/HIV indicators, the NLTP supports reporting of the key custom indicators (number and percentage of HIV+ patients in care screened for TB, number and percentage of HIV+ registered TB patients, number and percentage of HIV+ TB patients receiving CTX and number and percentage of HIV+ TB patients receiving ART) to assist with program management and evaluation. These require coordinated effort of all regional and district TB and HIV technical teams to ensure that collaborative care standards are achieved or maintained through sustained support supervision and timely monitoring and reporting. Plus-up funds will assist NLTP provide this support supervision to implementers.

Continued Associated Activity Information

Activity ID:	4126
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National AIDS & STD Control Program
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 900,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1,700	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	35,000	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	2,500	<input type="checkbox"/>

Target Populations:

Adults
 Doctors
 Nurses
 National AIDS control program staff
 People living with HIV/AIDS
 Policy makers
 Prisoners
 Laboratory workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: TB Country Support/ TASC 2
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7031
Planned Funds: \$ 360,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is related to activity #7001 in the TB/HIV program area.

2. ACTIVITY DESCRIPTION Cooperative Housing Foundation (CHF) will build organizational capacity and provide sub-grants to NGOs, FBOs, and CBOs, resulting in the provision of antiretroviral treatment to 2,000 HIV-infected people in 9 health care facilities, including 100 children. 250 health care providers will be trained to provide antiretroviral therapy. The key activities of the primary partner will be to develop capacity of local organizations and provide supportive supervision. Funds granted through CHF to sub-partners will be used to provide a standard package of ARV treatment including support for health care worker salaries in accordance with Emergency Plan guidance, training, infrastructure improvement (for example through renovation of clinic spaces), community mobilization activities, support for laboratory evaluation, and adherence counseling and monitoring. ARVs are supplied to the sites through distribution system of the Mission for Essential Drugs and Supplies (MEDS) and the Kenya Medical Supplies Agency (KEMSA). This activity will expand existing programs and continue to place emphasis on providing treatment for children. The primary implementing partner in this activity, CHF, has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations.

By March 2006, CHF was supporting 4 organizations, whose combined activities were providing ARVs to approximately 2000 individuals with advanced HIV. Capacity building activities have included both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific ability to implement care programs). Sub-partners funded through CHF will support HIV treatment in 3 districts in Nyanza Province, and remote areas of Rift Valley and Eastern Provinces. This activity includes support to the following sub-recipients for activities integral to the program:

Merlin \$230,000

Christian Missionary Fellowship 150,000;

Kenya Pediatric Association 250,000;

Community of St. Egidio 280,000;

Kenyan Palliative Care Association \$40,000

One of the partners funded through CHF is the Kenya Pediatric Association. This local professional organization is providing national classroom, practical training, and mentorship related to pediatric treatment, and is strengthening networks for pediatric HIV treatment (for example through an E-mail list-serve and national meetings).

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will result in 10,000 HIV/TB co-infected persons receiving care in TB and HIV care settings.

4. POPULATIONS TARGETTED

Populations targeted are persons living with HIV/AIDS that are also co-infected with TB, and health care workers.

5. LINKS TO OTHER ACTIVITIES

PATH's activity in TB/HIV is directly related to NLTP's efforts in this same program area.

6. KEY LEGISLATIVE ISSUES

This activity addresses stigma and discrimination in the training setting.

7. EMPHASIS AREAS

The major emphasis area is training with a minor emphasis in human resources.

Continued Associated Activity Information

Activity ID:	4237
USG Agency:	U.S. Agency for International Development
Prime Partner:	Program for Appropriate Technology in Health
Mechanism:	TB Country Support/ TASC 2
Funding Source:	GHAI

Planned Funds: \$ 400,000.00

Emphasis Areas

Human Resources

% Of Effort

10 - 50

Training

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

60

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

10,000

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

500

Target Populations:

Doctors

Nurses

Pharmacists

HIV/AIDS-affected families

National AIDS control program staff

Orphans and vulnerable children

People living with HIV/AIDS

Policy makers

Caregivers (of OVC and PLWHAs)

Public health care workers

Other Health Care Worker

Doctors

Laboratory workers

Nurses

Pharmacists

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Health communication campaign
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7046
Planned Funds:	\$ 300,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities with Danya International (#8824) for a communication campaign.</p> <p>2. ACTIVITY DESCRIPTION This activity will allow for production of media materials and logistics support for dissemination meetings for a jointly funded (Palliative Care TB/HIV and ARV Services) COP 2006 communication campaign being coordinated by Danya International. In the media campaign, a multi-level, coordinated approach to communication resource development and dissemination is anticipated, incorporating the main media of radio, print and outdoor media, as well as community mobilization tools such as training kits, publications and merchandise, community events, traditional theatre, songs and dances, community video, district signage and other community sponsorship activities. This activity will create demand for HIV care and treatment services among HIV infected persons by giving them correct and complete information about ART and OI care, including TB/HIV linkages. Funding is needed to produce the materials for national dissemination and logistics support for meetings.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA This will significantly contribute to the national numbers of people in care and on ART.</p> <p>4. LINKS TO OTHER ACTIVITIES The overall program activity links closely to FY 2006 Palliative care and ARV services activities currently supported by Danya International.</p> <p>5. POPULATIONS BEING TARGETED These activities target people living with HIV/AIDS.</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 emphasis in commodity procurement, logistics, and information, education, and communication.</p>

Continued Associated Activity Information

Activity ID:	6449
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Danya International, Inc
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 500,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7105
Planned Funds:	\$ 520,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to all other activities in the Palliative Care: TB/HIV program area.</p> <p>2. ACTIVITY DESCRIPTION</p> <p>CDC Kenya staff provide an intensive level of technical assistance and programmatic guidance on the integration of TB and HIV activities in partnership with the National Leprosy and TB Program (NLTP), the National AIDS and STI Control Program (NAS COP), WHO, non-governmental organizations, faith-based organizations, private practitioners and other USG partners involved in TB/HIV activities. CDC staff are active leaders in the National TB/HIV coordinating committee and are assisting the Ministry of Health to coordinate the roll-out of routine HIV testing for TB patients/suspects, TB screening for HIV+ individuals and provision of additional HIV-related care (prevention of opportunistic infections, ARV therapy) for HIV+ TB patients. TB/HIV section staff, who include four Kenyan physicians, one laboratory technologist (funded separately under the Laboratory Program), and three support staff, are instrumental in developing project protocols and conducting operational research designed to improve care and prevention of HIV-related TB in collaboration with the above partners. The same staff will continue to provide technical support to evolving TB/HIV programs in Southern Sudan. CDC Kenya staff also provide best practice training and guidance to medical staff, including assistance to the Ministry of Health in developing TB/HIV training curricula and guiding the agenda for the national, regional and more localized TB/HIV coordinating bodies. Other technical assistance to the NLTP includes collection, analysis, and dissemination of national TB/HIV data. The same staff are involved in the piloting of electronic TB/HIV registers, the development and evaluation of data collection instruments and monitoring and evaluation of TB/HIV collaborative activities across the country. CDC Kenya professionals assist with the formulation of national policies and guidelines on HIV/TB matters. This budget includes support for 7 CDC Kenya staff, 6 weeks of technical assistance from CDC Atlanta in the coming financial year, and a considerable amount of in-country travel for supervision of project activities and supply of essential commodities such as HIV test kits and cotrimoxazole. CDC Kenya staff supervise and monitor the use of USG funds in all CDC supported projects dealing with TB/HIV activities.</p>

Continued Associated Activity Information

Activity ID:	4299
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GAP
Planned Funds:	\$ 485,420.00

Targets

Target

Target Value

Not Applicable

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Table 3.3.07: Activities by Funding Mechanism

Mechanism: RPM/PLUS
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8713
Planned Funds: \$ 1,400,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV Treatment: ARV drugs (#6989) and Laboratory Infrastructure (#6990).

2. ACTIVITY DESCRIPTION

This is a follow-up to the JSI activity from FY 2006. This component will continue to strengthen, improve and maintain the national logistics and distribution system for HIV clinical care and support and the prevention of TB. Through system strengthening, training and monitoring, the National Leprosy and Tuberculosis Program (NLTP) will be enabled to improve case detection rates, establish Diagnostic Counseling and Testing (DTC) and provide integrated TB/HIV treatment and referral. Under the KEMSA support, RPM Plus proposes to 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, KEMSA has also expressed a need in these areas. Specifically, KEMSA 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. RPM Plus will work collaboratively with KEMSA and its clients to provide training and tools in quantification to KEMSA's central unit, depots and MOH departments that KEMSA serves. RPM Plus will work with KEMSA to assist in planning for distribution of medicines and supplies needed for key health campaigns and provide support during emergencies as necessary and when requested by the MOH or partners.

In 2005, 108,533 active cases of tuberculosis were notified to the NLTP. National HIV/TB co-infection rate stands at between 50-60%. Provincial and District TB and Leprosy Coordinators need to have access to not only TB drugs but also HIV tests for DCT, and prophylaxis treatment regimes such as cotrimoxazole. These integrated HIV commodities will be added into the TB logistics system so as to provide a fully integrated TB/HIV service. Tight financial management and accountability is the key to the success of the program as can be seen through present efforts as well as the TB program on which this program design was based

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will support the distribution and logistics systems for equipment, supplies (such as laboratory equipment and pharmaceuticals including cotrimoxazole and isoniazid), and training necessary to implement the National TB program for integrated TB/HIV activities. Targets for patients treated as a result of these activities are listed under the activities funded through the 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 (#6989) and Laboratory Infrastructure (#6990), which concentrate on improving logistics for the various HIV/AIDS related commodity groups from condoms, home-based care kits, laboratory equipment and reagents to other associated health commodities.

4. POPULATIONS BEING TARGETED

The beneficiaries are people living with HIV/AIDS.

5. EMPHASIS AREAS

The major emphasis area for this component is logistics serving to enhance the availability of anti-TB drugs. Minor areas of emphasis include quality assurance and support supervision and training.

RPM/PLUS with additional PlusUp funds will continue support to the NLTP related to enhancing MDR-TB surveillance by: 1) Strengthening of the laboratory and clinical infrastructure to better monitor MDR TB; and 2) Supporting the logistics of ensuring specimen collection and delivery to the Central Reference Laboratory and feedback of results to the sending site and also enhancing supervision by PTLCs and DTLCs (\$1,000,000).

Emphasis Areas

	% Of Effort
Logistics	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

People living with HIV/AIDS

Policy makers

Public health care workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8754
Planned Funds:	\$ 300,000.00
Activity Narrative:	<p>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.</p> <p>2. ACTIVITY DESCRIPTION SCMS will support all of PEPFAR Kenya’s service delivery activities through provision of an uninterrupted supply of HIV test kits in TB/HIV and other clinical settings. Commodities will come through a regional warehouse established in Kenya (District Regional Center – DRC), 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 supported sites have adequate test-kits 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. In this 12-month period, SCMS will procure 250,000 Government of Kenya (GOK)-approved test kits for CT programs within TB/HIV treatment programs in health facilities.</p> <p>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.</p> <p>4. LINKS TO OTHER ACTIVITIES This activity relates to all service delivery activities offering counseling and testing to pregnant women, as well as the RPM+/MSH 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).</p> <p>5. POPULATIONS BEING TARGETED The target populations for this activity adults, youth and children in the general population for HIV/AIDS testing.</p> <p>6. EMPHASIS AREAS The major area of emphasis for this activity is commodity procurement.</p>

Emphasis Areas

Commodity Procurement

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

Adults

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of Washington
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8830
Planned Funds:	\$ 75,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to activities in Palliative care (#7099) and ARV Services (#7100, #7004).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>The University of Washington (UW) will expand a long-standing research collaboration with the University of Nairobi in the support of TB/HIV services for approximately 10,000 patients at 3 delivery sites within Kenya. 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). UW will offer TB screening to all HIV-infected patients; approximately 800 will be diagnosed with TB/HIV. 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. 10 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>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, strengthen capacity of health workers to provide integrated HIV and TB services.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>The overall program activity links closely to Palliative care and ARV services currently supported by UW, and ART services coordinated by and supported through the National AIDS and STD Control Program (NAS COP).</p> <p>5. POPULATIONS BEING TARGETED</p> <p>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.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.</p> <p>7. EMPHASIS AREAS</p> <p>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.</p>

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	800	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	<input type="checkbox"/>

Target Populations:

Faith-based organizations
 Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Laboratory workers
 Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi
 Nyanza

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8843
Planned Funds: \$ 300,000.00

Activity Narrative:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support(#6855) and ARV Services (#6853, #6854).

2. ACTIVITY DESCRIPTION

AIDS Relief (a consortium of Catholic Relief Services, Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland) will support HIV/TB services for approximately 30,000 HIV patients at 20 service delivery sites throughout Kenya. AIDSRelief will offer TB screening to all HIV patients; approximately 3,000 will be diagnosed with HIV/TB. Refresher training of laboratory staff will be initiated and basic laboratory microbiology capacity improved in order to meet the increased needs of TB testing. 25 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, 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 and ARV services currently supported by AIDSRelief, ART services supported by this partner through in-country funding, and ART services coordinated by and supported through the National AIDS and STD Control Program (NASCO). **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.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative care and ARV services currently supported by AIDSRelief, ARV services supported by this partner through in-country funding, and ARV services coordinated by and supported through the National AIDS and STD Control Program (#7004).

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.

AIDS Relief (a consortium of Catholic Relief Services, Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland) will support HIV/TB services for approximately 30,000 HIV patients at 20 service delivery sites throughout Kenya. AIDSRelief will offer TB screening to all HIV patients; approximately 3500 will be diagnosed with HIV/TB. Refresher training of laboratory staff will be initiated and basic laboratory microbiology capacity improved in order to meet the increased needs of TB testing. 50 Health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals.

AIDSRelief will also offer HIV testing in all TB areas and other clinical areas where TB Patients and TB suspects are seen. Approximately 10,000 TB patients/TB suspects will be tested for HIV.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,500	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	75	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8846
Planned Funds: \$ 220,000.00

Activity Narrative:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care (#6868), ARV Services (#6866, 6867) and PMTCT (#7016).

2. ACTIVITY DESCRIPTION

Columbia University's International Center for AIDS Treatment (CU-ICAP) will support TB/HIV services for approximately 20,000 patients at 12 sites Central Province. TB screening will be offered to all HIV 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. 25 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 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 (#6868) and ARV Services (#6866, 6867) currently supported by Columbia University and PMTCT services(#7016) 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.

"This will support expansion of Columbia University's COP 07 activities. 2. ACTIVITY DESCRIPTION Columbia University's International Center for AIDS Treatment (CU-ICAP) will support TB/HIV services for approximately 20,000 patients at 12 sites Central Province. TB screening will be offered to all HIV patients as part of the standard of care in all the facilities; approximately 1,750 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. 75 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.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,750	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	75	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Laboratory workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9054
Planned Funds: \$ 175,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Palliative Care (#7089), ARV Services (#7090), Counseling and Testing (#6941, #6907) and PMTCT (#6949).

2. ACTIVITY DESCRIPTION

University of California at San Francisco (UCSF) will support TB/HIV services for approximately 12,000 patients at 39 sites in Nairobi and Nyanza Provinces. TB screening for all HIV patients and HIV screening for all 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. 25 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 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 services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative Care (#7089), ARV Services (#7090) currently supported by this partner, Counseling and Testing provided by KEMRI (#6941) and IMC (#6907), and PMTCT services offered by KEMRI (#6949).

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.

"This will be an expansion of existing activity in COP 07. 2. ACTIVITY DESCRIPTION

University of California at San Francisco (UCSF) will support TB/HIV services for approximately 12,000 patients at 40 sites in Nairobi and Nyanza Provinces. Intensified TB screening for all HIV patients and HIV screening for all TB suspects/patients will be offered as a standard of care in all the facilities; approximately 1,500 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. 75 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.

"
 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.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	40	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	75	<input type="checkbox"/>

Target Populations:

Adults
 Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Laboratory workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Nyanza

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Department of Pediatrics
Prime Partner:	University of Nairobi
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9057
Planned Funds:	\$ 50,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities in ARV Services (#7095) and Palliative Care (#7096).</p> <p>2. ACTIVITY DESCRIPTION The University of Nairobi Department of Pediatrics (UNBO) will support TB/HIV services for approximately 4,000 patients at the Kenyatta National Referral Hospital (KNH) and two additional sites in Nairobi. UNBO will offer TB screening to all HIV infected patients; approximately 500 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. 20 health care workers will be trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals.</p> <p>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.</p> <p>4. LINKS TO OTHER ACTIVITIES The overall program activity links closely to Palliative care and ARV services currently supported by UNBO, and ART services coordinated by and supported through the National AIDS and STD Control Program (#7004).</p> <p>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.</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 emphasis in commodity procurement, development of networks/linkages/referral systems, local organization capacity development, quality assurance, quality improvement and supportive supervision, and training.</p>

Emphasis Areas**% Of Effort**

Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	500	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.07: Activities by Funding Mechanism

Mechanism: APHIA II - Nyanza
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9059
Planned Funds: \$ 300,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Counseling and Testing (#8760), Condoms and Other Prevention (#8942), PMTCT (#8734), Palliative care: Basic health care and support (#8928), and ARV services (#8774).

2. ACTIVITY DESCRIPTION

USAID's APHIA Nyanza project implemented by EngenderHealth began its support to TB/HIV palliative care services in Nyanza Province in FY 2006. In FY 2007 this activity will continue the expansion of TB/HIV services emphasizing HIV counseling and testing for all TB patients in 10 public sector and faith-based health facilities across two districts in Nyanza Province. The districts targeted for expanded TB/HIV services are Homa-Bay and Rachuonyo Districts. 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 90 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 100 health workers, including MOH laboratory personnel on NLTP guidelines and reporting procedures; quality laboratory services procedures and comprehensive HIV/TB management. It will provide treatment to 600 HIV-infected TB 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 600 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 (#8760), Condoms and Other Prevention (#8942), PMTCT (#8734), Palliative care: Basic health care and support (#8928), and ARV services (#8774) 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, 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

This APHIA II Nyanza activity has a major emphasis on community mobilization/participation and quality assurance, quality improvement and supportive supervision. It has a minor emphasis on training.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	600	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/>

Target Populations:

Adults
 Community-based organizations
 Doctors
 Nurses
 HIV/AIDS-affected families
 People living with HIV/AIDS
 Caregivers (of OVC and PLWHAs)
 Laboratory workers
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Other Health Care Workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.07: Activities by Funding Mechanism

Mechanism: APHIA II - Coast
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9062
Planned Funds: \$ 400,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

The APHIA II TB/HIV care activities relate to activities in AB (#8950), CT (#8781), OVC (#9048), Palliative Care: Basic Health Care and Support (#8934), ARV Services (#8813), Condoms and Other Prevention (#8930), PMTCT (#8764), and Strategic Information (#9711).

2. ACTIVITY NARRATIVE

This activity has in the preceding years received funding from USAID to support TB control activities with the National Leprosy and Tuberculosis Program (NLTP) in Mombasa and Nairobi. In addition, these activities have supported strengthening of the Central Reference Laboratory, linkage into the home-care programs, continued school health education, increased number of TB diagnostic and treatment centers, development of effective referrals, dissemination of provider job-aides, educational campaigns, strengthening of management of drug resistance, and surveillance and institutionalization of TB/HIV collaboration.

This activity will support training of HIV and TB care staff on routine diagnostic testing and counseling of TB suspects and cases using the NLTP/NASCOP curriculum, provide additional staff if required, screening of HIV cases for TB, upgrading of laboratories with additional equipment, and renovation of laboratory space, as necessary. In addition, INH prophylaxis will be introduced at select CCCs and the congregate settings of Shimo-la-Tewa and other prisons. 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 community levels. 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 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. CONTRIBUTION TO OVERALL PROGRAM AREA

This APHIA II Coast TB/HIV care activity will provide clinical prophylaxis and treatment for TB to 2,000 people and train 100 health workers in TB/HIV related activities in 50 health care facilities in Coast Province.

4. LINKS TO OTHER ACTIVITIES

The APHIA II TB/HIV care activities relate to other APHIA II- Coast activities in AB, CT, OVC, Palliative Care: BHCS, ARV Services, Condom and Other Prevention, PMTCT, and strategic information. TB patients will be linked to HIV counseling and testing, prevention and treatment services.

5. POPULATIONS BEING TARGETED

General population, health workers, and PLWHA with dual TB/HIV infections.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will address gender, stigma and discrimination through its community activities.

7. EMPHASIS AREAS

Major emphasis is training, with minor emphases in community mobilization/participation, development referral systems, local organizations capacity development, workplace programs, and IEC.

APHIA II Coast with these additional Plus Up funds will intensify provider-driven DCT in health care settings seeking to enhance testing in TB diagnostic centres that currently do not provide ART services. These facilities are largely health centres 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 DCT program that has intensified testing in facilities where both TB and ART services are provided (\$200,000).

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	50	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,000	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/>

Target Populations:

Adults
 Faith-based organizations
 Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Laboratory workers
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Coast

Table 3.3.07: Activities by Funding Mechanism

Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9065
Planned Funds: \$ 250,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

The activity will link to APHIA Rift Valley other activities in CT (#8776), Palliative Care: Basic Health Care and Support (#8929), ARV services (#8797), Condoms and Other Prevention (#9040), Orphans and Vulnerable Children (#9029), Prevention of Mother to Child Transmission (#8733) and Abstinence and Be Faithful (#9070).

2. ACTIVITY DESCRIPTION

This activity has in the preceding years received funding from USAID to support TB control activities with the National Leprosy and Tuberculosis Program (NLTP) in urban, poor populations in Mombasa and Nairobi. In addition, these activities have supported strengthening of the Central Reference Laboratory, linkage into the home-care programs to introduce/strengthen community-based DOTS, continued school health education, increased number of TB diagnostic and treatment centers, development of effective referrals, dissemination of provider job-aides, educational campaigns, strengthening of management of drug resistance, and surveillance and institutionalization of TB/HIV collaboration. In the nomadic pastoralist population of Samburu district, this activity funded the SADIA Project that strengthened 'manyatta' TB care and introduced community-based DOTS and HIV care to nomadic populations.

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 by 40. 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, provide additional staff as required, screen HIV cases for TB, upgrade laboratories with additional equipment, and renovate laboratory space, as necessary. In addition, INH prophylaxis will be introduced at select Comprehensive Care Clinics (CCCs) and the congregate settings of Naivasha GK Prison and other prisons. CTX prophylaxis will be introduced for all HIV infected TB cases and referrals for ART made to all CCCs. 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 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 people and train 100 health workers in TB/HIV related activities in 40 health care facilities in Rift Valley Province.

4. LINKS TO OTHER ACTIVITIES

The activity will link to APHIA Rift Valley other activities in CT (#8776), Palliative Care: Basic Health Care and Support (#8929), ARV services (#8797), Condoms and Other Prevention (#9040), Orphans and Vulnerable Children (#9029), Prevention of Mother to Child Transmission (#8733) and Abstinence and Be Faithful (#9070) 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 and also HIV/AIDS affected families.

6. EMPHASIS AREAS

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.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	40	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 Orphans and vulnerable children
 People living with HIV/AIDS
 Caregivers (of OVC and PLWHAs)
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.07: Activities by Funding Mechanism

Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9068
Planned Funds: \$ 300,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity links with other HVTB activities by Indiana University (#6900) as well as other USG partners. These activities are linked with activities in HTXS (#8826), HBHC (#8931), PMTCT (#8738), and OVC (#9073).

2. ACTIVITY DESCRIPTION

The only major USAID partner that has been working in Western Province in this program area is Indiana University. The APHIA II Western TBD partner will develop a program that links with all other relevant program areas and partners in order to ensure integrated quality services in the province. In FY 2007, the TBD partner will strengthen the Kakamega Provincial General Hospital as a referral to a number of TB diagnostic and treatment centres, development of effective referrals, dissemination of provider job-aides, educational campaigns, strengthening of management of drug resistance, and surveillance and institutionalization of TB/HIV collaboration.

Although the detailed activity will be discussed and agreed up on with the TBD partner, the FY 2007 activity will ensure active TB screening for HIV infected patients, that HIV testing for TB patients is intensified, emphasis on Cotrimoxazole prophylaxis for all HIV infected TB clients, piloting of ART in TB clinics, and an increase in the number of sites that can appropriately do IPT. As a result of the 2007 activity, it is expected that 3000 new clients will be provided with TB/HIV services and a 100 of service providers trained to provide these services. Diagnostic HIV testing for all TB patients will be on an "opt out" principle. Guidelines on HIV testing and universal precautions - consent, confidentiality and counseling - will be observed as part of standard universal practice

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II TBD activity will provide clinical prophylaxis and treatment for TB to 3,000 people, thus contributing to the national TB/HIV targets, and train 100 health workers in TB/HIV related activities in 10 health care facilities in Western Province. These set of activities will contribute to the results of strengthened delivery of integrated HIV and TB services, including strengthened referral systems, improved diagnostics and treatment of TB among HIV-positive patients and of HIV in TB patients, and strengthened capacity of health workers to provide integrated HIV and TB services.

4. LINKS TO OTHER ACTIVITIES

This activity carries forward previously approved activities in the FY 2005 COP by FHI/IMPACT and links with other HVTB activities by Indiana University (#6900) as well as other USG partners. These activities are linked to all other APHIA II Western program areas such as HTXS (#8826), HBHC (#8931), PMTCT (#8738), and OVC (#9073) in Western Province.

5. POPULATIONS BEING TARGETED

General population, Health workers, PLWHA with dual TB/HIV infections.

6. KEY LEGISLATIVE ISSUES ADDRESSED

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

Major emphasis is training, with minor emphases in Community mobilization/participation, development referral systems, local organizations capacity development, and IEC.

APHIA II Western with these additional Plus Up funds will intensify provider-driven DCT in health care settings seeking to enhance testing in TB diagnostic centres that currently do not provide ART services. These facilities are largely health centres 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 DCT program that has intensified testing in facilities where both TB and ART services are provided (\$100,000).

Emphasis Areas**% Of Effort**

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

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,000	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 Orphans and vulnerable children
 People living with HIV/AIDS
 Caregivers (of OVC and PLWHAs)
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Western

Table 3.3.07: Activities by Funding Mechanism

Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9069
Planned Funds: \$ 220,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

The activity will link to APHIA Eastern other activities in CT (#8782), HBHC (#8863), ART (#8792), OP (#8932), OVC (#9041), PMTCT (#8752) and AB (#8725).

2. ACTIVITY DESCRIPTION

In FY 2007 USAID'S APHIA II Eastern project (implemented by JHPIEGO and its Implementing Partners) will provide support to TB control activities with the National Leprosy and Tuberculosis Program (NLTP) and continue to build the capacity of health workers in Ministry of Health (MOH) facilities in Northern region of Eastern Province, to provide for TB and HIV treatment and care services.

In FY 2005 JHPIEGO supported the training of 250 health workers in ART across twenty districts in Eastern and Nairobi province, which helped to improve the quality of TB/HIV services in 20 sites. JHPIEGO will continue to participate in the MOH's Technical Working Group to ensure coordination of TB and HIV activities and compliance with MOH guidelines. APHIA II Eastern will increase the number of providers and sites that can offer effective TB care, which will in turn increase the number of individuals provided with HIV and TB services, as well as the number of HIV infected clients given TB preventive therapy.

This activity seeks to provide TB treatment to 1,000 HIV infected clients attending HIV care/treatment services and increase the number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV infected individuals by 20. 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, 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 introduced 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 the public HIV/AIDS and TB programs.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This APHIA II Eastern TB/HIV care activity will provide clinical prophylaxis and treatment for TB to 1,000 people and train 200 health workers in TB/HIV related activities in 20 health care facilities in Eastern Province. 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

The activity will link to APHIA Eastern other activities in CT (#8782), HBHC (#8863), ART (#8792), OP (#8932), OVC(#9041), PMTCT (#8752) and AB (#8725) that all seek to provide comprehensive district based services coordinated at the provincial level. This partner will also work closely with CDC supported partners in the Southern region of Eastern Province.

5. POPULATIONS BEING TARGETED

This activity targets people living with HIV/AIDS, including infants and children. It also targets other MOH staff including program managers in the NASCOP, and public health care doctors and nurses.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma and discrimination.

7. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis on development of network/linkages/referral systems.

APHIA II Eastern with these additional Plus Up funds will intensify provider-driven DCT in health care settings seeking to enhance testing in TB diagnostic centres that currently do not provide ART services. These facilities are largely health centres 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 DCT program that has intensified testing in facilities where both TB and ART services are provided (\$100,000).

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 National AIDS control program staff
 Orphans and vulnerable children
 People living with HIV/AIDS
 Policy makers
 Caregivers (of OVC and PLWHAs)
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	APHIA II - Central / Nairobi
Prime Partner:	Pathfinder International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9072
Planned Funds:	\$ 400,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity will be linked to ARV services (APHIA II Nairobi/Central), Basic Health Care services (#8936), CT Services (#8976) and other TB/HIV activities (#7001).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>This activity relates to support for strengthening and expanding palliative care in clinical settings addressing TB and HIV. Pathfinder International (PI), the lead partner in APHIA II Nairobi/Central will develop and implement new interventions, expanding and integrating service delivery in Year 1 in sites targeted under the APHIA II Nairobi/Central Project. 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. 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 Nairobi/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, a PI partner, will provide guidance for training of nurses and community health workers, annual refresher training on TB/HIV/AIDS care and education and basic training on clinical observation and case management. 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.</p> <p>In FY 2007 PI will pilot ART provision in TB clinics in an effort to decentralize and treat patients where they are presenting for care. In both Nairobi and Central 4,780 HIV infected people will be administered TB therapy, 200 health care workers will be trained in TB/HIV services from a total of 20 sites.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This activity will result in 4,780 persons accessing TB/HIV services in Nairobi and Central, as well as better prevention and control of urban Tb in Nairobi.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>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 NLTP and VCT sites.</p> <p>5. POPULATIONS BEING TARGETED</p> <p>This activity targets 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.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>This activity will address stigma and discrimination against persons infected with HIV.</p> <p>7. EMPHASIS AREAS</p> <p>This activity includes major emphasis on Quality assurance and supportive supervision with additional focus on training; development of networks/linkages/referral systems.</p>

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	40	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,780	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	<input type="checkbox"/>

Target Populations:

Adults
 Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Children and youth (non-OVC)
 Doctors
 Laboratory workers
 Nurses
 Pharmacists

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central
 Nairobi

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Health Policy Initiative
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12454
Planned Funds: \$ 50,000.00
Activity Narrative: While it is well documented that TB is the single most important cause of morbidity and mortality among PLWHA, TB advocacy has always trailed behind HIV. Indeed a number of PLWHA organizations have dedicated resources to HIV advocacy, almost at the expense of TB issues. There a growing recognition of the important role of 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 Plus-up 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.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50

Key Legislative Issues

Stigma and discrimination

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Lea Toto
Prime Partner: Children of God Relief Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12455
Planned Funds: \$ 50,000.00
Activity Narrative: COGRI/Lea Toto Project will use these additional Plus Up funds to intensify provider-initiated DCT in health care settings, seeking to enhance HIV testing among children presenting with TB symptoms across their network of 6 sites. 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 DCT program that has intensified testing in facilities where both TB and ART services are provided. An additional 100 TB/HIV infected children will be identified and treated with these resources.

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of Manitoba
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12456
Planned Funds:	\$ 50,000.00
Activity Narrative:	<p>University of Manitoba will support TB/HIV services for approximately 700 patients at 2 sites in Nairobi Province. Intensified TB screening and treatment for all HIV patients and HIV screening for all TB suspects/patients will be offered as a standard of care in all the facilities; approximately 70 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. 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.</p> <p>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. Since 1986, they have been the main provider of health care and counseling for over 1700 mothers and their families. This long-term association has nurtured and created a very trusting environment for patients to visit. Prior to the availability of Emergency Plan funds, it had not been possible to provide antiretroviral treatment to the women and children in this cohort because of lack of resources. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi.</p> <p>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.</p> <p>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.</p> <p>4. LINKS TO OTHER ACTIVITIES The overall program activity links closely to Palliative Care (#7093), ARV Services (#7094) currently supported by this partner, PMTCT services at PMH provided by University of Nairobi (#7097) and to services provided at Kenyatta Hospital, a network center through University of Nairobi as well as HIV/TB services supported by NLTP.</p> <p>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.</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 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.</p>

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	2	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	70	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	<input type="checkbox"/>

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	African Medical and Research Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12457
Planned Funds:	\$ 50,000.00
Activity Narrative:	<p>"African Medical Research Foundation (AMREF) will support TB/HIV services for approximately 1,400 patients at 3 sites in Nairobi Province. Intensified TB screening and treatment for all HIV patients and HIV screening for all TB suspects/patients will be offered as a standard of care in all the facilities; approximately 140 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. AMREF will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan.</p> <p>"</p> <p>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 2006, the program was providing palliative care services to more than 622 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.</p> <p>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.</p> <p>4. LINKS TO OTHER ACTIVITIES The overall program activity links closely to Palliative Care (#7096), ARV Services (#7095) and PMTCT Services ((#6837) currently supported by this partner as well as HIV/TB services supported by NLTP.</p> <p>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.</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 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.</p>

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	International Rescue Committee
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12458
Planned Funds:	\$ 25,000.00
Activity Narrative:	<p>" International Rescue Committee (IRC) will support TB/HIV services for approximately 300 patients at 4 sites in Kakuma, Lokichogio and Lodwar in Rift Valley Province, targeting both refugee and local population. Intensified TB screening and treatment for all HIV patients and HIV screening for all TB suspects/patients will be offered as a standard of care in all the facilities; approximately 30 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. 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. IRC will maintain data concerning the numbers of people served and will report both nationally and through the</p> <p>"</p> <p>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 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. A significant change from FY 2006 to FY 2007 for this activity include expansion of sites and number of people reached, increase emphasis on provision of care for the local community at the Kakuma Mission Hospital and Lodwar District Hospital and increased emphasis on provision of care for children</p> <p>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 Palliative Care (#6909), ARV Services (#6914) 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.</p> <p>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.</p>

Targets

Target

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Target Value

4

Not Applicable

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

30

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

10

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Liverpool VCT and Care
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12459
Planned Funds:	\$ 50,000.00
Activity Narrative:	Liverpool Voluntary Counseling, Testing and Care (LVCT) will support TB/HIV services for approximately 8,000 patients at 10 sites in Nairobi, Eastern and Nyanza Provinces. Intensified TB screening and treatment for all HIV patients and HIV screening for all TB suspects/patients will be offered as a standard of care in all the facilities; approximately 800 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. 25 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.

Liverpool Voluntary Counseling, Testing and Care (LVCT) will support TB/HIV services for approximately 8,000 patients at 10 sites in Nairobi, Eastern and Nyanza Provinces. Intensified TB screening and treatment for all HIV patients and HIV screening for all TB suspects/patients will be offered as a standard of care in all the facilities; approximately 800 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. 25 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 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 Palliative Care (#6984), ARV Services (#6985) 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.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	800	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	25	<input type="checkbox"/>

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	New York University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12460
Planned Funds:	\$ 50,000.00
Activity Narrative:	<p>"New York University (NYU) will support TB/HIV services for approximately 3,000 patients, at Bomu Clinic and two satellite sites in Mombasa, Coast Province. Intensified TB screening and treatment for all HIV patients and HIV screening for all TB suspects/patients will be offered as a standard of care in all the facilities; approximately 300 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. 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. NYU will maintain data concerning the numbers of people served and will report both nationally and through the Emergency Plan. "</p> <p>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 700 patients by June 2006, including more than 100 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 Palliative Care (#7014), ARV Services (#7015,8813) 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.</p>

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	300	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	<input type="checkbox"/>

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	KNCV TB Foundation
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	19330
Planned Funds:	\$ 40,000.00
Activity Narrative:	US\$40,000 was moved to KNCV (TBCAP Mechanism) to assist in the payment of DTLC salaries for a period of two months to bridge their transfer from PATH support to CAPACITY project support.

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area: \$ 32,064,817.00

Program Area Context:

Key Result 1: 288,000 orphans and vulnerable children cared for
Key Result 2: 16,239 providers/caregivers trained in caring for OVC

CURRENT PROGRAM CONTEXT AND STATISTICS

There are an estimated 1.5 million orphans and vulnerable children (OVC) in Kenya (Demographic and Health Survey, 2003). The number is expected to rise to 2.3 million by 2010 despite the introduction of antiretroviral treatment. The HIV/AIDS epidemic has had a specifically devastating effect on this population, making these children a critical priority for both Kenya and the Emergency Plan in Kenya.

Ensuring access to essential services for OVC has become too great a challenge for traditional community structures. Developing and strengthening additional and sustainable local structures is critical to meet growing needs of OVC consistent with Government of Kenya (GOK) guidelines.

SERVICES AND PROGRAM IMPLEMENTATION

To address these needs, a variety of strategies will be used responsive to the local context. Current USG activities focus on strengthening communities to provide orphan support in a family environment, to identify and support more than 287,956 OVC, and to particularly identify and support adolescents affected by HIV/AIDS (as orphaned heads of household, infected individuals, or both). Core services identified as essential for OVC care and support follow the developmental model which acknowledges that children's needs differ with their stages of psychological, social, and physical development.

Essential services will be provided through collaborative efforts with other stakeholders at the community level who have concern for OVC in their mission or mandate. Program implementation will be strengthened by equipping communities to train local leaders, members of affected families, and care-givers in meeting specific needs of OVC. In accordance with PEPFAR guidelines, concerted efforts in Kenya have been and will continue to be focused on strengthening networks and systems by leveraging wrap-around programs. All partners will be expected to have this as a core component of their activities to encourage sustainable community-based solutions.

The most vulnerable population of OVC are those who are HIV+. Partners are expected to be especially proactive in 2007 in identifying HIV+ children in their programs to ensure access to clinical care and treatment linked with quality psychosocial care and other essential services.

Uninfected OVC are at heightened risk for HIV acquisition due to vulnerabilities stemming from acute levels of poverty and the lack of adult guidance on issues of sexuality. The Emergency Plan has made it a priority for 2007 to ensure that every OVC participates in age-appropriate HIV/AIDS education and prevention program, whether offered by OVC partners themselves or through linkages with AB partners.

Psychosocial care is also a 2007 priority for all children enrolled in PEPFAR-supported OVC programs. The psychological impacts of orphanhood include multiple detrimental long term effects. Programs under the Emergency Plan have recognized the importance of ensuring that their efforts go beyond meeting only practical or material needs. They must also include efforts to promote health development of competent and responsible citizens.

Finally, the Emergency Plan will also indirectly support most of the OVC in Kenya by working on policy change and systems strengthening at the national level (see below).

POLICY

The Emergency Plan funds a variety of programs focused on policy and systems strengthening at the national level. The GOK is a major partner in these efforts of establishing guidelines for OVC programs as

well as being the leader in mapping services country wide to minimize duplication of services. This year the Emergency Plan will also support training of Children's Officers in issues of monitoring and evaluation and appropriate supervision of all OVC programs within their geographic area of responsibility.

WORK OF HOST GOVERNMENT AND OTHER DONORS

The National Plan of Action for OVC in Kenya has stated that children under any OVC program must receive certain essential services to minimize the impact of HIV/AIDS on their well-being. PEPFAR Kenya wholeheartedly endorses this approach which conforms to PEPFAR OVC guidance and will follow both to ensure that each child is directly served either through primary or supplemental support.

The Department of Children's Services (DCS), UNICEF, World Bank and DFID work in collaboration to support NGOs and CBOs to ensure that essential OVC services are met. The DCS and USG work closely through the Interagency Technical Teams and the OVC National Steering Committee to provide national level guidance and leadership to define OVC work in Kenya.

Program Area Target:

Number of OVC served by OVC programs	280,161
Number of providers/caregivers trained in caring for OVC	72,920

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6831
Planned Funds: \$ 4,200,000.00

Activity Narrative: 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

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 2006 PEPFAR funds, the Capable Partners Program will be supporting between 35 and 40 partners delivering services to OVC. In FY 2007 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 2007 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 OVCs with a focus on the programming principles and strategies in the priority areas of intervention. In particular, the government's OVC guidelines will be followed, as well as all other pertinent guidelines issued by the Ministry of Home Affairs and the National AIDS Control Council.

This activity includes support to the following sub-recipients for activities integral to the program:

- Africa Focus NGO
- Beacon of Hope
- Church World Services
- Kolanya Girls' Boarding Primary School
- Makindu Children's Centre
- Mothers' Rural Care for AIDS Orphans (MORCAO)
- 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
- New grants (20)

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 2007 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 26,500 OVC with care and support, and will train 6,625 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 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. KEY LEGISLATIVE ISSUES ADDRESSED

None

7. EMPHASIS AREAS

The major emphasis is Local Organization Capacity Development and the minor emphases are training, and development of network/linkages/referral systems

Continued Associated Activity Information

Activity ID: 4947
USG Agency: U.S. Agency for International Development
Prime Partner: Academy for Educational Development
Mechanism: Capable Partners
Funding Source: GHAI
Planned Funds: \$ 3,200,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	31,500	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	7,825	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children
- Caregivers (of OVC and PLWHAs)

Coverage Areas

Central

Eastern

Nairobi

Nyanza

Rift Valley

Western

Coast

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Associazione Volontari per il Servizio Internazionale
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6847
Planned Funds: \$ 358,280.00

Activity Narrative: 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 24 local partners. AVSI will follow a strategic approach, outlined in the following: a) to primarily focus on the child as a unique and unrepeatable human being, endowed with dignity and potential, and by nature, not only by necessity, in relationship with family and community; b) to follow a bottom-up approach in the identification of beneficiaries and the choice and delivery of support, that is, to listen to and involve the beneficiaries to the highest degree possible in order to provide them with that which is consistent with their real needs and expectations, in a gender-sensitive manner, and not according to "external" blueprints. Priority will be given to fostering education, since AVSI considers the educative process of the child the main concern, even in the most distressful situations, and key for any other development; c) to ensure that every child supported be cared for by an adult, either in the family or by someone in the community or of a Community Based Organization (CBO); d) to rely on and to enhance the operational capacity of the CBOs through close and continuous working relations between AVSI personnel and every single partner, as well as among the partners themselves through an operational and stable network. The activities and services combine indirect and direct forms of assistance. Direct assistance will include requirements for school attendance, learning materials, after-school programs, vocational training, health care, recreational and emotional support. Indirect assistance will consist of support to quality education, income generating activities (IGAs), community projects and sensitization and family support. The identification of the children is done by the local partners who work in strict collaboration with district authorities. This method allows to reach the most vulnerable ones, not forgetting that HIV/AIDS is but one of the root causes of vulnerability of children and it is interrelated with other factors including poverty and conflict in what is often a vicious cycle. AVSI will work in close 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 an 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 2,894 orphans and vulnerable children and train 160 caregivers.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to counseling and testing, home and community support and ARV

services.

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, vulnerability is one of the main topics, together with the methods of observation of the child, the identification of his/her needs and how to respond.

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.

Continued Associated Activity Information

Activity ID: 5457
USG Agency: U.S. Agency for International Development
Prime Partner: Associazione Volontari per il Servizio Internazionale
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,894	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	160	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Disabled populations
Faith-based organizations
Orphans and vulnerable children
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Stigma and discrimination
Food
Education

Coverage Areas

Eastern
Nairobi
Central
Rift Valley

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6848
Planned Funds: \$ 265,389.00

Activity Narrative:**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 2007 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 900 caregivers (including caregivers of the OVC in the ECD centers) on Group Savings and Loans (GS&L) which will directly benefit OVC in residents' families. These caregivers will care for an additional 3,200 OVC. CSOs staff and 200 OVC caregivers will be trained on running Income Generating Activities (IGA), with direct benefits expected to reach 1,000 more OVC under their care. As OVC caregivers establish well run IGAs, Local Links will create linkages between the 200 OVC 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 PLWHAs 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.

Continued Associated Activity Information

Activity ID: 5459
USG Agency: U.S. Agency for International Development
Prime Partner: CARE International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	5,700	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	2,310	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Orphans and vulnerable children
- People living with HIV/AIDS
- Teachers
- Girls
- Boys
- Primary school students
- Secondary school students
- Caregivers (of OVC and PLWHAs)
- Out-of-school youth
- Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Microfinance/Microcredit

Increasing women's access to income and productive resources

Food

Education

Other

Coverage Areas

Nairobi

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6857
Planned Funds: \$ 0.00

Activity Narrative: 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 7,480 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.

Continued Associated Activity Information

Activity ID: 5448
USG Agency: U.S. Agency for International Development
Prime Partner: Catholic Relief Services
Mechanism: Support of Orphans & Vulnerable Children Affected by HIV/AIDS
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	20,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	7,480	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Teachers
Volunteers
Rural communities
Girls
Boys
Primary school students
Caregivers (of OVC and PLWHAs)
Religious leaders
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
Food
Increasing gender equity in HIV/AIDS programs
Reducing violence and coercion
Microfinance/Microcredit

Coverage Areas

Coast
Nyanza

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Lea Toto
Prime Partner: Children of God Relief Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6861
Planned Funds: \$ 400,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

The COGRI orphans and vulnerable children activities will relate to HIV/AIDS treatment services (#6862), counseling and testing (#6860), HBHC (#6863).

2. ACTIVITY DESCRIPTION

Children of God Relief Institute/Lea Toto Project will provide care and support services to 3,333 orphans and vulnerable children (OVC) with high quality home based care and other support services. This activity is a continuation of the project which was started in September 1999, and implemented in selected slums in Nairobi in Kangemi, Kariobangi, Kibera, Kawangware. Lea Toto Project will work with trained community workers at the activity sites and will provide or facilitate access to a range of services for families and OVC caregivers. It is anticipated that these services will include training around OVC support; anti-retroviral treatment education; vocational and micro-business training for family income support and psycho-social support, including succession planning. Other program activities include nutritional support, micro-finance and empowering of caregivers through the self help groups. This activity will strive to strengthen the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs.

Lea Toto Project will work with trained community workers at the activity sites and will provide or facilitate access to a range of services for families and OVC caregivers. It is anticipated that these services will include training around OVC support; anti-retroviral treatment education; vocational and micro-business training for family income support and psycho-social support, including succession planning. Other program activities include nutritional support, micro-finance and empowering of caregivers through the self help groups. Lea Toto will also strengthen the ability of targeted local communities to prioritize needs of HIV+ children and their families and carry out activities to meet these needs. The goal of the Lea Toto Project is to mitigate the impact of HIV/AIDS and decrease the risk of HIV transmission through the provision of a comprehensive home based care package. Some of the activities include group therapy sessions include life skills training, disclosure meetings, support group meetings and follow up counseling sessions. Life skills training sessions which are held with adults and children aged between 7 and 16 years address issues related to drug adherence basic hygiene and nutrition. The activity will also improve the organizational capacity of the Lea Toto program to deliver high quality care and counseling and other support services for HIV+ children and their families. Other program activities include nutritional support, microfinance and empowering of caregivers through the self help groups.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the Kenya 5-year strategy, will increase the number of OVCs receiving HIV/AIDS care and support, and will reach 3,333 OVC with comprehensive quality services and train 833 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 other 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 and 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 issue of food.

7. EMPHASIS AREAS

Major emphasis area is Community Mobilization and Participation and a minor emphasis in Training.

Continued Associated Activity Information

Activity ID: 4918
USG Agency: U.S. Agency for International Development
Prime Partner: Children of God Relief Institute
Mechanism: Lea Toto
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	3,333	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	833	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Orphans and vulnerable children
 Volunteers
 Caregivers (of OVC and PLWHAs)
 Religious leaders

Key Legislative Issues

Stigma and discrimination
 Food
 Education

Coverage Areas

Nairobi

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community-based Care of OVC
Prime Partner: Christian Aid
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6864
Planned Funds: \$ 175,665.00

Activity Narrative:**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 (BIDI), 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 6,500 OVC and 1,200 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 6,500 OVC through complementary and integrated care and support interventions and 1,200 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.

Continued Associated Activity Information

Activity ID: 5650
USG Agency: U.S. Agency for International Development
Prime Partner: Christian Aid
Mechanism: Community-based Care of OVC
Funding Source: GHAI
Planned Funds: \$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	6,500	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	1,200	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Orphans and vulnerable children
- People living with HIV/AIDS
- Volunteers
- Rural communities
- Caregivers (of OVC and PLWHAs)
- Widows/widowers
- Religious leaders

Key Legislative Issues

Gender

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Coverage Areas

Eastern

Nyanza

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Weaving the Safety Net
Prime Partner: Christian Children's Fund, Inc
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6865
Planned Funds: \$ 0.00

Activity Narrative: 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 (9,000 boys and 11,000 girls) and train 3,750 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 arounds of food, micro finance/micro credit, and 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.

Continued Associated Activity Information

Activity ID: 5486
USG Agency: U.S. Agency for International Development
Prime Partner: Christian Children's Fund, Inc
Mechanism: Weaving the Safety Net
Funding Source: GHAI
Planned Funds: \$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	20,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	3,750	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Orphans and vulnerable children
- People living with HIV/AIDS
- Policy makers
- Teachers
- Volunteers
- Caregivers (of OVC and PLWHAs)
- Religious leaders
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Key Legislative Issues

Microfinance/Microcredit

Education

Food

Stigma and discrimination

Coverage Areas

Central

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6874
Planned Funds: \$ 400,000.00

Activity Narrative: 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

Cooperative Housing Foundation (CHF) will work with sub-grantees to provide services to 4,000 orphans and vulnerable children (OVC) and train 1,000 caregivers to provide OVC care. It will provide primary direct support to 3,000 OVC and 1,000 supplemental support. CHF was awarded a cooperative agreement with CDC in late FY 2004 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. In FY 2006, CHF partnered with three local NGO partners to provide critical services to OVC including: Gethsemane Garden of Hope for Africa, which provides a comprehensive package that includes education, shelter, nutritional support, care and support, and support to OVC caretakers; Our Lady of Perpetual Support for People Living with HIV/AIDS (OLPS), which provides education and clothing, while linking OVC to other critical services; and Narok Integrated Development Project, which provides material support, school fees, and nutritional support. In addition, CHF continues to respond to new applicants seeking to support work with orphans and vulnerable children. In FY 2007, CHF will expand its scope of activities to include suitable organizations that have on-going programs for OVC. CHF will continue supporting new partners who will be selected through close collaboration with CDC. These may include Homeless Children International, St. Stephens Children's program, Adventist Care and Support program, African Brotherhood Church ministries, Redeemed Gospel church Ministries, Garissa Children's Home, Kiserian Children's program among others. These are potential partners who have expressed interest to CDC for consideration to support their on-going programs. 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, CHF will provide 4,000 OVC with access to essential services, train 1,000 caregivers, and build the capacity of local, community and faith-based organizations to meet the needs of OVC in their communities. CHF mainstreams 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 OVCs and the community will be referred to VCT centers in the health facilities where the activities are taking place. CHF will work with the organizations undertaking home and community support in the same areas. CHF is also funded under the home and community service category. This activity is linked to CHF activities in the following program areas: CHF 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.

7. EMPHASIS AREAS

There are six minor emphasis areas in local organization capacity development, human resources, quality assurance, development of network linkages/referral system, community mobilization/participation and training.

Continued Associated Activity Information

Activity ID: 4169
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Community Housing Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	4,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	1,000	<input type="checkbox"/>

Target Populations:

- HIV/AIDS-affected families
- Orphans and vulnerable children
- People living with HIV/AIDS
- Caregivers (of OVC and PLWHAs)
- Widows/widowers
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Key Legislative Issues

- Food
- Education
- Gender
- Stigma and discrimination

Coverage Areas

Nyanza

Rift Valley

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Transport Corridor Initiative
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6890
Planned Funds: \$ 350,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity also relates to AB programs (#8701), Palliative Care: Basic Care and Support (#8766) and Other Prevention (#8780).

2. ACTIVITY DESCRIPTION

The overall goal of the multi-sectoral Transport Corridor Initiative (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, commercial sex workers, and members of the uniformed services, all of whom tend to congregate at stop-over sites, and the vulnerable populations of OVC and low-income women in these host communities. Services at these high-risk sites such as HIV counseling and testing, prevention of mother-to-child transmission, and management of sexually transmitted infections tend to be fragmented at best and/or unavailable or unwelcoming to those in greatest need. Especially at cross-border stop-over sites where truck drivers can be held up for days or weeks in customs-clearance and where the poverty of the host communities is exceedingly high, the prevalence of transactional sexual behaviors involving not only community women but orphaned children is also high.

SafeTStop, implemented through the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project, targets these high-risk mobile populations and the communities that host them with regionally coordinated messages and new or improved services tailored to meet their needs. It thereby adds value by maximizing the effectiveness of most at-risk population country-level interventions and thus the results of country programs. The SafeTStop model includes classic prevention, care, treatment and mitigation activities, as well as essential wrap-around programming (HIV and alcohol, gender-based violence, economic empowerment) to reduce vulnerability to HIV and barriers to care and treatment-seeking. Such programming goes to the heart of continued risk behavior and low service uptake despite significant investment by the USG and other donors.

In Kenya, the project launched in FY 2006 in Mariakani, the first stop for the East-West flow along the Northern Transport Corridor, and Malaba and Busia, two critical Kenya/Uganda border crossing towns. In FY 2007, ROADS will implement OVC activities in six of the seven core program areas defined by the President's Emergency Plan for AIDS Relief, focusing on the three existing SafeTStop sites. The six areas: food/nutrition, shelter and care, protection, health care, psychosocial support, economic strengthening are embedded within the ROADS multi-sectoral, community-focused approach and are consistent with ROADS comparative advantages. The project will work with child-welfare organizations, faith-based organizations, local officials and, importantly, the private sector/business community to meet the daily needs of OVC. One strategy will be to expand the community farming model implemented in Malaba to enhance the food security of orphan-headed households. However, ROADS' efforts will go beyond daily sustenance of OVC, attempting to secure the long-term viability of orphan-headed households. This will entail job training, job creation and other economic opportunities for OVC breadwinners through the LifeWorks Initiative, which already has Global Development Alliances in place with General Motors and Unilever. The project will also develop HIV risk-reduction and care strategies specifically for older OVC, including heads of households, linking them with C&T, sexually transmitted infection (STI) services, psychosocial support and emergency care in cases of rape and sexual assault.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Planned activities in Kenya will directly reach 2,900 OVC, building on FY 2006 efforts to mobilize communities around OVC issues and enumerate orphan-headed households. The project will train 725 caretakers. Older orphans, a large and underserved population, will be a key focus, recognizing their unique challenges and needs. Orphans who raise siblings are under severe pressure to earn income, often driving them into transactional sex for survival of the family.

4. LINKS TO OTHER ACTIVITIES

ROADS OVC activities are linked closely with FHI activities to promote AB (#8701), Palliative Care: Basic Care and Support (#8766) and OP (#8780).

5. POPULATIONS BEING TARGETED

Due to the integrated nature of the ROADS project, the populations being targeted include OVC and their caregivers, HIV/AIDS-affected families and HIV+ children. In addition, community and faith based organizations will be targeted for capacity building.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue being addressed is stigma and discrimination. By providing a supportive environment OVC will have greater access to schooling, an improved home environment and improved nutrition. All of these factors will allow the children to grow up in a more stable, safe environment and decrease the chance of stigma and discrimination.

7. EMPHASIS AREAS

The major area of emphasis is the development of Network/Linkages/Referral Systems with child-welfare organizations, faith-based organizations, local officials and, importantly, the private sector/business community to meet the daily needs of OVC. Minor areas of emphasis include areas connected to meeting the essential needs of the OVC such as food/nutrition, local organization capacity development, needs assessment, community organization/participation as well as training.

Continued Associated Activity Information

Activity ID: 4928
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: Transport Corridor Initiative
Funding Source: GHAI
Planned Funds: \$ 200,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,900	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	725	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive children (5 - 14 years)

Key Legislative Issues

Food

Education

Stigma and discrimination

Coverage Areas

Coast

Eastern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: ANCHOR
Prime Partner: Hope Worldwide
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6891
Planned Funds: \$ 311,228.00

Activity Narrative: 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 2006 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. 56 children are being served on a volunteer basis by youth until the work can be up-scaled. In 2007 the OVC work will link 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 2006 work has progressed within the 3 villages of Kwa Ruben, Kwa Njenga and Lunga Lunga and is providing direct support to 651 OVC through Kids Clubs and Support Groups. Indirect support has been given to over 500 children through trainings in PSS and Kids Clubs in Mukuru, Mathari, and Makadara. In 2007 HWWK will 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 2007 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 will be 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 will provide 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 2007 goal is to reach 5,000 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 2007, HWWK will reach 5,000 OVC and train 400 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 NGO's 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 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.

Continued Associated Activity Information

Activity ID: 5460
USG Agency: U.S. Agency for International Development
Prime Partner: Hope Worldwide
Mechanism: ANCHOR
Funding Source: GHAI
Planned Funds: \$ 0.00

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

Targets	Target Value	Not Applicable
Number of OVC served by OVC programs	5,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	400	<input type="checkbox"/>

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Food
Education
Increasing women's access to income and productive resources

Coverage Areas

Nairobi
Eastern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6964
Planned Funds: \$ 250,000.00

Activity Narrative: 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 2007, the KDOD intends to increase the number of OVC served from 800 to 2,083 through the provision of direct and supplemental 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. 300 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 continue to maintain the regional OVC military coordination offices for better de-centralized service delivery. The KDOD OVC program will work with the existing community services or government children agencies to augment the level of community and family based support already available to the OVC 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 based 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 2,083 children that will be cared for by KDOD will contribute to the national target of identifying and caring for over 288,000 OVC as well as the training of 300 caregivers.

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 if previously exposed to HIV by their parents. 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.

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 in community mobilization and participation. The KDOD will work in mobilizing community based responses to address the comprehensive needs of the OVC. The other emphasis areas will be in maintaining adequate staff in the regional OVC military coordination offices through human resources as well as training needs for the caregivers of the OVC. The other minor emphasis area will be in developing infrastructure, information, education, and communication for the OVC and their caregivers as well as the training of 300 additional OVC caregivers.

Continued Associated Activity Information

Activity ID: 5099
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: Kenya Department of Defense
Funding Source: GHAI
Planned Funds: \$ 200,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,083	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	300	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
Military personnel
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
Food
Education

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Live With Hope Centre
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 6982
Planned Funds: \$ 250,000.00

Activity Narrative: 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 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 2007, 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 2007, LWHC will hire a child counselor who will work closely with the Kericho District Hospital 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 100 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 over 2,083 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. 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 KEMRI south Rift Valley - Kericho District Hospital anti-retroviral therapy: ARV (#6973). The LWHC has actively worked with KEMRI south Rift Valley - 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 KEMRI counseling and testing (CT) program (#6968) and the Live with Hope CT program (#6979) 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) 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 in coordination of OVC programs (7035) in Kericho district.

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 2007 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 will dedicate their efforts in ensuring that existing resources are improved to address the wide spectrum of needs of the OVC in Kericho. The LWHC will 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.

Continued Associated Activity Information

Activity ID: 4929
USG Agency: Department of Defense
Prime Partner: Live With Hope Centre
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 200,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,083	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	100	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Street youth
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Food
Education

Coverage Areas

Rift Valley

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Breaking Barriers
Prime Partner: PLAN International
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7017
Planned Funds: \$ 576,975.00

Activity Narrative: 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 12,518 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 referral, counseling and spiritual support for children and families, identify unmet basic material needs and increase access to resources to meet them. The second intermediate result is building capacity and mobilizing resources for care and support to OVC and families. This result will increase the capacity of vulnerable children, families and communities to mobilize and manage internal and external resources needed for quality care and support for children and families affected by HIV/AIDS. This goal is accomplished by building the capacity of local organizations in skills such as needs assessment, strategic planning, project design, resource mobilization, community organizing, program management, and monitoring and evaluation. Building capacity of individuals will be done by training 4,931 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.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Breaking Barriers seeks to increase OVC access to education, psychosocial support and home-based care for both children and their caregivers. Thus, access to education shall be increased both directly, by eliminating common barriers keeping OVC from school, and indirectly, by addressing their psychosocial and physical health needs and those of their families, and by addressing HIV/AIDS-related stigma. The program will reach 12,518 OVC and train over 4,931 individuals in caring for OVC.

3. LINKS TO OTHER ACTIVITIES

This activity will be linked to health facilities in the area on issues of Counseling and Testing (#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).

4. POPULATIONS BEING TARGETED

Target population will be children and youth, OVC and their caregivers, HIV affected and/or infected children and their families and people living with HIV/AIDS. This activity will also reach street youth and out of school youth, religious leaders, volunteers, policy makers, teachers, health care providers, community and faith based organizations and rural communities.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Issues addressed will be volunteers, stigma and discrimination, and education.

6. EMPHASIS AREAS

Major emphasis area is community mobilization/participation and minor emphasis area is information, education and communication and local organization capacity development.

Continued Associated Activity Information

Activity ID: 5452
USG Agency: U.S. Agency for International Development
Prime Partner: PLAN International
Mechanism: Breaking Barriers
Funding Source: GHAI
Planned Funds: \$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	12,518	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	4,931	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Nurses
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Volunteers
Girls
Boys
Primary school students
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Laboratory workers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Volunteers
Stigma and discrimination
Education

Coverage Areas

Nairobi
Nyanza

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Sameoi Community Response to OVC
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7035
Planned Funds: \$ 250,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Antiretroviral Therapy Program (#6973), Counseling and Testing (#6968), Orphans and Vulnerable Children (#6982) and Abstinence and/or Be Faithful Program (#6981).

2. ACTIVITY DESCRIPTION

Samoei Community Response (SCR) is a community-based organization that has been working with orphans and vulnerable children (OVC) in the rural communities within Kericho District for the past four years and became an Emergency Plan funded partner in FY 2005. SCR has an established grass-root structure comprising of young and old (both men and women) and those affected by HIV/AIDS. SCR will continue to directly care for and support 600 OVC by ensuring that the core areas of essential services are ensured for each child that is enrolled into their OVC program. SCR 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. SCR will increase their target numbers in FY 2007 to include an additional 2,083 OVC in the area. 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 2007 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 SCR caregivers. In FY 2007, training of 250 additional caregivers will be conducted to meet the substantial increase in OVC and the individual needs of the caregivers. Furthermore in FY 2007, SCR will begin to provide legal protection to the OVC in case of death of guardian or loss of property by developing close partnerships with the local magistrate's office where these issues are a concern. The psycho-social needs of the older OVC will also be an area of expansion in FY 2007 by establishing support groups 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 Home Affairs and the National AIDS Control Council. SCR will also collaborate with other relevant entities such as the Ministry of Health's Kericho District Hospital in provision of healthcare services to the OVC and the Ministry of Education in the provision of free primary education and bursaries for secondary school students. Their partnership with other local community/religious based organizations will also ensure comprehensive and quality services are delivered to the OVC without removing the OVC from the community.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

SCR is a community based group that ensures that OVC will continue to gain care and support from their original community. They work with the existing community services or government children agencies to augment the level of community and family based support already available to the OVC. This approach is supported by the Kenya Emergency Plan in which the needs of the OVC are identified at the community level and subsequently cared for in by strengthening existing structures already in place to tend to the needs of the OVC in the Belgut division of Kericho.

4. LINKS TO OTHER ACTIVITIES

This activity is linked with KEMRI south Rift Valley Antiretroviral Therapy (ARV) program (#6973), and KEMRI-South Rift Valley Counseling and Testing (CT) program (#6968). SCR will refer OVC to the well-established pediatrics AIDS program at Kericho District Hospital that already have put over 60 children on ART in an attempt for early diagnosis and subsequent treatment of OVC. In addition, KEMRI's program of the South Rift Valley will provide counseling and testing to the OVC in hopes of early identification of HIV-positive OVC. 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

SRC 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 SRC is a community-based organization that relies on the community members to fully support the program's cause for OVC. SRC will target leaders of the community 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 2007 approach to OVC care and support, SRC will be an integral part of a community wrap around service that will address the needs of the whole child. Every orphan under the auspices of SRC will be ensured that food, education, legal protection, and other psycho-social support will be provided to the OVC either directly or indirectly through referral and linkages with existing community or government based services.

7. EMPHASIS AREAS

A major emphasis area of focus for SRC is community mobilization/ participation. SRC will focus their attention on increasing the involvement of community members in program planning and implementation of the activities for OVC. A minor emphasis of SRC's efforts will be establishing and strengthening linkages of other sectors and initiatives. SRC will be linked with schools to provide assessment of OVC and subsequently providing partial school fees and uniforms to OVC. SRC will also focus part of their efforts on training of caregivers and volunteers to meet the diverse needs of OVC.

Continued Associated Activity Information

Activity ID: 4211
USG Agency: Department of Defense
Prime Partner: Samoei Community Response to OVC
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets	Target Value	Not Applicable
Number of OVC served by OVC programs	2,083	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	250	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Teachers
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Food
Education

Coverage Areas

Rift Valley

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Health Policy Initiative
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7041
Planned Funds: \$ 1,300,000.00

Activity Narrative: 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 counselling 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.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

It is anticipated that in FY 2007 this activity will contribute to the indirect target of over 100,000 affected/infected OVC. This will be done through the dissemination and roll out of 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; Counselling 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 behaviour 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 organisations specifically the Children's department in the Ministry of Home Affairs and minor emphasis is community

mobilization/participation serving to increase the participation of PLWHA groups in caring for OVC.

Continued Associated Activity Information

Activity ID: 5104
USG Agency: U.S. Agency for International Development
Prime Partner: The Futures Group International
Mechanism: POLICY Project
Funding Source: GHAI
Planned Funds: \$ 394,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caregivers trained in caring for OVC		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
 Country coordinating mechanisms
 Orphans and vulnerable children
 Policy makers
 Caregivers (of OVC and PLWHAs)
 Widows/widowers
 Religious leaders

Key Legislative Issues

Increasing women's legal rights
 Increasing women's access to income and productive resources

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Price Waterhouse Coopers
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7084
Planned Funds:	\$ 1,500,000.00
Activity Narrative:	<p>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).</p> <p>2. ACTIVITY DESCRIPTION USAID will partner with PricewaterhouseCoopers 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 1,500 children orphaned by HIV/AIDS with special emphasis on girls.</p> <p>These scholarships also include payment of school fees for the previous OVC who were being supported from FY 2005. By FY 2008 these will phase out, enough funds have been budgeted to cover up to FY 2008. The activity will administer scholarship and sponsorship nationally to need 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.</p> <p>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 in FY 2008.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA This program will give 1,500 orphans better access to education.</p> <p>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.</p> <p>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.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED This program will increase gender equity in HIV/AIDS programs by promoting the education of female students.</p> <p>7. EMPHASIS AREAS The major emphasis is training with minor emphasis area being Linkages with Other Sectors and Initiatives.</p>

Continued Associated Activity Information

Activity ID: 4952
USG Agency: U.S. Agency for International Development
Prime Partner: Price Waterhouse Coopers
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 850,000.00

Emphasis Areas

	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,500	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Orphans and vulnerable children
 Volunteers
 Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Education

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Support to Orphans and Vulnerable Children Affected by HIV/AIDS
Prime Partner: World Concern
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7130
Planned Funds: \$ 1,177,280.00

Activity Narrative: 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 13,900 OVC affected by HIV/AIDS and training of 1437 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.

Continued Associated Activity Information

Activity ID: 5467
USG Agency: U.S. Agency for International Development
Prime Partner: World Concern
Mechanism: Support to Orphans and Vulnerable Children Affected by HIV/AIDS
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	13,900	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	1,437	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Volunteers
Wrap Arouns

Coverage Areas

Central
Eastern
Nairobi
Nyanza
Rift Valley
Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9029
Planned Funds: \$ 3,200,000.00

Activity Narrative:**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.

This 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. Recognising 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, one of the APHIA Rift Valley technical partners will provide support in mobilising the community to lead the response to OVC.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity therefore seeks to provide comprehensive support to 35,000 orphans and their households directly and through leveraged resources from other partners in the region and also train 8,750 caregivers thereby contributing significantly to the national target of over 287,956 OVC being directly cared for by the Emergency Plan.

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 labour, 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.

Emphasis Areas**% Of Effort**

Community Mobilization/Participation

51 - 100

Local Organization Capacity Development

10 - 50

Targets

Target

Number of OVC served by OVC programs

Target Value

35,000

Not Applicable

Number of providers/caregivers trained in caring for OVC

8,750

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Religious leaders

Key Legislative Issues

Increasing women's access to income and productive resources

Stigma and discrimination

Education

Coverage Areas

Rift Valley

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9041
Planned Funds: \$ 2,500,000.00

Activity Narrative:**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, APHIAII 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 2007, 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 on 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 2007 activities will serve 20,000 OVC and train 5,000 caregivers. 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.

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 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.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	20,200	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	5,010	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Policy makers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Food
Microfinance/Microcredit
Education

Coverage Areas

Eastern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APHIA II - Coast
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9048
Planned Funds: \$ 1,500,000.00

Activity Narrative: 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 11,600 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 2,900 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, will increase the number of OVC receiving HIV/AIDS care and support, and will reach 11,600 OVC with comprehensive quality services and train 2,900 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.

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of OVC served by OVC programs	11,800	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	2,910	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Orphans and vulnerable children
 Volunteers
 Caregivers (of OVC and PLWHAs)
 Religious leaders

Key Legislative Issues

Increasing women's access to income and productive resources
 Increasing women's legal rights
 Stigma and discrimination
 Food
 Education

Coverage Areas

Coast

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APHIA II - Health Communication & Marketing
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9053
Planned Funds: \$ 600,000.00

Activity Narrative: 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 2007, 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.

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.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of OVC served by OVC programs

Number of providers/caregivers trained in caring for OVC

Target Populations:

Adults
 Community leaders
 Community-based organizations
 Faith-based organizations
 Orphans and vulnerable children
 Policy makers
 Teachers
 Girls
 Boys
 Primary school students
 Secondary school students
 Caregivers (of OVC and PLWHAs)
 Widows/widowers
 Religious leaders

Key Legislative Issues

Addressing male norms and behaviors
 Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	APHIA II - Central / Nairobi
Prime Partner:	Pathfinder International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9056
Planned Funds:	\$ 2,700,000.00
Activity Narrative:	<p>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).</p> <p>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.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA It is anticipated that in FY 2007 a total of 8,500 OVC in Nairobi and 13,000 in Central (total 21,500) will be reached. Training of individuals in caring for OVC will cover 2000 people in Nairobi and 3,400 in Central (total caregivers 5,400). A total of 25 implementing partners (IP) (12 in Nairobi; 18 in Central) will be supported to provide care and support for OVC. Caretaker support groups will include OVC needs (4 in Nairobi and 8 in Central). This will contribute to the overall 2007 Emergency Plan OVC targets for Kenya.</p> <p>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.</p> <p>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.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED Issues addressed are stigma and discrimination and the wrap around services in food and education.</p> <p>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.</p>

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target

Number of OVC served by OVC programs

Target Value

21,700

Not Applicable

Number of providers/caregivers trained in caring for OVC

5,385

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Orphans and vulnerable children

Teachers

Caregivers (of OVC and PLWHAs)

Religious leaders

Key Legislative Issues

Stigma and discrimination

Food

Education

Coverage Areas

Central

Nairobi

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	APHIA II - Nyanza
Prime Partner:	EngenderHealth
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9071
Planned Funds:	\$ 4,400,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>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).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>APHIA Nyanza project implemented by EngenderHealth 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 35,800 orphans and vulnerable children and provide training to 8,950 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. A total of 1,100 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.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This activity will reach 35,800 OVC and train 8,950 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.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity is linked to Engender Health activities in TB/HIV (#9059), Palliative Care: basic health care and support (#8928), ARV services (#8774), and counseling and testing (#8760).</p> <p>5. POPULATIONS BEING TARGETED</p> <p>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.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>This activity will address issues in increasing gender equity in HIV/AIDS programs as well as wrap around services in food and education.</p> <p>7. EMPHASIS AREAS</p> <p>Major emphasis area is in development of local organization capacity and minor emphasis in network/linkages/referral, community mobilization and training.</p>

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of OVC served by OVC programs	36,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	8,960	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Orphans and vulnerable children
 Caregivers (of OVC and PLWHAs)
 Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Food
 Education

Coverage Areas

Nyanza

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9073
Planned Funds: \$ 3,100,000.00

Activity Narrative: 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 2006 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 2007 COP APHIA 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 2007 activities will reach 16,667 OVC and train 4,100 caregivers. The APHIA II Western TBD will respond to the National OVC Action Plan by mobilizing communities, building family and community capacity to protect and care for OVC, and improving access to health, education, food and shelter. The TBD will ensure that GOK policies and guidelines are utilized and communicated, and staff participates in national level HIV Technical Working Groups.

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

Major emphasis area is in development of network/linkages/referral and minor emphasis is training and community mobilization as well as in local organization capacity and development.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	16,867	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	4,110	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Food
Education

Coverage Areas

Western

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Local Voices
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9076
Planned Funds: \$ 100,000.00

Activity Narrative: 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, 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 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 support expected to take place 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.

Emphasis Areas

% Of Effort

Local Organization Capacity Development
Training

51 - 100
10 - 50

Targets

Target

Target Value

Not Applicable

Number of OVC served by OVC programs
Number of providers/caregivers trained in caring for OVC

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Policy makers
Volunteers
Girls
Boys
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Reducing violence and coercion
Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Community Grants Program
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9079
Planned Funds: \$ 200,000.00

Activity Narrative: 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 microcredit 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 2007 we will support approximately 35-40 grants of \$3,000 - \$7,000 each. At least 1,600 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.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Food/Nutrition	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,600	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	375	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive children (5 - 14 years)

Key Legislative Issues

Food
Microfinance/Microcredit
Education

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Indiana University School of Medicine
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12474
Planned Funds:	\$ 300,000.00
Activity Narrative:	<p>"As pediatric treatment is scaled-up, providers increasingly report frustration with the challenge of having to educate and re-educate the caregivers of children. This primarily comes about in situations where an OVC who is infected does not have a consistent caregiver and therefore is – for example – accompanied to one visit by an aunt, to another by an older sibling, and perhaps to a third by a grandparent. This leads to longer-than-necessary clinic interactions, increased frustration for pediatric providers, and is presumed to contribute to sub-optimal care of children. Five high-volume treatment partners with significant stable adult patient populations (AMPATH, Eastern Deanery AIDS Relief Project, University of Washington/Coptic Hope Center, Kericho District Hospital and NYU/Bomu Medical Center) will receive amounts specified below for an innovation in OVC programming.</p> <p>"</p> <p>"They will be supported to establish programs where experienced adult patients (with a preference for women patients) will be screened, recruited, trained, supervised and compensated to take on a substantive role in assuring continuity of care for pediatric patients.</p> <p>Adult patients who are successfully managing their own treatment will be assigned a small (e.g., 5-7) cohort of pediatric patients and will be trained and supported to: 1) Make periodic (e.g., weekly) home visits to conduct medication counts and observe for signs of side effects or poor response to treatment; 2) Bring children without family caregivers to regularly scheduled medical appointments to provide continuity of contact with health workers and report on household conditions, and 3) Translate provider instructions back to individuals in the home or other setting who are responsible for the child's day-to-day care."</p> <p>In addition to funds to these treatment partners, funding in the amount of \$200,000 is awarded to AED/Capable Partners, PEPFAR/Kenya's key ally in scaling-up community based OVC responses to design and implement a real-time evaluation of the efficacy of this approach to improving continuity of care and treatment outcomes for OVC who are HIV-positive. A technical working group representing all funded partners and the assessment partner will be formed to both assure consistency of programs and identify unique opportunities that individual partners may present for fine-tuning the model.</p>

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of Washington
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12475
Planned Funds:	\$ 150,000.00
Activity Narrative:	<p>"As pediatric treatment is scaled-up, providers increasingly report frustration with the challenge of having to educate and re-educate the caregivers of children. This primarily comes about in situations where an OVC who is infected does not have a consistent caregiver and therefore is – for example – accompanied to one visit by an aunt, to another by an older sibling, and perhaps to a third by a grandparent. This leads to longer-than-necessary clinic interactions, increased frustration for pediatric providers, and is presumed to contribute to sub-optimal care of children. Five high-volume treatment partners with significant stable adult patient populations (AMPATH, Eastern Deanery AIDS Relief Project, University of Washington/Coptic Hope Center, Kericho District Hospital and NYU/Bomu Medical Center) will receive amounts specified below for an innovation in OVC programming.</p> <p>"</p> <p>"They will be supported to establish programs where experienced adult patients (with a preference for women patients) will be screened, recruited, trained, supervised and compensated to take on a substantive role in assuring continuity of care for pediatric patients.</p> <p>Adult patients who are successfully managing their own treatment will be assigned a small (e.g., 5-7) cohort of pediatric patients and will be trained and supported to: 1) Make periodic (e.g., weekly) home visits to conduct medication counts and observe for signs of side effects or poor response to treatment; 2) Bring children without family caregivers to regularly scheduled medical appointments to provide continuity of contact with health workers and report on household conditions, and 3) Translate provider instructions back to individuals in the home or other setting who are responsible for the child's day-to-day care."</p> <p>In addition to funds to these treatment partners, funding in the amount of \$200,000 is awarded to AED/Capable Partners, PEPFAR/Kenya's key ally in scaling-up community based OVC responses to design and implement a real-time evaluation of the efficacy of this approach to improving continuity of care and treatment outcomes for OVC who are HIV-positive. A technical working group representing all funded partners and the assessment partner will be formed to both assure consistency of programs and identify unique opportunities that individual partners may present for fine-tuning the model.</p>

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	New York University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAJ
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12476
Planned Funds:	\$ 150,000.00
Activity Narrative:	<p>"As pediatric treatment is scaled-up, providers increasingly report frustration with the challenge of having to educate and re-educate the caregivers of children. This primarily comes about in situations where an OVC who is infected does not have a consistent caregiver and therefore is – for example – accompanied to one visit by an aunt, to another by an older sibling, and perhaps to a third by a grandparent. This leads to longer-than-necessary clinic interactions, increased frustration for pediatric providers, and is presumed to contribute to sub-optimal care of children. Five high-volume treatment partners with significant stable adult patient populations (AMPATH, Eastern Deanery AIDS Relief Project, University of Washington/Coptic Hope Center, Kericho District Hospital and NYU/Bomu Medical Center) will receive amounts specified below for an innovation in OVC programming.</p> <p>"</p> <p>"They will be supported to establish programs where experienced adult patients (with a preference for women patients) will be screened, recruited, trained, supervised and compensated to take on a substantive role in assuring continuity of care for pediatric patients.</p> <p>Adult patients who are successfully managing their own treatment will be assigned a small (e.g., 5-7) cohort of pediatric patients and will be trained and supported to: 1) Make periodic (e.g., weekly) home visits to conduct medication counts and observe for signs of side effects or poor response to treatment; 2) Bring children without family caregivers to regularly scheduled medical appointments to provide continuity of contact with health workers and report on household conditions, and 3) Translate provider instructions back to individuals in the home or other setting who are responsible for the child's day-to-day care."</p> <p>In addition to funds to these treatment partners, funding in the amount of \$200,000 is awarded to AED/Capable Partners, PEPFAR/Kenya's key ally in scaling-up community based OVC responses to design and implement a real-time evaluation of the efficacy of this approach to improving continuity of care and treatment outcomes for OVC who are HIV-positive. A technical working group representing all funded partners and the assessment partner will be formed to both assure consistency of programs and identify unique opportunities that individual partners may present for fine-tuning the model.</p>

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Eastern Deanery AIDS Relief Program
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12477
Planned Funds:	\$ 250,000.00
Activity Narrative:	<p>"As pediatric treatment is scaled-up, providers increasingly report frustration with the challenge of having to educate and re-educate the caregivers of children. This primarily comes about in situations where an OVC who is infected does not have a consistent caregiver and therefore is – for example – accompanied to one visit by an aunt, to another by an older sibling, and perhaps to a third by a grandparent. This leads to longer-than-necessary clinic interactions, increased frustration for pediatric providers, and is presumed to contribute to sub-optimal care of children. Five high-volume treatment partners with significant stable adult patient populations (AMPATH, Eastern Deanery AIDS Relief Project, University of Washington/Coptic Hope Center, Kericho District Hospital and NYU/Bomu Medical Center) will receive amounts specified below for an innovation in OVC programming.</p> <p>"</p> <p>"They will be supported to establish programs where experienced adult patients (with a preference for women patients) will be screened, recruited, trained, supervised and compensated to take on a substantive role in assuring continuity of care for pediatric patients.</p> <p>Adult patients who are successfully managing their own treatment will be assigned a small (e.g., 5-7) cohort of pediatric patients and will be trained and supported to: 1) Make periodic (e.g., weekly) home visits to conduct medication counts and observe for signs of side effects or poor response to treatment; 2) Bring children without family caregivers to regularly scheduled medical appointments to provide continuity of contact with health workers and report on household conditions, and 3) Translate provider instructions back to individuals in the home or other setting who are responsible for the child's day-to-day care."</p> <p>In addition to funds to these treatment partners, funding in the amount of \$200,000 is awarded to AED/Capable Partners, PEPFAR/Kenya's key ally in scaling-up community based OVC responses to design and implement a real-time evaluation of the efficacy of this approach to improving continuity of care and treatment outcomes for OVC who are HIV-positive. A technical working group representing all funded partners and the assessment partner will be formed to both assure consistency of programs and identify unique opportunities that individual partners may present for fine-tuning the model.</p>

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	South Rift Valley
Prime Partner:	Kenya Medical Research Institute
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12478
Planned Funds:	\$ 150,000.00
Activity Narrative:	<p>"As pediatric treatment is scaled-up, providers increasingly report frustration with the challenge of having to educate and re-educate the caregivers of children. This primarily comes about in situations where an OVC who is infected does not have a consistent caregiver and therefore is – for example – accompanied to one visit by an aunt, to another by an older sibling, and perhaps to a third by a grandparent. This leads to longer-than-necessary clinic interactions, increased frustration for pediatric providers, and is presumed to contribute to sub-optimal care of children. Five high-volume treatment partners with significant stable adult patient populations (AMPATH, Eastern Deanery AIDS Relief Project, University of Washington/Coptic Hope Center, Kericho District Hospital and NYU/Bomu Medical Center) will receive amounts specified below for an innovation in OVC programming.</p> <p>"</p> <p>"They will be supported to establish programs where experienced adult patients (with a preference for women patients) will be screened, recruited, trained, supervised and compensated to take on a substantive role in assuring continuity of care for pediatric patients.</p> <p>Adult patients who are successfully managing their own treatment will be assigned a small (e.g., 5-7) cohort of pediatric patients and will be trained and supported to: 1) Make periodic (e.g., weekly) home visits to conduct medication counts and observe for signs of side effects or poor response to treatment; 2) Bring children without family caregivers to regularly scheduled medical appointments to provide continuity of contact with health workers and report on household conditions, and 3) Translate provider instructions back to individuals in the home or other setting who are responsible for the child's day-to-day care."</p> <p>In addition to funds to these treatment partners, funding in the amount of \$200,000 is awarded to AED/Capable Partners, PEPFAR/Kenya's key ally in scaling-up community based OVC responses to design and implement a real-time evaluation of the efficacy of this approach to improving continuity of care and treatment outcomes for OVC who are HIV-positive. A technical working group representing all funded partners and the assessment partner will be formed to both assure consistency of programs and identify unique opportunities that individual partners may present for fine-tuning the model.</p>

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	APHIA II - Health Communication & Marketing
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12481
Planned Funds:	\$ 150,000.00
Activity Narrative:	The original activity was a TBD in the 07 COP and now awarded to PSI under the APHIA II - Health Communications and Marketing Project (HCM). These funds will also support a health marketing and communications campaign to encourage early and appropriate testing of children so they may be referred to health and psycho-social support related to their disease in OVC and other child-caring agencies where an estimated 2,000 undiagnosed HIV+ children between the ages of 2 and 12 are in care (\$500,000).

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: \$ 18,960,000.00

Program Area Context:

Key Result 1: 583 service outlets providing counseling and testing according to national and international standards

Key Result 2: 937,900 individuals receiving counseling and testing for HIV and receiving their test result
Key result 3: 2,220 individuals trained in counseling and testing according to national and international standards

CURRENT PROGRAM CONTEXT

HIV counseling and testing (CT) is a key HIV/AIDS intervention for prevention as well as for care and treatment. CT is a distinct priority in both the Kenya National AIDS Strategic Plan and in the Emergency Plan's five-year strategy. Initial emphasis was almost exclusively focused on client-initiated CT (i.e., VCT). Since publication by the Ministry of Health (MOH) of Guidelines for HIV testing in Clinical Settings in November 2004, other approaches have come to the fore and CT is now seen in a broader context.

HIV prevalence in Kenya is currently estimated at 6.7%, meaning that there are 1.25 million Kenyans living with HIV/AIDS (PLWHA). According to the Kenya Demographic and Health Survey 2003, more than 80% of them do not know their HIV status, although most were willing to learn it. At least 200,000 currently need anti-retroviral therapy (ART).

By the end of FY 2007, 158,000 Kenyans will be on ART directly supported by the Emergency Plan, a 33% increase from 2006. At least 287,000 will need to be counseled and tested in a proper environment to achieve this increase. Apart from meeting treatment targets, CT services will also greatly enhance prevention efforts.

CT services are well dispersed geographically, with a higher concentration in more densely populated areas. In some of the more remote and difficult to reach areas, innovative approaches such as mobile VCT are employed. By the end of 2006, 600,000 Kenyans will have been tested in VCT settings, with more than 60% of these tests directly supported by USG.

CT services are provided largely by counselors who have been trained and certified using a nationally accepted curriculum. They use a standard algorithm including HIV rapid tests in series. All tests used have been approved by the national lab committee. Quality assurance is also done for both counseling and testing.

VCT

The USG team works closely with the VCT team at the National AIDS and STD Control Program (NAS COP) in strengthening VCT services country-wide. The HHS/CDC cooperative agreement with NAS COP provides funds to the GOK for national oversight and supervision of CT services, and almost all CT services in Kenya are either directly or indirectly supported by the Emergency Plan.

Emergency Plan funds support mobile VCT (MVCT) in rural and underserved areas using converted trucks, containers on wheels, bicycles, and camels. These services have proved to be extremely popular, and we plan to increase MVCT to reach nearly 80,000 individuals in FY 2007. Rapid scale-up of ART services has meant that most VCT clients found to be HIV positive can be referred for care and treatment services nearby.

In FY 2006, home based (or door to door) VCT was piloted in parts of Nyanza province. This will be scaled up substantially in FY 2007 to other high prevalence provinces and districts. This strategy will lead to large numbers of previously undiagnosed people knowing their HIV status and accessing treatment. Home based VCT will be part of a comprehensive community HIV/AIDS program that includes aspects of care and prevention.

DTC

Since the launch to the Guidelines for HIV Testing in Clinical Settings, many partners and health institutions have embraced provider-initiated CT. Although this has not attained complete national coverage, it has received widespread acceptance and support, including in the private health sector. The program was initiated in TB and STI clinics and expanded to inpatient wards. In FY 2007, DTC will be further scaled up through dissemination of guidelines, training and media campaigns. Routine testing in health settings will be piloted and evaluated in 2007.

REFERRAL AND LINKAGES

In FY 2007, strengthening communication between CT and other HIV/AIDS services, especially care and treatment, will be a priority. In VCT, partners have been encouraged to formalize the referral of clients to care, within limits of confidentiality. As most provider-initiated CT is based in health care settings, health workers will be sensitized about the benefits of testing and referral. Managers of health institutions will also be informed about CT to solicit their support in encouraging health workers to be involved in CT work. In a limited number of carefully selected sites, routine CT for all patients visiting a health facility will be piloted and evaluated. We have also encouraged partners to implement a training package to equip counselors to multi-task, e.g., to do both VCT and DTC, for adults, children and couples as necessary.

TEST KITS

HIV test kits are procured MOH and distributed to all CT providers. The Ministry has and will continue to procure with support from the Global Fund and other development partners. The erratic supply reported in the past has been a function of weak distribution and reporting systems which the USG team in Kenya will continue working closely GOK officials to improve.

NEW INITIATIVES

Novel approaches such as door to door testing in high prevalence areas, testing of family members of patients on ART, and self testing for health workers will be piloted and evaluated. Innovative approaches intended to improve access to CT by special populations including the disabled, injection drug users, refugees, nomads, long distance truck drivers and prisoners have been initiated, and significant scale up of these activities is planned in this COP, leading to testing of approximately 75,000 marginalized people. Building on the success of mass media promotion of VCT services in Kenya, which has markedly increased the demand for VCT services, we propose to introduce mass media promotion of CT services in clinical sites. 100% of CT activities will contribute to the 2006 treatment target.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Irregular and unpredictable supply of HIV test kits continues to be a major challenge to the CT program in Kenya. This is caused by a multiplicity of factors including long procurement procedures and inadequate forecasting. In FY 2007, the USG will greatly expand its procurement of HIV rapid test kits to help stabilize supply. The USG team will also work with other partners in the area of test kits. The actual funds in FY 07 will come from several program areas, the bulk being in HLAB.

WORK OF HOST GOVERNMENT AND OTHER DONORS

Counseling and testing is a high priority intervention, and CT is supported by the Government of Kenya, the Global Fund, the UK Department for International Development, and many international NGOs.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	771
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	969,700
Number of individuals trained in counseling and testing according to national and international standards	5,072

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6829
Planned Funds: \$ 200,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to AED/Capable Partners activities in AB (#6832), OP (#6830), and OVC (#6831).

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 FY 2007 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 eight administrative divisions in Kitale district. 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 especially 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 Kitale district as well as West Pokot. 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. In addition, 16 young people will be trained as VCT counselors. The Chanuka Youth Centre will continue providing quality VCT service to youths with special emphasis on the female youths. In FY 2006 Chanuka moved to new premises and in FY 2007 at least 270 youth will receive counseling and testing. 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 6,000 individuals for counseling and testing (2500 Chanuka, 3500 mobile VCT), will train 16 individuals in CT, and will fund CT services in one static site and five mobile sites.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to the FY 2007 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, 6,000 individuals will receive counseling and testing and 16 individuals will be trained to provide VCT.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to: AED-Capable Partners AB activity (#6837); AED-Capable Partners OP activity (#6830); and AED-Capable Partners OVC activity (#6831). This activity will also be linked to treatment, care and support activities in the regions of operation.

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/Organizations include CBOs and NGOs.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The project will address issues of stigma reduction and discrimination, as it has been the major factor hindering access to HIV services by PWDs. It will work to promote the rights

of disabled people for equal access to HIV/AIDS related prevention and intervention measures and to influence the Government policies to be inclusive of needs of PWDs. Gender equity is also key in this project, as within the disability fraternity issues of women with disabilities have not been well articulated and would therefore be put into consideration in all activities. The Chanuka Youth Centre will continue providing quality VCT service to youths with special emphasis on the female youths.

7. AREAS OF EMPHASIS

A major area of emphasis is Training, including youth reproductive health and sexuality training and the training of youth VCT counselors and training religious leaders as agents of change in HIV/AIDS context. Three youth groups will also be trained in each of the eight administrative divisions in Kitale district. Minor area of emphasis will be in community mobilization/participation and the development of network/linkages/referral systems.

Continued Associated Activity Information

Activity ID: 4847
USG Agency: U.S. Agency for International Development
Prime Partner: Academy for Educational Development
Mechanism: Capable Partners
Funding Source: GHAI
Planned Funds: \$ 200,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	6	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	6,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	16	<input type="checkbox"/>

Target Populations:

Community leaders
 Disabled populations
 Non-governmental organizations/private voluntary organizations
 Rural communities
 Out-of-school youth
 Partners/clients of CSW
 Religious leaders

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Rift Valley

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Lea Toto
Prime Partner:	Children of God Relief Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	6860
Planned Funds:	\$ 100,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>The COGRI/Lea Toto counseling and testing activities will relate to COGRI/Lea Toto HIV/AIDS treatment services (#6862), COGRI-Lea Toto orphans and vulnerable children (#6861), COGRI Lea Toto palliative care: HBSC (#6863).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>Children of God Relief Institute/Lea Toto Project will provide counseling and testing services to 4,500 children and at least 2,800 adults in 5 existing Voluntary Counseling and Testing centers situated within the project sites in the selected slums of Nairobi. In addition, 15 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.</p> <p>The project was started in September 1999, and the first phase was implemented for 2 years in Kangemi. 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 HIV/AIDS services.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This activity will contribute to the Kenya 5-year strategy and increase the number of people counseled and tested for HIV/AIDS by training 15 VCT counselors and testing 2,800 children and 4,500 adults.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>The COGRI/Lea Toto counseling and testing activities will relate to related COGRI Lea Toto activities in HIV/AIDS treatment services (#6862), orphans and vulnerable children (#6861), HBSC (#6863). This activity is also linked to other USG CT program on CT promotion and procurement of test kits.</p> <p>5. POPULATIONS BEING TARGETED</p> <p>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.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>This activity will work to reduce stigma and address discrimination faced by individuals infected or affected by HIV/AIDS. This activity will address issues on disclosure of ones status to partner and family members.</p> <p>7. EMPHASIS AREAS</p> <p>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.</p>

Continued Associated Activity Information

Activity ID: 4848
USG Agency: U.S. Agency for International Development
Prime Partner: Children of God Relief Institute
Mechanism: Lea Toto
Funding Source: GHAI
Planned Funds: \$ 40,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	5	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	7,300	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	15	<input type="checkbox"/>

Target Populations:

Adults
 Community leaders
 Community-based organizations
 Faith-based organizations
 Non-governmental organizations/private voluntary organizations
 Rural communities
 Children and youth (non-OVC)
 Girls
 Boys
 Religious leaders
 Public health care workers
 Other Health Care Worker
 Private health care workers
 Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6875
Planned Funds: \$ 1,950,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is related to Cooperative Housing Foundation activities in AB (#6876), OP (#6872), ARV treatment (#6869), OVC (#6874), and TB/HIV (#6871).

2. ACTIVITY DESCRIPTION

Through the President's Emergency Fund, Community Housing Foundation (CHF) already supports 37 local partners implementing a wide range of HIV prevention and care activities mainly in remote and hard to reach parts of Kenya. In FY 2006, through reprogramming, CHF included in their domain a component of the uniformed services project (USP), which was previously supported through the KEMRI cooperative agreement. In FY 2007 CHF plans further to expand activities and broaden its geographical coverage. The planned expansion will result in an increase of CT outlets supported by CHF to 56 through which 130,000 individuals will receive CT services. Apart from providing the standard individual VCT services, CHF sub-partners will promote couple counseling and testing, and ensure that discordant couples are provided with support and care. CHF will train an additional 65 counselors to provide CT in both medical and non-medical setting during the plan period. CHF was awarded a cooperative agreement with CDC in late FY 2004 to work with local Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) in Kenya, building their capacities in implementing CT activities for prevention and care. The network model approach in programming and financing adopted by CHF has greatly enhanced linkages among the complementary activities implemented by these sub-partners, especially between CT and care services supported through the President's Emergency Fund. In order to further expand availability of CT services, CHF will consider supporting up-coming NGOs which have unique and innovative programs or those who work in hard-to-reach areas. The targeted partners will collectively cover a wide geographical area and provide confidential CT services in varying settings that will meet the unique needs of many segments of the population. CHF has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations. Under the terms of the current cooperative agreement with CDC, CHF has done well in responding to the national aspiration of increasing access to quality HIV prevention and care services in Kenya. Besides building the capacity of the local sub-partners in CT program implementation, CHF will continue to provide sub-grants and to build their overall management capacity. Training in proposal writing, which will enable sub-grantees to compete independently for USG and donor funds, will be emphasized. CHF will promote compliance with prescribed national standards for CT service delivery and continuous quality improvement at all sites through a program of support supervision conducted jointly with the Ministry of Health.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through partnership with local sub-partners supported with FY 2007 funds CHF will provide CT to 120,000 Kenyans. Majority of those testing positive will be linked to care services within and beyond the network of HIV/AIDS services initiated by CHF through President's Emergency fund. CHF's effort in CT is expected to contribute approximately 15% of the total USG target for Kenya in FY2007. A number of CHF sub-partners will provide CT through multiple approaches including fixed and Mobile VCT, CT in medical settings and CT within home Based Care Programs, thereby improving equity in access to HIV prevention and care services since many rural communities that are currently underserved will have better access. Overall, CHF's activities will contribute to the result of increased access to CT among underserved and high risk populations and enhanced capacity to implement HIV/AIDS interventions by local sub-partners.

4. LINKS TO OTHER ACTIVITIES

The CHF supported CT activities will focus on enhancing links to other Emergency Plan funded care and treatment activities intended to better serve geographical areas where linkage to care for those testing HIV positive are still weak. CHF CT activity is closely linked to CHF activities in AB (#6876), condoms and other prevention (#6872), ARV treatment/services (#6869), TB/HIV (#6871) and Orphans and Vulnerable Children (#6874).

5. POPULATIONS BEING TARGETED

This activity targets predominantly rural populations falling largely within remote parts of Kenya. In these areas the entire population will be reached including adults and youth.

For this to be achieved the partners will have to work closely with community leaders. Innovative programs for promoting CT amongst commercial sex workers and the youth are an integral part of the planned activities. New sites will include facilities operated by Community or Faith-Based Organizations and non-profit organizations serving nomads and other hard to reach population groups.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will increase gender equity in access to HIV/AIDS services, particularly for the nomadic communities in northern Kenya.

7. EMPHASIS AREAS

This activity includes major emphasis on local capacity building, human resource development and minor emphasis on improvement of infrastructure for CT service provision. CHF will focus mainly on building the capacity of local organizations to implement high quality HIV/AIDS interventions responsive to the needs of target communities. The training component of the planned activities will result into increased human resource capacity to provide both diagnostic and voluntary counseling and testing at grassroots level. In settings where infrastructure for CT service provision is underdeveloped or lacking, resources will be committed for minor alterations, improvements and furnishings to create decent CT service outlets.

Continued Associated Activity Information

Activity ID: 4170
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Community Housing Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,825,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	54	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	130,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	65	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Girls
Boys

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Eastern Deanery AIDS Relief Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6881
Planned Funds: \$ 400,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities with Eastern Deanery AIDS Relief Program in other HIV/AIDS activities of ARV treatment (#6880), PMTCT (#8654) and TB-HIV (#6879)

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. They primarily work 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 7 fixed sites and in community outreach programs. In FY 2005 they began to expand this mandate by commencing the provider-initiated CT, starting with TB patients and later with TB suspects. In FY 2006, 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, DTC, couple counseling and CT in children. In FY 2007 EDARP will continue providing all types of CT services in all the previous sites, as well as in the outreach program. They will however establish 4 new VCT sites in the same region. To facilitate the provision of all the CT services in FY 2007, EDARP will train 150 health workers and counselors on both VCT and DTC. This will lead to over 25,000 people being counseled and tested. 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 2007. However, EDARP will be working in a unique environment with very innovative CT programs. They have in the past and will in FY 2007 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 (#6880), PMTCT (#8654), STI, and TB-HIV (#6879) 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.

Continued Associated Activity Information

Activity ID: 6437
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Eastern Deanery AIDS Relief Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	11	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	25,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	150	<input type="checkbox"/>

Target Populations:

Adults
 People living with HIV/AIDS
 Children and youth (non-OVC)
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Hope Worldwide
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6894
Planned Funds: \$ 350,000.00

Activity Narrative: 1. LIST IF RELATED ACTIVITIES

This activity relates to activities with Hope Worldwide AB program (#6893) and ANCHOR/Hope Worldwide OVC program (#6891).

2. ACTIVITY DESCRIPTION

In FY07 Hope Worldwide Kenya (HWW) will continue to provide youth-friendly CT services in Nairobi and Makueni 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 Makueni. In FY 2007, these programs will be expanded. Mobile and Moonlight VCT services will 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 2007 HWW expects to train an additional 4 counselors and increase the number of individuals provided with CT to 25,000. 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 2007 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 (#6893) and OVC (#6891) 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 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.

Continued Associated Activity Information

Activity ID: 4786
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Hope Worldwide
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	5	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	25,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	4	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
Truck drivers
Out-of-school youth

Key Legislative Issues

Stigma and discrimination
Other

Coverage Areas

Eastern
Nairobi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Medical Corps
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6907
Planned Funds: \$ 950,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in PMTCT (#6906) and TB/HIV (#6905).

2. ACTIVITY DESCRIPTION

In FY 2007, 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. Door-to-door HIV testing, which IMC piloted in FY 2006, is especially important in Suba because it is the area with 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 30,000 individuals, with at least 5,000 of them being referred for care and treatment. An estimated 1200 discordant couples will also be identified and counseled. Core activities will include establishment of 10 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. 36 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 2007 IMC will strengthen its network with the local CBOs to educate the community in Suba on the benefits of CT for prevention and care. In Suba 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, 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 30,000 for FY 2007 represents a significant increase from FY 2006 target. At national level, it represents only a modest contribution to the overall 2007 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 2006 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(#6906) and TB/HIV (#6905) 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 2007 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 will be 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 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.

Continued Associated Activity Information

Activity ID: 4772
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Medical Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 380,500.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing counseling and testing according to national and international standards

20

Number of individuals who received counseling and testing for HIV and received their test results (including TB)

40,000

Number of individuals trained in counseling and testing according to national and international standards

46

Target Populations:

Adults

Community leaders

Rural communities

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6912
Planned Funds: \$ 200,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in AB (#6913), HBHC (#6909), ART (#6914), OP (#6910), and PMCT (#6911).

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 07. During this period, 20 additional counselors will be trained and deployed at these sites and there will be a shift of focus towards providing CT within medical settings as part of clinical care. Through these efforts, IRC will provide CT to 8,000 people during FY 2007. 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 12,000 people who will be served in varied settings, including health facilities and stand-alone CT outlets. IRC activities will also result in the training of 20 additional CT service providers. IRC's activities will contribute 2% of the overall USG CT target for Kenya in FY 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 (#6913), OP (#6910), PMTCT (#6911), HBHC (#6909) and ART (#6914) 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 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.

Continued Associated Activity Information

Activity ID: 4774
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Rescue Committee
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	4	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	8,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	20	<input type="checkbox"/>

Target Populations:

Commercial sex workers
 Refugees/internally displaced persons
 Migrants/migrant workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Other

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Local Voices
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6917
Planned Funds: \$ 150,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This INTERNEWS/Local Voices Counseling and Testing activity relates to activities in HIV/AIDS Treatment services [#6915], OVC [#9076], and PMTCT [#6916], Blood safety [#8705], and Policy Analysis and Systems Strengthening [#6918].

2. ACTIVITY DESCRIPTION

According to the Kenyan Demographic and Health Survey (DHS), four out of every five HIV-positive Kenyans don't know that they have contracted the virus. Internews will increase demand for counseling and testing (CT) services through innovative communications and by encouraging reporting on the subject via radio and television. The primary strategy will be to train journalists and talk show hosts to equip them with the skills to accurately report on complex CT related issues, which are common sources of rumors, misconceptions, and public misinformation.

In FY 2007, Internews will specifically train 4 television journalists and 4 camera people and support them in producing 8 high quality features to be broadcast on prime time TV programs in Kenya, estimated to reach 2 million viewers around the country. This activity will contribute to increased access to and utilization of diagnostic, routine, and voluntary counseling and testing. Internews will also train leaders from 8 NGOs such as Liverpool VCT, Nazareth Hospital, etc. on effective media communications on CT. In addition, 4 travel grants will be provided for coverage of CT, 2 for TV and 2 for radio.

Internews Network Inc. is an international non-profit organization that supports open media worldwide. In Kenya, the organization is committed to training broadcast journalists, supporting improved news reporting and programming about the HIV/AIDS epidemic and its impact on local communities. The radio content analysis research in Kenya, conducted by Steadman International, has shown that the frequency of HIV/AIDS radio programs in Kenya has increased by at least 50% since this activity started two years ago. There has also been a significant increase in the quality and diversity of programs, with the voices of PLWHAs being heard far more often on radio.

To date Internews has conducted 3 training workshops for radio journalists on VCT and one on diagnostic testing and counseling (DCT), resulting in over 50 radio programs aired on these issues. Since May 2004, Internews has operated a Media Resource Center (MRC) in Nairobi. The MRC is stocked with more than 2,000 HIV/AIDS publications and offers internet access to provide Kenyan journalists with desperately needed resources to produce stories about HIV/AIDS. It also provides computers with digital sound editing programs, as well as the help of a sound technician and senior journalists, to assist in the production of programs.

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 [#6915], OVC [#9076], and PMTCT [#6916], Blood safety [#8705], and Policy Analysis and Systems Strengthening [#6918].

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.

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.

Continued Associated Activity Information

Activity ID: 4174
USG Agency: U.S. Agency for International Development
Prime Partner: Internews
Mechanism: Local Voices
Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards		<input checked="" type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Faith-based organizations
National AIDS control program staff
People living with HIV/AIDS
Policy makers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: ACCESS
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6924
Planned Funds: \$ 500,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity is related to activities in counseling and testing [#8760, #8776, #8777, #8778, #8781, #8782, #8976] and counseling and testing [#8009]. This activity is also related to activities in injection safety [#8821].

2. ACTIVITY DESCRIPTION

In FY 2007 USAID'S ACCESS project implemented by JHPIEGO will continue to promote the availability and delivery of high quality counseling and testing services in public Ministry of Health (MOH) facilities, an essential element of clinical and preventive care. The guidelines will be disseminated in additional 30 districts nationally and orientation provided to 600 health workers. Subsequently these health workers will give service orientation to 3,000 health workers using a cascade on-the-job (OJT) approach. This activity will continue to monitor activities initiated in FY 2006 and FY 2005 in Western, Coast, Nyanza and Rift Valley Province This activity will also promote the availability of diagnostic counseling and testing (DCT) in Ministry of Health facilities, a vital entry point to prevention, treatment and care. Strengthening referrals and linkages to care, treatment, and prevention will continue to be a priority for FY 2007. This activity will enable health workers to reach individuals who are most likely to benefit from ARV treatment, through integration with STI, TB, and in patient services. Effective linkages to comprehensive care centers (CCC) for HIV treatment will be established. The activity also focuses on increasing linkages between STI, TB and in patient services with HIV treatment services. The increased availability of DCT will help to reduce stigma associated with HIV testing. Significant changes from initiated in 2006 include the advancement of training for health workers through on the job (OJT) cascade training. The activity also focuses on increasing linkages between STI, TB and in patient services with HIV treatment services. The increased availability of DCT will help to reduce stigma associated with HIV testing. In FY 2005 JHPIEGO supported the National AIDS and STI Control Program (NAS COP) to develop an orientation package for health workers to build skills in counseling and testing in medical settings as defined in the National Guidelines. This orientation for health workers helped to improve the quality of DCT in 8 districts in Central, Eastern and Nairobi Province. In FY 2006 this activity advanced the DCT skills of health workers in Western, Nyanza, Rift Valley, and Coast Province and improve the quality of prevention, palliative and HIV treatment services. JHPIEGO will participate in the MOH's Technical Working Group to ensure coordination of activities and compliance with MOH guidelines for service delivery. JHPIEGO will also collaborate with local non-governmental organizations for people living with HIV/AIDS and community healthcare workers to reduce stigma towards DCT. At the planning stage, both central and appropriate peripheral levels of the ministry of health will be involved along with other stakeholders.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2007 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 (#8781), Rift Valley (#8776), Western (#8777), NEP (#8778), Eastern (#8782), Nairobi/Central (#8976), Nyanza (#8760). It is also related to NAS COP/MOH (#7009) counseling and testing. This activity is also related to JHPIEGO/ACCESS activities in Injection safety (#8821).

5. POPULATIONS BEING TARGETED

This activity targets MOH staff including program managers in the NAS COP, public health care doctors and nurses, other health care workers including community health workers.

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 COVERED

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.

Continued Associated Activity Information

Activity ID: 4155
USG Agency: U.S. Agency for International Development
Prime Partner: JHPIEGO
Mechanism: ACCESS
Funding Source: GHAI
Planned Funds: \$ 500,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	3,000	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Doctors
- Nurses
- National AIDS control program staff
- Host country government workers
- Public health care workers
- Other Health Care Worker
- Private health care workers
- Doctors
- Laboratory workers
- Nurses
- Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6941
Planned Funds: \$ 2,010,000.00

Activity Narrative: 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 2007 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 the past, the KEMRI CT program focused mainly on VCT. From FY 2005, KEMRI began to introduce provider-initiated CT, because of the increasing care and treatment opportunities, made possible through the President's Emergency Plan. In FY 2006, the KEMRI supported VCT program in Nyanza was handed over to Liverpool VCT. This notwithstanding, KEMRI will continue to provide oversight supervision, data management and quality assurance for the VCT program in Nyanza. In FY 2007, KEMRI will put more resources into provider-initiated and home-based CT. In provider-initiated CT, KEMRI will support dissemination of policies and guidelines, training and supervision. In the same FY 2007 KEMRI will expand the implementation of home based CT in Asembo and Gem, 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 2007, KEMRI will provide CT services to at least 60,000 people in the region. In order to achieve this, they will train 120 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 2007, this service will be expanded to cover 50 sites in the province. In FY 2007, 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 2007. 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 at Nyanza Provincial Hospital, AMPATH -Chulaimbo, Merlin and Mildmay. 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 (#6943), KEMRI-ART activity (#6945), KEMRI PMTCT activity (#6949), KEMRI TB/HIV activity (#6944) and KEMRI OP activity (#6948). This activity is also linked to KEMRI Lab activity (#6940).

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 and care services.

7. EMPHASIS AREAS

In FY 2007 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.

Continued Associated Activity Information

Activity ID: 4087
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 400,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Targeted evaluation	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	60	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	130,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	220	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Infants
Rural communities
Children and youth (non-OVC)
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

Stigma and discrimination
Increasing gender equity in HIV/AIDS programs

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Prisons Project
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6950
Planned Funds: \$ 130,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity is related to activities in ARV (#6954), PMTCT (#6953), LAB (#6940), TB-HIV (#6951), SI (#6946), AB (#6943), OP (#9228) and CT (#6875)

2. ACTIVITY DESCRIPTION

Please take note that this project has been renamed. It is no longer the Uniformed Services project, but is now referred to as the Prisons Project (PP). This is because in FY 2006 there was a reprogramming of funds, which moved part of this project to Community Housing Fund (CHF), thus leaving only the prisons project to be supported by KEMRI. In FY 2007 the KEMRI Prisons Project plans to establish six additional CT sites, hereby increasing its total outlets from 29 to 35. Mobile VCT activities will also be expanded to increase access to CT to the smaller outlying prison communities that are currently underserved. Mobile VCT activities will be regionalized and increased to 18 in 2007. An additional 14 VCT counselors will be trained to provide services in the expanded facilities. Post Test clubs will also be initiated in at least 21 CT sites. Through these efforts the PP will provide CT to 21,500 clients thereby contributing 4% of the total USG CT target for Kenya in FY 2007. Program of quality assurance (QA) for both counseling and testing will be expanded to cope with increased service uptake during the planned scale up in FY 2006. Training in Quality Assurance (QA) and supervision will be enhanced with 6 CT supervisors trained. QA of counseling will involve monthly support supervision to practicing counselors in groups and on a one-to-one basis. QA for testing will involve validation of test results from 10% of clients served. Linkages between counseling and testing centers and care outlets will be strengthened to improve utilization of care opportunities created through the President's Emergency Fund. All CT sites will use the special uniformed services VCT data collection tool to enable evaluation of data on the uniformed community separately from civilians attending USP sites.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

VCT and diagnostic testing in USP will contribute to the overall Emergency Plan CT targets for Kenya, for both primary Prevention and care. Planned mobile VCT services will improve equity in access to HIV prevention and care services in remote areas without fixed VCT sites and in overcrowded prisons. 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.

4. LINKS TO OTHER ACTIVITIES

This activity is part of a comprehensive HIV program targeting uniformed service personnel and is linked to PMTCT (#6953), AB (#6943), OP (#9228). Information Education and communication (IEC) materials relevant to the uniformed services will be developed jointly. This activity is also linked to KEMRI activities in ART (#6954), TB-HIV (#6951), Lab (#6940), SI (#6946) and counseling activities with Cooperative Housing Foundation (#6941).

5. POPULATIONS BEING TARGETED

This activity targets uniformed staff and their dependants, prison inmates and civilians accessing the KPS facilities. The USP services comprise a large proportion of young men and women who often serve away from their homes and are thus vulnerable to risky behavior. New sites will include facilities that are youth friendly to accommodate people who may be uncomfortable seeking services in traditional medical settings.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will promote stigma reduction efforts, through increased access to HIV/AIDS information. This will be achieved through all approaches to CT. In provider-initiated CT, patients will be informed that CT is part of the package of care.

7. EMPHASIS AREAS

This activity includes major emphasis on human resources and a minor emphasis in community mobilization and training as detailed in the activity description in Section 1 above.

Continued Associated Activity Information

Activity ID: 4255
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: Uniformed Services Project
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	35	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	21,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	14	<input type="checkbox"/>

Target Populations:

Prisoners
 Host country government workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6957
Planned Funds: \$ 80,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: TB/HIV [#6961], Treatment: ARV services [#6958], Abstinence/Being Faithful [#6966] and Condoms and Other Prevention [#6962].

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 2007 KDOD will expand its CT activities in both the static sites and through community and military mobile (outreach) activities. Core activities will include training and deployment of 75 additional counselors and establishing three new VCT sites, in addition to the existing 25 sites. By so doing KDOD will have 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, 50 people (mostly health care workers) will be trained in provider-initiated testing and counseling (PITC), while 25 mostly lay counselors will be trained in VCT. Those who will be trained in PITC will be selected from KDOD health facilities and will upon completion of the training institutionalize routine PITC in the military health facilities. Those who will be trained in VCT will be deployed to either the fixed sites or to the mobile (outreach) program. The mobile (outreach) VCT services will mainly target the 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. KDOD will also provide refresher training to existing CT providers in emerging issues in VCT as well in the management of post test clubs. In addition, greater involvement of people living with HIV/AIDS 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 2007. 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 (#6966), OP (#6962), TB/HIV (#6961) and ART (#6958). 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 living next to the barracks. Trainings will target health care workers.

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. Analysis of VCT clients data existing from KDOD sites indicates a low service uptake. Activities in this program area will also include promotion, campaigns and mobilization aimed at increasing overall CT uptake. The increased availability of CT services and their popularization among the Military personnel will reduce stigma and discrimination. Ensuring that equitable access to CT services across gender will continue to be a priority as well in FY 2007.

7. EMPHASIS AREAS

This activity includes major emphasis on training and minor emphasis in the areas of human resource (health care and PITC providers) and infrastructure improvement. Personnel training in PITC (both initial and refresher) will be undertaken to ensure quality services are rendered in line with national and international guidelines. Training in quality assurance and supervision will also be undertaken to ensure internal capacity for long-term sustainability of the program.

Continued Associated Activity Information

Activity ID: 4249
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: Kenya Department of Defense
Funding Source: GHAI
Planned Funds: \$ 75,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	28	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	7,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	75	<input type="checkbox"/>

Target Populations:

- Adults
- Military personnel
- Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: South Rift Valley
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6968
Planned Funds: \$ 750,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment/ARV services [#6973], TB/HIV [#6975], Abstinence/Being Faithful [#6981], and Condoms and Other Prevention [#8808].

2. ACTIVITY DESCRIPTION

In FY 2007, Kenya Medical Research Institute (KEMRI) will continue to provide HIV counseling and testing (CT) services in partnership with the Ministry of Health (MOH) in six districts in the south Rift Valley Province. Together the six districts represent a collection of 58 district hospitals, sub-district hospitals, and health facilities that will be equipped and supported to serve as nationally registered CT sites. In FY 2007, the six districts will provide CT services to over 56,000 people in the traditional voluntary counseling and testing (VCT) sites as well as through the new provider initiated testing and counseling (PITC) strategy. Twenty individuals will be trained in voluntary counseling and testing, while 50 clinicians will be trained in PITC, to enable them provide PITC in health facilities. In implementing this, KEMRI will work closely with the district AIDS/STI coordinator (DASCO) in order to strengthen coordination and referral, especially between CT and care services. Technical assistance will be provided by 2 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 2.2 million and a HIV prevalence rate of approximately 5-7%. KEMRI-MOH will also continue to maintain the 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 400 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. KEMRI 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. KEMRI south Rift Valley Mobile VCT activities will reach at least 15,000 individuals in FY 2007 in the six districts served by KEMRI. This number will part of the annual CT target for KEMRI south Rift, referred to above.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

The south Rift Valley Province is one the areas in Kenya that have large rural populations. These rural areas will be the main target of the CT initiative in FY 2007. Together with the MOH, KEMRI will provide high quality CT services both to the Tea farming community and to the general community through mobile CT services. Currently, mobile CT services are conducted weekly and reach between 100 and 250 clients per visit. In order to meet the needs of rural Kenya, KEMRI will assist the MOH to scale up mobile CT services in these areas. These coordinated CT activities will successfully provide VCT as well as PITC to over 56,000 Kenyans in the south Rift Valley Province. This combined effort to extend quality CT services to this geographical area will successfully contribute to 4% of 2007 Emergency Plan CT targets for Kenya. KEMRI will be instrumental in contributing to the national objectives of extending CT to hospital patients and TB patients in both the inpatient and outpatient clinical settings. The youth recreational center and VCT site in Kericho will continue to consistently target out of school and in-school youth, a special population that has become a national focus in the provision of VCT services.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to KEMRI-south Rift Valley ARV services (#6973) 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 KEMRI-south Rift Valley TB/HIV (#6975) 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 (#6973) and KEMRI-south Rift Condoms and Other Prevention program (#6981).

5. POPULATIONS BEING TARGETED

KEMRI's CT services will target the general population, including children and youth. Mobile VCT services will target migratory populations in Transmara. KEMRI is working in partnership with the MOH offices in six 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. KEMRI, in FY 2007, 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. 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

KEMRI, in partnership with the MOH, will improve gender equity in accessibility of CT services within the six districts in south Rift Valley. CT will be an important intervention strategy in challenging current sexual norms that have contributed to the risks of contracting HIV in many of the rural communities. Through information and education material stigma surrounding issues of knowing HIV status will also be addressed.

7. EMPHASIS AREAS

KEMRI's efforts in CT will be divided between community mobilization/participation, human resources, information and communication, infrastructure, and training. They will improve the awareness of their CT services by focusing a part of their efforts in community mobilization and participation. Other efforts will also go towards the training of 70 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 2007 will be to make minor renovations in the already existing infrastructure of the medical health facilities.

Continued Associated Activity Information

Activity ID: 4828
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: South Rift Valley
Funding Source: GHAI
Planned Funds: \$ 560,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	58	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	56,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	70	<input type="checkbox"/>

Target Populations:

Adults
Most at risk populations
National AIDS control program staff
Children and youth (non-OVC)
Migrants/migrant workers
Out-of-school youth
Public health care workers
Doctors
Nurses
Other Health Care Workers

Key Legislative Issues

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

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Live With Hope Centre
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6979
Planned Funds: \$ 90,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support [#6922], Antiretroviral Treatment [#6973], TB/HIV [#6975] and Abstinence/Being Faithful [#6981].

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. In FY 2007, the Live with Hope Center will expand their counseling and testing (CT) services to cover an additional 3000 individuals through continued support and maintenance of the stand alone Voluntary Counseling and Testing (VCT) site that was constructed under the FY 2004 President's Emergency Plan. The site provides VCT for the general population in this area, and the community education and mobilization that is required to increase awareness and uptake. In FY 2006, LWHC surpassed their CT target, by providing CT services to over 2000 individuals in the Kericho area. In FY 2007, Live with Hope Center will reach their CT targets by continuing to integrate their counseling and testing services into their existing home-based care program that provides care and support to over 400 individuals who are HIV positive and are receiving ART or under medical supervision for potential opportunistic infections like TB. This year will build on the success of this initiative of bringing counseling and testing into the homes of every client that is part of their home-based care program by providing CT to every member of the household. By doing so, Live with Hope will continue to ensure that every family member of their clients on home-based care receives quality care and treatment if required. In order to achieve this, three additional individuals will be trained in counseling and testing according to national or international standards. The LWHC has a dynamic program that routinely links the Person Living with HIV/AIDS to their active support group which in turn assists in combating stigma and discrimination in the larger community. LWHC will also continue providing mobile VCT services to the most at risk populations by focusing on prisoners, matatu drivers, commercial sex workers and at-risk youth in the local rehabilitation school. They will also work with the rural churches to bring mobile VCT services to congregations in hard-to-reach areas, an initiative which has proved to be very popular in FY 2006. In addition, technical assistance will be provided by 2 locally employed staff.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

VCT services offered by LWHC will contribute to the overall CT target. The LWHC will continue to use VCT as an important HIV prevention tool by providing VCT to at risk populations through outreaches and mobile VCT. LWHC will also contribute substantively to Kenya's 5-Year Strategy emphasis on the youth and discordant couples by working closely with churches in the promotion of VCT and the provision of CT services through mobile VCT activities. In addition, LWHC will provide VCT to couples in marriage and other stable relationships, in order to support those who may be HIV discordant. Furthermore, LWHC will be the focal point of the novel approach of testing every family member of patients on ART.

4. LINKS TO OTHER ACTIVITIES

This activity will be closely linked with the KEMRI-South Rift TB/HIV activity (#6975) as well as the KEMRI-South Rift Valley palliative care program activity (#6922). The Live with Hope Center will continue to work closely with the Kericho District Hospital as part of the larger HIV/AIDS care and support network by serving as a referral point for advanced care and treatment thus linking this activity to also KEMRI-South Rift Antiretroviral treatment program (#6973). The VCT will also be promoted through efforts in the existing LWHC abstinence/being faithful program (#6981) with the community.

5. POPULATIONS BEING TARGETED

LWHC CT activities will target young people, especially out of school youth, through the close partnership with the rehabilitation school and church activities with street kids in Kericho. They will also continue their focus on other at risk populations like prisoners, commercial sex workers, matatu drivers and migrant tea workers through increasing the number of mobile counseling and testing services to both the prisons and the many tea estates surrounding the Kericho area. The home based care CT initiative will also target those affected by HIV including children and caregivers of PLWHA. The stand alone VCT site will continue to also serve the general adult population in the area as well. LWHC is a

faith-based organization supporting a community based response to HIV-AIDS.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The CT activity under the LWHC aims to change traditional gender norms and behaviors that have contributed to the rapid spread of HIV in some communities by using information, education, and communication to spread messages about risky behavior. CT will also target young girls in an effort to increase their access and availability of HIV information through VCT services. Previous statistical analysis indicated that the LWHC was working in accordance with the Kenyan national strategy by targeting a higher percentage of women than men; the percentage of women accessing the LWHC VCT site compared to the men was approximately 60% in FY05. The LWHC CT service also challenges pre-conceived misconceptions of testing and counseling for HIV by fully integrating the service in already existing church community activities they provide to the general public hence de-stigmatizing the process of HIV counseling and testing in the Kericho-Motobo area.

7. EMPHASIS AREAS

The majority of this partner's efforts will be in maintaining the current staff through the direct payment of salaries of the healthcare workers and VCT counselors that have been recognized by the Ministry of Health as trained to provide VCT services. Continued community mobilization to improve access to VCT and the training of 3 more health care workers to provide VCT will consist of the remaining small percentage of this partner's efforts under CT.

Continued Associated Activity Information

Activity ID: 4114
USG Agency: Department of Defense
Prime Partner: Live With Hope Centre
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 20,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	1	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	6	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community-based organizations
Faith-based organizations
Discordant couples
Street youth
HIV/AIDS-affected families
Prisoners
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Out-of-school youth

Key Legislative Issues

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

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Liverpool VCT and Care
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 6983
Planned Funds: \$ 1,520,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV treatment/services (#6985).

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 130,000 people in medical and non-medical settings, training of 380 service providers and quality assurance support to partners. CT services will be provided in 56 sites 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. These activities will increase access to high quality HIV prevention and care services. LVCT plans to train 150 counselors in VCT and another 150 in Diagnostic Counseling and testing (DCT) and 80 in couple counseling. 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 2007 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, 3000 HIV positive persons tested will be started on ART at LVCT-operated care outlets. In addition, 6,500 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 DCT, 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 2007.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through LVCT's efforts, an estimated 120,000 Kenyans will access CT in settings with well-established linkages to care services created through the president's Emergency fund. LVCT's CT targets for 2006 will contribute 17% to the overall Emergency Plan CT targets for Kenya and 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 (#6985) 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 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 ncrease 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.

Continued Associated Activity Information

Activity ID: 4176
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Liverpool VCT and Care
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,340,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	56	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	140,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	480	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Disabled populations
Faith-based organizations
Men who have sex with men
Truck drivers
Non-governmental organizations/private voluntary organizations
HIV positive pregnant women
Widows/widowers
Migrants/migrant workers
Out-of-school youth
Religious leaders
Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7009
Planned Funds: \$ 1,260,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in PMTCT (#7006), ART(#7004), Palliative care: Basic Health Care (#7005), TB-HIV (#7001), AB (#7007), OP (##7008), SI (#7002), HLAB (#7003).

2. ACTIVITY DESCRIPTION

The National AIDS/STI Control Program (NAS COP) is the section in the Ministry of Health that coordinates all health sector based HIV/AIDS activities. NAS COP 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 NAS COP 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 NAS COP 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 NAS COP is currently mainly involved in supervision and quality assurance. NAS COP 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, NAS COP 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 2007, NAS COP will mobilize and facilitate stakeholders to provide all types of CT. Through planned activities in FY 2007, NAS COP 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. NAS COP will also conduct regional level trainers' courses for provider initiated CT and couple counseling for a total of 100 people, in order to facilitate speedy national scale up of these approaches of CT. Provider initiated CT will be introduced in 80 previously uncovered public health facilities. NAS COP will continue to strengthen the capacity of its national and regional staff to monitor and evaluate CT activities, including proper data collection. NAS COP will also maintain the model VCT site that was established in FY 2004, which will provide CT for at least 6000 people in FY 2007. In FY 2007, NAS COP's target has been revised to reflect the actual services provided by the model VCT site at NAS COP.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

NAS COP is in a unique position to provide leadership and support for CT activities of all partners in the country. NAS COP 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. NAS COP is the only agency with that mandate and opportunity. The contribution of NAS COP to the goal is therefore largely broad and strategic, and in a small way it is also direct, since the NAS COP VCT site will provide CT services to a small number of people.

4. LINKS TO OTHER ACTIVITIES

NAS COP is supported to coordinate HIV/AIDS services in almost all the components. The planned NAS COP CT activities in FY2007 will increase knowledge of HIV status both for primary prevention and linkage to care services for HIV positive individuals. The NAS COP CT program will therefore relate to other NAS COP led programs like ART(#7004), PMTCT (#7006) and Palliative care (#7005). This activity is also linked to NAS COP TB-HIV activity (#7001), AB activity (#7007), OP activity (#7008), SI activity (#7002) , and HLAB activity (#7003).

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.

7. EMPHASIS AREAS

Major emphasis areas 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).

Continued Associated Activity Information

Activity ID: 4787
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS & STD Control Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 450,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	180	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	8,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	645	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
National AIDS control program staff
Policy makers
Professional Associations
Laboratory workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Horizons
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7019
Planned Funds: \$ 150,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is related to activities in abstinence/being faithful (#7026) and condoms and other prevention (#9052).

2. ACTIVITY DESCRIPTION

Horizons project will expand activities related to counseling and testing and alcohol and drug abuse counseling. In FY 2007 Horizons will expand activities related to alcohol and drug abuse in VCT setting as risk factors that are rarely addressed in HIV counseling. Since HIV testing involves counseling about high-risk behavior, it provides an opportunity to advise a client about factors that trigger risky sexual behavior such as alcohol consumption. This activity will expand to 15 sites in three different parts of Kenya. The alcohol and VCT study baseline survey was completed in June 2006 and a data interpretation workshop was held in July. Report writing is in progress. Horizons is working with Liverpool VCT to develop the first draft of the training manual for VCT providers and expect to conduct provider training by October 06 in 9 sites (with COP 06 funds). With COP 2007 funds, training of VCT counselors in alcohol and drug abuse counseling will continue to cover 15 sites. And with 2007 funds Horizons will conduct follow-up survey to assess impact of the intervention. 50 VCT counselors will be trained in counseling on alcohol and drug abuse counseling.

These activities also include support to the following sub recipients for activities integral to the program: Liverpool VCT

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The alcohol abuse study will contribute to the development of a comprehensive risk reduction approach, an essential part of CT services for high-risk populations such as substance abusers. It will be used to guide decisions on whether or not to include alcohol and substance abuse issues in counseling for HIV testing. The VCT training curriculum will also be revised to include this topic. These activities will contribute to the Kenya 5-Year Strategy which focuses on HIV prevention. Targets in this project will contribute to numbers counseled and tested for HIV/AIDS.

4. LINKS TO OTHER ACTIVITIES

This activity will be linked to all of the VCT/CT activities described in this COP since they will improve responsiveness of HIV counseling to client needs and expand demand and access to these services. It is also directly linked to AB activities (#7026) and OP activities (#9052) under Population Council.

5. POPULATIONS BEING TARGETED

The target populations are VCT clients (men and women of reproductive age), health care providers in both the private and public sector (counselors and their trainers and supervisors) as well as community based groups active in CT activities. Activities will also be targeting host government workers especially with the National AIDS control program staff.

6. KEY LEGISLATIVE ISSUES ADDRESSED

Gender will be address as alcohol abuse is a negative male norm and behavior, and leads to violence and coercion directed against women. If VCT counselors can help men and women understand and reduce this behavior, violence against women could be reduced. This activity will also address stigma and discrimination.

7. EMPHASIS AREAS

Strategic information is the major emphasis area and training is minor areas. This continuing activity is answering questions of importance to the entire CT area. In addition, this activity is being carried out in sites supported by PEPFAR and use clients of these sites as their study populations.

Continued Associated Activity Information

Activity ID: 4076
USG Agency: U.S. Agency for International Development
Prime Partner: Population Council
Mechanism: Horizons

Funding Source: GHAI
Planned Funds: \$ 360,000.00

Emphasis Areas

	% Of Effort
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	50	<input type="checkbox"/>

Target Populations:

- Adults
- Community-based organizations
- Doctors
- Nurses
- National AIDS control program staff
- Host country government workers
- Public health care workers
- Other Health Care Worker
- Private health care workers
- Doctors
- Laboratory workers
- Nurses
- Other Health Care Workers

Key Legislative Issues

- Stigma and discrimination
- Addressing male norms and behaviors

Coverage Areas:

- National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Frontiers in Reproductive Health
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7023
Planned Funds: \$ 200,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in AB (#7022) and OP (#7025)

2. ACTIVITY DESCRIPTION

The Population Council Frontiers in Reproductive Health (FRH) Project will expand activities to integrate family 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 20 FP Clinics and train 50 FP providers with a target to provide CT to 6,000 clients. The Population Council will monitor cost effectiveness of this integration to guide decision regarding further scale up. The Population Council FRH project has extensive experience in the design, implementation and evaluation of integrated models of reproductive health globally, including several projects in Kenya. FRH seeks to improve people's lives by enhancing services in family planning, safe motherhood, and other reproductive health areas. The FRH program conducts operations research (OR) in collaboration with developing-country organizations to design innovative interventions for improving services. One of the main goals is to communicate these research results so they can be utilized for program and policy development. FRH also works to build the capacity of local organizations to conduct operations research and utilize best practices that emerge from the studies. The Population Council, Frontiers in Reproductive Health Program in collaboration with the National Department of Health (DOH) (Maternal Child and Women's Health Directorate) and the Provincial DOH is currently undertaking a similar program in South Africa and has received support through the South African Emergency Plan country operational plan (COP). The 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. This integration will be implemented in Nairobi province, an area with a relatively high FP utilization rate where the benefits or shortcomings of this integration will be easily monitored and evaluated. Activities will include support for staff to implement the project, IEC efforts to inform FP clients about CT, training of doctors, nurses, clinical officers and family planning providers, workers in CT, quality assurance to ensure that high standards are maintained, and evaluation of this pilot effort.

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 VCT services at the health facility. More information will be given to clients and the community during community meetings with the local administration so that more messages and activities are conveyed through this community channel. The activity will also be linked to other Frontiers-Population Council activities in AB (#7022) and OP (#7025).

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.

Continued Associated Activity Information

Activity ID: 4204
USG Agency: U.S. Agency for International Development
Prime Partner: Population Council
Mechanism: Frontiers in Reproductive Health
Funding Source: GHAI
Planned Funds: \$ 220,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	20	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	6,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	50	<input type="checkbox"/>

Target Populations:

- Adults
- Community-based organizations
- Family planning clients
- Doctors
- Nurses
- National AIDS control program staff
- Other Health Care Worker
- Doctors
- Laboratory workers
- Nurses
- Other Health Care Workers

Key Legislative Issues

- Stigma and discrimination

Coverage Areas

- Nairobi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Tenwek Hospital
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7038
Planned Funds: \$ 200,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment/ARV services [#6973], Palliative Care: Basic Health Care and Support [#6922] and Palliative Care TB/HIV [#6922]

2. ACTIVITY DESCRIPTION

Tenwek Mission Hospital is a 300-bed, faith-based hospital in Bomet District serving an estimated population of 500,000 people. Counseling and testing (CT) activities for the hospital have primarily been conducted through the Tenwek Community Health Department (TCHD) in six districts within the Rift Valley Province through 9 stand alone Voluntary Counseling and Testing (VCT) sites as well as mobile VCT services which attends to the undeserved, hard-to-reach rural areas throughout the six districts. In FY 2006, Tenwek Mission Hospital was able to reach 14,000 individuals through continued support of their existing sites as well as scale up the testing of in-patient and TB patients for HIV. The six districts in Kenya in which TCHD has had a significant presence in the area of CT are characterized by its high rural population and poor infrastructure which severely limits the accessibility of medical services. TMH has been an Emergency Plan partner since 2004 and has successfully provided VCT to approximately 35,000 Kenyans in some of the most-difficult to reach areas in the south Rift Valley. With the assistance of the FY 2007 Emergency Plan funding, TCHD will continue to bring CT services to many of the migrant seasonal workers in the tourism industry in a few Kenyan national parks through mobile VCT. TCHD will also continue to ramp up services at their VCT site in Naikara which serves the migratory population of the traditional Masaai community through both a stand alone site as well as mobile VCT services. TCHD is also targeting at-risk populations through the prisons and outreach VCT services to commercial sex workers in many of the towns along the major Kenyan highways. They have also converted three of their stand alone sites to youth friendly sites, in order to attract and serve both in and out of school youth which contributed greatly to an increase in the number of individuals counseled and tested for HIV at these sites. Through the promotion of CT services to the youth, TCHD/TMH provides an important link to early prevention and subsequent behavior change to youth between the ages of 15-24 who are globally most at risk for transmission of HIV. TCHD will also continue to use mobile VCT as a major strategy in reaching their targets in CT. In FY 2006, TCHD was able to reach over 6,000 individuals through mobile VCT which sought to bring quality VCT services to a population that would not have had access to this service. In order to further expand counseling and testing activities in FY07, 6 health care workers will be trained in Provider Initiated Counseling and Testing (PICT) at TMH as well as other TCHD sites. In addition, funds will be used to train 4 qualified individuals to provide services through the existing stand alone VCT sites and mobile VCT by pursuing trainings for couple counseling and VCT supervision.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

TCHD, in conjunction with TMH, will successfully allow 15,400 more Kenyans to gain a personal knowledge of their HIV status through traditional VCT sites and mobile counseling and testing services. In accordance with the national initiative of increasing HIV testing in clinical sites, TMH will also bring quality PITC in their hospital in Bomet District, which will contribute to the number of individuals learning their HIV status. Furthermore, in accordance with the Emergency Plan's overview for CT, special populations will be targeted in FY 2007 in CT for Tenwek by focusing on bringing quality CT services to identified at-risk populations.

4. LINKS TO OTHER ACTIVITIES

TMH CT activity is closely linked with KEMRI-South Rift Valley TB/HIV activities (#6975) and HBHC (#6922) as well as with existing Antiretroviral Therapy (#6973) programs in the south Rift Valley.

5. POPULATIONS BEING TARGETED

Many of TCHD VCT stand alone sites are situated along the busy transportation routes of Kenyan highways; the initiative of many of these sites is to target commercial sex workers and other mobile populations such as truck drivers. The transformation of 3 of their existing sites to become youth friendly in FY05 has also captured the youth population. The mobile CT services are bringing CT migrant workers currently working in the seasonal tourism industry in a few of the Kenyan national parks that are part of the geographic area that TMH serves. TMH CT services will also be extended to reach the frequent discordant couple phenomenon found in the church community. PICT will also be targeting the

general population seeking medical services at TMH as well as training private health care workers in the delivery of PICT in the clinical setting.

6. KEY LEGISLATIVE ISSUES ADDRESSED

CT activities undertaken by TMH will focus on improving the availability and accessibility of gender sensitive CT services to women and young girls. They will focus on utilizing CT services as a behavior change intervention that empowers young girls to be more pro-active regarding issues surrounding sexuality as well as serving as a tool to counsel men on gender-specific traditional roles and beliefs that have had a direct relationship to the rapid spread of HIV in the area.

7. EMPHASIS AREAS

TCHD's budget will be split up into community mobilization, human resources, information, education and communication, and training. A small emphasis of the TMH efforts will also be used to continue the financial support of their dedicated counselors and staff providing quality CT services. TCHD will be mobilizing community resources to disperse educational material to prepare communities for their mobile VCT. Also, the TCHD will need to conduct recruitment and training to meet the needs of their expanding VCT activities.

Continued Associated Activity Information

Activity ID: 4245
USG Agency: Department of Defense
Prime Partner: Tenwek Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 170,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	12	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	15,400	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	10	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Faith-based organizations
Discordant couples
Truck drivers
Children and youth (non-OVC)
Migrants/migrant workers
Out-of-school youth
Private health care workers

Key Legislative Issues

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

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechanism

Mechanism: APHIA II - Health Communication & Marketing
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7049
Planned Funds: \$ 1,850,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Abstinence and Being Faithful (#7052), Other Prevention (#7051), Blood safety (#8804), and PMTCT (#7050).

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 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,

5. CONTRIBUTIONS TO OVERALL PROGRAM AREA

In FY 2007, 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. They will reach over 6 million through mass media.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in Abstinence and Being Faithful (#7052), Other Prevention (#7051), Blood safety (#8804), and PMTCT (#7050).

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.

The proposed unallocated funding of \$350,000 is for the expansion of an existing activity in the 2007 COP. 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 FY 07 this activity will focus on three main areas; the HIV testing week (RRI), PITC and, door-to-door CT.

Continued Associated Activity Information

Activity ID: 4930
USG Agency: U.S. Agency for International Development
Prime Partner: To Be Determined
Mechanism: BCC/SM-PSI
Funding Source: GHAI
Planned Funds: \$ 1,050,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards		<input checked="" type="checkbox"/>

Target Populations:

Adults
 Faith-based organizations
 National AIDS control program staff
 Non-governmental organizations/private voluntary organizations
 Policy makers
 Public health care workers
 Private health care workers

Key Legislative Issues

Stigma and discrimination
 Addressing male norms and behaviors

Coverage Areas:

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7112
Planned Funds:	\$ 400,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to all activities in the Counseling and Testing program area.</p> <p>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 2007 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 2007 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 2007 is US\$ 400,000.</p>

Continued Associated Activity Information

Activity ID:	4788
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention

Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 402,100.00

Emphasis Areas

Human Resources

% Of Effort

51 - 100

Logistics

10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing counseling and testing according to national and international standards

Number of individuals who received counseling and testing for HIV and received their test results (including TB)

Number of individuals trained in counseling and testing according to national and international standards

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Institute of Tropical Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8746
Planned Funds:	\$ 60,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities in AB (#6903) and OP (#6904).</p> <p>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 2007 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 maintaining two stand-alone VCT sites and facilitating mobile 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 2007 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 3000 being counseled and tested for HIV. This will require an additional six counselors to be trained, both for the stand-alone and the mobile VCT services.</p> <p>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 07, 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.</p> <p>4. LINKS TO OTHER ACTIVITIES This activity will be linked to AB (#6903) and OP (#6904) 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	2	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	6	<input type="checkbox"/>

Target Populations:

Adults
 Community leaders
 Rural communities
 Children and youth (non-OVC)
 Out-of-school youth
 Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Increasing women's access to income and productive resources
 Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8747
Planned Funds: \$ 50,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in AB (#6849) and OP (#9173) and Palliative Care: Basic Health Care and Support (#6850).

2. ACTIVITY DESCRIPTION

In FY 2007, Care Kenya, in partnership with local and indigenous organizations in the Northeastern Province of Kenya, will provide counseling and testing services to 2,500 people in North Eastern Province. For this to be achieved, they will train 6 counselors who will be working in four primarily VCT sites. Care will work in partnership with the Garissa youth network, Sisters Maternity Home (SIMAHO), Mikono community group serving the Malakote community and with Wajir South Development Agency (WASDA) in the neighboring Wajir District. In working with these partners, Care will employ multiple innovative approaches to improving access to counseling and testing. Garissa Youth network will set up a VCT center at the central Garissa market that is a busy hub of business people and has recently attracted a number of sex workers. This facility, also set up as a youth center will target high-risk groups in the town. SIMAHO, a CBO comprised of retired nurses and who provide extensive community outreach will offer provider-initiated counseling and testing and VCT as part of its health care services. Mobile VCT services will be provided to the sparse population through targeting watering points where the nomadic communities congregate to water their flock. These watering points will be venues of providing integrated prevention, basic treatment and care services. Care Kenya is a non-governmental organization primarily working in the north-eastern part of the country. Although the HIV prevalence in north eastern province is very low (less than 1%, KDHS, 2003), there are several major challenges in the implementation of HIV/AIDS programs. This area is vast with a scanty population, and most of the residents are nomadic pastoralists. It is also semi-arid with difficult climatic conditions and unpredictable rainfall. This makes the people travel long distances in search of pasture and water for their flock. One of the other key challenges has been the relative insecurity in the area. Because of this, the cost of services in northern Kenya is high. Care Kenya has worked in northern Kenya assisting in various health and social programs for a long time. It has received support from the Emergency Plan through CDC since FY 2004 to implement mainly prevention activities, especially in the area of AB.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

CARE Kenya will provide counseling and testing services to 2500 people and train 6 counselors. CARE will provide CT services to an underserved nomadic population in northern Kenya. In the past North Eastern province was not adequately supported because of the poor infrastructure and also due to insecurity. The security situation has now improved and therefore more services should be made available. This activity will support Kenya's five year strategy of increasing access to prevention and care services

4. LINKS TO OTHER ACTIVITIES

In FY 2007, Care Kenya will implement several HIV/AIDS components with the support from the Emergency Plan. Some of the other components include OP (#9173), AB (#6849) and Palliative care (#6850)

5. POPULATION BEING TARGETED

This activity will target the population of North-Eastern Kenya. The activity will target the entire population, with a special focus on the youth. However, adults, children and youth will receive all the services. This activity will also target high risk populations like commercial sex workers and mobile populations like truck drivers and migrants.

6. KEY LEGISLATIVE ISSUES BEING ADDRESSED

The activity will mainly address gender equity concerns. For socio-cultural reasons, women are often disadvantaged in this region. Services provided by Care will be culturally sensitive, but will endeavor to support women's access to HIV/AIDS services, and to CT.

7. EMPHASIS AREA

The activity includes a major emphasis on capacity building for local organizations. It will also address community mobilization, training, and human resources.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	4	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	6	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Truck drivers
Children and youth (non-OVC)
Migrants/migrant workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

North Eastern

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Kenya AIDS NGO Consortium
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8748
Planned Funds:	\$ 60,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity is related to activities in AB (#6939) and OP (#6938).</p> <p>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 2007, KANCO will provide counseling and testing services to 3,000 people, both adults and youth. They will train six counselors to run three VCT sites located in Mlolongo, Ongata Rongai and Thika. These sites will also 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.</p> <p>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 2007. 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.</p> <p>4. LINKS TO OTHER ACTIVITIES This activity will be linked to KANCO's AB (#6939) and OP (#6938) activities.</p> <p>4. 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.</p> <p>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.</p> <p>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.</p>

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	3	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	6	<input type="checkbox"/>

Target Populations:

Commercial sex workers
Truck drivers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Central
Nairobi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Impact Research and Development Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8751
Planned Funds: \$ 260,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in AB (#6896) and OP (#6897).

2. ACTIVITY DESCRIPTION

In FY 2007, Impact Research & Development Organization's (Impact Research) Tuungane project will provide HIV counseling and testing (CT) services to 3500 individuals in Kisumu slums and underserved areas in Suba District. 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 6 youth-friendly satellite centers in 5 major slums of Kisumu, in Nyanza Province and a central referral and coordination center at Tuungane Central. They will train ten counselors to support their fixed and mobile sites. The 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 (#6896), OP (#6897) 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 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 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 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.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	6	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	10	<input type="checkbox"/>

Target Populations:

- Adults
- Commercial sex workers
- Discordant couples
- Street youth
- Children and youth (non-OVC)
- Migrants/migrant workers
- Out-of-school youth

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Council
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8753
Planned Funds: \$ 50,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in AB (#7026) and OP (#7027).

2. ACTIVITY DESCRIPTION

In FY 2007, 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 2,500 individuals and train 4 counselors to work in six sites. 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 (#7026) and OP (#7027). 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.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	2	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	2,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	4	<input type="checkbox"/>

Target Populations:

Street youth
Out-of-school youth

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas

Central
Eastern
Nairobi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Indiana University School of Medicine
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8758
Planned Funds: \$ 200,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES:**

This activity is related to activities in PMTCT (#6898), Palliative Care: Basic Health Care (#6901), TB/HIV (#6900) and ARV (#6899).

2. ACTIVITY DESCRIPTION

The Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is a broad initiative by Moi University Faculty of Health Sciences and Moi Teaching and Referral Hospital in collaboration with Indiana University School of Medicine (IUSM) and other academic centers. AMPATH is a comprehensive program of HIV treatment, prevention, community mobilization, Counseling and Testing (CT), Prevention of Mother-To-Child HIV transmission infection (PMTCT), PMTCT-Plus, nutritional support, on the job training, and outreach activities. The Emergency Plan (EP) and private foundations fund this project. In 2006, AMPATH initiated aggressive community mobilization activities around their geographical area of operation. These community mobilization activities have traditionally targeted audiences with BCC messages, and CT has been incorporated as an important prevention and care entry point. In addition, DTC programs are just beginning to ramp up in each of the 18 AMPATH sites, and through both VCT and DTC, it is expected that a total of 100,000 persons will learn their HIV status in 2007. 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. This activity will train 50 people in CT in 2007.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through AMPATH's efforts, a total of 100,000 HIV infected persons will receive counseling and testing, thus contributing to over 30% of persons reached in this 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 (#6901), ARV services (#6899), PMTCT (#6898) and TB/HIV (#6900) services.

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. 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, midwives 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 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 clinical setting. The activity will also work with the MOH in the program area to strengthen their capacity to implement programs.

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	18	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	100,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	50	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Family planning clients
Discordant couples
Street youth
National AIDS control program staff
Pregnant women
Children and youth (non-OVC)
HIV positive pregnant women
Public health care workers
Private health care workers

Key Legislative Issues

Gender
Stigma and discrimination

Coverage Areas

Nyanza
Rift Valley
Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: APHIA II - Nyanza
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8760
Planned Funds: \$ 300,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in abstinence/be faithful (#8989), condoms and other prevention (#8942), palliative Care: TB/HIV (#9059) and ARV services (#8774).

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. In FY 2007 this activity will continue to expand the geographical coverage of this service to increase access for couples and families. A total of 25 new VCT sites will be established in public and faith based health facilities. Training in VCT and DCT will be provided for 80 counselors and health care workers respectively. As a result 15,000 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, PIT, in clinical settings, in addition to the more passive client initiated testing, CIT. Existing integrated VCT sites are particularly well placed to support these efforts; 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 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 (#8989) and condoms and other prevention (#8942) to promote health behaviors and reduce stigma by encouraging individuals to know their HIV status. It also relates to Palliative Care: TB/HIV (#9059) and ARV services (#8774) 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 has a minor on emphasis community mobilization/participation as well.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	25	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	15,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	80	<input type="checkbox"/>

Target Populations:

Adults
 Commercial sex workers
 Community leaders
 Community-based organizations
 Faith-based organizations
 Family planning clients
 Discordant couples
 Injecting drug users
 Truck drivers
 Non-governmental organizations/private voluntary organizations
 Rural communities
 Children and youth (non-OVC)
 Migrants/migrant workers
 Out-of-school youth
 Partners/clients of CSW
 Religious leaders
 Public health care workers
 Private health care workers

Key Legislative Issues

Stigma and discrimination
 Increasing gender equity in HIV/AIDS programs

Coverage Areas

Nyanza

Table 3.3.09: Activities by Funding Mechanism

Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8776
Planned Funds: \$ 650,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HIV/AIDS treatment services (#8797), abstinence and be faithful (#9070), OVC (#9029), HBHC (#8929), TB/HIV care activities (#9065), other prevention (#9040), PMCT (#8733) and strategic information (#8857).

2. ACTIVITY NARRATIVE:

This activity will provide counseling and testing services to 100,000 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. GOK, through the MOH already approved HIV testing protocol of serial testing of whole blood and simple rapid HIV tests. Previous efforts concentrated on diagnostic testing mainly of patients who had signs and symptoms of HIV disease and clinical indications of AIDS. This will be strengthened further through routine testing of TB suspects and cases, pregnant women 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.

Recognizing the important role that dispensaries play in the provision of health services in the Rift Valley Province, outreach services will be provided from selected static sites to high volume dispensaries. Home-based / family CT will also be initiated in Nakuru, Naivasha and Molo Districts starting with the families of index patients who are enrolled in home based care programs. This will require the recruitment and training or orientation of support or session staff and community counselors who will work closely with mobile/outreach teams.

Through partnership with Family Health options, the IMPACT project had established VCT services for young people. This will be scaled up through community mobilization and outreach services for young people in the region together with NOPE and other local youth service organizations. Building on NOPE's work with workplace HIV/AIDS programs, CT will be integrated in workplace programs in Naivasha and other workplaces and actively link those that are infected to care and treatment either through the public program or the Gold Star Network.

The broadening of entry points to counseling and testing will require that at least 200 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. 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

Sub agreements in this program will be awarded to National organization for Peer Educators (NOPE), CLUSA and the Ministry of Health. Amounts and other sub agreements TBD.

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 2007 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 (#8797), Abstinence and Be Faithful Program Abstinence and Be Faithful Program (#9070), OVC (#9029), HBHC (#8929), TB/HIV care activities (#9065), OP (#9040)), PMCT (#8733) and strategic information (#8857). 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. 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 development and implementation of referral systems and minor emphasis in quality assurance and supportive supervision for CT counselors. This 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 Rify Valley province to strengthen their capacity to implement programs.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	50	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	100,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	150	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
Street youth
HIV/AIDS-affected families
Truck drivers
Non-governmental organizations/private voluntary organizations
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

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

Coverage Areas

Rift Valley

Table 3.3.09: Activities by Funding Mechanism

Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8777
Planned Funds: \$ 500,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is related to activities in HIV/AIDS treatment services (#8826), Abstinence and Be Faithful Program (#8994), OVC (#9073), HBHC (#8931), HVTB care activities (#9068), OP (#8927), PMCT (#8738), and strategic information (#8855).

2. ACTIVITY DESCRIPTION:

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 diagnostic counseling and testing (DCT) 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.

The detailed 2007 activity will be determined through discussions with the consortia that will be awarded the cooperative agreement. However, it is imperative that the 2007 COP activity will consolidate these past assistance, taking them forward in terms of improved programming through innovation, expansion and integration with other program areas. It is expected that 40,000 individuals will receive CT services in about 40 sites and about 100 providers trained.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2007 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. 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.

3. LINKS TO OTHER ACTIVITIES

THIS ACTIVITY CARRIES FORWARD PREVIOUSLY APPROVED ACTIVITIES, MAINLY APHIA II TBD IN 2006 COP.

This activity links with the APHIA II Western Counseling and Testing activities will relate to HIV/AIDS treatment services (#8826), Abstinence and Be Faithful Program (#8994), HKID (#9073), HBHC (#8931), HVTB care activities (#9068), OP(#8927), PMCT (#8738), and strategic information (#8855)

4. POPULATIONS BEING TARGETED

This APHIA II Western TBD activity will target the general population: adult men and women of reproductive age, and HIV/AIDS-affected families, underserved and hard-to-reach populations, particularly in rural communities. 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.

5. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help to reduce stigma associated with HIV status by increasing the availability of routine testing for diagnosis in medical settings. Gender is a key legislative issue addressed in this activity. This includes activities supporting counseling that challenges norms about masculinity, delayed sexual activity and reduced multiple sex partners for boys and men and transactional sex. The activity also include support for testing and support services for victims of sexual abuse and violence, training on couple counseling, risk assessment, stigma reduction, and supporting women to mitigate potential violence.

6. EMPHASIS AREAS

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.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	40	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	40,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	100	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Children and youth (non-OVC)
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

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

Coverage Areas

Western

Table 3.3.09: Activities by Funding Mechanism

Mechanism: APHIA II - Coast
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8781
Planned Funds: \$ 900,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is related to activities in TB/HIV care activities (#9062), HIV/AIDS treatment services (#8813), abstinence and be faithful (#8950), OVC (#9048), HBHC (#8934), other prevention (#8930) and PMCT (#8764).

2. ACTIVITY DESCRIPTION

This activity will provide counselling and testing services to 100,000 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 will be strengthened further through routine counselling 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. This activity will target 50 sites and train 150 counselors.

The coast region has already established counselling 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 counsellors 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 counselling and testing will require that at least 150 service providers are trained in routine and diagnostic counselling 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. Training in couple counselling and youth and adolescent counselling for all existing counsellors will also be conducted. Through the collaboration with (CLUSA) and using the FHI model for SBC, community mobilization campaigns for couple counselling 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. Amounts and other sub agreements TBD.

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 2007 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 (#8813), Abstinence and Be Faithful Program (#8950), OVC (#9048), HBHC (#8934), TB/HIV care activities (#9062), OP (#8930), and PMCT (#8764). 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.

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.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	50	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	120,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	200	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
Injecting drug users
Street youth
Truck drivers
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Seafarers/port and dock workers
Children and youth (non-OVC)
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

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

Coverage Areas

Coast

Table 3.3.09: Activities by Funding Mechanism

Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8782
Planned Funds: \$ 630,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in PMTCT (#8752), TB (#9069), AB (#8725) and OP (#8932), and ART (#8792).

2. ACTIVITY DESCRIPTION

In FY 2007 USAID's APHIA II Eastern Project - JHPIEGO 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. JHPIEGO and other organizations such as EGPAF have found that ART initiation is increased where the diagnostic testing and counseling program was established in 2006. APHIA II Eastern project will collaborate with the Ministry of Health's (MOH) National AIDS and STI Control Program (NAS COP) and National TB and Leprosy program (NLTP) to strengthen provincial level management and coordination of Counseling and Testing in the clinical setting related to in-service training at all levels of health care delivery. 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 NAS COP/NLTP / and Provincial Health Management team (PHMT). In FY 2007 this activity will continue to expand the geographical coverage of this service to increase access for couples and families. A total of 25 new VCT sites will be established in public and faith based health facilities. Training in VCT and DCT will be provided for 150 counselors and health care workers respectively. As a result 20,000 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, PIT, in clinical settings, in addition to the more passive client initiated testing, CIT. Existing integrated VCT sites are particularly well placed to support these efforts; 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 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 program will contribute to 2007 emergency plan result for increased availability of counseling and testing through training of health workers. A total of 20,000 individuals will receive CT services.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the prevention of mother to child transmission (#8752), TB (#9069), AB (#8725), OP (#8932) and other care programs including treatment (#8792). The proposed CT training and supervision activities by NAS COP will link with APHIA II Eastern Program activities.

5. POPULATIONS BEING TARGETED

This activity targets adolescents and adults, including HIV positive pregnant women. It also targets Ministry of Health staff working as provincial ART Program Officers, physicians, pediatricians as well as clinical officers, nurses, midwives and other health care workers in public and faith based facilities. Most at risk populations will also be a target for this activity with a focus on commercial sex workers, discordant couples and street youth.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity will help reduce stigma associated with HIV status by increasing the

availability of routine testing for diagnosis in medical settings.

7. EMPHASIS AREAS

The activity includes a major emphasis on training. Minor emphasis will be in quality assurance and supportive supervision and development of network/linkages/referral systems. Minor emphasis on community mobilization activities as the activity will be integrated to the prevention program.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	25	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	30,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	200	<input type="checkbox"/>

Target Populations:

Adults
 Commercial sex workers
 Community-based organizations
 Faith-based organizations
 Discordant couples
 Street youth
 National AIDS control program staff
 Children and youth (non-OVC)
 HIV positive pregnant women
 Public health care workers
 Private health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8783
Planned Funds:	\$ 860,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to SCMS activities in other program areas: PMTCT [#8757], Treatment: ARV Services [#8854], Lab Infrastructure [#8763] and TB/HIV [#8754]. It also supports all PEPFAR service-delivery activities.</p> <p>2. ACTIVITY DESCRIPTION</p> <p>The Supply 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 (Regional Distribution Center – DRC), 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 the 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 the Mission for Essential Drugs (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. In this 12-month period, SCMS will procure 800,000 Government of Kenya (GOK)-approved HIV/AIDS test kits for both VCT and DCT programs.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This program will contribute to counseling and testing of patients in both VCT and DCT settings by ensuring an adequate supply of test kits (rapid and long, as appropriate) for these programs.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity relates to all service delivery activities offering counseling and testing, as well as the Management Sciences for Health – Rational Pharmaceutical Management plus (MSH/RPM+) activity in logistics information management, distribution support, and forecasting and quantification; MEDS, in ART Services; KEMSA logistics and information management and distribution systems; and SCMC procurement activities in PMTCT[#8757], HLAB[#8763], and HTXS[#8854].</p> <p>5. POPULATIONS BEING TARGETED</p> <p>The target populations for this activity are adults, youth and children in the general population for HIV/AIDS testing.</p> <p>6. KEY LEGISLATIVE ISSUES</p> <p>None</p> <p>7. EMPHASIS AREAS</p> <p>The major area of emphasis for this activity is commodity procurement.</p>

Emphasis Areas**% Of Effort**

Commodity Procurement

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing counseling and testing according to national and international standards

Number of individuals who received counseling and testing for HIV and received their test results (including TB)

Number of individuals trained in counseling and testing according to national and international standards

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: APHIA II - Central / Nairobi
Prime Partner: Pathfinder International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8976
Planned Funds: \$ 500,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES:**

This activity is related to activities in HIV/AIDS treatment services (#8765), abstinence and be faithful (#8731), TB/HIV care (#9072), OVC (#9056), HBHC (#8936), other prevention (#8874), PMCT (#8729) and strategic information (#8870)

2. ACTIVITY DESCRIPTION:

This activity relates to support to be provided to increase VCT coverage while taking account of the need to emphasize diagnostic testing and counseling (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. DTC will be scaled up in support of the National AIDS and STI Control Program. Year 1 will see expansion and strengthening of DTC in imperative site facilities, PMTCT and blood transfusion sites and in 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 testing and linkages to community services. Pathfinder will liaise with NASCOP to ensure HIV test kit supply. It is anticipated that in FY 2007, 31,900 people in Nairobi will be tested in 40 sites while 9,100 will be tested in Central in 10 sites. In Nairobi in FY 2007, 86 people will be trained in counseling and testing while Central will have 54 people trained as counselors.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA:

This activity will contribute to COP 07 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 resulting in increased numbers of individuals accessing care, treatment and support and in strengthening prevention efforts. The APHIA II Nairobi and Central Provinces activities will relate to HIV/AIDS treatment services (#8765), abstinence and be faithful (#8731), TB/HIV care (#9072), OVC (#9056), HBHC (#8936), other prevention (#8874), PMCT (#8729), and strategic information (#8870)

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, and high risk groups such as bar workers, matatu and other transport workers. Health service providers will be targeted for training. All efforts are in coordination with the National AIDS control program staff. Community based and faith based groups will also be targeted in the community mobilization of CT services.

5. KEY LEGISLATIVE ISSUES ADDRESSED:

This activity will address gender, stigma and discrimination through post test clubs and legislation related to protection of human rights and confidentiality.

6. EMPHASIS AREAS:

This activity includes major emphasis on capacity building of C&T providers and CHWs. The activity emphasizes VCT as a major prevention strategy. IPs, CORPS and other community level implementing partners are key to its success. Training is a major emphasis area and this activity will train 140 people to implement CT activities. Minor emphasis is also in community mobilization.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	50	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	40,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	140	<input type="checkbox"/>

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Discordant couples
Street youth
Truck drivers
National AIDS control program staff
Children and youth (non-OVC)
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Public health care workers
Private health care workers

Key Legislative Issues

Gender
Stigma and discrimination

Coverage Areas

Central
Nairobi

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations High Commissioner for Refugees
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8980
Planned Funds: \$ 100,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity is related to AB [#9215], OP [#9235], Basic Care and support [#8736] and ARV services [#8982]

2. ACITIVITY DESCRIPTION

IN FY 2007 The United Nations High Commission for Refugees (UNHCR) will support counseling and testing services to 1,500 individuals and train 12 counselors to serve in the Dadaab Refugee Camp in North Eastern Province, Kenya. These counselors will provide VCT services in the 3 camps of Dadaab. Additionally 10 health care workers will receive DTC training in accordance with national and international standards. Dadaab Refugee Camp was established in 1991 and consists of three settlements (Ifo, Hagadera and Dagahare). 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 seroprevalence 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 (NCCCK), and CARE Kenya. Heath providers trained in DTC 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 heath 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 2007. 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, have 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 2007, 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[#9215], OP[#9235], Palliative Care[#8736] and ARV services[#8982].

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

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	3	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	12	<input type="checkbox"/>

Target Populations:

Adults
 Infants
 Refugees/internally displaced persons
 Pregnant women
 Children and youth (non-OVC)
 Migrants/migrant workers

Key Legislative Issues

Gender
 Stigma and discrimination

Coverage Areas

North Eastern

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	APHIA II - Nyanza
Prime Partner:	EngenderHealth
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	12482
Planned Funds:	\$ 200,000.00
Activity Narrative:	EngenderHealth APHIA II will provide VCT to men interested in circumcision. This will be supported by behavior change communication activities, targeting community leaders and youth. These are key components of the full package of MC services that will be supported in 30 MOH facilities and faith-based facilities where APHIA II is currently operating in Nyanza.

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area: **\$ 79,180,706.00**

Program Area Context:

Key Result 1: Sufficient quantities of ARV drugs procured to support treatment for 110,000 people, including 22,000 children
Key Result 2: Public sector commodity forecasting, procurement and distribution systems strengthened
Key Result 3: Drug quality monitoring by National Quality Control Laboratory strengthened

CURRENT PROGRAM CONTEXT

Pharmaceutical logistics management in Kenya is steadily improving, but public sector drug delivery is sometimes erratic and relies on a push system where commodities are allocated to facilities from central stores. Information about stocks is kept in paper systems, reporting from Ministry of Health (MOH) sites is generally incomplete, and stock outs are common (but have been entirely avoided in the case of ARVs).

For the past three years, the majority of procurement and distribution of drugs and related supplies for Emergency Plan-supported sites has been done by the Mission for Essential Drugs and Supplies (MEDS), an FBO that supports a network of mission, NGO, public and small community facilities. MEDS maintains a large central receiving warehouse that has significantly expanded capacity for storage, sorting, and packaging operations with USG support over the last three years. It maintains a well-developed and tested quality assurance system that includes visits to pharmaceutical manufacturers and other suppliers as well as its own on-site chemical analysis capability to assess the quality of products received. MEDS also operates a zonal transportation system for product delivery, which has ensured quick turn-around time for orders from treatment sites.

In close partnership with Management Systems for Health /Rational Pharmaceutical Management Plus (MSH/RPM+) Project, MEDS has been responsible for accurate forecasting, quantification, procurement, storage and distribution of ARVs purchased by the Emergency Plan in Kenya. Due to the established supplier relationships, coupled with an elaborate distribution infrastructure, MEDS has ensured that there are no stock-outs in ARV drugs, and that the commodities are received at sites of treatment within five days of order. At the end of June 2006, MEDS was supplying ARVs directly to a total of 116 treatment sites in Kenya.

The public sector counterpart to MEDS is the Kenya Medical Supplies Agency, KEMSA, which has been another key Emergency Plan partner in HIV-related commodities. KEMSA distributes HIV test kits and laboratory reagents, as well as ARVs purchased with Global Fund and GOK resources.

Two major technical partners have collaborated with USG agency staff to support these activities in the past: JSI DELIVER and MSH/RPM+. Both work to assist government with policy development for drug procurement and distribution and strengthening of the drug registration process in Kenya; MSH/RPM+ also works with the National Quality Control Lab to strengthen capacity there. MSH/RPM+ strengthens capacity at MEDS, and supports development of patient/provider relationships at facilities. JSI strengthens capacity at KEMSA, and assists NASCOP with forecasting overall national needs and reporting from MOH facilities. JSI also supports MOH to build logistics management and planning capacity for drugs, test kits, and other essential commodities.

In FY 2006 USG Kenya purchased a number of USFDA approved generic equivalent ARVs, and achieved cost savings of up to 81% on some products (Nevirapine specifically). This cost saving enabled the purchase of drugs for 70,000 patients, and the dollar value of generic ARVs accounted for 58% of the drug budget in the contract. At the end of August 2006, there were 46,000 patients on USG-purchased ARVs nationally.

NEW INITIATIVES

In FY 2007, we will purchase more USFDA-approved generic ARVs, with the majority of first-line ARVs

being USFDA-approved. As programs mature, more and more patients will move to second line ARVs and we will therefore buy more second-line drugs than we have in the past. We will also work closely with the MOH to prioritize procurement of pediatric ARVs with resources from the Global Fund, which MOH had not catered for in the initial Kenya GF work-plan.

In FY 2007, the ARV procurement contract will be competitively awarded at mission level, and bids will be solicited through an RFP process. The winner will distribute ARVs procured under the Emergency Plan, while the USG will continue to strengthen KEMSA to improve the distribution of drugs purchased by the GOK and the GFATM. A small fraction of drug procurement funds are allocated to CDC's cooperative agreement with the Kenya Medical Research Institute to provide flexibility for contingencies.

The main change in the 2007 COP is that MSH/RPM+ will work more directly with KEMSA and its staff at the Logistics Management Unit (LMU) for activities that were previously supported by JSI/DELIVER. This includes managing the LMIS system of parallel commodities. RPM+ will maintain this database and help distribute reports to relevant divisions and agencies on stock status until it is ready to be transitioned to 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 (NAS COP, KEPI, RH, NLTP and essential drug programs) on how to use the LMIS, and implementing facility-level forms and tools for recording and summarizing commodity usage data.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Multiple drug sources continue to impose a heavy reporting burden to HIV treatment sites, as the reporting requirements tend to differ between programs. In 2007, special efforts will be made to link and coordinate these systems to minimize reporting burdens for the individual sites.

Failure to maintain timely and accurate reporting has compromised Kenya's ability to make optimal use of drug (and other commodity) donation programs. In 2007, focused assistance will be provided to NAS COP to address this problem.

The greatest challenge remains limited resources from other-than-PEPFAR sources for the purchase of ARV commodities. ART scale-up from GOK and Global fund has been temporarily capped at 42,500 patients for whom the GOK has assured ARV supply till December 2008, but we have recent and promising indications that the Government is taking steps to procure ARVs for an additional 34,000 patients from its own resources. According to the Five Year USG Kenya strategy, we had committed to purchase ARVs for 100,000 patients in FY 2007, with the expectation that the GOK/Global fund and other donors would match this target, but this has not happened. Due to the current cap on GOK/Global Fund support, USG has forecasted drug needs for 110,000 patients in FY 2007. The USG team will continue to support the efforts of GOK to allocate its own resources to purchase ARV commodities so national targets may be reached.

WORK OF HOST GOVERNMENT AND OTHER DONORS

There are well-developed systems for drug registration in Kenya, however post-market surveillance is almost non-existent and the capacity of the National Quality Control Laboratory is limited by resources available. Ongoing and expanded activities proposed in the FY 2007 COP will broadly support improvement in pharmaceutical management and pharmaco-vigilance in Kenya.

The British Government, through DFID, has been a dependable partner in the purchase of ARV commodities to supplement GOK purchases. In the early part of 2006, and after the realization that due to the rapid ART scale up, there would be a shortfall in ARVs in the GOK facilities, DFID funded the purchase of ARVs amounting to 2 million pounds, and this helped prevent stock out of ARVs in public facilities. The other significant partner in ARV purchase is MSF- Doctors without Borders, who currently support ARVs for 10,000 patients in five sites in Kenya.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Kenya Medical Research Institute
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	6947
Planned Funds:	\$ 800,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities in ARV Drugs (#6997, #6989, #6969) and ARV Services (#6945, #7004).</p> <p>2. ACTIVITY DESCRIPTION The Kenya Medical Research Institute (KEMRI) will assist with forecasting and procurement of additional drugs needed to treat 110,000 Kenyans with ARVs. Two other major partners - Mission for Essential Drugs and Supplies, Management Systems for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus) will maintain primary responsibility for procurement and distribution of pharmaceuticals nationally and under the Emergency Plan. Together with USG staff in country, these major partners are primarily responsible for quantification and tracking for ARVs procured with Emergency Plan funds. This alternate procurement mechanism through KEMRI will allow some flexibility that will help to continue to avoid stock outs and treatment interruptions.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA These activities are essential to maintaining a full and uninterrupted supply of HIV/AIDS related pharmaceuticals and commodities.</p> <p>4. LINKS TO OTHER ACTIVITIES These activities will coordinate with other partners involved in ARV drugs, KEMSA, MEDS, MSH/RPM Plus, and complement and link with all activities listed in the ARV services program area.</p> <p>5. POPULATIONS BEING TARGETED This activity targets men, women, and children with HIV.</p> <p>6. EMPHASIS AREAS This activity includes a major emphasis in commodity procurement.</p>

Continued Associated Activity Information

Activity ID:	4093
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Kenya Medical Research Institute
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 450,000.00

Emphasis Areas

Commodity Procurement

% Of Effort

51 - 100

Target Populations:

People living with HIV/AIDS

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Kenya Medical Supplies Agency
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	6969
Planned Funds:	\$ 600,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to activities in Other/Policy and System Strengthening (#8401)Laboratory Infrastructure (#6990, #8763), HIV/TB (#8713), MTCT (#8757) and HVCT (#8783).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>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) develop a new procurement policy. This new policy will decide 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 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.</p> <p>In 2007 the SCMS contract will start to procure commodities on a large scale for the PEPFAR program, 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.</p> <p>3. CONTRIBUTION TO OVERALL PROGRAM AREA</p> <p>This activity will contribute to improving the public sector medical and pharmaceutical supply chain system for ARVs and other HIV/AIDS-related commodities.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity links to other KEMSA support in Other/Policy and System Strengthening (#8401), MSH/RPM+ activities in Laboratory Infrastructure, and HIV/TB, and SCMS activities in Laboratory Infrastructure (#8763), HIV/TB (#8713), MTCT (#8757) and HVCT (#8783).</p> <p>5. POPULATIONS BEING TARGETED</p> <p>General population, people living with HIV/AIDS, and KEMSA managers.</p> <p>6. EMPHASIS AREAS</p> <p>The major area of emphasis is Logistics, and the minor emphasis areas are Local Organization Capacity Development and QA/QI/SS.</p>

Continued Associated Activity Information

Activity ID: 5008
USG Agency: U.S. Agency for International Development
Prime Partner: Kenya Medical Supplies Agency
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 850,000.00

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

Adults
People living with HIV/AIDS
Children and youth (non-OVC)
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: RPM/PLUS
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 6989
Planned Funds: \$ 3,200,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to HLAB (#6990) and TB/HIV (#8713) services implemented by MSH/RPM+, the ARV procurement contract to be awarded by USAID through a mission competitive procurement (#6997), and HLAB (#8763), MTCT (#8757) and HVCT (#8783) activities by SCMS.

2. ACTIVITY DESCRIPTION

Management Sciences for Health/Rational Pharmaceutical Management Plus (MSH/RPM Plus) will do forecasting and quantification of antiretroviral drugs and other pharmaceuticals, as well manage a logistics management information (LMIS) system to track procurement, warehousing, and distribution of these commodities. Specifically, RPM Plus will continue to support overall ART and other HIV/AIDS-related medical and pharmaceutical commodity supply requests from Emergency Plan partners, institutions, and assist the USAID ARV procurement contractor with appropriate procurement requests and distribution planning for ART Sites. RPM Plus will continue to assist with provision of strategic information from ART and other commodity sources including importers and manufacturers. At the national level, RPM Plus will provide technical assistance in commodity management to the USAID ARV procurement contractor, 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, RPM Plus will continue to implement curricula for training ART healthcare workers at all levels of care. RPM Plus will also strengthen systems by developing and applying Standard Operating Procedures for commodity management tools.

The major change in the 2007 COP implementation period is that RPM Plus will work more directly with KEMSA and its staff at the Logistics Management Unit (LMU) in order to support their activities that were previously supported under the JSI/DELIVER contract. This includes managing the LMIS system of parallel commodities. RPM Plus will maintain this database and help distribute reports to relevant divisions and agencies on stock status until it is ready to be transitioned to 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. RPM Plus 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 Mission for Essential Drugs and Supplies (MEDS), divisions of the MOH, and other partners. Another new key component of the RPM Plus activities under COP 2007 is direct technical assistance to KEMSA to develop and implement their business plan, better manage warehouses and distribution schedules, and implement policy changes in procurement being done by the MOH in 2006. 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 RPM plus will work include: KEMSA, the Kenya Government organization responsible for ensuring medical supplies to government facilities and currently responsible for distribution of all pharmaceuticals procured with resources from the Government of Kenya and the Global Fund, the Supply Chain Management System contract (SCMS), the major procurement and distribution partner of PEPFAR, the National AIDS and STD Control Program (NASCOP), the program with overall responsibility for management of the GOK program; the Mission for Essential Drugs (MEDS), a key distribution agent serving the NGO community with ARV drugs.

RPM Plus 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. RPM Plus will also support activities by the pharmacy professional associations, the NGO/private sector aimed at improving access and use of ARVs and other medicines in support of the national ART programme. These will include 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, RPM Plus 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 forecasting, procurement and tracking of supplies of antiretroviral drugs and other pharmaceuticals for at least 110,000 people. It will also help establish a sustainable national supply chain system capable of managing medical and pharmaceutical supplies in proportion to the national epidemic.

4. POPULATIONS TARGETTED

The main populations targeted are people living with HIV/AIDS, health workers in both the public and private sector, and MOH policymakers and managers.

5. EMPHASIS AREAS

The major emphasis area is commodity procurement. Minor emphasis areas are logistics, QA/QI/SS, Strategic Information, and Training.

Continued Associated Activity Information

Activity ID:	4209
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	RPM/PLUS
Funding Source:	GHAI
Planned Funds:	\$ 1,800,000.00

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

Target Populations:

Pharmacists
 People living with HIV/AIDS
 Policy makers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Private health care workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	12083
Planned Funds:	\$ 3,680,706.00
Activity Narrative:	See activity 6853 in ARV Services

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Mission for Essential Drugs and Supplies
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	12491
Planned Funds:	\$ 35,073,000.00
Activity Narrative:	Need Narrative.

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area: \$ 73,284,974.00

Program Area Context:

Key Result 1: Direct support of ART for 158,000 people, including 22,000 children, and indirect support for an additional 10,000 people
Key Result 2: Improved linkages between treatment sites and strengthened referral systems based on the network model
Key Result 3: Classroom and practical training in adult and pediatric HIV treatment using national training materials coordinated through the National AIDS and STD Control Program (NASCOP)
Key Result 4: Coordination with other donors including the Japan International Cooperation Agency and the UK Department for International Development to improve infrastructure
Key Result 5: Continued support for critical staffing requirements to improve quality of care

CURRENT PROGRAM CONTEXT

Kenya has rapidly expanded HIV care and treatment services in the last two years, increasing the number of Kenyans receiving antiretroviral therapy (ART) from 24,000 in September 2004 to 72,000 in March 2006 at 205 sites. 60% of sites are Government of Kenya Ministry of Health (GOK/MOH) facilities. At present, 80 sites (~40% of all treatment sites) have started ART in over 5,000 children. In FY 2007, the total number of Kenyans receiving ART will increase to approximately 158,000 (including 22,000 children), the number of ART sites will plateau at about 400, and the number of ART sites managing pediatric care will increase to 180 (~45% of all sites). The EP will provide direct support to over 80% of the 400 ART sites and indirect support to nearly all sites. Kenya has achieved success in the development of a standard care package consisting of ART and basic health care services, outlined in Palliative Care: Basic Health Care and Support (Table 3.3.06).

NEW INITIATIVES

The primary new FY 2007 initiative will be an ambitious "Prevention with Positives" (PwP) program. This will include development and implementation of a health care curriculum incorporating consistent prevention messages regarding HIV status disclosure and joint plans for preventing partner transmission for use at all treatment facilities. The curriculum and training will be based upon a successful FY 2006 pilot at Kenyatta National Hospital and Kericho District Hospital. Other initiatives will include expansion of ART to special or marginalized patients such as refugees and the mentally ill. Finally, public private partnerships will be piloted or expanded in selected sites (e.g. Aga Khan in Mombasa, sugar plantations in Nyanza Province) and facilitated between small private health outlets, known as Child and Family Wellness Shops through the Global Development Alliance.

NEW PROGRAM EMPHASES

Strengthened support for health care delivery systems, including referral mechanisms, so that support provided by larger health care delivery centers enhances the capacity of associated regional health care centers will be a 2007 priority. Currently, well-defined regional networks are overseen by NASCOP Provincial ART Officers (PARTOs) who determine regional ART activities including assessment and assignment of ART centers, supervision, and coordination of forums where health care providers share experiences and obtain continuing medical education. In FY 2007, in line with the MOH Second National Health Sector Strategic Plan (NHSSP II 2006-2010), a key emphasis will be decentralization of ART services to lower level facilities for ART initiation and follow-up. Stable ART patients will be referred "down the network" to lower level facilities to decongest large hospitals and primary treatment facilities. In this scenario, a number of health centers will be strengthened to offer comprehensive HIV care and treatment services. In addition to appropriate patient referrals, EP funds will be used to develop regional activities such as quality assurance, clinical mentoring, and supervision based upon the network model.

In FY 2007 increasing emphasis will be placed on linking the network of HIV treatment sites to PMTCT and OVC programs. Currently, several PMTCT programs in the Rift Valley and Nyanza Provinces either successfully refer HIV + women to HIV treatment facilities or directly incorporate care and treatment into

the PMTCT program. These PMTCT linkages with HIV treatment will be strengthened and expanded countrywide. Similarly, HIV+ OVC will be identified in both existing and new OVC programs and referred to HIV treatment facilities for appropriate staging and treatment.

A key FY 2007 emphasis will be pediatric diagnosis and treatment. National access to and expansion of DNA PCR testing through dried blood spots for infant diagnosis will increase identification and enrollment of very young treatment candidates. A national curriculum for pediatric treatment has been developed, and 1,576 providers have received classroom training by March 31, 2006. Many providers have also received practical, clinic-focused training. Additional training, attachment, and mentorship activities will increase through the Kenya Pediatric Association.

Finally, emphasis will be given to improving community involvement by increasing the number and involvement of Persons Living with HIV/AIDS groups, psychosocial support groups, continued linkages with community education through counseling and testing, general HIV treatment awareness activities, and wrap around food programs and income generating activities.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Key barriers include: insufficient human resources, inadequate space, limited quality laboratory services, and weak infrastructure. Most treatment sites are understaffed, and existing staff are becoming overburdened. Large treatment centers are operating in cramped conditions, and the physical structures of laboratories, pharmacies, and in-patient treatment units require substantial renovations. Ongoing resolution strategies that will continue in FY 2007 include support to the MOH to add staff (through Capacity Project) and improving site infrastructure and capacity.

Another key barrier encountered is government drug procurement, commodity management, and quality assessment. Global Fund drug procurements are beginning to materialize but GOK had announced intent to support only 42,500 patients with non-PEPFAR sources through December 2008 (but see ARV drugs program narrative for more recent promising developments, including GOK announcement of intention to cater for 34,000 patients with its own resources).

In the past, antiretrovirals (ARV) were procured without sufficient information regarding drug quality. This has been addressed by strengthening MOH capacity to evaluate ARVs both before and after procurement and this will be a continuing priority. Another related barrier is the variety of ART formulations available, which causes confusion for clinicians, pharmacies, and patients. In FY 2007, the Kenya team will work to rationalize and standardize drug provision to minimize the extent a single site has patients on drugs from multiple sources.

WORK OF HOST GOVERNMENT AND OTHER DONORS

All EP activities are closely coordinated with NASCOP. Global Fund resources will support limited drug procurement; lab equipment for Provincial and District Hospitals; vehicles for supervision/program implementation; and a limited number of health care provider salaries. The World Health Organization (technical support in integrated TB/HIV activities), the UK Department for International Development (training, ART communication, and infrastructure), the Japan International Cooperation Agency (limited infrastructure improvements), Doctors Without Borders/Medecins Sans Frontieres (treatment for ~10,000 patients), and the Clinton Foundation (pediatric treatment, access to reduced prices for drugs, hiring of nurses) provide additional support for ART scale up.

Program Area Target:

Number of service outlets providing antiretroviral therapy	322
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	190,000
Number of individuals receiving antiretroviral therapy by the end of the reporting period	159,260
Number of individuals newly initiating antiretroviral therapy during the reporting period	83,000
Total number of health workers trained to deliver ART services, according to national and/or international standards	3,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Medical and Research Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6836
Planned Funds: \$ 700,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#6838, #7096), ARV Services (#7095), and Prevention of Mother to Child Transmission (#6837).

2. ACTIVITY DESCRIPTION

The African Medical Research Foundation (AMREF) will expand a successful HIV treatment program operating in two sites in Kibera, a very large informal settlement in Nairobi, Kenya and will build on experiences with this program to expand activities to two additional area sites, providing antiretroviral treatment to 1,200 people with HIV (400 new), including 150 children, bringing the total ever treated to 1,400. AMREF implements antiretroviral treatment by supporting staff salaries, training, laboratory evaluation, adherence counseling, and monitoring. Funding will include provision of 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 recognition of adverse drug reactions and early referral. AMREF staff conducts extensive activities in the community that educate and sensitize church, political, and administrative leaders, as well as all members of the community. Evaluation components include the assessment of the feasibility and acceptability of caregivers supporting ART adherence and delivery at the community level; 30 health care workers will be trained. This activity will be primarily an expansion of the existing program to increase both the number of sites and number of people reached. Provision of care for children including psychosocial support, and expansion of HIV prevention activities in care settings will be emphasized. 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 September 2006 the program was providing ART to more than 300 patients. Rates of drug adherence are very high, and rates of complete viral load suppression are comparable to those seen in research settings in the US and Europe. The community sensitization activities have already contributed substantially to a reduction in stigma and discrimination in this community and are expected to continue to do so.

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 Cooperative Housing Foundation (#6869), to 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 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.

Continued Associated Activity Information

Activity ID: 4144
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: African Medical and Research Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 552,168.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	4	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,400	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,200	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	400	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	30	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Other Health Care Worker
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6853
Planned Funds: \$ 2,170,974.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care: Basic Health Care and Support (#6855), Palliative Care: TB/HIV (#8843), and Orphans and Vulnerable Children (#6857).

2. ACTIVITY DESCRIPTION

AIDS Relief (a consortium of Catholic Relief Services, Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland) will continue services currently supported with Track 1 funds, providing treatment for HIV to approximately 5000 patients (including 450 children) at 20 primary service delivery sites throughout Kenya, bringing the total ever treated to 6000. (These patients are in addition to the 14,000 ever treated supported by in-country funding for this partner). AIDSRelief provides on-site preceptorship that builds clinical, adherence counseling, and laboratory skills. Institutional capacity is also strengthened through support for strategic information systems, commodities management, and finance and administrative management capacities. Leveraging of other resources through wrap-around programs will increase access to clean water, provide insecticide treated bednets, and support improved nutrition. AIDSRelief partners with various in-country organizations (government, FBO, NGO) for additional training resources. By working with faith-based CBO's firmly embedded in communities, AIDSRelief ensures that the community supports the health facility by reducing HIV/AIDS Stigma, contributing to continuity of care. 30 health care workers will be trained. AIDSRelief supports salaries for comprehensive teams providing HIV treatment, ensuring that each point of service has at least the minimum amount of staffing required by the National AIDS and STD control Program (NASCO) for an ART program. In line with the national dialogue regarding an increased role of nurses in AIDS treatment, AIDSRelief is focusing on mentoring and training nurses. The hub for nursing preceptorship will be St. Monica's Hospital in Nyanza province. AIDSRelief also funds the costs of laboratory examinations for all patients on ART at supported sites including CD4 counts as necessary for monitoring patients on treatment. ARVs are supplied to the sites through distribution system of the Mission for Essential Drugs and Supplies (MEDS). The AIDSRelief consortium has established agreements with a number of Mission facilities in Kenya, and has supported rapid scale up of treatment at these facilities. By June 2006, more than 8,000 patients were accessing ART as a result of Track 1 and in-country funding awarded to this partner.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AIDSRelief activities will contribute to expansion of ARV treatment for clinically qualified HIV-positive patients at faith-based facilities. AIDSRelief will strengthen human resource 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 AIDSRelief, 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 [NASCO]. Specific facilities have also developed linkages, for example Nazareth has established treatment referral linkages with Nyeri District Hospital supported by Columbia University (#6867, #6866). There are also linkages to OVC programs, for example, 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 Kenya Medical Research Institute (KEMRI); 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. Activities also target community-and other faith-based organizations (KEC, CHAK), 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 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.

Continued Associated Activity Information

Activity ID: 5483
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	5	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	30	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
People living with HIV/AIDS
HIV positive pregnant women
Religious leaders
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central
Coast
Eastern
Nairobi
Nyanza
Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6854
Planned Funds: \$ 3,900,000.00

Activity Narrative: 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

AIDSRelief (a consortium of Catholic Relief Services, Catholic Medical Mission Board, Futures Group, Interchurch Medical Assistance, and the Institute of Human Virology at the University of Maryland) will continue provision of ART services to approximately 12,000 patients, including 1000 children (total of 4,000 new patient and 14,000 ever) at 20 service delivery sites throughout Kenya. (These patients are in addition to the 5,000 that will be supported through Track 1 funding for this partner.) AIDSRelief provides on-site preceptorship that builds clinical, adherence counseling, and laboratory skills. Institutional capacity is also strengthened through support for strategic information systems, commodities management, and finance and administrative management capacities. AIDSRelief partners with various in-country organizations (government, FBO, NGO) for additional training resources. 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, AIDSRelief ensures that the community supports the health facility by reducing HIV/AIDS stigma, contributing to continuity of care. 45 health care workers will be trained. AIDSRelief supports salaries for comprehensive teams providing HIV treatment, ensuring that each point of service has at least the minimum amount of staffing required by the National AIDS and STD Control Program (NAS COP) for an ART program. In line with the national dialogue regarding an increased role of nurses in AIDS treatment, AIDSRelief is focusing on mentoring and training nurses. The hub for nursing preceptorship will be St. Monica's Hospital in Nyanza province. AIDSRelief also funds the costs of laboratory examinations for all patients on ART 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 AIDSRelief consortium has established agreements with a number of Mission facilities in Kenya, and has supported rapid scale up of treatment at these facilities. By June 2006, more than 8,000 patients were accessing ART as a result of Track 1 and in-country funding awarded to this partner.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

AIDSRelief activities will contribute to expansion of ARV treatment for clinically qualified HIV-positive patients at faith-based facilities. AIDSRelief will strengthen human resource capacity to deliver adult and pediatric ARV treatment, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

4. LINKS TO OTHER ACTIVITIES

The overall program activity links closely to Palliative care and TB/HIV services currently supported by AIDSRelief, ART services supported by this partner through in-country funding, and ART services coordinated by and supported through the National AIDS and STD Control Program (NAS COP). Specific facilities have also developed linkages, for example Nazareth 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 people living with HIV/AIDS including adults, children, and infants. 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 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 (KEC, CHAK), 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.

Continued Associated Activity Information

Activity ID: 4271
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 2,810,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	20	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	14,120	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	12,120	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	4,120	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	45	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Lea Toto
Prime Partner:	Children of God Relief Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	6862
Planned Funds:	\$ 800,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities in Palliative Care: Basic Health Care and Support (#6863), Counseling and Testing (#6860), and Orphans and Vulnerable Children (#6861).</p> <p>2. ACTIVITY DESCRIPTION The Children of God Relief Institute (COGRI)/Lea Toto Project will expand established programs in targeted slums in Nairobi to reach at least 1000 individuals with antiretroviral therapy (300 will initiate treatment) and 50 health care workers will be trained in the provision of antiretroviral therapy. These activities will include strengthening of facilities that are already serving as network referral centers. Activities will include procurement of laboratory services and strengthening rational pharmaceutical management. COGRI will track numbers of children served and will report nationally and through the Emergency Plan.</p> <p>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 care and treatment package. The project was started in September 1999, and implements programs in selected slums in Nairobi in Kangemi, Kariobangi, Kibera, Kawangware.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA This activity will contribute to the Kenya 5-year strategy and increase the number of children on antiretroviral therapy, responds to OGAC objectives of increasing the number of children on ART. Specifically, the activity will reach at least 1,000 children with antiretroviral therapy (300 will initiate treatment) and 50 health care workers will be trained in the provision of antiretroviral therapy.</p> <p>4. LINKS TO OTHER ACTIVITIES COGRI's activities are closely coordinated with its program in other areas, namely ARV home based care (#6863), counseling and testing (#6860), and orphans and vulnerable children (#6861).</p> <p>5. POPULATIONS BEING TARGETED This activity will target people affected by HIV/AIDS including caregivers, HIV positive infants and children, OVC and PLWHAs. Community health care workers will be targeted for training. Groups and organizations identified include community-based organizations, faith-based organizations and NGOs in Nairobi.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED Stigma and discrimination is the key legislative issue addressed through this activity.</p> <p>7. EMPHASIS AREA The main area of emphasis will be Training of care providers. Minor emphasis will be in 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 and strengthening networks and referrals.</p>

Continued Associated Activity Information

Activity ID:	5092
USG Agency:	U.S. Agency for International Development
Prime Partner:	Children of God Relief Institute

Mechanism: Lea Toto
Funding Source: GHAI
Planned Funds: \$ 540,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	6	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,600	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	350	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Faith-based organizations
 HIV/AIDS-affected families
 People living with HIV/AIDS
 Rural communities
 Girls
 Boys
 Caregivers (of OVC and PLWHAs)
 Laboratory workers
 Other Health Care Worker
 Private health care workers
 Other Health Care Workers
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6866
Planned Funds: \$ 4,554,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Palliative Care: Basic Health Care and Support (#6855), Palliative Care: TB/HIV (#8843), and Orphans and Vulnerable Children (#6857). 2. ACTIVITY DESCRIPTION Columbia University's International Centre for AIDS Care and Treatment Program (CU-ICAP) will extend its experience working collaboratively with Indiana University in Northern Rift Valley Province to support implementation and expansion of HIV treatment programs in Central Province. Through the Track 1 funding, CU- ICAP will support HIV treatment activities for approximately 2500 patients (including 250 children) in 5 sites in Central Province; these patients are in addition to the 5,500 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 inform strategic information needs. 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 60 health care workers in HIV care. 3. CONTRIBUTIONS TO OVERALL PROGRAM AREA These activities will contribute to the expansion of 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 ART provision and other AIDS services. 4. LINKS TO OTHER ACTIVITIES The overall program activity links closely to non-ART and TB/HIV services supported by Columbia University, 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 [NASCOP]. Specific facilities have also developed linkages, for example Nyeri District Hospital supported by Columbia University has established treatment referral linkages with Nazareth Hospital 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 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 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.

Continued Associated Activity Information

Activity ID: 5481
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: N/A

Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	5	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,500	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	60	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
HIV positive pregnant women
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6867
Planned Funds: \$ 1,250,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in TB/HIV (#8846), ARV services (#6866), Palliative care (#6868), and PMTCT (#7016).

2. ACTIVITY DESCRIPTION

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 5,500 people with HIV (4,160 new patients), including 400 children, bringing the total ever treated to 6,000. 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.

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 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 (NASCOP). 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.

Continued Associated Activity Information

Activity ID: 4272
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 600,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	12	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,120	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,600	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	4,280	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	60	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6869
Planned Funds: \$ 1,200,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Palliative Care (#6942), Counseling and Testing (#6941), TB/HIV (#6944), and PMTCT (#6949).

2. ACTIVITY DESCRIPTION

Cooperative Housing Foundation (CHF) will build organizational capacity and provide sub-grants to NGOs, FBOs, and CBOs, resulting in the provision of antiretroviral treatment to 4,000 HIV-infected people in nine health care facilities, including 100 children. 300 health care providers will be trained to provide antiretroviral therapy. The key activities of the primary partner will be to develop capacity of local organizations and provide supportive supervision. Funds granted through CHF to sub-partners will be used to provide a standard package of ARV treatment including support for health care worker salaries in accordance with Emergency Plan guidance, training, infrastructure improvement (for example, through renovation of clinic spaces), community mobilization activities, support for laboratory evaluation, and adherence counseling and monitoring. ARVs are supplied to the sites through distribution system of the Mission for Essential Drugs and Supplies (MEDS) and the Kenya Medical Supplies Agency (KEMSA). This activity will expand existing programs and continue to place emphasis on providing treatment for children. The primary implementing partner in this activity, CHF, has over 50 years of experience in building the capacity of local and indigenous organizations in numerous countries, and in providing sub-grants to local organizations.

By March 2006, CHF was supporting four organizations, whose combined activities were providing ARVs to approximately 2,000 individuals with advanced HIV. Capacity building activities have included both strengthening of administrative operations (such as planning and accounting) and technical capacity (specific ability to implement care programs). Sub-partners funded through CHF will support HIV treatment in three districts in Nyanza Province, and remote areas of Rift Valley and Eastern Provinces. This activity includes support to the following sub-recipients for activities integral to the program:

Merlin \$230,000;
AID Village Infectious Disease Clinics \$190,000;
Christian Missionary Fellowship \$150,000;
Kenya Pediatric Association \$280,000;
Community of St. Egidio \$280,000;
VIHDA \$100,000;
Kenyan Palliative Care Association \$40,000.

One of the partners funded through CHF is the Kenya Pediatric Association. This local professional organization is providing national classroom, practical training, and mentorship related to pediatric treatment, and is strengthening networks for pediatric HIV treatment (for example, through an e-mail list-serve and national meetings).

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 activities in Palliative Care (#6942 and CHF sub-partners), Counseling and Testing (#6941 and CHF sub-partners), TB/HIV (#6944 and CHF sub-partners).

5. POPULATIONS BEING TARGETED

The primary target populations for these activities are people with HIV, including HIV-infected children. While HIV-infected children are targeted by most partners, the activities of the Kenya Pediatric Association are specifically critical to the scaling of treatment for children in Kenya. Some sub-partners reach remote populations who are otherwise unable to access treatment services, for example, the Maasai populations served by AID Village Infectious Diseases and Christian Missionary Fellowship.

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.

Continued Associated Activity Information

Activity ID: 4164
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Community Housing Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,535,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	9	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,800	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	300	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Rift Valley
Nyanza
Eastern

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Eastern Deanery AIDS Relief Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6880
Planned Funds: \$ 1,800,000.00

Activity Narrative: 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 10 sites in the Eastleigh slums of Nairobi to provide ART to 8400 people with advanced HIV including approximately 1,000 children (2,400 new patients, with the total patients ever provided with services at 9,600). 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. 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. By April 2006, the program was providing ART to more than 3,900 people, including more than 150 children.

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. 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 adults and children with advanced HIV who are living in slums in eastern Nairobi. They are a priority because of high rates of HIV and because the population is extremely poor and would otherwise have very limited access to health care services.

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.

Continued Associated Activity Information

Activity ID: 4130
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Eastern Deanery AIDS Relief Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,360,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	10	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	9,600	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	8,400	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,400	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- Pharmacists
- People living with HIV/AIDS
- Laboratory workers
- Other Health Care Worker
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Contraceptive Research Technology and Utilization
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	6888
Planned Funds:	\$ 250,000.00
Activity Narrative:	<p>1. LINKS TO OTHER ACTIVITIES</p> <p>This activity is a follow-up of COP 2006 activity #5096. The activity is also linked with the activities in COP 2006 ARV Services to be carried out by APHIA II-FHI/IMPACT (#5367) and the MSH/RPM+ activity (#4209) in the ARV Drugs program area.</p> <p>2. ACTIVITY DESCRIPTION</p> <p>In COP 2006, FHI/CRTU planned to conduct an assessment of perceptions of fertility desires, contraceptive practices and pregnancy levels among women eligible for ART and modify existing curricula based on assessment findings & train 100 ART providers at least 2 sites. Lessons learned and training materials developed during COP06 need to be rolled out in order to increase the number of ART providers trained in FP service delivery and assess how well integration of FP and ARV provision addresses the fertility desires and FP needs of HIV+ women and couples.</p> <p>Therefore, in COP 2007, FHI/CRTU proposes to: Provide technical assistance to the MOH, specifically NASCOP and DRH, to scale up training on integration of RH into HIV services for 100 ART providers at additional ART sites (especially within APHIA II sites); Build centers of excellence for training within CCCs for provision of FP and other RH services to women and couples; Generate strategic information on the effectiveness of the training in addressing the fertility desires and family planning needs of people living with HIV who are clients of ART programs. Specifically the information generated will expand the evidence base for understanding 1) how integrated services can meet HIV+ women's immediate needs when their demand for family planning is identified; and 2) how the services meet women's evolving needs over the long term as they adjust to the reality of their HIV status, move onto ART regimens, and experience the health benefits of ART; and Generate information on appropriate contraceptive methods for use by women on ART.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>This activity will provide additional information on the reproductive health needs of women on antiretroviral therapy, as well as important insights into sexual behavior in the era on ART. This information is necessary to inform future ART program implementation and HIV prevention in the era of treatment.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity is a follow-up of COP 2006 activity #5096. The activity is also linked with the activities in COP 2006 ARV Services to be carried out by APHIA II-FHI/IMPACT (#5367) and the MSH/RPM+ activity (#4209) in the ARV Treatment/ARV Drugs program area.</p> <p>5. POPULATIONS BEING TARGETTED</p> <p>The main population targeted is HIV positive women and health workers.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>Legislative issues addressed include gender, stigma and discrimination.</p> <p>7. EMPHASIS AREAS</p> <p>The major emphasis area is dissemination and utilization of Information, Education, and Communication materials resulting from the findings of the assessment. Minor areas are needs assessment, training of health workers and a targeted evaluation.</p>

Continued Associated Activity Information

Activity ID: 5096
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: Contraceptive Research Technology and Utilization
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Needs Assessment	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards		<input checked="" type="checkbox"/>

Target Populations:

Family planning clients
 Doctors
 Nurses
 People living with HIV/AIDS
 Pregnant women
 Women (including women of reproductive age)
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Other Health Care Workers

Key Legislative Issues

Gender
 Stigma and discrimination

Coverage Areas

Coast

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Indiana University School of Medicine
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	6899
Planned Funds:	\$ 9,700,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#8758), Palliative Care: Basic Health Care and Support (#6901), TB/HIV (#6900), and PMTCT (#6898).</p> <p>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 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 MUFHS' 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 2007 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 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. This activity will cover 18 sites and train 600 health care workers.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA AMPATH will provide antiretroviral treatment to more than 25,000 patients, thus contributing to 15% of the USG targets for this program area. These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.</p> <p>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 Counseling and Testing (#8758), Palliative Care: Basic Health Care and Support (#6901), 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.</p> <p>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.</p> <p>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 microenterprises for HIV infected patients, especially women.</p> <p>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.</p>

Continued Associated Activity Information

Activity ID: 4234
USG Agency: U.S. Agency for International Development
Prime Partner: Indiana University School of Medicine
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 7,845,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	18	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	30,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	25,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	7,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	600	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
 Public health care workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination
 Increasing gender equity in HIV/AIDS programs
 Increasing women's access to income and productive resources

Coverage Areas

Rift Valley
 Western
 Nyanza

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6914
Planned Funds: \$ 280,000.00

Activity Narrative:**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 services serving both refugee and local populations in Turkana District, Rift Valley Province, Kenya. ARV services will be offered at 4 sites in Kakuma, Lokichogio, and Lodwar to 200 individuals with advanced HIV infection, including 100 new patients (bringing the total ever provided with services to 300); 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. Targets are modest because of the extreme remoteness of these areas, and the challenges associated with conducting activities in the refugee camps. A significant change from 2006 to 2007 for this activity includes: expansion of sites and number of people reached, increase emphasis on ART provision for the local community at the Kakuma Mission and Lodwar District Hospitals, and an increased emphasis on pediatric ART pediatric provision.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ARV treatment.

4. LINKS TO OTHER ACTIVITIES

This activity relates to 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 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.

Continued Associated Activity Information

Activity ID: 4809
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: International Rescue Committee
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 220,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	4	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	300	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	200	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	100	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Refugees/internally displaced persons
People living with HIV/AIDS
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Local Voices
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6915
Planned Funds: \$ 300,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to all other activities in ARV services program area.

2. ACTIVITY DESCRIPTION

ARV treatment is rapidly becoming available at many sites across Kenya. Information and education for communities and society on the realities of ART use needs to be in place. In FY 2007 Internews will assist in distributing accurate information on the effectiveness and need for ARVs through innovative communications and encouraging reporting on the subject on radio and television. The primary strategy will be to train journalists and talk show hosts to equip them with the skills to accurately report on complex ARV related issues, which are common sources of rumors, misconceptions, and public misinformation. In FY 2007 Internews will particularly focus on the need for pediatric ARVs. Internews will specifically train six senior radio professionals in reporting accurately and effectively on the science of ARVs, as well as ten senior radio journalists on reporting on the need for pediatric ARVs. This training will result in at least 24 ARV programs being broadcast on the radio. Internews will also train 4 senior TV journalists on the science of ARVs. This will result in the broadcast of 8 feature ARV TV features. From experience over the past three years, Internews has found that training a small number of journalists intensively is far more effective than training a large number. 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.

Internews Network, Inc. is an international non-profit organization that supports open media worldwide. 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.

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 2006 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.

Continued Associated Activity Information

Activity ID:	4172
USG Agency:	U.S. Agency for International Development
Prime Partner:	Internews
Mechanism:	Local Voices
Funding Source:	GHAI

Planned Funds: \$ 311,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards		<input checked="" type="checkbox"/>

Target Populations:

Adults
Business community/private sector
People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6919
Planned Funds: \$ 4,100,000.00

Activity Narrative:

1. LIST OF RELATED ACTIVITIES

This activity relates to Capacity Project in other program areas: PMTCT (#8647), Laboratory Infrastructure (#6920), and System Strengthening (#8693).

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. In areas where the bulk of health care services including ARVs are provided by facilities managed by faith-based organizations and where they are faced with staffing shortages, the program has attracted and deployed health workers in such facilities. 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 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 2006/7 on three-year contracts, this project will, in 2007/8, support the management of the new hires to fill critical gaps in HIV/AIDS services. ART program area will support 682 staff. At the same time, Capacity will implement long-term human resource planning with the Ministry of Health. This activity will support the Ministry of Health's division to standardize their HIV/AIDS curricula, will assist the Office of Continuing Professional Development (OCPD) to develop the National Health Training Plan (NHTP), and will help develop a database of health worker information and training participation, towards a goal of developing an accreditation program of curricula and continuing education credits. 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, management and offer support.

3. 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.

4. LINKS TO OTHER ACTIVITIES

This activity relates to activities in all PEPFAR facility-based services.

5. POPULATIONS BEING TARGETED

This project targets health care providers in the public sector, in particular nurses, pharmaceutical technologists and clinical officers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses issues surrounding gender equity in AIDS programming.

7. EMPHASIS AREAS

The major emphasis area for this project is Human Resources. The activity has a minor emphasis in policy and guidelines, and QA/QI/SS, as it will help implement the HRH policy, help develop the NHTP, and improve on-site supervision.

Continued Associated Activity Information

Activity ID: 4316
USG Agency: U.S. Agency for International Development
Prime Partner: IntraHealth International, Inc

Mechanism: Capacity Project
Funding Source: GHAI
Planned Funds: \$ 4,407,274.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	682	<input type="checkbox"/>

Target Populations:

Nurses
 Pharmacists
 Policy makers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Other Health Care Worker
 Nurses
 Pharmacists

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6945
Planned Funds: \$ 6,065,265.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Palliative Care (#6942), ARV Drugs (#6947), Counseling and Testing (#6941), TB/HIV (#6944), and PMTCT (#6949).

2. ACTIVITY DESCRIPTION

"This will be an expansion of the existing COP 07 activities. Kenya Medical Research Institute (KEMRI) will expand ongoing activities at more than 40 sites mainly in Nyanza but also in Kilifi District, Coast and Eastern, North Eastern, and Central Provinces. These expanded activities include provision of antiretroviral treatment to 15,000 HIV-positive individuals (3,000 new patients), including 1,300 children, and support for training for 400 health care workers. Laboratory and clinical network centers will be supported at the Provincial Hospitals in Kisumu and Garissa and District Hospitals in Machakos and Kilifi. The support for Garissa and Eastern South (Machakos) will transition to Care International and TBD partner. Points of service will include all District and most Sub-District Hospitals in the regions served by these referral hospitals, as well as many health centers and dispensaries.

"

At each site, KEMRI provides technical assistance; equipment and supplies (test kits); support to improve laboratory capacity, laboratory reagents (specifically for PCR reagents for early infant diagnosis); support for adherence counseling; assistance with monitoring and reporting and infrastructure improvement. Funds from this renewal will be used to renovate Matuu sub district hospital and Ambira health center in Eastern and Nyanza provinces respectively. 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), Mission for Essential Drugs and Supplies (MEDS), and through KEMRI procurement. KEMRI also conducts a substantial number of activities that enhance the development of treatment services at the national and regional level. KEMRI supports regular meetings of care and treatment providers in the Province in collaboration with the Provincial ART Officer, and is 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.

KEMRI program key focus areas include: identification and treatment of HIV-infected children, identification and treatment of infected patients in the in-patient setting, and provision of care in remote areas. The latter is facilitated by mobile teams that move between rural health centers and dispensaries, particularly those providing PMTCT services or providing treatment services to large numbers of patients with TB. Because the PMTCT and TB treatment programs have been effectively decentralized, the support for services at these sites is an important step toward decentralization of treatment services for people with HIV.

KEMRI will continue to assist with data collection and national reporting for supported facilities. By the end of March 2006, KEMRI was contributing to ARV treatment for more than 9,000 patients in 38 facilities. In 2007, KEMRI will initiate support for ART 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.

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. 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, non-ART/BHCS, PMTCT and SI services supported by KEMRI and other Emergency Plan partners (e.g., EngenderHealth and Family Health International). 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 people with HIV. Nyanza is high priority because of the very high prevalence of HIV (9-41%). Most of the services are provided to the general population with HIV, but special 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.

Continued Associated Activity Information

Activity ID: 4091
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 2,612,500.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	40	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	15,600	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	13,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	3,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	400	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nyanza
Central
Eastern
Coast
North Eastern

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Uniformed Services Project
Prime Partner:	Kenya Medical Research Institute
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	6954
Planned Funds:	\$ 197,526.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to activities in Palliative Care (#6956), Counseling and Testing (#6950), TB/HIV(#6951), and PMTCT (#6953).</p> <p>2. ACTIVITY DESCRIPTION</p> <p>The Kenya Uniformed Services Program (USP) comprising the National Youth Service (NYS), Kenya Wildlife Services (KWS), Kenya Prison Services (KPS), Administration Police (AP), and Kenya Police Department (KPD) plans to support the provision of antiretroviral treatment to 250 HIV-infected service personnel, their dependents, prisoners and surrounding communities at 8 health centers in Nairobi, and Coast, Nyanza, and Rift Valley Provinces. Additionally, 20 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 (treatment of opportunistic infections, psychological and spiritual support, etc.). The USP health facilities offer services to their staff, the local communities as well as prison inmates for the KPS, and these will all be targeted by the program. ARVs will be provided at the sites through the Kenya Medical Supplies Agency (KEMSA) and Mission for Essential Drugs and Supplies (MEDS). Funds will be used to provide training for 20 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 Kenya USP will manage data on people served and will report both nationally and through Emergency Plan. The Uniformed Services have had a longstanding collaboration with US government agencies in Kenya. This collaboration has resulted in effective VCT and PMTCT services and establishment of non-ARV treatment services with a special emphasis on provision of integrated TB/HIV services. As of September 2006, the program has identified over 800 HIV-infected people, about 60 of whom are on ARVs. Transfer and release of prison inmates is frequent and there is need to introduce mechanisms for follow-up care, and support for such prisoners, to ensure adherence to ARV and TB treatment.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA</p> <p>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 ARV treatment.</p> <p>4. LINKS TO OTHER ACTIVITIES</p> <p>This activity relates to activities in Palliative Care (#6956), Counseling and Testing (#6950), TB/HIV(#6951), and PMTCT (#6953).</p> <p>5. POPULATIONS BEING TARGETED</p> <p>The target population for this activity are HIV-infected prisoners, prison staff and their families, and residents in the neighborhoods where prisons are located.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED</p> <p>This activity addresses legislative issues related to stigma and discrimination through community sensitization activities.</p> <p>7. EMPHASIS AREAS</p> <p>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.</p>

Continued Associated Activity Information

Activity ID: 4259
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: Uniformed Services Project
Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	8	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	300	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	250	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	100	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	20	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Prisoners
 Laboratory workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Coast

Nairobi

Nyanza

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6958
Planned Funds: \$ 900,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Counseling and Testing (#6957), Palliative Care: TB/HIV (#6961), Palliative Care: Basic Health Care and Support (#6960) and Prevention of Mother-to-Child Transmission (#6959).

2. ACTIVITY DESCRIPTION

Under FY 2007 Emergency Plan funding, the Kenyan Department of Defense (KDOD) will continue to support five military Antiretroviral Therapy (ART) sites in Kenya (Armed Forces Memorial Hospital (AFMH) in Nairobi, The Air Force Medical Centre in Laikipia, Kenyatta barracks - Gilgil, Lanet barracks in Nakuru and Naval Medical center at Mombasa), expand to three new clinics (Thika, Eldoret, and The Air Force Medical Centre in Nairobi at Moi Air Base), bringing the total number of treatment sites in the military to 8. ART will be offered to soldiers, their dependants, KDOD civilian employees and civilians in the neighboring communities. The target is to bring the total ever treated to 2,000 (350 new) including 200 children. In FY 2007, 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 in the last 4 years developed capacity to manage and run a successful HIV/AIDS comprehensive care clinic at the main military hospital, AFMH, in Nairobi. To date this clinic has 1,350 registered HIV-infected patients. Out of which, over 850 are on ART and over 300 patients continue to receive treatment for tuberculosis (TB). In FY 2007, 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), and management of complicated medical cases such as ARV drug resistance. AFMH will also continue providing pediatric HIV/AIDS care and treatment. In order to maintain and improve on achievements already attained, the KDOD will need to train additional staff to run the current clinic and 8 peripheral clinics. Over the last six years more than 75 KDOD medical personnel have received basic orientation on Antiretroviral (ARV) administration and treatment of tuberculosis (TB). 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 2007, staff of various cadres will be trained including 60 health care workers who will be trained on comprehensive adult and pediatric HIV/AIDS care. In addition, manpower requirements will be reviewed and hired as necessary to ensure that KDOD maintains at least 1 registered clinical officer, 1 pharmaceutical technologist and 1 laboratory technologist at each of the 8 treatment centers at any one time. Part of 2007 funds will be used to improve the AFMH and the 7 peripheral clinics in terms of infrastructure, 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 24 locally employed staff.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

By putting 2,000 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 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, 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. 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. New treatment sites will 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 infrastructure and minor emphasis on commodity procurement, human resources and training. KDOD will renovate the comprehensive care clinics to create more space in the new sites in order to accommodate the integration of pediatric ART services, 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.

Continued Associated Activity Information

Activity ID: 4250
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: Kenya Department of Defense
Funding Source: GHAI
Planned Funds: \$ 650,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	8	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,400	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	350	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	60	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Military personnel
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: South Rift Valley
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6973
Planned Funds: \$ 4,903,035.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HBHC (#6922), TB/HIV (#6975), and HVCT (#6968, #7038).

2. ACTIVITY DESCRIPTION

The KEMRI-South Rift Valley (KEMRI-SRV) Program is a broad initiative by the Walter Reed/KEMRI HIV project in collaboration with the Ministry of Health's (MOH) district hospitals, two mission, and two private tea estate hospitals within six districts located in the south Rift Valley Province (SRV) of Kenya.

The six districts collectively have a population of about 2.5 million people with a HIV prevalence between 5% and 19%, depending on the location. As of July 2006, the program was providing treatment to 10,471 HIV infected patients, with 4,109 on ART. In FY07 the program will target 25,450 HIV infected patients, and increasing the total on ART to 11,550.

To ensure sustainability, the program will build 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.

FY07 funds will continue to be used to encourage positive living, prevent HIV infection transmission or re-infection, enhance community mobilization, reduce stigma and discrimination, and increase treatment literacy and adherence. Funds will also be 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 six districts in the 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 2007, this model will support 53 rural health centers in the delivery of ART services throughout the SRV.

In FY 2006, the SRV program succeeded in providing treatment to 1106 children, of whom 348 were on ARVs. In FY 2007 the program will focus on improving pediatric diagnosis to be able to recognize 3,000 (15% of total patients) HIV positive children, and put 1,155 on ARVs. Funds will therefore be allocated for pediatric diagnosis activities for children under the age of 14 (including early infant diagnosis with use of PCR-DNA testing), training and sensitization of health care staff in pediatric ART services and improving pediatric care.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to the 2007 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 11,550 individuals throughout the six 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 NASCOP 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 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.

5. POPULATION BEING TARGETED

The KEMRI-South Rift Valley program will target the general population including adults, children, and family planning clients as well as people affected by HIV/AIDS through HIV/AIDS-affected families, 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.

PLUS UP:

Fund will be used for expansion of activity in the 2007 COP. The KEMRI-South Rift Valley (KEMRI-SRV) Program is a broad initiative by the Walter Reed/KEMRI HIV project in

collaboration with the Ministry of Health's (MOH) district hospitals, two mission, and two private tea estate hospitals within six districts located in the south Rift Valley Province (SRV) of Kenya. The six districts collectively have a population of about 2.5 million people with a HIV prevalence between 5% and 19%, depending on the location. As of July 2006, the program was providing treatment to 10,471 HIV infected patients, with 4,109 on ART. In FY07 the program will target 25,450 HIV infected patients, and increasing the total on ART to 11,850.

"To ensure sustainability, the program will build 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.

FY07 funds will continue to be used to encourage positive living, prevent HIV infection transmission or re-infection, enhance community mobilization, reduce stigma and discrimination, and increase treatment literacy and adherence. Funds will also be 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 six districts in the 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 2007, this model will support 53 rural health centers in the delivery of ART services throughout the SRV. In FY 2006, the SRV program succeeded in providing treatment to 1106 children, of whom 348 were on ARVs. In FY 2007 the program will focus on improving pediatric diagnosis to be able to recognize 3,000 (15% of total patients) HIV positive children, and put 1,355 on ARVs. Funds amounting to USD250,000 will therefore be allocated for pediatric diagnosis activities for children under the age of 14 (including early infant diagnosis with use of PCR-DNA testing), training and sensitization of 60 health care staff in pediatric ART services and improving pediatric care. Secondly, \$50,000 will be used to equip Kericho District Hospital's Comprehensive Care Center renovated using FY06 emergency funds.

Continued Associated Activity Information

Activity ID:	4085
USG Agency:	Department of Defense
Prime Partner:	Unilever Tea Kenya
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 140,000.00
Activity ID:	4105
USG Agency:	Department of Defense
Prime Partner:	James Finlay (K) Ltd.
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 160,000.00
Activity ID:	4109
USG Agency:	Department of Defense
Prime Partner:	Kericho District Hospital, Kenya
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 810,000.00

Activity ID: 4122
USG Agency: Department of Defense
Prime Partner: Africa Inland Church Litein Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 342,500.00

Activity ID: 4243
USG Agency: Department of Defense
Prime Partner: Tenwek Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 310,000.00

Activity ID: 4324
USG Agency: Department of Defense
Prime Partner: Longisa District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 197,500.00

Activity ID: 4328
USG Agency: Department of Defense
Prime Partner: Kapkatet District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 257,500.00

Activity ID: 4332
USG Agency: Department of Defense
Prime Partner: Nandi Hills District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 385,000.00

Activity ID: 4334
USG Agency: Department of Defense
Prime Partner: Kilgoris District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 365,000.00

Activity ID: 4336
USG Agency: Department of Defense
Prime Partner: Kapsabet District Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 350,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	58	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	13,800	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	11,850	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	5,785	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	115	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 Orphans and vulnerable children
 People living with HIV/AIDS
 Caregivers (of OVC and PLWHAs)
 Laboratory workers
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Other Health Care Workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Liverpool VCT and Care
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6985
Planned Funds: \$ 1,250,000.00

Activity Narrative:**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 to 4,000 people (1,000 new), including 400 children with advanced HIV at 8 sites in Nairobi, Nyanza, and Eastern Provinces. 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 80 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 2006 to 2007 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 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, TBD 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, including HIV positive children (6 - 14 years). 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.

Continued Associated Activity Information

Activity ID:	4178
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Liverpool VCT and Care
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 700,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	8	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,800	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	80	<input type="checkbox"/>

Target Populations:

Disabled populations
 Doctors
 Nurses
 Pharmacists
 Men who have sex with men
 People living with HIV/AIDS
 Laboratory workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern

Nairobi

Nyanza

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mildmay International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 6991
Planned Funds: \$ 900,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in ARV Services (#6945, #7004) and Palliative Care: Basic Health Care and Support (#6992).

2. ACTIVITY DESCRIPTION

Mildmay International will continue to support mobile teams to provide training in HIV treatment using materials developed and approved by the National AIDS and STD Control Program (NAS COP), with a focus in the very heavily affected Nyanza Province. These activities will result in classroom and practical training of 600 health care workers in ARV management as part of a package of training on comprehensive care of people with HIV/AIDS and will incorporate components of follow up supportive supervision and quality assurance at the sites where these trained health care workers are engaged. An additional 1,200 health care providers will receive continuing medical education (CME). Mildmay will support this activity by sustaining two teams of specially trained trainers. Members of these training teams will also provide patient care at supported sites, (these targets are reported by partners providing other direct support at these facilities). This on-site participation helps to maintain the clinical skills of the trainers, ensure that the trainers are teaching from recent and relevant experience, and assist with meeting critical staffing needs. Funds will support salaries for the trainers, office costs related to coordinating the trainings and preparing and conducting the CME sessions, accommodation costs for training participants, and travel costs for participants and trainers. 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 and ART care and incorporate ART and HIV care into their curricula.

A significant change from 2006 to 2007 will be increased emphasis on pediatric scale-up activities with a pediatric demonstration project at a selected health facility. The demonstration project will provide a venue for practicum training and will provide operational guidance for facilities having difficulties identifying, enrolling, and retaining pediatric patients.

Mildmay International is a Christian not-for-profit organization, involved in the provision of consultancy, training and AIDS palliative care services worldwide. Staff from the Kenyan Ministry of Health, including district medical officers, hospital superintendents, and staff from the National AIDS and STD Control Program have traveled to Uganda to participate in Mildmay HIV program management course and have been empowered and motivated to establish or expand treatment programs in their areas. The mobile training teams have been functioning in Kenya since late 2004 and have been highly successful. By May 2006, two multidisciplinary teams have provided ART classroom training to 667 health care professionals and had reached over 1200 health care workers through CME sessions addressing care of pediatric patients and management of patient co-infected with TB and HIV. The teams have undergone training in teaching methodology as well as advanced training in HIV management, both adult and pediatric.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expanded provision of a basic package of health services for patients with HIV, improved integration of prevention and treatment services, and strengthened networks of treatment. 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 and Central provinces and Mildmay's home-based care activities (#6992).

5. POPULATIONS BEING TARGETED

These activities directly target health care workers, and indirectly target people living with HIV/AIDS. The geographic area where activities are focused is a high priority because of high rates of HIV (overall rates of HIV in Nyanza Province are 15%, 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.

Continued Associated Activity Information

Activity ID: 4132
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Mildmay International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 437,500.00

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	600	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- Pharmacists
- Other Health Care Worker

Key Legislative Issues

- Stigma and discrimination

Coverage Areas

Nyanza

Eastern

Nairobi

Central

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7004
Planned Funds: \$ 1,300,000.00

Activity Narrative: 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 (NASCOP) is the arm of the Ministry of Health that is responsible for implementation of medical interventions related to treatment and prevention of HIV/AIDS. NASCOP will oversee the implementation of all HIV care and antiretroviral treatment programs in Kenya. NASCOP will provide support to 25 sites not otherwise supported by the Emergency Plan to provide treatment to 13,000 people with HIV (including 1,300 children and 3,000 new individuals). These activities will also result in the training of 240 health care workers not included in other targets. Specific activities supported by NASCOP will include the coordination of all partners in the area of ART provision (through national level meetings such as the National ART task force), and supervision of treatment in Ministry of Health-supported and other facilities. NASCOP will also continue to coordinate with other sources of support such as Global fund for AIDS, Tuberculosis and Malaria, and Clinton Foundation. NASCOP will improve the national system for tracking the number of people receiving antiretroviral treatment, and provide financial and administrative support to the Provincial/Regional ART coordinators 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 NASCOP includes a core staff at a national level that consists of a small technical and administrative staff, and an expanding staff responsible for monitoring and evaluation activities. A system of regional supervision of HIV/AIDS treatment activities has been established, with Provincial ART Coordinators (PARTOs) who are responsible to assist with establishment of services at additional sites, site evaluations, accreditation, and supervision for ART programs. All activities are closely linked to other MOH and PEPFAR supported HIV treatment and prevention activities, the networks of care in the Private and Mission sectors, and 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. Significant changes from 2006 to 2007 include the 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. NASCOP supported activities are essential to the formation/strengthening of the linkages needed in the network model, and to the development of a sustainable system to provide HIV treatment in Kenya.

4. LINKS TO OTHER ACTIVITIES

Since NASCOP coordinates HIV prevention and treatment activities throughout Kenya, there are strong linkages between these activities and virtually all HIV prevention and treatment activities in Kenya. All Emergency Plan partners have been encouraged to extend efforts to further strengthen these linkages by coordinating with and supporting the activities of the Provincial ART coordinators and by participating in national efforts such as policy/guideline revision and national stakeholders meetings.

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.

Continued Associated Activity Information

Activity ID:	4223
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National AIDS & STD Control Program
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 1,590,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	25	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	14,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	13,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	3,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	350	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Laboratory workers
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: New York University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7015
Planned Funds: \$ 1,425,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES This activity relates to activities in Palliative Care (#7014, #8934) and PMTCT (#8649).

2. ACTIVITY DESCRIPTION

"This will be an expansion of the 07 activity. New York University (NYU) will support treatment at Bomu Clinic and two satellite sites in Mombasa, resulting in 2000 individuals receiving ART services, including 250 children (500 new, bringing the total ever served to 2300). This will be accomplished by providing on-site material and technical support that will build the capacity of this local facility to sustain treatment services for people with HIV. Funds will provide salary support for health care workers in accordance with Emergency Plan guidance and training for 20 health care workers. Activities will include community mobilization, strengthening of logistics capacity (particularly pharmacy management), and procurement of commodities such as laboratory reagents, and infrastructure improvement (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 ART 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 469 patients by June 2006, including 64 children. NYU brings particular expertise in pediatric treatment, and this site is expected to rapidly expand treatment for children. A key barrier to expansion of the program at the moment is space. NYU has received grant funding from other sources to establish an annex to the main clinic building that will allow substantial expansion of pediatric treatment, 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 ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver adult and pediatric ARV treatment, tighten linkages between prevention, care, and treatment activities, and strengthen referral networks for AIDS services.

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 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 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, infrastructure, logistics, quality assurance and supportive supervision, strategic information, targeted evaluation, and training.

Continued Associated Activity Information

Activity ID: 4134
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: New York University
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 560,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	3	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,300	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	500	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	20	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Coast

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Horizons
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7020
Planned Funds:	\$ 250,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to all other activities in the HTXS program area.</p> <p>2. ACTIVITY DESCRIPTION This is an ongoing study. It builds on current research by Population Council/Horizons in Mombasa being implemented with COP 2006 funds. The COP 2006 activity comprises of an intervention to reduce HIV risk among patients on HAART and HIV+ patients on preventive therapy. It is being implemented by study partner ICRH, and will start in November 2006. It comprises the following: a) partner testing, b) status disclosure to sex partners, and c) consistent condom use. The intervention is also availing patient education materials, availing provider education about sexual risk reduction and condom use, and availing referral as appropriate. It will be based on materials being developed under a broader PwP initiative by CDC. Currently the intervention is designed to last six months. COP 2007 funds will allow the intervention to continue for 6 additional months and to conduct the impact assessment at the end of the intervention.</p> <p>3. CONTRIBUTION TO OVERALL PROGRAM AREA HIV/STI prevention programs among individuals on HIV treatment is lacking in Kenya, and Africa in general. But as PEPFAR goals are met, there will be a larger proportion of sexually active PLHWA who could increase HIV transmission if they are not adequately educated and informed about safer sexual practices, both to protect others from infection and themselves from re-infection. This activity will contribute to a better understanding of how interventions can reach this important population.</p> <p>4. LINKS TO OTHER ACTIVITIES This activity benefits from the link to existing research by Population Council/Horizons in Mombasa. It benefits from the in-depth formative investigations that have laid the groundwork for an intensive and successful ARV investigation in Kenya. The intervention study links with all activities in the ARV services program area.</p> <p>5. POPULATIONS BEING TARGETED The study and intervention is targeting patients on treatment for HIV/AIDS, whether they are on HAART or on preventive treatment such as Cotrimoxazole, fluconazole and INH. It includes both men and women, and women comprise the larger (60%) proportion of the sample.</p> <p>6. EMPHASIS AREA This activity has a major emphasis on targeted evaluation and minor emphasis on community mobilization and participation.</p> <p>7. KEY LEGISLATIVE ISSUES ADDRESSED Gender, by addressing male norms and behaviour related to sex.</p>

Continued Associated Activity Information

Activity ID:	5098
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Council
Mechanism:	Horizons
Funding Source:	GHAI
Planned Funds:	\$ 200,000.00

Emphasis Areas

Community Mobilization/Participation
 Targeted evaluation

% Of Effort

10 - 50
 51 - 100

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing antiretroviral therapy

Number of individuals who ever received antiretroviral therapy by the end of the reporting period

Number of individuals receiving antiretroviral therapy by the end of the reporting period

Number of individuals newly initiating antiretroviral therapy during the reporting period

Total number of health workers trained to deliver ART services, according to national and/or international standards

Target Populations:

People living with HIV/AIDS

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Coast

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7090
Planned Funds: \$ 2,305,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Palliative Care (#7089, #6942), Counseling and Testing (#6907, #6941), TB/HIV (#6944, #9054), and PMTCT (#6949).

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 3 sites in Kisumu, 10 in Suba, 10 in Migori, and 8 in Kuria. These activities will support ART services for 4,500 people with advanced HIV (1500 new patients), including 450 children. Services will include diagnostic testing; ongoing counseling with a particular focus on counseling for couples (including those with discordant HIV results); and prevention, diagnosis, and management of opportunistic infections. Funds will support salaries for health care workers in accordance with Emergency Plan guidance, and will 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 identification and treatment of children, integration of treatment with other facility services like TB and MCH, 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 (NASCO) 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 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 foci of the HIV epidemic in the United States, UCSF has vast experience providing HIV care and has long been recognized as one of the premier institutions providing HIV care in the US. The faculty of UCSF also has extensive experience developing training materials and implementing HIV treatment programs in resource limited settings, including Kenya. UCSF has a long-standing research presence in Kenya whose activities will capitalize on their technical expertise in treatment. By March 2006, the established centers in Nairobi and Nyanza were providing ARV treatment to more than 1,000 people.

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. 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 (#7089, #6942), Counseling and Testing (#6907, #6941), TB/HIV (#6944, #9054), and PMTCT (#6949).

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 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, targeted evaluation, and training.

Continued Associated Activity Information

Activity ID: 4138
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of California at San Francisco
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,520,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	31	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,500	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,590	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,600	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi
Nyanza

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Manitoba
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7094
Planned Funds: \$ 547,200.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Palliative Care (#7093) and PMTCT (#7097).

2. ACTIVITY DESCRIPTION

University of Manitoba will expand provision of services at two sites in Nairobi, providing ART to 280 people with advanced HIV (100 new patients), including 50 children, bringing the total ever treated to 336. Patients receiving treatment will include two cohorts of patients identified through US government funded research studies, their families, and others in the geographic area. Services will be provided at Pumwani Maternity Hospital and a clinic in the Pumwani Majengo area of Nairobi. University of Manitoba activities will link with those conducted by other University based groups collaborating with the University of Nairobi and will be conducted in close collaboration with 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 and to ART will be supported through extensive involvement of peer groups. Funds will be used to support health care worker salaries in accordance with Emergency Plan guidance, and will support logistics (particularly pharmacy management) and dissemination of informational materials.

University of Manitoba has an extensive history of work in Kenya with vulnerable populations including sex workers and a long-standing research collaboration with the University of Nairobi with a primary focus on evaluation of risk factors for maternal to child transmission of HIV. Since 1986, they have been the main provider of health care and counseling for over 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 antiretroviral treatment to the women and children in this cohort because of lack of resources. University of Manitoba also has a long-standing relationship with a cohort of commercial sex workers and former commercial sex workers in the Majengo area of Nairobi. Extensive community-based services have already been established that involve peers as educators and a setting that allows this very vulnerable population to receive health services that they would otherwise be unable to access. These activities will capitalize on the treatment expertise among the University of Manitoba staff and will train 20 health care workers.

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 Palliative Care activities supported by University of Manitoba, 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 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 former sex workers who might not otherwise seek/access medical care and who may be at high risk to transmit HIV, particularly in the absence of appropriate treatment and support.

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.

Continued Associated Activity Information

Activity ID: 4136
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Manitoba
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 157,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	2	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	396	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	340	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	160	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	20	<input type="checkbox"/>

Target Populations:

Commercial sex workers
 Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Laboratory workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Department of Pediatrics
Prime Partner: University of Nairobi
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7095
Planned Funds: \$ 1,700,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Palliative Care: Basic Health Care and Support (#7096), TB/HIV (#9057), and PMTCT (#7097).

2. ACTIVITY DESCRIPTION

The University of Nairobi Department of Pediatrics (UNBO) will work to strengthen services of the ongoing ART treatment activities at Kenyatta National Referral Hospital (KNH) and two additional sites with an emphasis on the provision of treatment to children, management of complicated cases of patients on ART, and participants in US government sponsored research. Treatment, including antiretroviral therapy will be provided to 4,000 people with advanced HIV (1,000 new patients) including 800 of which are children, increasing the number of individuals ever receiving ART to 5,000. Activities will strengthen KNH's ability to provide specialized care for HIV patients on ART who develop complications, conduct training, perform diagnostic testing in infants, and manage other diagnostic activities, particularly with respect to care of children. Funds will be used to support salaries for health care workers in accordance with Emergency Plan guidance, improve infrastructure through renovation, purchase commodities including laboratory reagents, and train 90 health workers. UNBO will also provide technical expertise to the National AIDS and STD Control Program (NASCO) in development of policy, guidelines, and curriculum relating to ART. The University of Nairobi Pediatrics Department has run research clinics on perinatal cohorts at KNH for 12 years studying PMTCT and immune responses and disease progression in women and children, as well as managing a handful of patients receiving donated ART. Research doctors have undergone short training about HIV treatment and have conducted numerous courses on ART. The KNH Comprehensive Care Center has been running for more than 5 years providing psychosocial care. Over the past year it has provided ambulatory medical care to PLWHA including nutrition, opportunistic infection prophylaxis and treatment, and ART. It has dedicated staff providing psychosocial, nutritional, and medical care. By August 2006, more than 2,000 patients, including approximately 200 children were receiving treatment as a result of the activities of this partner. Significant changes from 2006 to 2007 include development of 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 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 palliative care 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 Cooperative Housing Foundation, and to multiple activities in and around Nairobi that refer to KNH as a network center.

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) for 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, development of networks/linkages/referral systems, human resources, policy and guidelines, and training.

Continued Associated Activity Information

Activity ID: 4104
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Nairobi
Mechanism: Department of Pediatrics
Funding Source: GHAI
Planned Funds: \$ 985,000.00

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	3	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	90	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Laboratory workers
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7100
Planned Funds: \$ 2,698,500.00

Activity Narrative:**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 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 3 districts in Nyanza. These activities will support ART services for 6,190 people with advanced HIV (1900 new patients), including 600 children. Services will include diagnostic testing; ongoing counseling with a particular focus on counseling for couples (including those with discordant HIV results); and prevention, diagnosis, and management of opportunistic infections. Funds will support salaries for health care workers in accordance with Emergency Plan guidance, and will 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 identification and treatment of children, integration of treatment with other facility services like TB and MCH, 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 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 foci of the HIV epidemic in the United States, UCSF has vast experience providing HIV care and has long been recognized as one of the premier institutions providing HIV care in the US. The faculty of UCSF also has extensive experience developing training materials and implementing HIV treatment programs in resource limited settings, including Kenya. UCSF has a long-standing research presence in Kenya whose activities will capitalize on their technical expertise in treatment. By March 2006, the established centers in Nairobi and Nyanza were providing ARV treatment to more than 1,000 people.

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 and 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 people (adults and 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.

Continued Associated Activity Information

Activity ID: 4232
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: University of Washington
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,270,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	3	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,100	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,190	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,450	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	30	<input type="checkbox"/>

Target Populations:

- Doctors
- Nurses
- Pharmacists
- People living with HIV/AIDS
- Laboratory workers
- Other Health Care Worker
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Nairobi

Nyanza

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7104
Planned Funds:	\$ 900,000.00
Activity Narrative:	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 07 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 palliative care services provided at the same sites. Technical activities of the CDC team include assisting with the development of appropriate monitoring tools, analyzing performance information to track progress toward planned results; using performance information to inform program decision-making and resource allocation; and communicating results achieved.

The CDC Kenya 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 participate in activities such as demonstration of point of use chlorination systems used to improve access to safe water, and assist with delivery of equipment and supplies required by the supported programs. The total proposed HTXS management budget for FY 2007 is US \$ 900,000 and will be distributed across expenditure categories.

Continued Associated Activity Information

Activity ID:	4297
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention

Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 745,929.00

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards		<input checked="" type="checkbox"/>

Target Populations:

USG in-country staff

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of California at San Francisco
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7118
Planned Funds:	\$ 200,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities in ARV Services (#7004, #6945).</p> <p>2. ACTIVITY DESCRIPTION The current focus of the ARV treatment program in Kenya is to rapidly scale up access to quality services. Although there has been very serious attention to implementation of quality services, monitoring to date has focused on measurement of the numbers of people accessing treatment more than on outcomes and adverse events. Longitudinal Surveillance of Treatment in Kenya (LSTiK) is a Kenya adaptation of L-STEP methodology to measure outcomes of treatment in a nationally representative sample of people on ART. This will include measures of retention, adherence, treatment effectiveness (including viral suppression), morbidity and mortality from longitudinal follow-up of patients. Protocol development will be performed by UCSF through UTAP in collaboration with the USG agencies, NASCOP will provide data management and coordination with USG technical assistance, and CDC-KEMRI laboratory will provide virologic/immunologic testing.</p>

Continued Associated Activity Information

Activity ID: 6438
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University Mailman School of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards		<input checked="" type="checkbox"/>

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: APHIA II - Central / Nairobi
Prime Partner: Pathfinder International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8765
Planned Funds: \$ 2,610,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity will specifically be linked to other APHIA II Nairobi and Central supported activities in PMTCT (#8729), OVC (#9056) and TB/HIV (#9072), HBHC (#8936).

2. ACTIVITY DESCRIPTION

This activity relates to support to be provided to strengthen and expand ART services in Nairobi and Central Provinces under the APHIA II Nairobi/Central Province Project. In FY 2007, Pathfinder International (PI) and its partners will target eleven sites in Nairobi Province that are already providing ARV services, in order to ensure continuity of services previously supported by other USG partners. Support will be initiated for an additional five sites in Nairobi and Central Provinces during this period, for a total of 17 ART service outlets. Support at ongoing and new sites will enable MOH supervision as well as strengthen quality assurance, integrating HIV with RH/FP and TB services and HMIS. At new sites, service providers will receive training in adult and pediatric HIV care. Efforts will be made to introduce and scale up early infant diagnosis as well as scale up pediatric care and 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 community services, PMTCT and VCT centers. Efforts will be made to decentralize services so that patients get treatment where they are presenting for care. Efforts will be made to facilitate laboratory networks that improve uptake of ARV services. It is expected that 6,000 individuals will receive ART at these sites. 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 put 6,000 patients on ARV treatment, 600 of whom will be children. More children will be identified through early infant diagnosis.

4. LINKS TO OTHER ACTIVITIES

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 (#8729), OVC (#9056) and TB/HIV (#9072), HBHC (#8936). and other prevention activities ensuring successful referral of individuals that require ART care and support.

5. POPULATIONS BEING TARGETED

This activity targets HIV+ adults and children. Health care providers including Doctors, Nurses and Other Health care workers will be targeted for training using national curricula.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The key legislative issue addressed in this activity is stigma and discrimination against people infected and affected by HIV/AIDS.

7. EMPHASIS AREAS

This activity includes major emphasis on quality assurance and supportive supervision with additional focus on training; development of networks/linkages/referral systems.

APHIA II Nairobi/Central will renovate and expand physical infrastructure at current or potential treatment sites particularly hospitals (district and sub-district hospitals) where an estimated 7,000 HIV positive individuals will receive care. This will complement the current renovation work undertaken by PATHFINDER in Nairobi that concentrates on renovating lower down facilities - health centres and dispensaries. The activity is expected to renovate approximately 10 district or sub-district hospitals improving their ability to provide essential ART services (\$200,000).

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	17	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,400	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	200	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Doctors
Laboratory workers
Nurses
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central
Nairobi

Table 3.3.11: Activities by Funding Mechanism

Mechanism: APHIA II - Nyanza
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8774
Planned Funds: \$ 1,400,000.00

Activity Narrative:**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), basic health care and support (#8928) and ARV services (#8774).

2. ACTIVITY DESCRIPTION

The APHIA II Nyanza project implemented by EngenderHealth initiated support to ART services in Nyanza Province in FY 2006. This activity will continue in FY07 to expand HIV care and treatment services in 4 districts whose selection was based on the need to augment services in districts where CDC partners are not already providing significant support. Working in 20 public sector, local sugar company worksites and faith based facilities, HIV treatment will be provided to 2,000 individuals. 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 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 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 2,000 individuals 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 is linked to activities carried out by APHIA II - Nyanza across other program areas, including counseling and testing (#8760), PMTCT (#8734), orphans and vulnerable children (#9071), TB/HIV (#9059), basic health care and support (#8928) and ARV services (#8774).

5. POPULATIONS BEING TARGETED

These 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

This activity includes major emphasis on training and minor emphasis on development of network/linkages/referral systems as detailed in the activity description above.

This plus up funding will be used to more rapidly scale up pediatric ART to 200 children in Nyanza province(\$100,000). It will strengthen and expand pediatric counselling and testing, strengthen linkages with PMTCT services at facilities and strengthen early infant diagnosis networks using improved dried blood spot sample collection, transportation and reporting; improve community mobilization to increase community awareness and sensitise health workers on availability of pediatric testing, counselling and treatment,

provide training and mentorship to strengthen the HIV component of integrated management of childhood illnesses (IMCI). It will contribute to over 1,000 children being initiated on ART and 300 health workers trained for improved identification and care and treatment of HIV infected children.

APHIA II Nyanza will renovate and expand physical infrastructure at current or potential treatment sites particularly hospitals (district and sub-district hospitals) where an estimated 2,200 HIV positive individuals will receive care. The activity is expected to renovate approximately 5 district or sub-district hospitals improving their ability to provide essential ART services (\$100,000).

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	20	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,200	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	150	<input type="checkbox"/>

Target Populations:

Faith-based organizations
 HIV/AIDS-affected families
 Orphans and vulnerable children
 People living with HIV/AIDS
 Policy makers
 Caregivers (of OVC and PLWHAs)
 Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
 Stigma and discrimination

Coverage Areas

Nyanza

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	APHIA II - Eastern
Prime Partner:	JHPIEGO
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8792
Planned Funds:	\$ 1,792,474.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity is related to CT (#8782), TB/HIV (#9069) and HBHC (#8863).</p> <p>2. ACTIVITY DESCRIPTION In FY 2007 USAID'S APHIA II Eastern project, implemented by JHPIEGO and its consortium partners, will continue to build the capacity of health workers in Ministry of Health (MOH) facilities in Eastern Province, to initiate and follow-up patients on ART. In collaboration with National AIDS and STD Control Program (NASCOP) JHPIEGO will develop competency-based orientation materials for comprehensive care, based on MOH National Guidelines for HIV/AIDS treatment. In Eastern Province health workers will be trained to provide ART using the MOH Guidelines and service providers will be trained in facilitative supervision. Strengthening referrals and linkages to care, treatment, and prevention are priorities for FY 2007. This activity will enable health workers in public and faith-based health facilities to reach individuals who are most likely to benefit from ARV treatment, and will contribute to the provision of ART to 3800 HIV positive patients, which will include 380 children. Significant changes from 2006 include the advancement of training for health workers through development of orientation materials. In FY 2005 JHPIEGO supported the training of 250 health workers in ART, which helped to improve the quality of services in 20 ART sites. In 2007, Emergency Plan funding will be used to provide competency-based tools for training in comprehensive care, to increase the number of skilled trainers and advance the ART skills of health workers in Eastern Province. JHPIEGO will continue to participate in the MOH's Technical Working Group to ensure coordination of activities and compliance with MOH guidelines for service delivery. In FY 2007, increasing effort will be given to integrating services. In particular, APHIA II Eastern will increase the number of providers and sites that can offer effective ART care. 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.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA This activity will increase skilled health workers to provide care and treatment, and provide 3,800 HIV infected patients with ARV treatment.</p> <p>4. LINKS TO OTHER ACTIVITIES This activity is related to other activities by APHIA II - Eastern in CT (#8782), TB/HIV (#9069) and HBHC (#8863).</p> <p>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 NASCOP, and public health care doctors and nurses based in Eastern Province.</p> <p>6. KEY LEGISLATIVE ISSUES ADDRESSED This activity will help to reduce stigma associated with HIV status by increasing the availability of comprehensive care.</p> <p>7. EMPHASIS AREAS This activity includes major emphasis on training and minor emphases on development of network/linkages/referral systems, community mobilization, and policy and guidelines.</p>

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	22	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,500	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,800	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,800	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	250	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern

Table 3.3.11: Activities by Funding Mechanism

Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8797
Planned Funds: \$ 2,200,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

The activity will link to other APHIA - Rift Valley activities in CT (#8776), HBHC (#8929), AB (#9070), OP (#9040), OVC (#9029), PMTCT (#8733) and TB/HIV (#9065).

2. ACTIVITY DESCRIPTION

This activity will consolidate established programs in several geographic areas of the Rift Valley Province and will expand activities to include new areas. As a result of these activities, 4,500 people with HIV will receive antiretroviral therapy (1,000 will initiate treatment, 3,400 are expected to be in continuous treatment for more than 12 months) at 22 CCCs and 175 RHF facilities for treatment follow-up by nurse health workers while 220 health care workers will be trained in the provision of antiretroviral therapy. The proportion of children on ART at the 22 CCCs is expected to be 450, and health worker training and orientation will be undertaken to prioritize pediatric ART. Activities will include infrastructure improvements for laboratories and service delivery areas, supply of equipments and commodities, production and dissemination of IEC materials such as pamphlets addressing adherence to antiretrovirals, training of health workers for adult and pediatric 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 and STI clinic services. All services will be tightly linked across the spectrum of care with other services in basic home-based and community support in conjunction with strengthening systems for effective service delivery. Prevention and positive behavior change services in care settings will be strengthened through improvement of institutional infection prevention practices and injection safety, PEP, appropriate nutrition including therapeutic and supplemental feeding that includes adequate micronutrient supply, and reduction of risk of infection among discordant couples. Substance abuse treatment programs will be integrated help ensure adherence to treatment and to reduce the risk of transmission. This activity will also strengthen the private sector approach through the Gold Star Network initiative that works with private practitioners, private hospitals, nursing homes and workplace clinics. An additional 100 providers in the private sector will be recruited in Rift Valley Province. The activity will also focus on activities to support vulnerable groups such as women who may be engaged in high-risk sexual activities by targeting CSWs for treatment access. Because the issue of stigma and discrimination is still high amongst health workers in Kenya this activity whilst conducting clinical training will also train health workers on stigma and discrimination using a specially produced curriculum.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will contribute to 4,500 adult patients including 450 paediatric patients on ARV treatment by the end of the reporting period.

4. LINKS TO OTHER ACTIVITIES

The activity will link to other APHIA - Rift Valley activities in CT (#8776), HBHC (#8929), AB (#9070), 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 both men and women, people living with HIV/AIDS and will also provide treatment to HIV positive infants and HIV positive children.

6. KEY LEGISLATIVE ISSUE ADDRESSED

Stigma and discrimination.

7. EMPHASIS AREAS

The main emphasis area is local organisation capacity development. Minor emphases include infrastructure, logistics, IEC, quality assurance and supportive supervision.

This plus up funding will be used to more rapidly scale up pediatric ART to 200 children in Rift Valley province(\$100,000). It will strengthen and expand pediatric counselling and testing, strengthen linkages with PMTCT services at facilities and strengthen early infant diagnosis networks using improved dried blood spot sample collection, transportation and reporting; improve community mobilization to increase community awareness and

sensitise health workers on availability of pediatric testing, counselling and treatment, provide training and mentorship to strengthen the HIV component of integrated management of childhood illnesses (IMCI). It will contribute to over 1,000 children being initiated on ART and 300 health workers trained for improved identification and care and treatment of HIV infected children.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	22	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,400	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,500	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	220	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Rift Valley

Table 3.3.11: Activities by Funding Mechanism

Mechanism: APHIA II - Coast
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8813
Planned Funds: \$ 2,960,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to other activities in abstinence and be faithful (#8950), counseling and testing (#8781), OVC (#9048), palliative care: basic health care and support (#8934), TB/HIV care activities (#9062), condoms and other prevention (#8930), PMTCT (#8764), and strategic information (#9711).

2. ACTIVITY NARRATIVE

This activity will consolidate established programs in several geographic areas of the Coast Province and will expand activities to include new areas. As a result of these activities, 8,000 people (including 800 pediatric) with HIV will receive antiretroviral therapy at 29 CCCs and 75 RH facilities for treatment follow-up by nurse health workers while 300 health care workers will be trained in the provision of antiretroviral therapy. Activities will include infrastructure improvements for laboratories and service delivery areas, supply of equipments and commodities such as laboratory reagents, production and dissemination of informational materials such as pamphlets addressing adherence to antiretroviral drugs, training of health workers for adult and pediatric 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. 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. Prevention services in care settings will be strengthened through improvement of institutional infection prevention practices and injection safety, reinforcement of behavior change, sustenance of low risk behavior, condom supply; appropriate nutrition including therapeutic and supplemental feeding that includes adequate micronutrient supply, and reduction of risk of infection among discordant couples. Substance abuse treatment and injecting drug use programs introduced will be integrated and assist them ensure adherence to treatment and to reduce the risk of transmission. This activity will also strengthen the private sector approach through the Gold Star Network initiative that works with private practitioners, private hospitals, especially Aga Khan Hospital Mombasa and nursing homes and workplace clinics. An additional 50 providers in the private sector will be recruited in Coast Province. The activity will also focus on activities to support vulnerable groups such as women who may be engaged in high-risk sexual activities by targeting CSWs. This activity also includes support sub recipients for activities integral to the program: Mkomani Clinic Society and the Ministry of Health. 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

As a result of these activities, 8,000 people with HIV will receive antiretroviral therapy at 29 CCCs and 75 RH facilities.

4. LINKS TO OTHER ACTIVITIES

The APHIA II Coast HIV/AIDS treatment services activities will relate to abstinence and be faithful (#8950), counseling and testing (#8781), OVC (#9048), HBHC (#8934), TB/HIV care activities (#9062), condoms and other prevention (#8930), PMTCT (#8764), and strategic information (#9711).

5. POPULATIONS BEING TARGETED

Populations being targeted by this activity are mainly people living with HIV/AIDS and health workers.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The main legislative issues addressed by this activity are gender and stigma and discrimination. The activity will also focus on activities to support vulnerable groups such as women. Activities will include support to the reduction in violence and coercion as well as stigma and discrimination.

7. EMPHASIS AREAS

The major emphasis area is training of health workers with minor emphasis being

development of networks/ linkages/ referral systems, information, education and communication, and workplace programs.

This plus up funding will be used to more rapidly scale up pediatric ART to 200 children in Coast province (\$100,000) It will strengthen and expand pediatric counselling and testing, strengthen linkages with PMTCT services at facilities and strengthen early infant diagnosis networks using improved dried blood spot sample collection, transportation and reporting; improve community mobilization to increase community awareness and sensitise health workers on availability of pediatric testing, counselling and treatment, provide training and mentorship to strengthen the HIV component of integrated management of childhood illnesses (IMCI). It will contribute to over 1,000 children being initiated on ART and 300 health workers trained for improved identification and care and treatment of HIV infected children.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	29	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	9,500	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	8,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	3,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	300	<input type="checkbox"/>

Target Populations:

Adults
 Commercial sex workers
 Doctors
 Nurses
 Pharmacists
 Injecting drug users
 People living with HIV/AIDS
 Pregnant women
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Coast

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Child and Family Wellness Shops
Prime Partner: Sustainable Health Enterprise Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8820
Planned Funds: \$ 386,000.00

Activity Narrative: 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 to sustainably expand accessibility of services. Shop owners are licensed by CFWS, whose goal is to ensure they have a living income from their business. The 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. 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 (#8762) 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.

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems	51 - 100
Health Care Financing	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	200	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	200	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	20	<input type="checkbox"/>

Target Populations:

Adults
 People living with HIV/AIDS
 Children and youth (non-OVC)
 Nurses
 Other Health Care Workers

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8826
Planned Funds: \$ 2,470,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

All services will be tightly linked across the spectrum of care with other services supported by APHIA II Western TBD in home-based care and systems strengthening. Specifically, these activities are linked to PMTCT (#8738), OP (#8927), HBHC (#8931), and TB/HIV (#9068) activities implemented in APHIA II.

2. ACTIVITY DESCRIPTION

One of the past treatment activities in Western province supported by USAID COP 06 funding was APHIA II TBD which aimed at continuing with FHI/IMPACT activities that included the strengthening of Kakamega PGH which was already serving as network referral centre. Other supported ART sites included St Mary's Mumias and Bungoma District Hospital. Additional activities included procurement of commodities such as laboratory equipment, reagents, renovation of clinic facilities, strengthening pharmacy management, and supporting outpatient provision of ARVs. In the communities, the activity was to support treatment awareness, literacy and advocacy through appropriate behaviour change promotion facilitated actively by motivators.

The second previous assistance was the World Vision's AIDS Treatment and Support for OVCs (KATSO) project, which transitioned into APHIA II TBD in the 2006 COP. The aim was scale up this response to the prevailing need for holistic—emotional, material, and physical—care for those affected by the HIV/AIDS crisis. Using the existing large network of churches/faith-based organizations and community-based organizations, the APHIA II program planned to initiate innovative HIV/AIDS care, support, and prevention interventions, while scaling up programming in 10 districts in Kenya. The activity was also expanding services currently being offered through USAID's comprehensive programs for orphans and vulnerable children to include the establishment of treatment with antiretroviral drugs for adults and children with advanced HIV in Teso District.

This 07 activity will build on the USAID's 2006 COP activities and other past support in order to ARV services scale up, improve programming, and ensure uninterrupted service to on-going clients in the imperative sites. The detailed focus for FY 2007 will be discussed with the consortia (yet TBD) that will be awarded the agreement. However, the partner will ensure that paediatric ART is scaling up so that all ART sites also enroll and follow pediatric patients and ensure early infant diagnosis of HIV. In addition, the APHIA II partner will be expected to propose prevention-with positives approaches. The partner will consider and follow-up on results of technical evaluations such as the Pop Council work on PWP, CRTU's RH needs of PLWHA on HAART, alcohol and ARV adherence, etc. As a result of the 2007 activities, it is expected that a total of 6000 clients will be enrolled on ART of which 3,000 will be new and 600 will be children. 100 service providers will be trained to provide quality ART services. 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 APHIA II Western TBD activity will expand established ART programs to include new areas Western Province. As a result of these activities, 3,000 new clients will receive antiretroviral 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 carries forward previously approved activities in 2006 COP by FHI/Impact, World Vision Kenya as part of APHIA II TBD activities in Western Kenya. All services will be tightly linked across the spectrum of care with other services supported by APHIA II Western TBD in home-based care and systems strengthening. Specifically, these activities are linked to PMTCT (#8738), OP (#8927), HBHC (#8931), and TB/HIV (#9068) for APHIA II - Western. Prevention services in care settings will be strengthened through improvement of institutional infection prevention practices, reinforcement of behavior change, sustenance of low risk behavior, condom use, appropriate nutrition for People Living with HIV/AIDS (PLWHA), and reduction of risk of infection among discordant couples.

5. POPULATIONS BEING TARGETED

This APHIA II Western TBD activity targets people affected by HIV/AIDS, orphans and vulnerable children, people living with HIV/AIDS, HIV/AIDS affected families, HIV positive infants and children and caregivers of OVC and PLWHA. It also targets the community in order to improve community support and health care providers in public, private and faith based health facilities.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The main legislative issues addressed by this activity are gender, and stigma and discrimination. The activity will also focus on activities to support vulnerable groups such as women. Activities will include support to the reduction in violence and coercion as well as stigma and discrimination. It will also address wrap around activities such as food insecurity, microfinance, micro credit and education.

7. EMPHASIS AREAS

The major emphasis area is training of health workers, with minor emphasis areas being Development of Networks/ Linkages/ Referral systems, Information, Education and Communication, and workplace programs.

APHIA II Western will with these Unallocated Funds renovate and expand physical infrastructure at current or potential treatment sites particularly hospitals (district and sub-district hospitals) where an estimated 6,600 HIV positive individuals will receive care. This will complement the current renovation work undertaken by PATHFINDER that concentrates on renovating lower down facilities - health centres and dispensaries. The activity is expected to renovate approximately 5 district or sub-district hospitals improving their ability to provide essential ART services (\$100,000).

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	4	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,600	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	3,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	100	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Pregnant women
Girls
Boys
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive children (5 - 14 years)

Key Legislative Issues

Reducing violence and coercion
Stigma and discrimination

Coverage Areas

Western

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: United Nations High Commissioner for Refugees
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8982
Planned Funds: \$ 50,000.00

Activity Narrative:**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 Palliative Care: Basic Health Care and Support (#8736).

2. ACTIVITY DESCRIPTION

The United Nations High Commissioner for Refugees (UNHCR) will support antiretroviral treatment services to 30 individuals with advanced HIV infection at Dadaab Refugee Camp in North Eastern Province, Kenya; additionally 10 health care workers will receive ART training in accordance with national guidelines. 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 2,300 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, for people with HIV at refugee camp hospitals and health centers to provide local treatment. Activities will be conducted in close collaboration with the Provincial ART Officer responsible for North Eastern Province. UNHCR will establish ART programs by providing technical support, supporting staff salaries, training staff, conducting laboratory evaluation, and providing adherence counseling and monitoring. ARVs will be supplied to the sites through the USG central distribution system.

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 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. 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 expansion of access to ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ARV treatment.

4. LINKS TO OTHER ACTIVITIES

These activities will link to other prevention and care services provided by UNHCR, 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.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	1	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	30	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	30	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	30	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	10	<input type="checkbox"/>

Target Populations:

Refugees/internally displaced persons
 People living with HIV/AIDS
 Public health care workers
 Private health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North Eastern

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8988
Planned Funds: \$ 50,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Palliative Care: Basic Health Care and Support (#6850, #8867), PMTCT(#6851), and ARV Services (#8805).

2. ACTIVITY DESCRIPTION

CARE Kenya will support 4 hospitals in North Eastern Province (Garissa provincial, Ijara, Wajir and Madera District Hospitals) to provide antiretroviral treatment to 300 (250 new) individuals with HIV including 30 children, bringing the total ever treated to 400. The activities will also include training of 50 health care workers in the provision of antiretroviral treatment. At each site, CARE Kenya will provide technical assistance, equipment and supplies, and laboratory services. ARVs are provided at the sites through Kenya Medical Supply agency and through USG central supply currently done through Mission for Essential Drugs (MEDS). In addition, this activity provides support groups linked to each facility, additional community-based services, and the identification of and training for community-based organizations. CARE Kenya will also provide salary support for some staff in accordance with Emergency Plan guidelines. Activities will be conducted in close collaboration with the Provincial ART Officer for North Eastern Province.

CARE has many years of experience in Kenya, including implementation of prevention of mother to child transmission programs and capacity building for local organizations. Northeastern Province has low population density and very low rates of HIV when compared to other areas of Kenya, but is home to vulnerable mobile populations. While the bulk of programming in this province is focused on prevention, it is critical to have care and treatment services available to the small number of people who need them. By July 2006, this collaboration was supporting treatment at 4 district hospitals for more than 100 patients including 5 children.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to expansion of access to ARV treatment for clinically qualified HIV-positive patients, strengthened human resource capacity to deliver ARV treatment, and a strengthened referral network for provision of ART.

4. LINKS TO OTHER ACTIVITIES

These ART activities in North Eastern Province link closely to palliative care and prevention activities supported by the same partner and to coordination of ARV scale up supported through the National AIDS and STI Control Program (#7004) and the APHIA II NEP partner (#8805).

5. POPULATIONS BEING TARGETED

The targeted populations by these activities include health care workers, people living with HIV/AIDS especially HIV positive pregnant women and children (6 - 14 years) and the general population. The nomadic population currently has relatively low rates of HIV; however, our experience has shown that treatment linkages are key to the success of prevention programs, and therefore a key to keeping the HIV rates low.

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 the areas of commodity procurement, community mobilization, development of network/linkages/referral systems. Local organization capacity development, human resources, training, and quality assurance and supportive supervision.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	4	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	400	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	300	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	250	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	50	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Doctors
 Nurses
 People living with HIV/AIDS
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North Eastern

Table 3.3.11: Activities by Funding Mechanism

Mechanism: ACCESS
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12493
Planned Funds: \$ 1,000,000.00
Activity Narrative: Plus-up funding will enable partners to to initiate and enhance standardized approaches to Prevention with Positives at health facilities and through community organizations (specifically PLWHA support groups and networks) including HIV testing. This activity will encourage approaches that promote status disclosure to partners and testing of family members; training of HIV/AIDS health workers on STI and FP; printing and dissemination already developed IEC materials for patients/health workers. JHPIEGO will work with MOH/NASCOP to update, print and disseminate the materials to health workers throughout the country. JHPIEGO will also be responsible for the in-service training of health workers, and thereby contribute to over 350 health workers being trained on STI and FP.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	350	<input type="checkbox"/>

Key Legislative Issues

Stigma and discrimination

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	19331
Planned Funds:	\$ 120,000.00
Activity Narrative:	The management and staffing budget for CDC is used to ensure that there is adequate staffing and administrative support for CDC's PEPFAR-related activities detailed in the COP and not already accounted for in the individual program areas. In this activity area, the Ministry of Health receives technical support 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 have received technical and administrative support. Collectively, the team provides high level technical, managerial and administrative support for our partner activities and helps to ensure high quality PEPFAR programs. The reprogrammed funds will be used to assess data management needs for our partners.

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: \$ 14,719,300.00

Program Area Context:

Key Result 1: Increased capacity of health systems including improved logistics management and distribution resulting in fewer test kits or reagent stock-outs for HIV testing and care, and increased numbers and quality of human resources at laboratories at all levels.

Key Result 2: Improved quality assurance for 500 sites testing for HIV and 60 laboratories measuring CD4 counts to screen and monitor patients on anti-retroviral therapy (ART).

Key Result 3: Implementation of the Medical Laboratory Services of Kenya National Policy guidelines and the 2005-2010 Strategic Plan, with national and regional laboratories effectively serving as reference laboratories for the country

CURRENT PROGRAM CONTEXT

The Ministry of Health/National Public Health laboratory Services (NPHLS) through the national HIV reference laboratory (NHRL) had established four provincial/regional laboratories to conduct national QA for HIV rapid testing under the National AIDS and STI Control Program (NAS COP) cooperative agreement by September, 2006. The four remaining provincial/regional laboratories will be established during FY 2007. Seven provincial/regional laboratories and 13 other high volume CD4 testing labs are enrolled in the external quality assessment program for CD4 testing. In 2007, all sites conducting HIV rapid testing and/or CD4 cell count testing will be enrolled in relevant proficiency testing programs. With the support of the Association of Public Health Laboratories (APHL), the NPHLS has developed the National Laboratory Policy Guidelines from which the five-year National Laboratory Strategic Plan (2005-2010) to be launched in September 2006 has been developed. These documents will guide the implementation of the NPHLS activities.

The APHL, HHS/CDC and Management Sciences for Health/Rational Pharmaceutical Management+ (MSH/RPM+) will continue to help the NPHLS in the implementation of the plan. Part of the implementation of the strategic plan will involve decentralized supervision of lab activities from national and provincial to district levels. MSH/RPM+ will take on activities formerly implemented by JSI/DELIVER, the logistics management information system (LMIS) for warehousing and distribution of laboratory reagents and equipment, and will help transition the LMIS function to the Kenya Medical Supplies Agency (KEMSA). MSH/RPM+ will also continue to develop and support NPHLS/NAS COP in implementing standard operating procedures (SOPs) for laboratory services. The Kenya Medical Research Institute (KEMRI) will continue to support training and reference laboratory activities.

In Kenya, 60 facilities now provide CD4 measurement for ART patients, and 550,000 HIV monitoring tests will be performed at these laboratories. Nationwide scale up of ART services will ensure that five million HIV tests are performed, 3 million of which are supported under laboratory services. 90 facilities will receive additional laboratory staff, and other partners will do quality assurance and training of personnel, including SOPs and improved laboratory practices (i.e., correct calibration and blood spot validation). There continue to be unmet needs in laboratory services, in particular support to laboratories in rural areas, and the need for increased logistics/transport in the referral network.

NEW INITIATIVES

In its fourth year of PEPFAR, the laboratory services program area has prioritized procurement and human resources to expand and maintain laboratory services in Kenya. The bulk of funding will go to the Partnership for Supply Chain Management (PFSCM or SCMS) for procurement of an additional 16 low throughput CD4 machines and seven high throughput CD4 machines for district and provincial hospital laboratories, respectively. In addition, the PFSCM mechanism will be used to procure TB sputum tests, both rapid and long ELISA test kits, and other lab reagents and supplies to support HIV prevention and treatment (HIV serology, CD4 cell count monitoring, routine hematology and chemistries).

With the expanding roll out of ART in Kenya, a system to ensure validation of monitoring, competency of

laboratory personnel, good laboratory practice (GLP), continuing training in clinical chemistry, hematology and CD4 testing will be important. Most of technical evaluation of lab technologies is expected to shift to the NPHLS in FY 2007 but highly complex assays like drug resistance testing, alternative and more cost effective tests for early infant diagnosis (ultra-sensitive p24 antigen assays), and incidence testing assays (BED) for routine surveillance will still be conducted at KEMRI. Expansion of the proficiency testing program for HIV rapid and confirmatory tests and CD4 cell count determination will be another priority, with KEMRI assisting in the development of national CD4 cell count standards, development of proficiency panels, and assistance with supportive supervision and oversight of QA procedures. In response to the dramatic expansion of early infant diagnosis to support pediatric ART, procurement of requisite reagents and supplies through SCMS will be used to increase capacity to conduct infant PCR testing in more sites. Increased access to ART also calls for microbiological lab tests to monitor opportunistic infections (OIs) but capacity for such tests is largely unavailable in Kenya. Approaches to assist with development of a microbiology lab to help with supportive supervision, specimen transport, quality assurance and monitoring and evaluation of OIs will be put in place.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

Test kit shortages have been the major barrier in rapid scale-up of testing, with fall out for care and treatment scale-up as well. This program area will strengthen the logistics system for test kits and lab reagents and include procurement to help meet the demands of rapid scale-up. The 2007 COP commits us to support over 50% of the total national need for test kits but GOK support for procurement of test kits and other HIV/AIDS commodities is uncertain, so without plans for meeting 100% of the need we will retain a buffer stock of test kits outside the national system to support critical programs.

Other barriers encountered include weak supportive supervision by NPHLS, LMIS management and laboratory network systems. With support from APHL, ASCP and KEMRI, the NPHLS will train more trainers of trainers to provide field supervision support and also strengthen data management at the national reference laboratory, eight provincial and six pilot district laboratories. Laboratory network systems will improve the quality of services by enabling labs to solve common problems through shared best practices. The present paper-based data management will gradually transition to a software-based system.

WORK OF HOST GOVERNMENT AND OTHER DONORS

The Laboratory Interagency Coordinating Committee (ICC) continues to link MOH with technical partners and donors. It has finalized the national laboratory policy guidelines and strategic plan, which donors will assist in implementing in the next year. The National Technical Committee on Laboratory and Blood Safety continues to monitor the performance of HIV test kits, and recommend appropriate test algorithms and technologies for monitoring ART. Global Fund procurement has been slow and inconsistent, and at this time there is no plan for additional procurement in 2007 through Global Fund. As a result, USG will support most of the country's procurement of test kits, with limited support of other donors including the Japan International Cooperation Agency.

Program Area Target:

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	3,560,000
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	60
Number of individuals trained in the provision of laboratory-related activities	1,800

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Society of Clinical Pathology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6844
Planned Funds: \$ 400,000.00

Activity Narrative:

1. LIST OF RELATED ACTIVITIES

This activity relates to activities in Counseling and Testing (#6941) and TB/HIV (#6944).

2. ACTIVITY DESCRIPTION

The Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) was created in 1999 with the fundamental objective of ensuring quality medical laboratory services countrywide. The Ministry of Health (MOH) depends on this young body to give leadership in regulating training in medical laboratory sciences, regulation of laboratory equipment and reagents and establishing systems to ensure quality laboratory practice. It is a government requirement for all practicing laboratory technicians and technologists to be registered by this Board. The KMLTTB has made significant progress in the past five years. An assessment of all relevant training institutions has been completed with the result that those with unacceptable standards have been shut down. The curricula of these institutions have been reviewed and standards for professional registration set. The board now plans to embark on a program of support to laboratories within the country to ensure they are adequately equipped to support HIV/AIDS prevention, care, treatment and surveillance programs. The American Society for Clinical Pathology (ASCP) will assist KMLTTB with these activities. Specific activities areas will include: i) establishment of 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) conduct training in good laboratory practice (GLP) and accreditation procedures; vi) 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

KMLTTB registered laboratory personnel are deployed at public and private health care facilities serving HIV-infected patients in all parts of the country. They deliver services related to HIV testing, monitoring of anti-retroviral and opportunistic infection therapy, assuring safe blood supplies, measuring the burden of HIV infection in populations and monitoring trends of the epidemic (surveillance). 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, since medical laboratory staff.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the agreement with the Kenya Medical Research Institute Laboratory Infrastructure (#6946), 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.

Continued Associated Activity Information

Activity ID: 4819
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: American Society of Clinical Pathology
Mechanism: N/A

Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Target Value

1,500

Not Applicable

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

60

Number of individuals trained in the provision of laboratory-related activities

30

Target Populations:

Laboratory workers
Laboratory workers

Key Legislative Issues

Twining

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Association of Public Health Laboratories
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	6845
Planned Funds:	\$ 850,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#7009) and TB/HIV (#6944).</p> <p>2. ACTIVITY DESCRIPTION The Association of Public Health Laboratories (APHL) is a non-profit organization with a history of over 50 years of working with government health departments to assure quality and consistency of laboratory methodologies, techniques, safety, and data management. APHL has developed and established mechanisms to coordinate the assessment and improvement of multiple parameters of international public health laboratory practice.</p> <p>During FYs 2004, 2005 and 2006, 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 for NPHLS. The Laboratory Assessment Report and recommendations made by CDC and APHL in collaboration with the Kenya NPHL in 2005 together with the Laboratory Policy Guidelines, which are due to be launched by the MOH in September 2006, have formed the basis for development of the National Public Health Laboratory Strategic Plan (2005-2010). This is in line with the Ministry of Health Strategic Plan and that of the National Aids Control Program (NAS COP) and the National AIDS Control Council (NACC). During FY 2007, APHL will build on the first three years of support with primary focus on continuing support for implementation of the national laboratory strategic plan and expansion of capacity related to laboratory management information systems.</p> <p>3. CONTRIBUTIONS TO OVERALL PROGRAM AREA Implementing the strategic plan will help strengthen the NPHLS laboratory network throughout Kenya. This will make the NPHLS better able to support the programmatic expansion of HIV prevention, care and treatment programs, particularly in the public health sector.</p> <p>4. LINKS TO OTHER ACTIVITIES This activity relates intimately to Kenya National Public Health Laboratory Services: Laboratory Infrastructure activity (#7003).</p> <p>5. POPULATIONS BEING TARGETED APHL activities primarily target laboratory workers.</p> <p>6. KEY LEGISLATIVE ISSUES This is a twinning activity.</p> <p>7. EMPHASIS AREAS This activity includes major emphasis in the area of training and minor emphasis in the areas of laboratory infrastructure procurement of specialized equipment and reagents; development of laboratory policies, guidelines, and protocols for quality assurance schemes; and development and strengthening of networks/linkages and referral systems for external quality assurance schemes as detailed below.</p>

Continued Associated Activity Information

Activity ID:	4261
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Association of Public Health Laboratories

Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 250,000.00

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

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	46	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
Laboratory workers
Laboratory workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6920
Planned Funds: \$ 700,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in ARV services (#6919), System Strengthening (#8693) and Prevention of Mother To Child Transmission (#8647).

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 (#8647), ARV Services (#6919), System Strengthening (#8693).

5. POPULATIONS BEING TARGETED

This project targets laboratory technicians primarily in the public sector, and MOH policymakers, HR 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.

Continued Associated Activity Information

Activity ID: 5361
USG Agency: U.S. Agency for International Development
Prime Partner: IntraHealth International, Inc
Mechanism: Capacity Project
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	90	<input type="checkbox"/>

Target Populations:

Policy makers

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6940
Planned Funds: \$ 1,600,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to all activities in MTCT, HVCT (#7009) and HVTB (#7001).

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 and assist with development and implementation of training materials required to expand capacity in clinical laboratories; iv) Collaborate with the National Public Health Laboratory Services (NPHLS) to strengthen NPHLS capacities including the conduct of supportive supervision, reference laboratory services, and local evaluations of laboratory tests; v) Support the NPHLS to improve and sustain the national quality assurance (QA) program for HIV testing, testing for clinical monitoring of HIV treatment, and TB testing in district and provincial/regional hospitals.

The most important example of technical lab services provided through the KEMRI labs is DNA PCR assays for early infant diagnosis. By September, 2006, the KEMRI laboratories were testing approximately 300 infant diagnostic tests per week from nearly 40 clinical sites through a courier supported network transporting filter paper samples and results. Although the capacity for infant diagnostic testing is being established/expanded at other sites, including NPHL and the MOH Coast Provincial Hospital clinical lab, KEMRI will remain 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 2007, KEMRI will build on this relation to strengthen Coast region's lab capacity to meet emergency targets.

During FY 2004-2006, KEMRI conducted serologic testing for sentinel surveillance and demographic surveillance surveys; these functions are gradually being transferred to NPHLS with support from KEMRI. 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 will assist with development of training curricula and standard operating procedures 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 early infant diagnosis.

For the past several years, KEMRI laboratories have conducted most local validations of new laboratory assays. During FY 2007, much of this function will be 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).

KEMRI will collaborate with NPHLS staff in the expansion of a proficiency testing 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 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 NPHL will held to build long term sustainable laboratory capacity in Kenya. These activities will support the training of 300 individuals in the provision of lab-related services and will 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 and APHL 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.

Continued Associated Activity Information

Activity ID: 4086
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Research Institute
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 600,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	60	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities		<input checked="" type="checkbox"/>

Target Populations:

Laboratory workers
 Laboratory workers

Coverage Areas

Nyanza

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6963
Planned Funds: \$ 250,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is related to activities in Treatment: ARV services (#6958), Palliative Care: TB/HIV (#6961), Prevention of Mother-to-Child Transmission (#6959) and Counseling and Testing (#6957).

2. ACTIVITY DESCRIPTION

This activity represents an important component which was funded under the Emergency Plan in FY 2006. In FY 2007, the Kenya Department of Defense (KDOD) intends to complete the development of the necessary laboratory infrastructure initiated in FY 2006 while strengthening laboratory facilities to support HIV/AIDS-related activities. The funding for this activity will go towards infrastructure development for three laboratories intended to support treatment and care at three new sites – Thika, Eldoret and Moi Air Base. Each laboratory facility will have cytometry, hematology and chemistry monitoring equipment necessary for accurate diagnosis, monitoring and follow up of HIV- infected patients at each of the eight KMOD medical treatment facilities including the main military hospital - Armed Forces Military Hospital (AFMH) and the Air Force medical centre at Moi Air Base in Nairobi, as well as eight outlying hospitals in Nanyuki (Laikipia Air Base), Mombasa (Mtongwe Naval Hospital), Gilgil regional Military Hospital (GRMH), Nakuru area (Lanet Army Barracks hospital), Eldoret, and Thika (Center of Excellence). The equipment of these military labs will enable on-site staff to effectively provide laboratory services to 30-40 patients per day. In addition the eight military laboratories will serve as back up for medical facilities in the neighborhood of the military barracks which are often lacking in the basic laboratory facilities critical for ART initiation and monitoring. In FY 2007 KDOD activities will also be used at the AFMH for procurement of specialized microbiology equipment which will include a culture unit, incubators, centrifuges, a fridge and hoods; reagents necessary for the diagnosis of opportunistic infections including TB and STIs; a PCR machine for pediatric diagnosis; development of protocols for quality assurance schemes and strengthening of networks and referral systems between the AFMH and the 8 peripheral laboratories. The AFMH laboratory will be enrolled with external QA/QC program and will be the point of reference for all the 8 peripheral labs.

In addition, this activity will continue to provide links to TB/HIV services by continuing to provide the necessary basic equipment for evaluation of tuberculosis (TB) in all HIV-positive patients with provision of equipment such as microscopes, TB culture media and reagents, incubators, and BSC Class II (laminar) flow hoods. The development of this laboratory infrastructure in FY 2007 will continue to result in the provision of improved quality of medical care and reliable patient monitoring.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

These activities will contribute to the results of expansion of ARV treatment for clinically qualified HIV positive patients by providing the vital laboratory support for the follow up of 2000 HIV positive patients, thus contributing to overall national target of treating 186,000 people by the year 2010. Further, these activities will strengthen human resource capacity to render this laboratory support by training 30 laboratory workers in lab related activities, supporting peripheral laboratories to perform HIV, CD4 and /or lymphocyte tests and strengthen referral network for provision of laboratory services through the proposed Center of Excellence(CoE) in Thika.

4. LINKS TO OTHER ACTIVITIES

This activity also relates to activities on HIV/AIDS Treatment/ARV and TB/HIV services and also to activities to be implemented by KEMRI-KDOD in the areas of general health services, HVTB, HVCT and MTCT.

5. POPULATIONS BEING TARGETED

As ART is introduced as part of the basic HIV/AIDS care to military personnel, their dependents and civilian personnel, the military laboratories will serve as a contingency and support lab for the health care facilities located in the neighborhood of the 8 KMOD laboratories. KDOD intends to provide local medical personnel with reliable equipment which will allow them to maintain an accurate and up-to-date patient treatment data and laboratory parameter treatment monitoring and lab evaluations such as Elisa, CD4 counts, hematology indices, viral load and chemistry (liver function tests and renal function) which are crucial for ART management and yet often unavailable in most public health facilities in Kenya. Availability of this minimum laboratory equipment is an utmost necessity in order

to be able to provide quality medical care and appropriate medical support to HIV-infected patients in the military population and civil population in the neighborhood of the military barracks.

6. EMPHASIS AREAS

This activity includes emphasis on equipment acquisition for 8 laboratories and development of phase 2 of the proposed COE, as well as capacity building of laboratory personnel for all the 8 centers namely Armed Forces Memorial Hospital, Laikipia Air Base Medical Center, Gilgil & Lanet Army Hospital, the Mtongwe Naval Hospital, and the CoE at Thika, Moi Air Base and Eldoret. Minor emphasis in the areas of laboratory infrastructure development and development of protocols for quality assurance schemes and strengthening of networks/linkages and referral systems.

Continued Associated Activity Information

Activity ID: 4825
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: Kenya Department of Defense
Funding Source: GHAI
Planned Funds: \$ 250,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	9	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	30	<input type="checkbox"/>

Target Populations:

Military personnel
 Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: RPM/PLUS
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 6990
Planned Funds: \$ 1,550,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is related to the HVTB activity (#8713).

2. ACTIVITY DESCRIPTION

Management Sciences for Health (MSH) has worked in Kenya for the last 19 years and in other parts of Africa and the world for 34 years. MSH through its Rational Pharmaceutical Management (RPM) Plus program and other activities (e.g. Gates Funded SEAM Program), has worked at three Mombasa sites and elsewhere in Sub-Saharan Africa including Rwanda, Zambia, Namibia, Ethiopia and Uganda to improve laboratory management and quality of anti-retroviral therapy (ART) services. Under COP 2005, RPM Plus supported the National Public Health Laboratory Services (NPHLS) and the National AIDS and STD Control Programme (NAS COP) to develop a national laboratory policy and strategic plan. The NPHLS is the department of the Kenya Ministry of Health (MOH) charged with providing technical and tactical oversight for all laboratory services in Kenya.

As the lead Cooperative Agreement (CA) mandated by the Ministry of Health NPHLS to guide laboratory system strengthening efforts through at the head of the Systems Interagency Coordinating Committee (ICC) sub-committee, RPM Plus will continue to apply lessons learnt in Mombasa to support sites' implementation of good laboratory practices as stipulated in the national laboratory policy. This will involve supporting NPHLS and NAS COP to improve existing laboratory management information systems (MIS); strengthen laboratory commodity management systems in support of ART; roll out implementation of Standard Operating Procedures (SOPs) for quality and efficiency of laboratory services; train providers in Good Laboratory Practices (GLP); 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.

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 10 priority laboratories (including the proposed Central Microbiology laboratory at the NPHLS), 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 10 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. Additional activities include maintaining essential activities of the former JSI/DELIVER project, primarily maintaining an LMIS system to track warehousing and distribution of laboratory commodities in collaboration with the MOH and KEMSA. It will also include forecasting and quantification of laboratory procurement commodities as needed.

MSH/RPM Plus will closely collaborate with NAS COP, NPHLS, KEMRI, CDC, KEMSA, UON, AMREF, FHI KMTCC, 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 laboratory policies and management, including use of SOPs and implementation of QA/QC systems. A total of 300 laboratory technologists will be trained in proper laboratory management, and labs in 10 ART sites will be refurbished and strengthened on requisite quality assurance procedures.

4. LINKS TO OTHER ACTIVITIES

This activity links to the HVTB activity (#8713).

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.

Continued Associated Activity Information

Activity ID: 4210
USG Agency: U.S. Agency for International Development
Prime Partner: Management Sciences for Health
Mechanism: RPM/PLUS
Funding Source: GHAI
Planned Funds: \$ 700,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	300	<input type="checkbox"/>

Target Populations:

Policy makers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS & STD Control Program
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7003
Planned Funds:	\$ 800,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in laboratory services, particularly (#6845, #7113 and #8763) Counseling and Testing (#6941), TB/HIV (#6944), and all activities in MTCT.

2. ACTIVITY DESCRIPTION

Funding to the National Public Health Laboratory Service (NPHLS) through the National HIV/AIDS and STD (NASCO) will contribute to expansion of capacity in support of HIV prevention and treatment programs throughout the Kenyan national network of laboratories. This network includes the national public health lab, 8 provincial/regional laboratories, 100 district and sub-district facilities, numerous laboratories at lower level health facilities, and 1500 HIV rapid testing sites. Together, the labs will support HIV testing of more than 2 million people and performance of 450,000 CD4 and 5000 viral load tests. Key activities for NPHLS will be: i) Training and supportive supervision related to performance of standard laboratory assays to support HIV prevention and treatment (HIV serology, CD4 cell count monitoring, routine hematology and chemistry), ii) Expansion of capacity to conduct sophisticated assays such as DNA PCR within the laboratory network, iii) Support for/oversight of expansion of specific quality assurance activities, and iv) improvement in monitoring and evaluation of laboratory services (with support from APHL).

Supportive supervision is being decentralized. The NHRL will provide regional supervision on a quarterly basis to provincial/regional laboratories; provincial lab staff in turn will supervise district coordinators who are responsible for lab performance at all facilities in their districts. By September, 2006, supervisory staff from more than 20 districts had been trained. In FY 2007, expanded support for supervision, including provision of 5 double cab pick up vehicles and 8 motorcycles for district supervisors, will be piloted in 8 districts.

During FY 2006, capacity for early diagnosis of HIV-positive infants expanded dramatically in Kenya, with more than 2,635 infants from more than 77 sites undergoing testing. This testing was conducted as a clinical service by several laboratories supporting research initiatives. During FY 2007, capacity to conduct infant PCR will be established at NPHLS and other clinical/reference laboratories. Capacity for other sophisticated laboratory assays such as BED incidence assays will also be established at NPHLS.

With support from APHL, the NPHLS will strengthen data management at the national reference laboratory, eight provincial and six pilot district laboratories. The national reference laboratory and four of the provincial laboratories have already been equipped for data management. During FY 2007, four more provincial laboratories and the six district laboratories will be equipped with computers and staff trained in data entry and analysis.

Through its National HIV Reference Laboratory (NHRL), NPHLS will oversee expansion of a National Quality Assurance (QA) Program for HIV and ART monitoring. By September, 2006, capacity to conduct QA for HIV rapid testing had been established at four provincial/regional laboratories. During FY 2007 this capacity will be established at four remaining provincial/regional laboratories. Currently, 7 provincial laboratories, and 13 other high volume CD4 testing centers are enrolled in the UK NEQAS program for QA/QC. During FY 2007, all sites conducting HIV rapid testing and/or CD4 cell count testing (currently MOH 44 sites) will be enrolled in relevant proficiency testing programs.

All activities will be implemented in accordance with the five-year National Laboratory Strategic Plan [2005-2010] which was developed with support from the Emergency Plan through APHL and is to be launched in September 2006.

3. CONTRIBUTION TO OVERALL PROGRAM AREA

This activity will contribute to training of 1,200 individuals in lab-related services and to improvement in the capacity of 507 laboratories to perform HIV, CD4, and/or lymphocyte tests, allowing focused prevention efforts or referral to HIV treatment, and appropriate monitoring of people receiving treatment for HIV.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to activities in laboratory services, particularly (#6845, #7113 and #8763), Counseling and Testing supported by all partners, especially (#6941), TB/HIV

activities, particularly (#6944), 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, people with HIV/AIDS.

6. EMPHASIS AREAS
The major emphasis area for this activity is in infrastructure, with minor areas in quality assurance and support supervision, commodity procurement, training, policy and guidelines (specifically to develop and implement Standard Operating Procedures).

Continued Associated Activity Information

Activity ID: 4222
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS & STD Control Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,150,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	507	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	1,200	<input type="checkbox"/>

Target Populations:

- Family planning clients
- Doctors
- Nurses
- Infants
- Pregnant women
- HIV positive pregnant women
- Laboratory workers
- Laboratory workers
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	The American Society for Microbiology
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7039
Planned Funds:	\$ 500,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to activities in Counseling and Testing (#6941) and TB/HIV (#6944).</p> <p>2. ACTIVITY DESCRIPTION American Society for Microbiology (ASM) will work with the National Public Health Laboratory (NPHL) to establish central reference microbiological laboratory capacity. 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 NPHL 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 NPHLS staff from eight provinces to conduct microbiology testing. Training will be done in high functioning laboratories in the USA, elsewhere in Africa and within the central laboratories in Kenya. 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.</p> <p>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.</p> <p>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 (#7003), HLAB (#7113) and HLAB (#6940) activities.</p> <p>5 POPULATIONS BEING TARGETED This activity targets laboratory workers.</p> <p>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.</p>

Continued Associated Activity Information

Activity ID: 4826
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: The American Society for Microbiology
Mechanism: Microbiology
Funding Source: GHAI
Planned Funds: \$ 150,000.00

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

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	8	<input type="checkbox"/>

Target Populations:

Doctors
 Laboratory workers
 Doctors
 Laboratory workers

Coverage Areas

Central
 Coast
 Nairobi
 Nyanza

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7113
Planned Funds:	\$ 1,246,000.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES</p> <p>This activity relates to activities in Counseling and Testing (#7009) and TB/HIV (#7001) and all other Lab Infrastructure activities.</p> <p>2. ACTIVITY DESCRIPTION</p> <p>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.</p> <p>The CDC laboratory technical team currently consists of: a PhD immunologist and 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, 3 additional technical advisors to focus on expansion of laboratory services in specific regions and program areas, a program assistant to offer technical organizational support to the laboratory team and drivers based in Nairobi will facilitate field travels of the team for 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 across the laboratory infrastructure program area. The lab advisor will work under the Nairobi team and also supervise the Kisumu-based GAP lab activities and personnel.</p> <p>This activity also includes support to CDC-GAP lab in Nairobi for the procurement of minor equipment, back up lab reagents and/or supplies 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.</p>

Continued Associated Activity Information

Activity ID: 4923
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 477,170.00

Targets

Target

Target Value

Not Applicable

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of laboratory-related activities

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8763
Planned Funds:	\$ 6,823,300.00
Activity Narrative:	<p>1. LIST OF RELATED ACTIVITIES This activity relates to SCMS activities in other program areas: PMTCT (#8757), Treatment: ARV Services (#8854), Counseling and Testing (#8783), and TB/HIV (#8754). It also supports all PEPFAR service-delivery activities.</p> <p>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. In this 12-month period, SCMS will procure low through put BD FACSCount (CD4) machines for an additional 16 laboratories (44 already have equipment) and 7 high throughput FACSCalibur CD4 machines for seven provincial hospitals, reagents for all 60 sites to perform 550,000 CD4 tests, tuberculosis (TB) sputum tests for 10,000 cultures, and two million government of Kenya (GOK)-approved HIV/AIDS test kits for both VCT and DCT programs.</p> <p>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.</p> <p>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, (#6989), MEDS, in ARV Drugs (#6997); KEMSA logistics and information management and distribution systems, (#6969); and SCMC procurements in HVCT (#8783), HLAB (#8763) and HTXS (#8854).</p> <p>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.</p> <p>6. EMPHASIS AREAS The major area of emphasis for this activity is commodity procurement.</p>

Emphasis Areas

% Of Effort

Commodity Procurement

51 - 100

Targets

Target

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of laboratory-related activities

Target Value

Not Applicable

Target Populations:

Adults

People living with HIV/AIDS

Children and youth (non-OVC)

Coverage Areas:

National

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: \$ 14,750,000.00

Program Area Context:

Key Result 1: Improved reporting and utilization of program information through functional district level reporting systems, including health facility health management information systems (HMIS) and community activities

Key Result 2: Measurement of trends of HIV infection and impact of programs through an HIV/AIDS indicator survey, sentinel and demographic surveillance

Key Result 3: Sustained capacity building in SI through the development of local M&E training curriculum and involvement of Kenyan universities in SI training

CURRENT PROGRAM CONTEXT

The Kenya Strategic Information (SI) team consists of an Epidemiologist, Behavioral Scientist, Monitoring and Evaluation specialists and Health Management Information Systems specialist, all drawn from USG agencies, working together with a MEASURE Evaluation Resident Advisor and M&E Managers/Advisors from the National AIDS Control Council (NACC), National AIDS and STI Control Program (NASCO), UNAIDS and World Bank. The team also draws significant contributions from the M&E focal points of the USG funded partners.

Through MEASURE Evaluation, the Kenya program completed the development of an electronic Monitoring, Evaluation and Reporting system (KePMS), which is web based. PEPFAR partners have been trained and the 2006 Annual Program Results report will be prepared using the new system.

TECHNICAL SERVICES

The Kenya HIV/AIDS Indicator Survey (AIS) is scheduled for early 2007. This will be the second population-based, sero-behavioral survey following the 2003 Kenya Demographic and Health Survey (KDHS) that included an HIV testing component. The Central Bureau of Statistics (CBS) and NASCO will take joint leadership in this activity. MACRO International and CDC will provide technical assistance in sampling methodology, data collation, analysis and report writing. The AIS will inform planning by PEPFAR and others in Kenya and provide mid-point prevalence data for the Kenya National AIDS Strategic Plan (KNASP) 2005-10.

Sentinel surveillance in pregnant women has been conducted annually since 1990. NASCO figures show declining prevalence, from a peak of 13.5% in 2000 to 6.7% in 2005. Sentinel surveillance will be conducted in 46 ANC sites, representative of rural and urban facilities. Data will be analyzed for prevalence and incidence trends, and reported to policy-makers and program managers to improve programs.

The SAVVY methodology will be used to collect mortality data from five DSS sites across the country to ascertain major causes of death, including from HIV/AIDS. This will provide information on one of the two outcome indicators of PEPFAR impact on health at the population level as well as vital registration statistics that CBS needs to inform policy and planning.

The MoH will conduct a National Health Accounts assessment, with technical assistance from PHR+ / Abt Associates in 2007. This will provide information on the impact of large inflow of funds (from PEPFAR, GOK and other donors) on households' expenditure on HIV care.

The implementation of NASCO's harmonized HIV/AIDS monitoring and reporting tools which include patient cards, registers and integrated reporting tools (MoH Form 726) will be further strengthened. An electronic patient management system (ART HMIS) has been piloted and will be evaluated with the aim of improving it and rolling out nationally. These will strengthen reporting and improve data use at facility level as well as provide data for the national HMIS and PEPFAR reporting.

NACC's Community Based Program Reporting (COBPAR) system for non-health facility data which focuses

on the collection, collation and analysis of HIV program data from the Constituency AIDS Coordinating Committees (CACCs) will be strengthened through training of CBOs, NGOs and FBOs. The USG has supported NACC in operationalizing a data warehouse that acts as an inventory of the implementing partners and also a repository for program implementation data.

The SI team, through KEMRI/DOD, plans to support the setting up and equipping of a data centre at the Kenyan Defense Headquarters in Nairobi. A computer network will be set up linking labs, pharmacies and the Comprehensive Care Centers (CCC) at seven military clinics. This will facilitate electronic data recording for ease of patient management and improved reporting.

The USG continues to support SI capacity building through ongoing training on M&E, sampling methodology, data collection and collation, analysis and reporting. During the upcoming AIS, sentinel surveillance and other surveys, several healthcare workers in the public sector will receive relevant SI training. FHI/CRTU in collaboration with Kenyatta University and NASCOP will train Masters students on SI. Through MEASURE Evaluation's technical assistance, the University of Nairobi will develop a local M&E curriculum to be used to train program staff.

A targeted evaluation is planned to help in understanding the bottlenecks in reporting facility based HIV/AIDS program data. The findings will be used to improve the flow and utilization of HIV program data from facilities to the national level. Other cross-cutting targeted evaluations will focus on developing models in the area of TB/HIV care and treatment, as well as the impact of alcohol abuse on HIV.

POLICY

In support of the "third one", the SI team works closely with GoK to prioritize and implement the activities listed in the National M&E Framework and the KNASP 2005-10. The framework provides a roadmap for monitoring health and community indicators. These are implemented alongside PEPFAR's 2-7-10 goals.

BARRIERS ENCOUNTERED / STRATEGIES FOR RESOLUTION

The implementation of community based M&E activities at constituency level in partnership with NACC still remains a challenge. This challenge will be addressed through ongoing training and supervisory support of implementers.

NEW INITIATIVES

A national HIV/AIDS indicator survey is planned in 2007 with HIV testing. Planning for the KDHS 2008 will start in 2007. Due to the fact that AIS 2007 will contain an HIV biomarker, the KDHS 2008 will omit the testing module. Additional funding for KDHS 2008 is expected to come from 2007 USAID Population funds.

In COP 2007 the USG will support the decentralization of M&E activities through APHIA II partners and NASCOP M&E regional strategy. The APHIA II initiative will further strengthen the EP M&E links with national (NACC, NASCOP) systems at the provincial level.

WORK OF HOST GOVERNMENT AND OTHER DONORS

The SI team will continue working closely with the GoK and donor groups in the implementation of national M&E strategies that are in line with Emergency Plan goals. The expanded SI team will work with the World Bank (supporting NACC); 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 numerous USG partners and other donors supporting facility level information systems.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	360
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,900

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6824
Planned Funds: \$ 800,000.00

Activity Narrative:**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. (\$300,000).

(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. A further 80 individuals will be trained on data management and reporting. (\$300,000).

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 InformationI 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.

Continued Associated Activity Information

Activity ID: 4278
USG Agency: U.S. Agency for International Development
Prime Partner: ABT Associates
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 550,000.00

Emphasis Areas

	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	120	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	240	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
 Program managers
 Professional Associations
 University students
 Other MOH staff (excluding NACP staff and health care workers described below)
 Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Contraceptive Research Technology and Utilization
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6886
Planned Funds: \$ 420,000.00

Activity Narrative:**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 (NASCO) 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 NASCO, 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/CTRU, NASCO 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 NASCO 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 NASCO 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 NASCO. 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 NASCO 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/CTRU 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. In cases where some capacity exist such as in national Universities, this capacity is disconnected to the mainstream HIV/AIDS activities being conducted by NASCO and with support of the USG. This activity therefore builds on the FY 2006 activity that supported Kenyatta University and NASCO 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 NASCO.

6. EMPHASIS AREAS

The major emphasis area addressed is capacity building; minor is M&E systems.

Continued Associated Activity Information

Activity ID: 4102
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: Contraceptive Research Technology and Utilization
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas

	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	4	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	354	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
 Program managers
 University students

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6946
Planned Funds: \$ 3,660,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in HVTB (#7001 and #6944), HVAB (#6903), HBHC (#7005), HVCT (#7009 and #6941), HVSI (#7002 and #6988) and HLAB (#6940).

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 135,000 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 will be 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 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.

(ii) Training: KEMRI will continue to offer training for MOH and 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, 120 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 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 40 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, 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.

(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.

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 (#7001 and #6944), HVAB (#6903), HBHC (#7005), HVCT (#7009 and #6941), HVSI (#7002 and #6988) and HLAB (#6940).

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.

Continued Associated Activity Information

Activity ID:	4092
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Kenya Medical Research Institute
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 2,189,403.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	20	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	160	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
National AIDS control program staff
Children and youth (non-OVC)
Laboratory workers
Other Health Care Worker

Coverage Areas

Coast
Eastern
Nairobi
Nyanza

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Kenya Department of Defense
Prime Partner: Kenya Medical Research Institute
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6965
Planned Funds: \$ 90,000.00

Activity Narrative:**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), Strategic Information (#7002), Laboratory Infrastructure (#7003), and Strategic Information (#6824).

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). In FY 2007, KDOD will continue supporting the HIV program areas of HTXS, HVCT, MTCT, HKID, HLAB and HVTB at each of 8 KDOD medical treatment facilities, including the Armed Forces Memorial Hospital (AFMH) and Moi Air Base in Nairobi as well the outlying military hospitals in Nanyuki (Laikipia Air Base), Mombasa (Mtongwe Naval Hospital), Gilgil Regional Military Hospital (GRMH), and in Nakuru (Lanet Army Barracks hospital). In addition, 3 new clinics at Thika, Moi Air base and Eldoret will 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. Currently, there is a local electronic network between the lab, the Comprehensive Care Centers (CCC) and the pharmacy at the AFMH. In FY 2007, the 7 additional clinics will have a local network between laboratory, clinic and pharmacy installed to facilitate electronic data recording. In FY 2007, this activity intends to have the main military hospital AFMH linked electronically to the data center at Defense Headquarters (DHQ) while the other sites will follow subsequently in the years to come. The data center will continue receiving support as the central monitoring and evaluation system for all the 8 treatment centers in the military. A total of 24 individuals, 3 for each station will be trained in strategic information (includes M&E, surveillance and/or HMIS).

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. 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.

4. LINKS TO OTHER ACTIVITIES

This activity links to KDOD-KEMRI activities in the areas of MTCT, HVCT, HVTB, and HTXS by providing linkages between the patient data monitoring system and PEPFAR and national reporting systems through better data generated at each of these clinics within each of the 8 treatment sites. 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.

5. 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.

6. 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 equipment and supplies (2 computers and a server at each new site), a local network between laboratory, clinic and pharmacy will be installed in each of the 8 clinics to facilitate electronic data recording. One civilian data manager will be hired to supervise the Health Management Information Systems (HMIS) for the KDOD HIV program, training

of data collection and automation workers (3 per site) and maintenance of the Data Management Unit (DMU) at the central AFMH referral facility and 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.

Continued Associated Activity Information

Activity ID: 5115
USG Agency: Department of Defense
Prime Partner: Kenya Medical Research Institute
Mechanism: Kenya Department of Defense
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	8	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	24	<input type="checkbox"/>

Target Populations:

Military personnel
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: MEASURE DHS+
Prime Partner: Macro International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 6988
Planned Funds: \$ 87,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity is related to the strategic information activity to be carried out by NASCOP (#7002) where NASCOP and National Public Health Laboratories will be providing counseling and testing services for the AIS. It also relates to LI activity (#7003) to be carried out by NASCOP, SI activity (#6946) to be carried out by KEMRI, and the CDC SI management and staffing activity (#7110).

2. ACTIVITY DESCRIPTION

This activity has several components. The first component (\$120,000) will carry out the AIDS Indicator Survey (AIS) using a general population behavioral assessment module. The planning of the AIS began in the FY 2006 COP. FY 2007 support is a continuation of the FY 2006 activity. The AIS was first intended to be carried out in 2006 in order to provide a mid-point (between DHS 2003 and DHS 2008) status of HIV/AIDS in Kenya. Since FY 2006 funds could only be obligated in the last quarter of FY 2006 financial year, the AIS is planned for early 2007. A number of discussions have taken place and the first planning meeting is scheduled for September 2006. Through undertaking the AIS, 50 individuals will be trained in all aspects of SI, M&E and four (NASCOP, NACC, CBS, NCAPD) local organizations supported to carry out the survey.

The second component (\$500,000) will involve undertaking the Kenya Demographic and Health Survey, 2008. Support this activity appears in FY 2007 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 AIS. There will also be additional Population funds from USAID's FY 2007 allocation to support this activity. Carrying out the 2008 KDHS will result in training of 60 individuals in all aspects of SI/M&E and four (NASCOP, NACC, CBS, NCAPD) local organizations supported to carry out the survey.

The third component (\$9000) will focus on dissemination of results, and promotion of data/information use, for the integrated data analyses planned for in the FY 2006 COP. The FY 2006 integrated analysis activity was for data from the KSPA, WHO/Service Availability Mapping (SAM), Kenya Health Workers Survey, DHS, sentinel and behavioral surveillance, and program coverage for use in strategic planning. The fourth, and related to third, component (\$118,000) will take forward the FY 2006 GIS activity through providing continuing technical assistance to NACC, NASCOP and MOH on using GIS. The specific technical assistance will involve developing and conducting a follow-up 10-day training on integration and analysis of GIS data for MOH, NACC and NASCOP; building on FY 2006 training and shifting focus from integration to analysis; mapping of USG and Non-USG programmatic activities based semi-annual and annual reports; and developing an atlas and interactive CD with NACC/MOH and NASCOP, based on the latest HIV data as provided by partners (depending on when HIV data is collected). This component will ensure that 30 MoH staff (and other GoK, and NGO professionals) are trained in GIS and data analyses skills.

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. In overall, the activity will provide technical assistance to four local organization in strategic information in addition to supporting the training of 140 SI and program managers in survey design/implementation, data analyses and presentation.

4. LINKS TO OTHER ACTIVITIES

This activity is related to the strategic information activity to be carried out by NASCOP (#7002) where NASCOP and National Public Health Laboratories will be providing counseling and testing services for the AIS. It also relates to LI activity (#7003) to be carried out by NASCOP, SI activity (#6946) to be carried out by KEMRI, and the CDC SI management and staffing activity (#7110).

5. POPULATIONS BEING TARGETED

The activity targets the general population for sampling, and SI and program managers for training in survey design/implementation, data analysis and presentation.

6. EMPHASIS AREAS

The major emphasis area is population survey and minor emphasis includes monitoring and evaluation systems.

Continued Associated Activity Information

Activity ID: 4070
USG Agency: U.S. Agency for International Development
Prime Partner: Macro International
Mechanism: MEASURE DHS+
Funding Source: GHAI
Planned Funds: \$ 970,000.00

Emphasis Areas

	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target

	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	4	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	140	<input type="checkbox"/>

Target Populations:

- Adults
- National AIDS control program staff
- Policy makers
- Program managers
- Children and youth (non-OVC)
- Other MOH staff (excluding NACP staff and health care workers described below)
- Private health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS & STD Control Program
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7002
Planned Funds: \$ 1,550,000.00

Activity Narrative:**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 (NAS COP) is the department in the Ministry of Health responsible for coordinating all HIV/AIDS related activities. NAS COP continues to provide leadership in surveillance, program monitoring and HMIS, and in conducting national surveys and targeted evaluations.

FY 2007 funds for NAS COP will support several activities.

(i) AIS: First, NAS COP will continue with work begun in 2006 on a national AIDS Indicator Survey (AIS). The AIS will provide national prevalence estimates in all age groups and provide data that can be used to measure progress in the Kenya National AIDS Strategic Plan and EP targets including improvements in knowledge of and access to treatment and prevention services (CT, PMTCT, ART). Household interviews, counseling and HIV testing will be done and results given at home to consenting participants. The survey will yield gender-specific 10-year age-band estimates of HIV prevalence for each of Kenya's 8 provinces. NAS COP will, alongside Central Bureau of Statistics (CBS), coordinate and supervise the interviewing, counseling, blood collection and testing component of the survey. CBS, with the support of ORC MACRO will lead in the sampling methodology and data management. A writing workshop will assist in analysis and preparation of the final report while building capacity for analysis and synthesis of data. This activity will also see the printing and dissemination of 12,000 copies of the AIS report.

(ii) 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. NAS COP trains health workers in these facilities, works with the National Public Health Laboratory Services and CDC to test samples for HIV and recent infection by BED assay. Data will be double-entered at regional and central levels, analyzed for prevalence and incidence trends, and reported to policy-makers and program managers to improve programs.

(iii) 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 74 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 NAS COP 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, NAS COP 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 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.

Continued Associated Activity Information

Activity ID: 4221
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS & STD Control Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,600,000.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	5	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	400	<input type="checkbox"/>

Target Populations:

Adults
Doctors
Nurses
National AIDS control program staff
Children and youth (non-OVC)
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Measure Evaluation
Prime Partner: University of North Carolina
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7098
Planned Funds: \$ 2,433,000.00

Activity Narrative: 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 (\$563,000), will continue to support the position of an SI resident advisor (\$440,000) to coordinate and support USG PEPFAR reporting in Kenya by: 1) coordinating PEPFAR reporting among all of Kenya's implementing partners (\$8,000); 2) maintaining the Kenya-Program Monitoring System, KePMS and providing database training to all new PEPFAR implementing partners (IPs) (\$10,000); 3) continuing to work with PSRI to assess the M&E training needs and provide general (40 people) and targeted (30 people) M&E training to staff of 100 PEPFAR IPs (\$105,000 sub-contract to PSRI). In the second component (\$880,000), MEASURE will support NACC to fully develop Community Based Program Activity Reporting (COBPAR) 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 \$230,000 and \$50,000 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 26 district technical committees' computers (\$80,000) and for 70 PDA (\$135,000) for 70 CACCs; 3) training staff by sub-contracting PSRI (\$125,000) to train 96 people in 3 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 (COBPAR, CRIS), and upgrade the system to allow for routine data analysis (\$70,000). 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 (\$70,000).

For increased system ownership and data use among all stakeholders, MEASURE will further support 1) upgrading of the COBPAR training manual to include lessons learnt during training of trainers (TOT) in 2 provinces; 2) inclusion of COBPAR training modules in management training courses; 3) development and printing of data collection tools (registers) for COBPAR reporting; and 4) technical assistance for central engagement of stakeholders in reviewing the COBPAR system and data use (\$120,000). The third component (\$240,000) 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 a 2-week short course on M&E of HIV/AIDS for 30 program managers and MOH staff, currently involved in implementing HIV/AIDS programs (\$165,000).

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. (\$75,000). 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 (\$100,000), MEASURE 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 200 local organizations and community based structures in strategic information in addition to supporting the training of 292 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.

Continued Associated Activity Information

Activity ID:	4067
USG Agency:	U.S. Agency for International Development
Prime Partner:	University of North Carolina
Mechanism:	Measure Evaluation
Funding Source:	GHAI
Planned Funds:	\$ 1,588,770.00

Emphasis Areas**% Of Effort**

Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
USG database and reporting system	51 - 100

Targets**Target****Target Value****Not Applicable**

Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	240	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	388	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
USG in-country staff
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7110
Planned Funds: \$ 690,000.00
Activity Narrative: 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 (NAS COP), 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 NAS COP to conduct surveillance, support HMIS for program data, and build the capacity of the Ministry of Health to analyze and utilize surveillance, survey and other strategic information. 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.

Continued Associated Activity Information

Activity ID: 4304
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 500,000.00

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>

Table 3.3.13: Activities by Funding Mechanism

Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8855
Planned Funds: \$ 90,000.00

Activity Narrative: 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 being rolled out 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 25 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 75 facility 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 Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

Emphasis Areas

	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	25	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	75	<input type="checkbox"/>

Target Populations:

- National AIDS control program staff
- Other MOH staff (excluding NACP staff and health care workers described below)
- Other Health Care Worker

Coverage Areas

Western

Table 3.3.13: Activities by Funding Mechanism

Mechanism: APHIA II - Nyanza
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8859
Planned Funds: \$ 145,000.00

Activity Narrative:**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 (COBPAP) 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 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 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 110 facility 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 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 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 Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	40	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	110	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas

Nyanza

Table 3.3.13: Activities by Funding Mechanism

Mechanism: APHIA II - Central / Nairobi
Prime Partner: Pathfinder International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8870
Planned Funds: \$ 140,000.00

Activity Narrative: 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 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 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 110 facility 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.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	40	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	110	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas

Central
Nairobi

Table 3.3.13: Activities by Funding Mechanism

Mechanism: APHIA II - Eastern
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8875
Planned Funds: \$ 75,000.00

Activity Narrative: 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 (COBPAP) 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 20 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 55 facility 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 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 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 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 in 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.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	20	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	55	<input type="checkbox"/>

Target Populations:

- National AIDS control program staff
- Other MOH staff (excluding NACP staff and health care workers described below)
- Other Health Care Worker

Coverage Areas

Eastern

Table 3.3.13: Activities by Funding Mechanism

Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8895
Planned Funds: \$ 90,000.00

Activity Narrative: 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 (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 25 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 75 facility 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 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 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 Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

Emphasis Areas

	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	25	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	75	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas

Rift Valley

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Price Waterhouse Coopers
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9012
Planned Funds: \$ 3,640,000.00

Activity Narrative: 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 COBPAN databases; 3) and maintain a monitoring system for COBPAN implementation. NACC with technical support from MEASURE Evaluation in FY 2006 has developed a Community Based Program Activity Reporting (COBPAN) for reporting community level data. In the second component (\$215,000), 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. It will strengthen capacities of up to 30 Constituency AIDS Control Committees (CACC) to follow-up activities for collection of COBPAN data records and coordinate community level strategic information focused meetings; train approximately 60 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 (\$920,000) 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, 60 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 five 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 five 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 DSS sites: Coast (Kilifi - \$200,000), Nairobi (Nairobi Urban DSS - \$100,000, Kibera - \$50,000) and Nyanza (Kisumu - \$75,000, Rusinga - \$75,000).

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 thirty local organizations in strategic information in addition to supporting the training of 60 District Technical Committees and CACCS in M&E/HMIS, reporting and data use for program management. In addition, 180 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.

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/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 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).

5. POPULATIONS BEING TARGETED

This activity targets host government workers, community based organizations and the general population.

6. 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 (IT) and Communications Infrastructure and Other SI Activities.

Emphasis Areas

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	39	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	345	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
National AIDS control program staff
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: APHIA II - Coast
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9711
Planned Funds: \$ 90,000.00

Activity Narrative:**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 (COBPAP) 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 25 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 75 facility 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 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.

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 Monitoring, evaluation, or reporting (or program level data collection) and Other SI Activities.

Emphasis Areas

	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Conduct and report annual sentinel surveillance in pregnant women		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	25	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	75	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas

Coast

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	APHIA II - Nyanza
Prime Partner:	EngenderHealth
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	12496
Planned Funds:	\$ 100,000.00
Activity Narrative:	<p>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 50 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. These efforts should result into demonstrated evidence in increased national level reporting by up to 60% from health facilities to NASCOP national database.</p>

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Impact Research and Development Organization
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	12497
Planned Funds:	\$ 100,000.00
Activity Narrative:	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.

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	South Rift Valley
Prime Partner:	Kenya Medical Research Institute
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	12498
Planned Funds:	\$ 300,000.00
Activity Narrative:	"Evaluation of cultural role and significance of traditional circumcisers and hospital survey: KEMRI/WRP will work with traditional circumcisers in targeted divisions among 6 districts in the rural, southern Rift Valley Province where approximately 80% of men are circumcised, nearly $\frac{3}{4}$ by traditional circumcisers. A 3-faceted approach will be utilized: traditional circumcisers will be trained with regard to safe surgical techniques, HIV transmission, and importance of follow-up evaluation following circumcision; traditional circumcisers will be trained and conduct targeted surveillance for adverse events related to circumcision at both the village and hospital levels; and finally, traditional circumcisers will be trained to take prevention messages to youth following circumcision while in an approximate 1-month period following circumcision while the young men are in seclusion.

"

Building on available models in Kenya, we propose to develop and disseminate Ministry of Health approved training and IEC materials to ensure that HIV prevention messages are included in the ceremonies and while the young men are in seclusion following circumcision. Since circumcision is normally conducted 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. In addition, a 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 by traditional circumcisers.

Table 3.3.14: Program Planning Overview

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: \$ 10,947,000.00

Program Area Context:

Key Result 1: Health systems management, including human resources capacity, strengthened in public and private facilities
Key Result 2: Rapid, effective, and transparent use of GFATM resources improved through increased human capacity
Key Result 3: Critical FBO, NGO, PLWHA, education and media networks equipped to improve the policy environment
Key Result 4: Reduced stigma and discrimination among health professionals at the policy, training and health facility levels

CURRENT PROGRAM CONTEXT

Kenya remains well poised to prepare and implement policies and guidelines for effective management of the HIV/AIDS epidemic. Guidelines, strategies and curricula have recently been released to advance diagnostic counseling and testing, the OVC response, as well as a unified monitoring and evaluation framework. Efforts in 2007 will focus on their effective implementation. Since the inception of PEPFAR in Kenya, the Policy and System Strengthening program area has encompassed a wide array of activities from supporting grassroots PLWHA activist networks to ensuring policy implementation across sectors at the national level.

HOST COUNTRY CAPACITY

The fourth year of Emergency Plan focus in this program area reflects increased support for Government of Kenya (GOK) capacity to plan, manage, and implement HIV programs, with an emphasis on human capacity development. PEPFAR activities will provide technical assistance and other support to the Ministry of Health (MOH), including the National AIDS and STI Control Program (NASCO), Ministry of Planning and National Development (MPND) and the National AIDS Control Council (NACC). Technical assistance to NACC focuses on strengthening monitoring and evaluation of HIV/AIDS programs, largely through the Joint AIDS Program Review, an annual assessment of government, donors and civil society responses to HIV/AIDS.

In FY 2007, the MOH will receive technical assistance to implement the recently completed three-year Human Resources Strategic Plan. PEPFAR activities to integrate the national HR information system will streamline management processes and practices including recruitment, deployment, transfers, and performance management, and linking HR and payroll data. Building upon last year's initiative, we will continue to offer critical support through seconded staff to the MPND, where the advisor engages NACC and NASCO in the national budgeting process with the goal of increasing allocations for HIV/AIDS-related activities.

POLICY DEVELOPMENT / ADDRESSING STIGMA AND DISCRIMINATION

New emphases in this program area seek to incorporate HIV/AIDS stigma reduction training across three levels of the health system: national policy, medical college curriculum, and health facility. Health worker training includes decreasing discrimination against HIV/AIDS in the health worker - patient relationship and among health worker personnel. PEPFAR funds will also support medical professionals living with HIV/AIDS to gain equitable treatment in health care facilities and to seek to establish a network of HIV health professionals. At the grassroots level, we continue to invest in strengthening networks of people living with HIV/AIDS (PLWHA), religious leaders and others to improve HIV/AIDS policies, strategies and programmatic responses.

In FY 2007, we will also advocate for mainstreaming AIDS workplace policies and AIDS awareness trainings in the private sector with a focus on small and medium-sized enterprises, and across professional and trade associations.

System strengthening initiatives are also funded under the OVC program area, where we continue to assist the Department of Children's Services (DCS) to effectively manage the OVC response through coordination of a national database. This database will track each child's access to essential services and channel the information up to the district level DCS offices and NACC.

GLOBAL FUND SUPPORT

While plans, policies, and guidelines are necessary for ensuring consistent, high quality programs, they are not sufficient. Translation of plans and policies into sustained and effective action is an ongoing effort, so our 2007 COP investments in this area will have a unified focus on promoting better implementation of and adherence to policies. Like other countries, Kenya has had challenges in developing the systems to effectively utilize the large in-flows of additional resources for HIV/AIDS, particularly those of the Global Fund.

This year, we will build further upon our successful work with the Global Fund to devise the optimum structure for effective and transparent use of GFATM funds. Our budget includes funds to support active engagement of PLWHA on the Country Coordinating Mechanism (CCM) and to provide technical assistance for improved management and implementation of Global Fund grants.

BARRIERS ENCOUNTERED/STRATEGIES FOR RESOLUTION

USG, other donors, the Global Fund Secretariat and key decision-makers within the host government remain concerned about the slow implementation of GFATM awards in Kenya. Many of the challenges remain based in weak administrative support to the essential architecture for fund implementation: the interagency coordinating committees, the CCM, and procurement. Our second year of funding for GFATM administrative support addresses these concerns and provides targeted assistance for a restructured CCM secretariat.

Widespread stigma and discrimination against PLWHA remains a barrier to many seeking care and treatment across Kenya. By deconstructing sources of stigma and discrimination within the medical community, we begin to improve access to care, a fundamental element of our commitment to HIV/AIDS in Kenya.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	100
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	460
Number of individuals trained in HIV-related policy development	950
Number of individuals trained in HIV-related institutional capacity building	13,800
Number of individuals trained in HIV-related stigma and discrimination reduction	8,000
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	14,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Capable Partners
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6828
Planned Funds: \$ 700,000.00

Activity Narrative: 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 2007, the Capable Partners Program (CAP) implemented by the Academy for Educational Development will continue its work with sub-partner ACE Communications to implement a Discordant Couples Communication Project in two districts of Kenya; support a new activity in public private partnerships with the Kenya HIV/AIDS Private Sector Business Council; and identify at least one organization to carry out an HIV/AIDS stigma reduction advocacy program among NGO networks and civil society groups. 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 and Rachuonyo 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 FY 2007, the program will be expanded to Migori district. At the same time work will continue to develop linkages with government and other partners to ensure that quality VCT, couples counseling and other follow-up services are available in these districts.

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 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.

Continued Associated Activity Information

Activity ID:	4216
USG Agency:	U.S. Agency for International Development
Prime Partner:	Academy for Educational Development
Mechanism:	Capable Partners
Funding Source:	GHAI
Planned Funds:	\$ 200,000.00

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	80	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	40	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	50	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	200	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	700	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	5,000	<input type="checkbox"/>

Target Populations:

Adults
 Business community/private sector
 Community-based organizations
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Policy makers
 Professional Associations

Key Legislative Issues

Stigma and discrimination
 Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Federation of Teachers - Educational Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6841
Planned Funds: \$ 0.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in Condoms and Other Prevention (#6842 and #8780), and Abstinence/Be Faithful projects (#9007 and #6858).

2. ACTIVITY DESCRIPTION

This activity by American Federation of Teachers – Educational Foundation (AFT-EF) and Kenya National Union of Teachers (KNUT) will result in (1) the development and dissemination of comprehensive HIV/AIDS school/workplace policies and strategies in the education sector, and (2) reduction of stigma and discrimination against HIV/AIDS among professional educators. The activity will strengthen inter-organizational linkages with the Ministry of Education (MOE), Teachers Service Commission (TSC), National AIDS Control Council (NACC), UNICEF, USAID and NGOs to coordinate teachers' AIDS programs.

In addition, AFT-EF will inform and provide greater access to the MOE HIV/AIDS policy for 300 schools/teacher training colleges and provide policy education to 300 head teachers, 13,000 teachers and 11 district education officers. On a national level, AFT-EF and KNUT will link with the Kenya Network of Positive Teachers (KENEPOTE) to address stigma and discrimination against people living with HIV/AIDS. The program promotes and supports teacher-driven HIV/AIDS school interventions, including anti-stigma and orphan programs. In collaboration with TSC and MOE, AFT-EF and KNUT will address the issue of teacher-student relationships and gender dominance.

At the national level, KNUT will continue negotiations with the MOE and TSC to implement specific deployment transfer and leave policies and programs for teachers living with HIV/AIDS.

3. CONTRIBUTION TO THE OVERALL PROGRAM AREA

This activity will not only contribute to raising awareness among the teaching population in Kenya, but also to strengthening human capacity development within the education sector and KNUT as a whole. It will help establish an enabling environment in which to implement the education sector policy for HIV and AIDS.

4. LINKS TO OTHER ACTIVITIES

This activity will link with the Prevention and Treatment Access program implemented by AFT and KNUT, in collaboration with the MOE, Ministry of Health, Centre for British Teachers and Kenya Network of Positive Teachers. AFT and KNUT work closely with Centre for British Teachers. KNUT sensitizes the teachers on HIV/AIDS before CFBT provides the in-service training program for teachers and students. KNUT also strongly supports KENEPOTE in their advocacy activities.

5. POPULATIONS BEING TARGETED

This activity targets host country government workers particularly teachers, KNUT and Ministry of Education Staff.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This is a twinning activity between two teachers unions. They will address the problem of stigma and discrimination among the teachers and address issues based on the Education Sector Policy on HIV and AIDS. As this is a work place project entirely, it qualifies as an education wrap-around.

7. EMPHASIS AREAS

The major emphasis area is training. Minor emphasis areas include local organizational capacity development, policy and guidelines and linkages with other sectors and initiatives.

Continued Associated Activity Information

Activity ID:	4082
USG Agency:	U.S. Agency for International Development
Prime Partner:	American Federation of Teachers - Educational Foundation
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 50,000.00

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets**Target****Target Value****Not Applicable**

Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Adults
 People living with HIV/AIDS
 Policy makers
 Teachers
 Primary school students

Key Legislative Issues

Stigma and discrimination
 Education
 Twinning

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Community Housing Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6873
Planned Funds: \$ 950,000.00

Activity Narrative: 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 three sub-grantees: Kenya Pediatric Association, Kenya Episcopal Conference, and Kenya Association for Prevention of TB and Lung Disease in system 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 (NAS COP) to develop 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.

In the second component, CHF will work with the Kenya Episcopal Conference-Catholic Secretariat (KEC-CS) which 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. CHF support will further strengthen the capacity of KEC-CS by training 150 members in HIV/AIDS-related policy development, capacity building, grants management and program monitoring and evaluation.

The third component is CHF support to the Kenya Association for Prevention of TB and Lung Disease (KAPTLD). 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.

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.

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.

Continued Associated Activity Information

Activity ID:	4168
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Community Housing Foundation
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 200,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	2	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	400	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	150	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	760	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,160	<input type="checkbox"/>

Target Populations:

Adults
 Faith-based organizations
 Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Children and youth (non-OVC)
 Other MOH staff (excluding NACP staff and health care workers described below)
 Laboratory workers
 Other Health Care Worker
 Doctors
 Laboratory workers
 Nurses
 Pharmacists
 Other Health Care Workers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Local Voices
Prime Partner: Internews
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6918
Planned Funds: \$ 190,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This Internews/Local Voices Policy Analysis and System Strengthening 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.

Continued Associated Activity Information

Activity ID: 4175
USG Agency: U.S. Agency for International Development
Prime Partner: Internews
Mechanism: Local Voices
Funding Source: GHAI
Planned Funds: \$ 70,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	10	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations
 Professional Associations

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Training College
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6970
Planned Funds: \$ 600,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to other support for Kenya Medical Training College [#6971] in the Systems Strengthening / Policy program area.

2. ACTIVITY DESCRIPTION

This is a continuation of activities begun in FY 2006 to enhance the capacity of the health sector and of HIV/AIDS management in particular, via health systems management strengthening, with an emphasis on district and provincial hospitals.

In Kenya, operational and management inefficiency and poor quality of service provision for HIV/AIDS management in hospitals has been attributed to, among others, weak health systems and a lack of effective capacity in planning, budgeting, and management. This results in difficulties in linking needs with available resources; forecasting revenue and expenditures; planning within a defined resource allocation; poor investment portfolio in health; lack of confidence in public facilities; and cost-ineffective interventions. Substantial Ministry of Health (MOH) funds are often reverted to the Treasury at the end of the fiscal year due to MOH capacity constraints. The shift in the focus of health sector management, which leads to the move from an input to an output orientation, a stress on quality client-based service and the increasing role of performance-based management systems, gives rise to a new concept of "accountable professionalism" within the health sector.

With PEPFAR support, training will continue through three institutions – Kenya Medical Training College (KMTC), Galilee College and Unites States International University (USIU) – to design, deliver and evaluate a technical course for at least 80 selected MOH staff in health systems management, financial and management planning, budgeting and priority setting.

This activity aims to develop strengthened health management teams across 69 provincial and district hospitals in Kenya. The training course is intended to reach 3 managers per facility, or 210 managers. With FY 2006 funds, this activity trained three groups of 20 students each resulting in 60 trained health managers. In FY 2007, this activity will train a minimum additional 80 health managers.

The course curriculum was created in close consultation with experts and authorities of the Ministry of Health and the civil society, including the private sector. The course is an intensive program that is designed to impart knowledge and skills in health sector management with an emphasis on HIV/AIDS management in hospital settings. The course includes examination of best practice cases, presentations by faculty members and resource persons, and discussions with outstanding health sector managers. Skills will be developed through action learning, case analysis, guided practice and interactive learning experiences. The program includes a two-week intensive course on the management of the Health Sector to be held at USIU/KMTC. The second part of the program includes a two-week seminar about Health Sector Reform and Renewal held at the Galilee College Study Centre, with study visits to public and private health care organizations with an emphasis on HIV/AIDS systems management, and meetings with officials and managers. At the end of the program, participants develop a final project in Health Strategic Planning.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity is aligned with Kenya's 5 Year Strategy and directly contributes to improved health systems management training and leadership management within the country.

4. LINKS TO OTHER ACTIVITIES

This activity relates to other support for KMTC under the Systems Strengthening program area (#6971).

5. POPULATIONS BEING TARGETED

This activities target host country government workers and health care providers. The targeted staff of Ministry of Health will include the following: Hospital Management Team, comprised of the Chair of the Hospital Management Team, Nursing Officer in Charge, Health Administrative Officer, Pharmacist, Medical Records Officer, Supplies Officer, Laboratory Technologist, Medical Officer of Health, Medical Superintendent, Health Information/Record Officer and Health Board Members, District PHN, District Public Health

Officers, Hospital Planners, Communications and Public Relation Specialists.

6. EMPHASIS AREAS

The major emphasis area for this activity is training with a minor emphasis on local organisation capacity development.

Continued Associated Activity Information

Activity ID: 5531
USG Agency: U.S. Agency for International Development
Prime Partner: Kenya Medical Training College
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 550,000.00

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	60	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Training College
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6971
Planned Funds: \$ 200,000.00

Activity Narrative: 1. LIST OF RELATED ACTIVITIES

This activity relates to activities in MTCT (#7006), HVCT (#7009), HTXS (#7004), HVTB (#7001) and HVSI (#7002).

2. ACTIVITY DESCRIPTION

Effective in-service training of health care providers in HIV/AIDS management is an important component of the Kenya PEPFAR program. Increased PEPFAR support for HIV/AIDS prevention, care and treatment programs in Kenya has increased the need to equip health care providers with knowledge, skills and competencies required to care for and manage HIV/AIDS patients. This activity has several components that will build the capacity of health care providers to provide quality HIV/AIDS services.

The first component will involve the utilization of the Kenya Medical Training College (KMTC) infrastructure to decentralize and provide high quality and cost-effective in-service HIV/AIDS training to health care providers. The KMTC plays a significant role in the pre-service training of clinical officers, nurses, laboratory staff, pharmacists, and other health professionals. Over 90% of health care providers in Kenya receive their training through the KMTC. In collaboration with the Ministry of Health's National AIDS and STD Control Programme (NASCO), KMTC will train an estimated 4,000 health care providers in counseling and testing, TB/HIV, care and treatment and prevention of mother to child transmission of HIV (PMTCT). To achieve this, 100 lecturers in 10 colleges will be oriented and trained to provide in-service HIV/AIDS training to health care providers. PEPFAR support will be utilized to refurbish in-service training facilities and ICT infrastructure in the 10 colleges. The enhanced training infrastructure will facilitate coordination of decentralized in-service training and provide faculty, students and health care providers access to current HIV/AIDS information.

The second component will strengthen the HIV/AIDS component in KMTC's pre-service curricula through the integration of HIV/AIDS management in existing courses and the development of a pre-service comprehensive HIV/AIDS management course. In FY07, PEPFAR will support the training of 50 KMTC lecturers to deliver the comprehensive course to an estimated 2,000 first year students undertaking courses in nursing, clinical medicine and laboratory in all the 26 colleges. Strengthening the HIV/AIDS component in KMTC's pre-service curricula is a sustainable approach that will reduce the current high demand for in-service training of health care providers in the management of HIV/AIDS.

The third component will strengthen the dissemination of HIV/AIDS strategic information to health care providers and medical students to enhance their capacity to provide HIV/AIDS services according to national guidelines. The 2005 Kenya Health Worker Survey (KHWS) revealed major gaps in the dissemination of national HIV/AIDS guidelines to health care providers. To address this, NASCO will utilize KMTC's pre-service and in-service HIV/AIDS training as a platform for the dissemination of HIV/AIDS policies, guidelines and other publications to medical students and health care providers throughout the country. In collaboration with NASCO and PEPFAR, KMTC will distribute an estimated 10,000-15,000 HIV/AIDS policy documents, guidelines and related publications to health care providers and medical students. The enhanced ICT infrastructure and dissemination role of the KMTC will further strengthen the resource centers in the colleges to provide current HIV/AIDS information to faculty and health care providers.

The fourth component will utilize the KMTC infrastructure and training role to reduce stigma and discrimination of People living with HIV/AIDS (PLWHA). The 2005 KHWS demonstrated the existence of stigma and discrimination against PLWHA in the health care setting. In collaboration with NASCO and CDC, KMTC will integrate stigma reduction training for health care providers in all of its in-service training activities. PEPFAR support will facilitate the design of HIV stigma reduction in-service training materials and training of 100 facilitators to deliver the training. In FY 2007, an estimated 5,000 health care providers will be reached with HIV stigma reduction messages.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

The first and second components of this activity will strengthen the capacity of 20 colleges of the KMTC to provide high quality and cost-effective HIV/AIDS in-service and pre-service training for health care providers and medical students, respectively. This activity will

support the provision of quality prevention, care and treatment services in Kenyan health facilities. The third component of this activity will ensure fast and efficient dissemination of HIV/AIDS guidelines, policies and other relevant publications to health care providers and medical students and enhance awareness and adherence to national standards in the provision of HIV/AIDS services. The fourth component will reduce stigma and discrimination of HIV infected patients in health care settings and lead to improved HIV/AIDS services for PLWHA.

4. LINKS TO OTHER ACTIVITIES

This activity will enhance the capacity of health care providers to provide MTCT (#7006), HVCT (#7009), HTXS (#7004) and HVTB (7001) services. This will be achieved through the provision of in-service and pre-service training in prevention, care and treatment. This activity will also strengthen the strategic information (NASCO) activity through the utilization of the KMTC training infrastructure to disseminate HIV/AIDS policies, guidelines and other publications to health care providers and medical students.

5. POPULATIONS BEING TARGETED

This activity primarily targets public health care providers and medical college students.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses stigma and discrimination of people living with HIV/AIDS in the health care setting.

7. EMPHASIS AREAS

This activity largely focuses on training, with minor emphasis on strengthening systems for HIV-related healthcare provision through institutional capacity building.

Continued Associated Activity Information

Activity ID: 6450
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Kenya Medical Training College
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 500,000.00

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

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	26	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	100	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	5,000	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	4,000	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: BRIDGE Project
Prime Partner: Population Reference Bureau
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7012
Planned Funds: \$ 175,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity is closely linked to all other Policy Analysis and System Strengthening activities as well as all APHIA II activities in FY 2007.

2. ACTIVITY DESCRIPTION

The Population Reference Bureau (PRB) will work closely with sub-partner National Coordinating Agency for Population and Development (NCAPD) to continue activities begun in FY 2006 geared toward developing comprehensive policies and strategies on HIV/AIDS and dissemination to the public sector. In FY 2007, the dissemination on HIV/AIDS policies and strategies will be extended to 20 more districts. Lessons learned in FY 2006 will be used to improve the sensitization of community leaders and the youth. The capacity of service providers to deal with issues of stigma and discrimination against people living with HIV/AIDS will also be strengthened. In addition, there will be more emphasis on sensitizing leaders and youth on the integration of HIV/AIDS and youth policies.

Specific activities include organizing and conducting workshops (1 per district) in 20 districts for various stakeholders depending on their needs, age and background. NCAPD will also organize and facilitate workshops to sensitize at least 30 leaders in each district on policies and lobby them to lead behavior change communication messages. NCAPD will also collaborate with the National AIDS Control Council (NACC), non-governmental organizations (NGOs), private sector, Faith Based Organizations (FBOs) and other government ministries who are members of District Population and Family Planning Committees to implement components of existing District Strategic Plans. These processes will link the NCAPD officer, at the District level, with AIDS constituency committees to highlight existing policies, policy gaps and guideline gaps. The result of this activity will be strengthened strategic partnerships to facilitate mainstreaming HIV/AIDS issues in all the key sectors as recommended in the 2005-2010 NACC strategic plan. Finally, this activity will involve conducting an assessment on public perception of AIDS policies and messaging, as well as its impact on behavior change. NCAPD will work closely with APHIA II awardees across the country to ensure that workshops are in harmony with other sessions for district leaders and AIDS constituency committees.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity contributes directly to strengthening community leaders, faith-based organizations and youth with the information and tools to improve the HIV/AIDS policy environment.

4. LINKS TO OTHER ACTIVITIES

This activity is closely linked to all other Policy Analysis and System Strengthening activities as well as all APHIA II activities across all program areas in FY 2007 through its rollout of AIDS policy trainings and stigma and discrimination reduction trainings across the country.

5. POPULATIONS BEING TARGETED

The target populations include community leaders, policy makers, teachers, and youth, including primary and secondary school students.

6. KEY LEGISLATIVE ISSUES ADDRESSED

The legislative issues addressed are stigma and discrimination.

7. EMPHASIS AREAS

The major emphasis area for this activity is Policy and Guidelines with a minor emphasis on Training.

Continued Associated Activity Information

Activity ID:	4160
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Reference Bureau
Mechanism:	BRIDGE Project
Funding Source:	GHAI

Planned Funds: \$ 75,000.00

Emphasis Areas

	% Of Effort
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	600	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	500	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Teachers
Rural communities
Primary school students
Secondary school students
Religious leaders
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Health Policy Initiative
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7040
Planned Funds: \$ 2,490,000.00

Activity Narrative:**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 organisation, 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 (NAS COP) 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 organisations (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 organisations 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 (GVRC), to other parts of Kenya. The GVRC offers

counseling, treatment and support for women battling rape and gender violence. Currently, GVRCS 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 organisations will benefit from institutional capacity building and 20 organisations 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 behaviour change messages beyond abstinence and being faithful by providing technical assistance to PLWHA networks to develop their own behaviour 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 organisation capacity building, policy and guidelines, and community mobilisation 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).

Continued Associated Activity Information

Activity ID:	4162
USG Agency:	U.S. Agency for International Development
Prime Partner:	The Futures Group International
Mechanism:	POLICY Project
Funding Source:	GHAI
Planned Funds:	\$ 1,190,000.00

Activity ID: 5745
USG Agency: U.S. Agency for International Development
Prime Partner: The Futures Group International
Mechanism: POLICY Project
Funding Source: GHAI
Planned Funds: \$ 80,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	20	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	150	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	150	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	1,800	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	4,000	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Country coordinating mechanisms
 Faith-based organizations
 HIV/AIDS-affected families
 National AIDS control program staff
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Policy makers
 Caregivers (of OVC and PLWHAs)
 Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Gender
 Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Kwazulu-Natal, HEARD Mobile Task Team
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7091
Planned Funds: \$ 0.00

Activity Narrative: This activity will be continuing in FY 2007 but does not require new funding. The below activity description is carried over from the FY 2006 Country Operational Plan.

1. ACTIVITY DESCRIPTION

This activity will mitigate the consequences of HIV/AIDS and strengthen systems by continuing the development of sector specific HIV/AIDS policies and prioritised implementation plans with two ministries of the Government of Kenya (GoK). The activity builds upon earlier work done by the University of KwaZulu Natal Mobile Task Team (MTT) on the impact of HIV/AIDS on education. It will replicate the process undertaken with the Ministry of Education Science and Technology (MOEST) with the Ministry of Health and the Ministry of Home Affairs or Social Services (selection of ministry to be determined) and develop sector specific HIV/AIDS policies and prioritized implementation plans within the context of the government of Kenya's HIV/AIDS priorities. These sectoral policies will then be re-aggregated to inform a review and update of the Kenya National HIV/AIDS Strategic Plan (KNASP). The success of the MOEST policy development process and current roll-out of decentralized implementation planning confirms this can be achieved and provides a national and provincial model for replication. In FY 2005 this process involved preliminary and planning meetings, two major policy development workshops (combining both education and health sectors) to produce governing principles, draft sectoral policies and planning guidelines for further consultation, endorsement and ratification for each ministry. In FY 2006 this component will subject the draft policies to further stakeholder consultation and comment, in order to produce a final draft for GoK ratification and publication, to facilitate the development of national and decentralized implementation plans and monitoring frameworks. Within this second period these draft policies shall be made available to the National AIDS Control Council (NACC), to be considered for inclusion in the KNASP. MTT will train 50 senior ministerial officials in policy development and implementation, institutional capacity building, and in addressing stigma and discrimination.

The program activities above will collectively and directly contribute to the following outcomes: systems and policies to address stigma and discrimination improved; HIV/AIDS workplace policies and programs expanded across all activities and partners; national quality assurance systems for HIV/AIDS programs (prevention, care and treatment) improved; capacities of national multi-sectoral bodies to lead and coordinate the response to HIV/AIDS strengthened; service delivery guidelines and protocols updated and disseminated; national capacity in planning and resource allocation for HIV/AIDS programs strengthened; national level financial planning and resource allocation for HIV/AIDS strengthened; and human resource management and supervision interventions that cut across multiple program areas improved.

2. CONTRIBUTIONS TO OVERALL PROGRAM AREA

Through their work with key ministries affected by the AIDS epidemic, MTT will assist in creating an enabling environment for policy implementation in support of prevention, care and treatment of Kenyans in general and PLWHAs in particular.

3. LINKS TO OTHER ACTIVITIES

This activity links to Strategic Information activities (#4157) in support of the development of integrated information systems for HIV/AIDS that embrace the Ministries of Health, Education and Home Affairs or Social Services. The Ministry of Home Affairs is responsible for orphans and vulnerable children, and Social Services caters for out-of-school youth. These activities will also link with the regional USAID activities that MTT is implementing for the REDSO (regional USAID) office.

4. POPULATIONS BEING TARGETED

These activities target host country government workers including Ministry staff.

5. KEY LEGISLATIVE ISSUES ADDRESSED

Issues of gender, stigma and discrimination will all be addressed in sector-specific policies.

6. EMPHASIS AREAS

The activity has a major emphasis on policy and guidelines assisting the Ministry of Health and the Ministry of Home Affairs or Social Services to develop sector specific HIV/AIDS policies and implementation plans.

Continued Associated Activity Information

Activity ID: 4156
USG Agency: U.S. Agency for International Development
Prime Partner: University of Kwazulu-Natal, HEARD Mobile Task Team
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

Policy and Guidelines

% Of Effort

51 - 100

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	2	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	50	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	50	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	50	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Host country government workers

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kenya Medical Supplies Agency
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8401
Planned Funds: \$ 700,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to activities in ARV Drugs [#6969 and #6989] Laboratory Infrastructure [#6990 and #8763], HIV/TB [#8713], MTCT [#8757] and Counselling and Testing [#8783].

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 Counselling 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.

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

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	5	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Emory University
Prime Partner: Association of Schools of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8679
Planned Funds: \$ 400,000.00

Activity Narrative:**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.

Over the current funding period the activities include field test electronic entry and submission of workforce data from Homa Bay District to Nyanza Province and to MOH Headquarters. This will be expanded to include electronic communications and use of the MoH workforce database in Nairobi and two other provinces. Current operating systems will be maintained and research plans will be developed to further analyze and utilize these data. 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. This will build capacity among administrators and managers at the MoH and each of these professional boards in data protection and utilization, dissemination of project achievements, and collaboration with other partners. 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. In FY07, PEPFAR will support the expansion of the database to include other health workers which will assist the leaders to answer policy questions and proper human resource management. This database will be critical for quality service delivery of the PEPFAR programs.

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. This activity will also strengthen the strategic information (NASCOP) activity through proper deployment of health workers by using the database in selected work sites. Human resource policies will be more focused and guided by the program.

5. POPULATIONS BEING TARGETED

This activity primarily targets public health care providers in all cadres.

6. EMPHASIS AREAS

This activity largely focuses on strengthening systems for human resource information system to respond to the PEPFAR activities.

Emphasis Areas

	% Of Effort
Health Care Financing	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	4	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Doctors
 Nurses
 National AIDS control program staff
 Policy makers
 Professional Associations
 Other MOH staff (excluding NACP staff and health care workers described below)
 Doctors
 Laboratory workers
 Nurses

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Capacity Project
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8693
Planned Funds: \$ 1,850,000.00

Activity Narrative: 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 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 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 the 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.

Emphasis Areas

	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development	3	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	3	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	3	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Country coordinating mechanisms
National AIDS control program staff
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs
Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8844
Planned Funds: \$ 100,000.00

Activity Narrative:**1. LIST OF RELATED ACTIVITIES**

This activity relates to [#7012] and [#6971] activities in the System Strengthening / Policy program, as well as [#7004] in the ARV Services and [#7005] in Palliative Care: Basic Health Care and Support program areas.

2. ACTIVITY DESCRIPTION

The 2005 Kenya Health Workers Survey identified stigma and discrimination against HIV/AIDS patients among health workers as a prevalent problem including treatment of HIV infected patients by health workers, but also attitudes about HIV/AIDS within the health care community. One in ten providers felt that health workers should have the right to refuse to care for AIDS patients. Nearly one third of those surveyed had never taken an HIV test, and cited lack of confidentiality and stigma as factors. In addition, the survey disclosed that many health workers refused to seek on site post-exposure prophylaxis again due to lack of confidentiality and fear of stigma by their colleagues.

Health workers represent a critical interface between patients and the medical care system, and there is an urgent need to address this issue at the health facility level. With PEPFAR support, this activity will focus on reduction of stigma and discrimination against patients as well as medical professionals in health care settings.

A consultant or consultants will work with key medical professional associations including Kenya Medical Association (KMA), Nursing Council of Kenya, the National AIDS and STI Control Program (NAS COP) and networks of PLWHA to develop a standardized approach to HIV/AIDS stigma and discrimination reduction at the health facility level. This plan will be informed by the 2005 Kenya Health Worker Survey and will incorporate proven tools and approaches that address stigma and discrimination by health workers. The plan will be disseminated to senior high and mid-level health managers drawn from public and private health facilities in all eight provinces. Participants will be assisted to adapt the plan for implementation in their facilities. This activity will be undertaken in conjunction with the Health Policy Initiative (HPI) activity to assist in developing an association and support groups for medical professionals living with HIV/AIDS.

In the second component of this activity, the consultant will work with stakeholders to design appropriate information, education and communication materials on HIV/AIDS stigma reduction in the health care setting. PEPFAR support will be utilized to design, print and disseminate 20,000 brochures targeting 5,000 health care providers in both public and private health facilities across the country. Messages will also be developed to target users of public health facilities on their right to equal treatment and health care services. These messages will lead to increased awareness and reduction of stigma and discrimination in health care settings and among health care providers.

3. CONTRIBUTIONS TO OVERALL PROGRAM AREA

This activity will enhance the capacity of health care managers and providers to address stigma and discrimination of HIV infected patients and health workers in health care settings. The activity will also mobilize the general public and especially PLWHA to demand equal treatment in health care facilities, and lead to improved HIV/AIDS services for medical professionals living with AIDS.

4. LINKS TO OTHER ACTIVITIES

This activity is linked to the CDC-KMTC activity that involves the development of brief stigma reduction training materials targeting health workers and their integration in all in-service training activities. Reduction of stigma in the health care setting will also support the scale up of prevention, care and treatment of HIV infected persons in NAS COP activities. Messaging on non-discriminatory treatment in health care facilities for PLWHA also links to work undertaken by Internews's Local Voices project to develop responsible HIV/AIDS reporting by TV, radio and print journalists.

5. POPULATIONS BEING TARGETED

This activity targets public and private health care providers, other MOH staff, people living with HIV/AIDS, and the general public.

6. KEY LEGISLATIVE ISSUES ADDRESSED

This activity addresses the reduction of stigma and discrimination of HIV infected persons

in the health care setting.

7. EMPHASIS AREAS

This activity will focus on training and providing information, education and communication to target groups, as well as mobilizing community and PLWHA participation to reduce HIV/AIDS stigma in the health care setting.

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

Targets

Target	Target Value	Not Applicable
Policy Analysis and systems strengthening		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	300	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

- Adults
- Doctors
- Nurses
- Pharmacists
- People living with HIV/AIDS
- Other MOH staff (excluding NACP staff and health care workers described below)
- Laboratory workers
- Other Health Care Worker
- Doctors
- Laboratory workers
- Nurses
- Pharmacists

Key Legislative Issues

- Stigma and discrimination

Coverage Areas:

- National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	APHIA II - Nyanza
Prime Partner:	EngenderHealth
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12503
Planned Funds:	\$ 300,000.00
Activity Narrative:	In collaboration with MOH, EngenderHealth APHIA II will strengthen MC service delivery capacity in 30 MOH facilities in Nyanza province. MC service delivery capacity-building will be strengthened in district hospitals and faith-based facilities, particularly where other PEPFAR-supported activities such as VCT, care and treatment are available. Systems strengthening will include infrastructure, equipment, and commodities provision as well as advocacy and training among service providers. This activity will also include advocacy work with community leaders, particularly the Luo Council of Elders, to increase acceptability of male circumcision as a preventive intervention.

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12504
Planned Funds:	\$ 400,000.00
Activity Narrative:	Procurement of circumcision supply packages: Through SCMS and other existing PEPFAR mechanisms, we propose to procure circumcision consumable supplies and initiate a supply chain system in year one. SCMS will design a circumcision kit that will include the following consumables will include surgical blades, local anaesthesia, syringes, needles, gloves and bandages. This activity will help to strengthen service delivery systems for MC implementation in Kenya.

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	APHIA II - Health Communication & Marketing
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12505
Planned Funds:	\$ 100,000.00
Activity Narrative:	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.

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Impact Research and Development Organization
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12506
Planned Funds:	\$ 670,000.00
Activity Narrative:	<p>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 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.</p> <p>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 development and adaptation of training curriculum, implementation guidelines and standard operating procedures that can be used for national guidelines. This activity will also support systems strengthening at the facility level and through training of a professional cadre of Kenyans.</p>

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Kenya Medical Research Institute
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12507
Planned Funds:	\$ 350,000.00
Activity Narrative:	KEMRI will work closely with NASCOP, the Nyanza Circumcision Consortium and other partners to strengthen MC delivery systems in Nyanza Province. KEMRI's work will involve both Facility and Mobile approaches to MC service delivery and will also incorporate a 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, implementation guidelines and strategy development.

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS & STD Control Program
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12508
Planned Funds:	\$ 180,000.00
Activity Narrative:	Circumcision Policy Development and Dissemination: PEPFAR will support the Ministry of Health in the rapid development of Male Circumcision policy guidelines. This will involve the development of policy, implementation and technical guidelines by NASCOP. Funding will include support for technical assistance, dissemination and sensitization costs. A regional consultation prior to policy finalization will also be supported in Nyanza Province given the focus on implementation in this high prevalence, low-circumcizing area. WHO/UNAIDS normative guidance for countries regarding male circumcision will be evaluated in the context of Kenya as a component of HIV prevention, tool kits for rapid assessment, and guidance on training will be adapted. Funding will also support education and mobilization work with Luo elders and key stakeholders in Nyanza Province to address cultural and communication issues to prepare for programmatic scale-up.

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS & STD Control Program
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12509
Planned Funds:	\$ 200,000.00
Activity Narrative:	Funding will support NASCOP and other key stakeholders to rapidly develop and disseminate STI and Prevention with Positive policies and guidelines for service providers throughout Kenya. Technical training and support for service providers will ensure strengthened service delivery for STI control, particularly within sexually active HIV-infected populations.

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS & STD Control Program
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12510
Planned Funds:	\$ 100,000.00
Activity Narrative:	This activity complements the same activity under plus up funding. Funding will support NASCOP and other key stakeholders to rapidly develop and disseminate STI and Prevention with Positive policies and guidelines for service providers throughout Kenya. Technical training and support for service providers will ensure strengthened service delivery for STI control, particularly within sexually active HIV-infected populations.

Table 3.3.14: Activities by Funding Mechanism

Mechanism: RPM/PLUS
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 19306
Planned Funds: \$ 100,000.00
Activity Narrative: na

Table 3.3.14: Activities by Funding Mechanism

Mechanism: APHIA II - Rift Valley
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 19325
Planned Funds: \$ 43,000.00
Activity Narrative: This APHIA II program will roll out the Ministry of Education Sector Policy for HIV and AIDS.

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	APHIA II - Eastern
Prime Partner:	JHPIEGO
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	19326
Planned Funds:	\$ 63,000.00
Activity Narrative:	This APHIA II program will roll out the Ministry of Education Sector Policy for HIV and AIDS.

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	APHIA II - Rift Valley
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	19327
Planned Funds:	\$ 43,000.00
Activity Narrative:	This APHIA II program will roll out the Ministry of Education Sector Policy for HIV and AIDS.

Table 3.3.14: Activities by Funding Mechanism

Mechanism: APHIA II - Western
Prime Partner: Program for Appropriate Technology in Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 19328
Planned Funds: \$ 43,000.00
Activity Narrative: This APHIA II program will roll out the Ministry of Education Sector Policy for HIV and AIDS.

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area: \$ 12,425,703.00

Program Area Context:

Key Result 1: Adding critical staff competencies in laboratory logistics at CDC and other health commodities and logistics at USAID

Key Result 2: Enhancing capacity for raising public awareness and improving public diplomacy under the Office of the Country Coordinator

Key Result 3: Promoting technical leadership among locally employed staff

Key Result 4: Enhancing understanding of individual agency programmatic, management and contracting, and technical capacities and limitations

STATE OF THE USG TEAM IN COUNTRY

Kenya has a well integrated and highly functional interagency team fulfilling critical planning, management, and monitoring and evaluation functions related to the Emergency Plan. 2006 has been a year of significant staff transitions in leadership positions, especially at CDC, and new personnel have been smoothly transitioned into effective team participation. Across all agencies only 3.6% of total resources have been required to achieve this level of excellence, which is well below the recommended 7% ceiling for this function.

Capacity to fulfill the important coordination function has been enhanced by adding a full time deputy country coordinator (in part to relieve the country coordinator for work outside Kenya at the request of the Global AIDS Coordinator), an experienced FSN executive assistant, and a public information officer.

During the course of preparing the 2007 COP it became evident that a laboratory logistician (as opposed to the existing technical strengths in improving laboratory technical capacity and consistency) was needed. Funding is included in CDC's budget to add such a position. It was also determined that direct USG management of the increasingly complex and financially significant realm of drugs and other health commodities required additional staffing and a full time position for that function has been included in USAID's management and staffing budget. Determination of which agency would "house" each of these important new positions evolved through interagency consensus, and they are both being perceived as resources to the larger USG team.

INDIVIDUAL AND AGENCY PRIMARY FUNCTIONS

USAID has a lead role in all programming related to OVC and is staffed for this function. It manages very large procurements of ARVs and other commodities that benefit all USG agencies and are dispensed to their partners working in care and treatment. USAID manages significant home-based care, treatment, and prevention work and a number of prime partners who fund over 100 subrecipients, including many indigenous faith- and community-based organizations. USAID also has responsibility for in-country oversight of Track 1 AB and OVC partners. Many USAID programs are national in scope, although its management of treatment programs is focused on Western, Rift Valley, Nairobi/Central, Coast, Eastern and North Eastern provinces where other USG agencies are not dominant players.

CDC manages significant work in treatment, counseling and testing, laboratory infrastructure, and TB/HIV. Through its cooperative agreements with both the National AIDS and STD Control Programme (NASCO) and the Kenya Medical Research Institute (KEMRI), it is a primary vehicle for both direct funding to the host government as well as government-to-government technical cooperation and capacity building. CDC provides in-country direction to Track 1 partners in the areas of blood safety, anti-retroviral treatment, and injection safety. Its geographic focus is predominantly Nyanza Province, with additional substantial work in Nairobi/Central and Coast provinces.

The Walter Reed Army Medical Research Unit (WRAMRU) of the Department of Defense manages a comprehensive prevention, care and treatment portfolio centered in the South Rift Valley around Kericho District. Beginning with a program that grafted PEPFAR-funded treatment onto its existing HIV vaccine

research platform, WRAMRU has expanded far beyond its base in the commercial tea plantations and extended treatment to thousands through an expanding network of district and lower-level public health facilities. It has modest programs in counseling and testing, youth prevention, and OVC that will be supplemented and carefully coordinate in the year ahead with the new USAID APHIA II partner that will work in the South Rift.

The Peace Corps currently has 53 volunteers committing more than 50 percent of their time to PEPFAR, and that number will decrease modestly in 2007 although the proportion paid for with GHAI funding will increase from 11 to 20. They are active in very specialized deaf education that includes significant HIV/AIDS content as well as more general HIV and health interventions at the grassroots level.

USAID, CDC and WRAMRU have technical staff providing strategic information leadership across the interagency team and it is a special point of pride that the leaders of five of eight interagency technical teams are Kenyan nationals.

ENHANCING INTERAGENCY COLLABORATION

During 2007 we will improve our already high levels of interagency collaboration by: (1) conducting more interagency site visits, (2) fully operationalizing structures to ensure coordination of APHIA II partners in provinces where other USG agencies have significant programs, (3) moving toward a goal of 100% interagency benefit from technical TDYs emanating from a single agency headquarters, and (4) conducting quarterly interagency team meetings in different locations across Kenya.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7101
Planned Funds: \$ 4,228,200.00

Activity Narrative: USAID and its partners work with Kenyan organizations to prevent HIV transmission and provide care, treatment, and support to individuals, families, and communities affected by the epidemic. USAID is the largest bilateral donor in HIV/AIDS. With its population and child health funds USAID also supports public and private sector reproductive health activities, 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.

USAID/Kenya's HIV/AIDS funding has grown dramatically in the past decade, from \$3 million in FY 1996 to \$116 million in FY 2006. This increase has made it possible to expand HIV/AIDS programs to a scale where they can have a truly national impact. It has also presented a significant management, staffing, and coordination challenge.

Management and staffing activities carried out by USAID/Kenya staff include:

1. Procuring and funding over \$200 million worth of goods and services in FY 2007 through over sixty bilateral and centrally procured mechanisms.
2. Serving as activity managers and cognizant technical officers to ensure good 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, district plans, and the 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 USG Interagency Coordinator and his 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.

USAID/Kenya is approaching its ideal mix of staff to handle current funding levels. When the positions approved in the 2006 COP are filled adequate procurement and financial management staff will be in place. Another OE-funded USDH Health Officer has been requested for 2007, as has FSN staff in logistics and HIV/AIDS program management. Future increases in funding will require a proportional increase in staffing.

USAID's management and staffing activity is related to all program areas and activities carried out by partners that it funds, to the rest of the USG Team in Kenya, and to Management and Staffing activity #9590.

Activities in this area will directly contribute to the effective implementation of all of the PEPFAR activities carried out by USAID and indirectly, through their coordination roles, to the results of the entire USG program in Kenya.

Plus up: USAID/Kenya depends upon the support of many services within the Agency to ensure PEPFAR funds are managed effectively and reported in a clear transparent manner. Due to the rapid increase in PEPFAR funds that Kenya, and by extension, USAID are receiving, we require two additional FSN staff in the Regional Office of Acquisition and Assistance and one additional FSN in the Controllers Office. We also require funds to support a regional contracts officer who, until now, was supported by GHAI funds from Washington. Funds will also be programmed for the following critical change to the staff complement in the PEPFAR Coordination Office responsible for coordinating the \$367 million dollar Kenya program. The current local hire PSC deputy country coordinator will be converted to an offshore hire mechanism (likely either an IAPP/CASU or GH Fellow) at an additional cost of approximately \$175,000.

Continued Associated Activity Information

Activity ID: 4308
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 3,288,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7103
Planned Funds: \$ 2,728,946.00
Activity Narrative: The management and staffing budget for CDC is used to ensure that there is adequate staffing and administrative support for CDC's PEPFAR-related activities detailed in the COP and not already accounted for in the individual program areas. In this activity area, the Ministry of Health receives technical support 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 have received technical and administrative support. A team of 29 personnel engaged full time at CDC-Kenya carries out this support. The 29 positions include 3 direct-hire United States government staff and 26 locally hired staff. One of the direct hires is in Technical leadership/management position. The other two are in Technical Advisors/Program manager's positions. Of the locally hired staff, five are Financial/Budget staff and 21 are administrative/Support staff. Two of the five finance and budget staff are engaged in day-to-day monitoring and training of the cooperative agreement partners that are funded through PEPFAR. Among the two is the Finance Director who is responsible for budgeting and resource planning including budgeting for CDC's COP entries. Collectively, this team provides high level technical, managerial and administrative support for our partner activities and helps to ensure high quality PEPFAR programs.

Continued Associated Activity Information

Activity ID: 4294
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: N/A
Funding Source: GAP
Planned Funds: \$ 3,388,448.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	7120
Planned Funds:	\$ 1,738,100.00
Activity Narrative:	The management and staffing budget for CDC is used to ensure that there is adequate staffing and administrative support for CDC's PEPFAR-related activities detailed in the COP and not already accounted for in the individual program areas. In this activity area, the Ministry of Health receives technical support 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 have received technical and administrative support. A team of 29 personnel engaged full time at CDC-Kenya carries out this support. The 29 positions include 3 direct-hire United States government staff and 26 locally hired staff. One of the direct hires is in Technical leadership/management position. The other two are in Technical Advisors/Program manager's positions. Of the locally hired staff, five are Financial/Budget staff and 21 are administrative/Support staff. Two of the five finance and budget staff are engaged in day-to-day monitoring and training of the cooperative agreement partners that are funded through PEPFAR. Among the two is the Finance Director who is responsible for budgeting and resource planning including budgeting for CDC's COP entries. Collectively, this team provides high level technical, managerial and administrative support for our partner activities and helps to ensure high quality PEPFAR programs.

Plus up: The United States Centers for Disease Control and Prevention will employ 1 full-time staff who will oversee data collection and submission for reporting as required by the Office of the Global AIDS Coordinator (e.g. semi-annual and annual reports) as well as other key stakeholders (e.g. Kenya Ministry of Health). This data management manager will oversee CDC Emergency Plan programs.

Continued Associated Activity Information

Activity ID:	6477
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 200,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	7125
Planned Funds:	\$ 950,900.00
Activity Narrative:	The US DOD manages the Emergency Plan in Kenya almost exclusively by Kenyans (FSNs) through a sub-contract/cooperative agreement with the Kenya Medical Research Institute. In the current (FY 2006) year, only 1 FTE US contractor (USPSC) supports Counseling and Testing and OVC programs through a sub-contract with the Henry M. Jackson Foundation for the Advancement of Military Medicine. This number is proposed to increase to 2 in FY07. In FY 2007, 0.25 FTE for the Kenya DOD HIV Program (USDH) will exist, an unfunded FTE of 1 in FY04 that has decreased yearly as Kenyan leadership has been developed. Otherwise, US DOD M&S leadership of the Emergency Plan program has been transferred to exclusively to Kenyans.

The US Department of Defense (DoD) will provide technical and managerial support to two primary programs: the Kenya Department of Defense (KDoD) and the South Rift Valley HIV Program. Collectively between the two programs, more than 3 million Kenyans will have access to HIV prevention, care, and treatment services. Covering active military and their dependents and fostering direct US-Kenya military interactions, the Kenya Department of Defense Program is based in Nairobi and covers 5 military treatment sites and approximately 20 care facilities nationwide. Administrative support costs manage the growing program as it decentralizes from Nairobi to provide more national level coverage to Kenya military and dependents as well as Kenyan civilians in areas underserved by other HIV services. Increasing by 1 from last year, six Kenyan (LES) staff in FY07 will provide direct management and technical support to this program including: 1 KDoD Program Manager; 2 technical advisors providing mainly clinical support in treatment program areas; 1 accountant; and 1 technical advisor/ program, and 1 new administrator.

The South Rift Valley HIV Program is centered in Kericho, the primary location for the United States Army Medical Research Unit-Kenya (USAMRU-K) HIV research activities. The US DoD brought comprehensive HIV care and treatment services to this area of the Rift Valley Province in April 2004 under the Emergency Plan, thereby fulfilling a moral obligation to Kenyans living in a previously underserved geographic region with no existing comprehensive HIV/AIDS programs. This successful treatment program has grown to nearly 15,000 in newly opened HIV clinics and has been a model for Kenya treatment. In FY07, the program will continue to grow and provide care and treatment in 6 districts including 12 primary treatment facilities (with increased linkages to rural health care facilities) and over 80 care/prevention sites. In FY07, 24 staff will support the South Rift Valley HIV Program including: the HIV Program Director (USDH with FTE of 0.25); the HIV Program Deputy Director (LES with FTE of 0.25); two full-time (1 new in FY07) USPSC providing TA in Prevention, CT, OVC, and BHCS activities to both the S. Rift Valley and KDOD HIV Programs; 11 LES providing technical assistance in treatment, care and prevention activities; and, 5 LES providing necessary administrative, logistical, and IT support. Four new nurses (LES) will be added to the M&S core to assist in the markedly expanding PMTCT program in the larger South Rift Valley.

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. Partial funding will be used for training 1 Kenyan staff in advanced HIV virology and diagnostics, both critical as the S. Rift Valley and KDOD treatment programs begin to struggle with issues around treatment failure and resistance. Finally, DOD personnel, travel, management, and logistics support in-country will be included in these costs.

Continued Associated Activity Information

Activity ID: 4307
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 485,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7126
Planned Funds: \$ 683,700.00
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 PEPFAR Coordination Office (PCO) was established as a permanent part of the U.S. Embassy. The PCO currently consists of the Country Coordinator, Deputy Country Coordinator, and an Administrative Assistant. As in past years, the Country Coordinator, Deputy Country Coordinator, and Administrative Assistant receive their salaries and benefits under USAID's management and staffing funding mechanism.

In FY 2007, the Department of State / Africa Bureau management and staffing budget will continue to support administrative and logistical functions of the PCO. The PCO staff will expand to include a PEPFAR Information Specialist and a second, part-time Administrative Assistant. The Information Specialist will work closely with the Country Coordinator and the Embassy's Public Affairs Section to raise the profile of PEPFAR's activities in Kenya and to ensure that PEPFAR successes are presented to the local media in an accurate and timely fashion. OGAC's request for the Kenya Country Coordinator to provide technical support to other Emergency Plan countries and to OGAC's public affairs team necessitates an additional, part-time Administrative Assistant to manage logistics for these activities. The FY 2007 PCO budget will also support costs for interagency technical team stakeholders' meetings, interagency team retreats, as well as costs related to the Country Coordinator's assistance to other PEPFAR countries. This year, we will also fund the Embassy Public Affairs Section to develop a press kit, host press events, and create a PEPFAR brand in Kenya.

Plus up: Funds will be programmed for the following critical changes / additions to the staff complement in the office responsible for coordinating the \$367 million dollar Kenya program. A UNAIDS secondee to assist with improved external relations / donor coordination as well as optimizing opportunities presented by VIP visits including CoDels, StafDels, media tours, etc. will be accepted at a total cost of approximately \$275,000. A position of COP database manager will be created as an EFM / FSN hire. Many of the detailed, COPRS functions currently performed by the deputy country coordinator will be re-assigned to this position to allow the deputy to focus more on programmatic priorities including public-private partnerships and the planned Youth Prevention Initiative. Estimated cost is \$75,000. PEPFAR/Kenya increasingly attracts highly-skilled pre- and post-graduate university students interested in both supporting the program and learning by exposure to it. \$25,000 is requested to support miscellaneous costs associated with accepting these valuable "staff-extendors."

Continued Associated Activity Information

Activity ID: 6584
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 317,550.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7127
Planned Funds: \$ 158,800.00
Activity Narrative: As post continues to expand and diversity PEPFAR activities both in scope and scale as well as across all current Peace Corps program areas of Public Health, Education and Small Enterprise Development and Information Communication and Technology, the need for a consolidated PEPFAR coordinator to strictly manage the PEPFAR activities is more apparent and needed. Additionally, post will require expanded office space for the PEPFAR coordinator and commensurate furnishings and equipment (computer) to support the position.

 Post will also continue to provide support to one Program Assistant recruited in FY05 and one driver recruited in FY06 who provide technical and administrative support to Peace Corps Volunteers who are engaged in meeting the Emergency Plan goals.

 Other funding will support activities such as PCV site development and visits, communications between post and PCVs, supplies, conference travel for the Country Director and PEPFAR coordinator to annual PEPFAR conferences and equipment maintenance.

Continued Associated Activity Information

Activity ID: 4120
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 597,582.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	IAP Worldwide Services, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9590
Planned Funds:	\$ 679,800.00
Activity Narrative:	IAP Worldwide Services recruits and provides support to employees assigned to USAID worldwide. In Kenya, IAPWS has assigned two senior HIV/AIDS advisors to USAID.

They:

1. Provide technical and managerial support to HIV and AIDS prevention, care and support programs; advise staff responsible for day-to-day project management of implementing agencies and programs; ensure linkages between and among the various activities of USAID; and assure coordination on policy issues, strategic planning and periodic reporting; supervise staff as required and provide mentoring to FSN staff to enable them to take on increasingly substantive roles in support of the unified USG Mission response to the HIV/AIDS epidemic.
2. Coordinate activities to assist the GOK to shape policy and influence resource allocation decisions and work closely with the GOK and other development partners on implementation of Global Fund grants and coordinate Global Fund and PEPFAR resources for program strengthening.
3. Liaise with other USG agencies, providing effective coordination with the Centers for Disease Control (CDC), US Army Medical Research Unit, Peace Corps, and Kenya's USG Interagency Coordinator and his office.
4. Represent USAID in donor meetings to ensure coordination of HIV/AIDS issues with other donors, including the Global Fund coordinating committees.
5. Assist with preparation of overall strategic plans, results reporting, and general strategizing, and develop and strengthen synergy between HIV/AIDS activities and the activities in other sectors within the USAID Mission.
6. Advise USAID's implementing partners in HIV/AIDS on the appropriateness of indicators and data collection efforts and assure the development of evaluation plans and utilization of evaluation findings.

The activities of these two advisors will directly contribute to the effective implementation of all of the PEPFAR activities carried out by USAID and indirectly, through their coordination roles, to the results of the entire USG program in Kenya.

The activities of the staff that IAPWS has assigned to USAID/Kenya are related to all activities carried out by partners that USAID funds, to the rest of the USG Team in Kenya, and especially to Management and Staffing activity #7101.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	10087
Planned Funds:	\$ 198,400.00
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, travel, program development and learning, audits, and evaluations.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: IAP Worldwide Services, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10089
Planned Funds: \$ 58,400.00
Activity Narrative: "Cost of Doing Business" Assessment
The cost of doing business associated with the two positions described in the IAP Worldwide Services staffing entry includes ICASS, travel, and overhead to IAPWS.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10091
Planned Funds: \$ 70,000.00
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 local-hire American, and one locally employed staff member.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10092
Planned Funds: \$ 136,800.00
Activity Narrative: "Cost of Doing Business" Assessment
The cost of doing business associated with the DOD management and staffing entries includes ICASS charges only.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	10095
Planned Funds:	\$ 793,657.00
Activity Narrative:	"Cost of Doing Business" Assessment The cost of doing business associated with the CDC management and staffing entry (GHAI funding) cover ICASS and Capital Security Cost Sharing (CSCS) taxes.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>	12/28/2007	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2007?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>When will preliminary data be available?</i>	4/15/2009	
Is a Health Facility Survey planned for fiscal year 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is an Anc Surveillance Study planned for fiscal year 2007?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>if yes, approximately how many service delivery sites will it cover?</i>	46	
<i>When will preliminary data be available?</i>	3/28/2008	
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 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Other significant data collection activities

Name:

National Health Accounts Survey

Brief description of the data collection activity:

The primary focus of this household survey 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 include three distinct sub-analyses focusing on HIV/AIDS, Reproductive Health and Child Health.

Preliminary data available:

July 18, 2008