PARTNERSHIP FRAMEWORK

BETWEEN

THE GOVERNMENT OF THE REPUBLIC OF KENYA

and

THE GOVERNMENT OF THE UNITED STATES OF AMERICA

TO SUPPORT IMPLEMENTATION OF
THE KENYA NATIONAL HIV RESPONSE

AS ARTICULATED IN

THE KENYA NATIONAL AIDS STRATEGIC PLAN III (KNASP III)

2009/10 - 2012/13

Abbreviations and Acronyms Used

ANC	Antenatal Care
BCC	Behaviour Change Communication
CDF	Community Development Fund
CSO	Civil Society Organization
CF	Clinton Foundation
CHW	Community Health Workers
CBO	Community-based Organizations
CACC	Constituency AIDS Control Committee
CORPS	Community-Owned Resource Persons
CHEW	Community Health Extension Workers
CHS	Community Health Service
COPBAR	Community Project-Based Activity Report
CSO	Civil Society Organization
DDO	District Development Office/r
DHMTs	District Health Management Teams
DP	Development Partner
DTC	District Technical Committees
FBO	Faith-based Organizations
FSW	Female Sex Workers
GAVI	Global AIDS Vaccine Initiative
GJLOS	Governance, Justice, Law and Order Sector
GFATM	The Global Fund to fight AIDS, tuberculosis and malaria
GOK	Government of Kenya
GIPA	Greater Involvement of People living with HIV and AIDS
HCW	Health Care Workers
HCBC	Home and Community-Based Care
HMIS	Health Management Information System
HS	Health Service
HTC	HIV Testing and Counselling
ICC	Interagency Coordinating Committee (for HIV and AIDS)
IGAD	Inter-Governmental Authority on Development
IDU	Intravenous/ Injecting Drug Users
JAPR	Joint Annual HIV and AIDS Programme Review
KAIS	Kenya AIDS Indicator Survey
KARSCOM	Kenya AIDS Research Coordinating Mechanism
KDHS	Kenya Demographic Health Survey
KNASA	Kenya National AIDS Spending Account
KNASP	Kenya National HIV and AIDS Strategic Plan
LMIS	Logistics Management Information System
MTEF	Medium Term Expenditure Framework
MDG	Millennium Development Goals
MSM	Men having sex with other men
MSW	Male Sex Workers
MoYAS	Ministry of Youth Affairs and Sports
MoMS	Ministry of Medical Services
MoPHS	Ministry of Public Health and Sanitiation
MoT	Modes of Transmission
MCGs	Monitoring and Coordination Groups
M&E	Monitoring and Evaluation
MARPS	Most- at- Risk Populations
NACC	National AIDS Control Council
NASCOP	National AIDS/STI Control Programme
NHSSP	National Health Sector Strategic Plan
NGO	Non-Governmental Organization
NPO	National Plan of Operations
NSA	National Strategy Application
OVC	Orphans and Vulnerable Children
PLHIV	People living with HIV /AIDS
PWD	People With Disabilities
PEPFAR	President's Emergency Plan for AIDS Relief
PFIP	Partnership Framework Implementation Plan
PHMTS	Provincial Health Management Teams
PMTCT	Prevention of Mother to Child Transmission
PPP	Public Private Partnerships
SW	Sex workers
SME	Small and Medium-sized Enterprises
SMS	Short Message Service
TA	Technical Assistance
TB	Tuberculosis
TOWA	Total War Against AIDS
ToT	Training of Trainers
UNAIDS	Joint United Nations Programme on AIDS
UNICEF	United Nations Children's Fund
UNGASS	UN General Assembly Special Session on HIV/AIDS
UNFPA	United Nations Population Fund
USG	United States Government

PURPOSE AND PRINCIPLES

The national response to the HIV epidemic in Kenya is led by the Government of the Republic of Kenya (GOK). It is coordinated by the National AIDS Control Council (NACC), which sits within the Ministry of State for Special Programmes (MOSP) in the Office of the President. Governing and guiding the national response is the Kenya National AIDS Strategic Plan.

In 2009, the GOK, the United States Government (USG), through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and all funding and implementing partners collaborated to develop a new ***Kenya National AIDS Strategic Plan 2009/10 – 2012/13 (KNASP III): Delivering on Universal Access to Services.*** The KNASP III development process was fully informed by comprehensive epidemiological evidence on HIV collected through the first-ever Kenya AIDS Indicator Survey (KAIS) 2007, the Modes of Transmission (MOT) Study, and data collected through routine programme monitoring.

As a result, the KNASP III reflects the best available evidence on Kenya's HIV epidemic and a common purpose of the GOK, USG, and other partners to support the most comprehensive, prioritized, and effective national AIDS response possible.

The development of KNASP III coincided with an invitation for Kenya to submit a ***National Strategy Application (NSA)*** for funding consideration by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In the development of the new KNASP and the NSA, the GOK, through the NACC, held extensive consultations at all levels with development, implementing, and civil society partners, including networks of people living with HIV (PLHIV).

The GOK and USG immediately recognized the unprecedented opportunity to align the ***Partnership Framework*** for the second phase of PEPFAR with the KNASP III as well as with the NSA. As a result, they jointly initiated a collaborative process including numerous other stakeholders to ensure close coordination of these critical, mutually reinforcing efforts. The overall outcome of this process is a Partnership Framework that is fully aligned to and optimally integrated with the KNASP and the NSA, assuring that all partners are, as per the "Three Ones" principles, working as one to support Kenya's most urgent, priority needs in responding to HIV.

In 2008, the U.S. Congress reauthorized PEPFAR for an additional five years (2009 – 2013). During its first phase, PEPFAR helped host countries to place 2.1 million people on antiretroviral therapy (ART), provide care to over 10 million people affected by HIV, and support prevention of mother-to-child HIV transmission (PMTCT) during nearly 16 million pregnancies, including providing antiretroviral prophylaxis for nearly 1.2 million pregnant women found to be HIV-positive. Kenya's respective contribution to these global results included placing nearly 300,000 men, women and children on ART; providing care to over 1.1 million people affected by HIV, and applying proven PMTCT interventions in 1.2 million pregnancies.

In its second phase, PEPFAR maintains the goals of increasing access to ART; providing care to people affected by HIV, including orphans and vulnerable children; and preventing new infections. In addition, the next phase of PEPFAR places greater emphasis on strengthening national systems, including the health care workforce, as well as enhancing partnership with host governments to strengthen country ownership and build capacity for a sustainable, long-term national response.

The overarching purpose of this Partnership Framework is to provide a five-year joint strategic agenda for cooperation between the GOK and the USG to support progress toward achieving the goals laid forth in the KNASP III, as well as the goals articulated in Kenya Vision 2030. In so doing, the Kenya Partnership Framework will once again significantly contribute to the global PEPFAR goals for HIV prevention, care, treatment, and health systems strengthening.

In implementing this Partnership Framework, the GOK and the USG intend the Partnership to be governed by the following guiding principles:

- High-level government engagement, national leadership, and continued ownership of the response by the government and people of Kenya;
- The "Three Ones" principles: One National Strategy, which is the KNASP III; One National Authority, which is the NACC; and One National Monitoring and Evaluation System. While the Partnership plans to operate under independent finance arrangements for U.S. Government foreign assistance, it should be optimally integrated with the overall HIV resource envelope;
- Continued collection and application of the best available data to inform and improve HIV policies and programming;
- Enhanced focus on the sustainability of all investments and interventions, with firm USG intention to transition increased resources, ownership and accountability to local institutions;
- Support for decentralization and multi-sectoral mainstreaming of health and other essential HIV services with recognition of the key roles played by civil society and private sector organizations;
- Meaningful involvement of PLHIV, their communities and civil society in program development, implementation, and evaluation;
- Increasing focus on a human rights-based approach to reduce stigma, discrimination, and the disproportionate impact of HIV on women and girls and other vulnerable groups;
- Intention to collect and share optimal detail on planned annual financial commitments to HIV from all sources so that (1) the total resource envelope for the national response is well understood and optimally integrated, and (2) the proportion of the total response underwritten by GOK increases on an annual basis for the term of the Partnership Framework;
- Recognition that while both GOK and USG resources are limited and investments are subject to the availability of funds, both actors have mutual interest in improving the health of the Kenyan populace; and
- Recognition that achievement of the Partnership goals requires resource flows beyond the capacity of any one partner, and that constraint on the availability of funding from either partner or from other key partners could lead to review and revision of goals.

II. FIVE-YEAR STRATEGIC OVERVIEW

This Partnership Framework represents an enhanced engagement by the GOK, with support from the USG and other partners, to turn the tide of HIV in Kenya. It also represents an unprecedented level of coordination and collaboration between the GOK, USG, and other partners in jointly setting programmatic priorities, articulating individual and shared objectives, and in undertaking strategic planning for the next five years of the Kenyan national AIDS response.

The Partnership Framework is further premised upon a series of high-level intended goals and objectives, namely:

1) Reduced HIV incidence through increased capacity of Kenyan facilities and providers to deliver more effective and better integrated prevention programs including
    a. Evidence-based approaches promoting character formation and abstinence among youth as well as fidelity, partner reduction, and correct and consistent condom use by sexually active persons
    b. Proven behavioral interventions optimally targeted to the sources of new infections and those most at risk
    c. Greatly increased HIV testing and counseling through community as well as PMTCT, TB clinical and other provider initiated approaches such that at least 80 percent of Kenyan adults know their status
    d. Greatly increased availability of voluntary medical male circumcision (VMMC) for sexually active adult males, and
    e. 100 percent coverage of PMTCT in all public and mission health facilities offering antenatal care (ANC) with more efficacious regimens and improved program quality to reach 80 percent of women who attend at least

one antenatal visit, and new community outreach programs developed to provide PMTCT services to at least 50 percent of women who do not attend ANC

2) Community support and mitigation programs including capacity building for households with OVC to expand care to reach at least 80 percent of children orphaned by AIDS and 80 percent of households with OVC

3) Community support and mitigation programs strengthened and expanded to reach 80 percent of households with PLHIV with effective prevention, health maintenance including treatment adherence and disease monitoring, and social support services

4) Capacity of Kenyan facilities and providers expanded, and tasks appropriately shifted, for delivery of quality HIV care and opportunistic infection (OI) prophylaxis/treatment to at least 80 percent of the infected population not in need of treatment with anti-retroviral medications (ARVs)

5) Capacity of Kenyan facilities and providers to deliver quality HIV treatment with ARVs expanded to reach at least 80 percent of the population in need based on current ART guidelines

6) GOK health commodity projection, procurement, warehousing, and distribution systems each increased from mutually-agreed baselines and in a manner that builds on Millennium Challenge Corporation Threshold Program

7) Capacity of Kenyan facilities to collect and report routine programme data enhanced so as to continuously inform programming as well as operational and strategic planning,

8) Policies are established or strengthened to support optimally effective HIV responses and address and mitigate societal norms or cultural practices that impede effective programming

9) A joint operational research agenda is developed and supported to ensure that investments in HIV are optimally effective and epidemiological trends are continuously tracked and updated, and

10) GOK recurrent budget expenditures for health increase on an annual basis for the term of the Partnership Compact.

The Partnership Framework is organized around the four core pillars of the KNASP III[1]:

- Pillar 1: Health Sector HIV Service Delivery
- Pillar 2: Sectoral Mainstreaming of HIV and AIDS
- Pillar 3: Community/Area-based HIV Programmes
- Pillar 4: Governance and Strategic Information

Deriving from the KNASP III Pillars (detailed in the Annex to this document), more specific objectives within the Partnership Framework – as well as the respective expected contributions of the GOK, USG, and other partners toward achievement of these objectives – are outlined in the tables below. For Pillars 1 through 3, the table first identifies the prevention objectives within the pillar, followed by care and mitigation, treatment, and systems strengthening efforts. The KNASP III "architecture" of pillars has resulted in some apparent repetition in the matrix which follows, but reviewers are requested to understand that (1) we are committed to aligning the Partnership Framework as completely as possible with KNASP, and (2) most apparent repetitions are in fact *differentiations* between interventions offered in clinical versus community settings.

[1] In the Partnership Framework, KNASP III Pillars 2 and 3 have been combined. In this consolidation, the GOK contributions primarily relate to supporting Sectoral Mainstreaming of HIV and AIDS and the USG contributions to supporting Community/Area-based HIV Programmes.

Pillar 1: Health Sector HIV Service Delivery					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U. S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
1.1 Prevention Within the Health Sector					
1.1.1 HIV Testing and Counseling in health settings for 25-50% of 18 million to be newly tested by 2013 *[xref 2/3.1.1]*	Seek to increase support for expanded HIV testing and counselling (HTC) through multiple mutually-reinforcing and non-redundant methodologies to assist in achieving GOK target of 80 percent knowledge of HIV status among adults Seek to procure up to 4 million HIV rapid test kits annually for use in clinical settings	Endeavor to enact policy changes to: (1) expand lay counselor roles in HTC, (2) increase penetration of provider-initiated HCT as the standard of care in all clinical settings, (3) provide for consent to HCT among those under age 18 in specified circumstances, and (4) define and implement national guidelines for HCT quality assurance Seek to increase the volume of HTC taking place in public sector health facilities by 20 percent per annum	Jointly advocate for sustainable funding from other partners for HTC commodities and services, condoms, and other prevention commodities based on GOK-led comprehensive, accurate, and rolling need estimates, especially for HIV test kits	JICA to provide 2.5 million HIV rapid test kits for 2009-2011 as well as technical assistance to NASCOP in assuring quality of HTC services *[xref 2.1.1]* 1.5 million HIV rapid test kits annually to be included in NSA to GFATM Clinton Foundation to provide US $13 million for 2009-2011 in HIV test kits and lab supplies Joint UN support for social mobilization during annual testing week	National baseline and targets articulated in KNASP III , NPO, AOP; USG baseline and annual targets to be articulated concurrent with COP 2010/PFIP development
1.1.2 4.3 million women (80% of expected pregnancies) benefit from PMTCT interventions during plan period	Endeavor to support 100 percent coverage of PMTCT interventions (not including family planning prong outside of PEPFAR manageable interest) in ANC settings by 2010; maintain 100 percent coverage throughout period of the Framework Work with Kenya Division of Reproductive Health and implementing partners to develop community interventions to reach 50 percent of pregnant HIV-positive women who do not attend ANC with PMTCT services by the end of the Framework period	Ensure implementation of National RH/HIV Integration Strategy	USAID and GOK to consider prioritizing expansion of FP within PMTCT settings in support of RH/HIV Integration Strategy.	Some portion of JICA test kits used in PMTCT DANIDA nurses for ANC health services in specific districts GTZ and KFW support general reproductive health programs. UNICEF supports training in PMTCT settings. EU provides support to NGOs for primary health care and reproductive health in urban slum areas.	National baseline and targets articulated in KNASP III , NPO, AOP; USG baseline and annual targets to be articulated concurrent with COP 2010/PFIP development
1.1.3 Expand Clinic-based PwP interventions	Support implementation of proven Prevention with Positives (PwP) programmes with all appropriate clinical partners	Ensure implementation of National PwP Strategy and provide space and personnel for clinic-based PwP	Seek to integrate comprehensive Prevention with Positives (PwP) in all USG- and GOK-supported HIV testing and counseling and treatment facilities, with a priority on enhancing the role of PLHIV in delivering PwP	NSA includes support for PwP; detailed targets to be included in PFIP	National and USG baselines and annual targets (# of clinical partners and sites; # to be reached) to be articulated in NPO and COP 2010/PFIP development

Pillar 1: Health Sector HIV Service Delivery

Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U. S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
1.1.4 Voluntary Medical Male Circumcision reaches at least 150,000 males annually	Seek to increase support for voluntary adult medical male circumcision (VMMC), with an initial priority on adults aged 15-34, and expanding to both older and younger populations in years three through five of the Framework	Provide facilities and personnel for VMMC in public sector facilities; personnel for VMMC in mission facilities Provide political, policy and technical leadership for VMMC scale-up and scale-out	Continue active leadership and participation in national and provincial VMMC steering committees Invite study tours for joint host government-USG teams from other countries seeking to rapidly scale up VMMC	Gates Foundation (through FHI) supporting VMAMC Center of Excellence in Nyanza 30,000 VMAMC surgical kits annually to be included in NSA to GFATM UN joint support for development / operationalization of VMMC communication strategy	National baseline and targets articulated in KNASP III, the NPO and National VMMC Strategy; USG baseline and annual targets to be articulated concurrent with COP 2010/PFIP development.
1.1.5 Mass media campaigns developed and implemented to support health sector prevention provision *[xref 2/3.1.5]*	Endeavor to continue media campaigns promoting HCT, reducing unnecessary injections, promoting blood donation and reducing unnecessary transfusions	Contribute technical leadership to development and assessment of mass media campaigns targeting health sector prevention programming	Continue to jointly plan and annually convene National HIV Prevention Summits to promote best practices and maintain high-level focus on the prevention agenda	DFID support to PSI for promotion of condom use in casual and long-term relationships *[xref 1.1.6]* NSA includes support for mass media campaigns; detailed targets to be reflected in PFIP	Baselines and annual targets (# of campaigns; # expected to be reached) to be articulated concurrent with NPO/COP 2010/PFIP development
1.1.6 Male and female condom provision in health settings	Endeavor to advise all USG implementing partners to support stock monitoring and resupply logistics for male and female condoms in health settings	Enlist health facility management and logistics personnel in stock monitoring and resupply logistics for male and female condoms in health settings	Continue to support logistic management to KEMSA and health facilities to ensure adequate supplies of condoms	140 million male condoms and 600,000 female condoms annually to be included in NSA to GFATM Total War on AIDS (TOWA) program (with DFID and World Bank support) to provide US$4,2M for 2009-2011 in support of condoms 300,000 female condoms through joint UN support DFID to provide US$19.8M for 2009-2011 to support social marketing of condoms through PSI, including providing approximately 35 million condoms annually.	Baselines and annual targets (# of health facility dispensing points; # of condoms expected to be distributed) to be articulated concurrent with NPO/COP 2010/PFIP development
1.1.7 STI screening and treatment to 250,000 (80% of population in need) by 2013	Continue to encourage implementing partners to aggressively screen for and treat STIs	Provide facilities and personnel for STI screening and treatment in public sector health facilities; personnel for screening and treatment in mission health facilities	Jointly advocate for increased prevention funding from other partners to implement proven and emerging prevention interventions, including STI management, consistent with high-level GOK goals	Technical support from WHO	No PEPFAR-specific baselines or targets proposed.

Pillar 1: Health Sector HIV Service Delivery					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U. S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
1.1.8 100% screening of blood or blood products by 2013	Seek to maintain at least level funding for blood (and injection safety) prevention interventions	Grant long-promised semi-autonomous status to National Blood Transfusion Service (NBTS) for improved efficiency, accountability, ability to attract external funding, etc. by year 2011	Jointly advocate for semi-autonomous status for NBTS	JICA provides technical, infrastructural support	Baselines and annual targets (# units blood collected and screened; # of health facilities implementing comprehensive injection safety practices) to be articulated concurrent with NPO/COP 2010/PFIP development
1.1.9 Interventions (including human rights promotion) for MARPs developed and implemented across health sector *[xref 2/3.1.3]*	Seek to increase support for prevention interventions focusing on youth and most-at-risk groups (men who have sex with men [MSM], intravenous drug users [IDU], sex workers) *[xref 2/3.1.1]* Seek to increase support for Gender-based violence (GBV) interventions with an initial emphasis on expanded PeP	Provide leadership in disseminating policy and guidelines, community mobilization re: prevention for/with MARPs in health settings Develop a minimum of five new IDU rehabilitation facilities (average one per year) during the term of the Partnership Framework	Develop at least one comprehensive and jointly-funded youth/adolescent health care facility annually during each year of the Framework aligned with strategy of the Partnership for an HIV-Free Generation Jointly act to promote establishment of comprehensive GBV responses in a cascade from Level VI to Level V and Level IV facilities	Joint UN support for symposium ion programming with MARPs and support for scaled-up interventions targeting sex workers, IDUs, MSM and development of two wellness centres at hot spots in northern corridor Elton John AIDS Foundation support for expanded prevention work with MSM, substance abusers under active discussion	KNASP III includes baselines and annual targets for #'s of specific MARPs to be reached. PEPFAR-specific baselines and targets to be articulated concurrent with COP 2010/PFIP development
1.2 Care, Support and Mitigation Within the Health Sector					
1.2.1 Clinic linkages to home and community-based care improved so as to reach 80% of those in need *[xref 1.4.5]*	Seek to support NASCOP in promulgating and disseminating clinic-community-clinic referral protocols Vigorously promote adoption of CHS guidelines to train, equip, supervise and deploy CHWs by all USG-supported clinic and community care partners *[xref 2/3.3.1]*	Seek to deploy 30 new nurses and 5 new Community Health Extension Workers (CHEWs) to each district to support Community Health Strategy (CHS) and provide supervisory support to Community-Owned (health) Resource Persons (CORPS)	Jointly advocate for policy changes and additional resources needed to fully implement and rigorously evaluate the CHS	WHO/UNICEF and DFID provide technical support	Process indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development
1.2.2 OI prophylaxis provided to 80% of those in need (645,000) by 2013	Seek to increase support for a formulary of OI prophylactic and curative medicines to mitigate HIV-related morbidity and mortality among adults and children with HIV	Seek to increase by a minimum of 10 percent annually direct budgetary support for procurement of medications to prevent OIs and reduce HIV-related morbidity and mortality among those not currently on ARVs	Jointly advocate for increases in GFATM resources committed to care activities, including procurement of OI drugs	NSA proposal to include $2M for OI formulary procurements	KNASP III includes baselines and annual targets for OI expansion. PEPFAR-specific baselines and targets to be articulated concurrent with COP 2010/PFIP development

Pillar 1: Health Sector HIV Service Delivery					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U. S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
1.2.3 Increase coverage of therapeutic nutrition for those on ART from current 15% to 30% by 2013	Work with Division of Nutrition to maintain current level of investment in Kenyan-produced therapeutic nutrition supplement Seek to maintain current level of investment in multivitamin supplements with priority on pregnant and lactating HIV+ women, children	Provide personnel, consultation and storage facilities for therapeutic nutrition dispensed through clinical sites. Increase by 25% annually the GOK budget for therapeutic nutrition supplement	Jointly advocate with other sectors (e.g., Ministry of Agriculture) and partners (e.g., WFP) for expanded efforts to address systemic food insecurity in Kenya with a priority on enhancing food security of HIV-affected households Seek to annually increase support for supplementary feeds for HIV-exposed infants	NSA proposal to include minimum of $2M annually for support of therapeutic nutrition DFID supports CBO-distributed nutritional support through AMREF Clinton Foundation to provide $1M for 2009-2010 for nutrition support. World Food Program to provide $11.3M in 2009-2011 nutritional support for ART clients	KNASP III includes baselines and annual targets for therapeutic nutrition support expansion. PEPFAR-specific baselines and targets to be articulated concurrent with COP 2010/PFIP development.
1.2.4 Continue efforts to make ANC / PMTCT an entry point for family-centred care	USAID in APHIA re-design to consider appropriate facility and community models with a family-centered approach.	GOK through PMTCT and other relevant steering committees to consider expanding guidelines to identify and build capacity for ANC and child welfare clinics as an entry point for family-centered care	Jointly advocate for resources to support expanded use of ANC/CWC as an entry point for family-centered care	DFID is considering a safe motherhood program	Process indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development
1.3 Treatment Within the Health Sector					
1.3.1 Increase coverage and quality of ART provision for people living with HIV (PLHIV) to reach at least 80% of those in need	Seek to maintain support for full treatment costs based on GOK regimens current throughout the Partnership Framework for all persons on USG-procured ARVs as of September 30, 2009 Endeavor through increased efficiencies and economies of scale to expand ART coverage annually commensurate with increased need, decreased cost of ARVs, and changing treatment guidelines as available resources may allow Manage future treatment procurements in a way that optimizes the likelihood of transition to local partners	Endeavor to increase direct budget support through recurrent expenditure for procurement of ARVs by a minimum of 10% annually Within 18 months of Framework signing, work toward achieving and maintaining steady state buffer stock of at least six months of essential treatment commodities, especially ARVs, in public sector stores based on five-year projections Seek to enact policy changes for critical treatment task-shifting (e.g., enhanced roles for lower cadres in monitoring treatment, prescribing ARVs) Seek to enact policy changes to enhance the role of private and FBO / mission health facility sectors in provision of treatment and care	Seek to jointly plan and annually convene the National Care & Treatment Stakeholders Forum to promote best practices in care & treatment Within six months of Framework signing, endeavor to jointly prepare a five-year projection outlining anticipated need for ARV and key OI drug quantities and planned contributions/obligations of key stakeholders including GOK, USG, and other partners as well as a shared process for keeping projections current on a rolling basis Work to continue joint planning on strategies to assure ARV and non-ARV clinical care and treatment needs of pediatric patients with HIV are met	NSA proposal includes $131.5M between 2009-2013 for ARV drug procurement; Voluntary Pooled Procurement (VPP) mechanism to be used in initial years to address/mitigate issues in GOK procurement processes *[xref 1.4.2]* Clinton Foundation to provide $45M in 2009-2011 for pediatric ARVs Clinton Foundation to provide $24M in 2009-2011 for Adult 2nd line ARVs	KNASP III includes baselines and annual targets for ART coverage. PEPFAR-specific baselines and targets to be articulated concurrent with COP 2010/PFIP development

Pillar 1: Health Sector HIV Service Delivery					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U. S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
1.3.2 Increase TB screening, detection and treatment in HIV care settings, and HIV screening and referral from TB settings so that at least 80% of co-infected eligible individuals are on ART	Seek to promote annually increased levels of TB screening, detection, and treatment by HIV care and treatment partners for all years of the Framework	Seek to develop, implement, and monitor policies and guidelines that mandate increased priority on TB screening, detection, and treatment within HIV care and treatment centers	Continue to jointly highlight success of the TB system in integrating HIV screening, detection, and treatment as a means of challenging HIV providers to do likewise	World Bank Total War on AIDS program, (DFID and World Bank support) to provide US$ 1,42M for 2009-2011 in support of TB drugs	KNASP III includes baselines and annual targets for TB screening, detection and treatment in HIV care and treatment settings. PEPFAR-specific baselines and targets to be articulated concurrent with COP 2010/PFIP development
1.3.3 Improve diagnostic and monitoring capacity and quality assurance of HIV services delivery	Seek to increase support for expanded diagnostic and monitoring capacity and quality assurance, with a priority on lower-level health facilities	Endeavor toward a minimum 10 percent annual increase in direct budget support through recurrent expenditure for improved lab capacity at lower level health facilities for expanded diagnostic capacity, quality assurance, etc. Increase number of laboratory staff by 5 in every district every year for the next five years	Work to investigate and implement promising systems efficiencies including leased laboratory equipment at high volume sites, full standardization of equipment at different levels of health service delivery, etc.	Clinton Foundation to provide $2M in 2009-2011 for laboratory equipment. NSA includes support for expanded diagnostic capacity	KNASP III and NSA include baselines and annual targets for labs equipped for effective diagnosis and monitoring for quality HIV services delivery. PEPFAR-specific baselines and targets to be articulated concurrent with COP 2010/PFIP development
1.4 Systems Strengthening Within the Health Sector					
1.4.1 Integrated quality assurance (QA) and management system for public and non-public health facilities rolled out	Instruct all PEPFAR-funded partners supporting health service delivery to harmonize their QA/QMS efforts with GOK-led integrated approaches	Assure systems are in place to manage and maintain clear and integrated QA policies and standards at all health facilities in the country Proactively set and enforce standards for all health services, *including in private sector*	Jointly support national QA policies and standards through active participation in related QA oversight/implementation committees Jointly promote market segmentation to shift percent of population that can pay for/has insurance cover away from free public sector	DFID considering proposed program of HRH, HMIS, other systems support	Process indicator/s to be articulated concurrent with NPO/COP 2010 development

Pillar 1: Health Sector HIV Service Delivery					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U. S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
1.4.2 Commodity and supply chain distribution systems strengthened from national to service delivery levels	Consistent with the Millennium Challenge Corporation Threshold Program and recommendations of the Task Force to reform the Kenya Medical Supplies Agency (KEMSA), seek to provide increased funding to fast-track improvements in health commodities procurement; storage and distribution; and governance of the public sector supply chain, including expanded use of information technology to automate critical functions including inventory accounting and "pull" ordering systems Seek increased resources to support implementation of a mutually-agreed and sustainable application of private sector services to improve the health commodities supply chain	Seek to increase support for staffing and capacity building at KEMSA as well as enact and aggressively implement policies to improve governance, transparency, efficiency and accountability in the public sector health commodities supply chain aimed at (1) improving service, (2) making KEMSA commercially viable, and (3) adopting a date certain for transition to a "pull" system for essential health commodities	Endeavor to develop a rolling, five year procurement plan for essential health commodities and develop a task team including GOK, USG and other key stakeholders to oversee its implementation and regular updating	NSA to use VPP to mitigate impact on KEMSA in initial years of award. *[xref 1.3.1]* DANIDA provides support to KEMSA to strengthen commodity distribution Joint UN support for implementation of VPP and for building capacity of KEMSA	Process indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development
1.4.3 Horizontal and vertical referral systems improved in public and non-public facilities	Seek to support NASCOP in promulgating and disseminating clinic-community-clinic referral protocols; vigorously promote adoption by all USG-supported clinic and community care partners	Seek to rapidly develop actionable policies and guidelines for improved referral systems for better health outcomes	Jointly support and monitor all partners active in PEPFAR and/or GFATM-funded health service delivery to implement approved referral systems	No other development partners working in this area	Process indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development
1.4.4 Capacity for collation, analysis and use of health information improved at public and non-public facilities	All PEPFAR-funded providers to support and feed into a single standardized HIV MIS	Provide leadership in defining and promoting use of a single standardized HIV MIS for all public, mission and private sector HIV health care	Jointly identify through the NASCOP and Division of HMIS best partners / placements of analytic capacity to monitor and forecast trends in patient and public-health impact of expanding HIV health service delivery	No other development partners working in this area	Process indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development

Pillar 1: Health Sector HIV Service Delivery					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U. S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
1.4.5 Comprehensive community health services established in areas with limited service utilization *[xref 2/3.2.2; 2/3.2.3]*	While outside PEPFAR direct manageable interest, seek to have prioritized in USAID redesign of APHIA projects	Expand access to health services at the community level, especially in traditionally under-served locales through effective implementation of and linkages to the Community Strategy	Jointly advocate for increased resource from other development partners towards comprehensive community health services	TOWA program to provide US$ 28.5M for 2009-2011 in support grant awards to NGOs and mainstreaming public sector *[xref 2/32.2. and 2/3.2.3]* DFID to provide GBP sterling 4.8M to AMREF to support civil society capacity building and service delivery program	Process indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development

Pillars 2 and 3: Sectoral Mainstreaming of HIV and AIDS *and* Community / Area-based HIV Programmes					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U.S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
2/3.1 Prevention Mainstreamed Across Sectors and in Community-Based AIDS Programs					
2/3.1.1 HIV Testing and Counseling in non-clinical settings for 25-50% of 18 million to be newly tested by 2013 *[xref 1.1.1]*	Seek to increase support for expanded HIV testing and counselling (HTC) through multiple mutually-reinforcing and non-redundant methodologies to assist in achieving GOK target of 80 percent knowledge of HIV status among adults Seek to procure up to 5 million HIV rapid test kits annually for use in VCTs, household campaigns, and other non-clinical settings	Endeavor to enact policy changes to: (1) expand lay counselor roles in HTC, (2) provide for consent to HCT among those under age 18 in specified circumstances, and (3) make explicit provision for custodial consent to HCT among OVC, and (4) define and implement national guidelines for HCT quality assurance	Jointly advocate for sustainable funding from other partners for HTC commodities and services, condoms, and other prevention commodities based on GOK-led comprehensive, accurate, and rolling need estimates, especially for HIV test kits	JICA to provide 2.5 million HIV rapid test kits for 2009/10 and 2010/11 as well as technical assistance to NASCOP in assuring quality of HTC services *[xref1.1.1]* NSA application includes 1.5 million HIV rapid test kits annually Joint UN support for social mobilization during annual testing week Clinton foundation to provide US $13 million for 2009-2011 in HIV test kits and lab supplies.	KNASP III includes baselines and annual targets for HTC expansion. PEPFAR-specific baselines and targets to be articulated concurrent with COP 2010/PFIP development.
2/3.1.2 Expand PMTCT to reach women who do not attend ANC and/or deliver outside facilities	Work with the Kenya Division of Reproductive Health and implementing partners to develop effective community interventions to reach 50 percent of pregnant HIV-positive women who do not attend ANC with effective PMTCT services by the end of the Framework period	Use the newly developed national PMTCT guidelines to undertake targeted efforts to access women who do not attend ANC with PMTCT services	Jointly advocate for strengthening of the community strategy to include follow up of HIV infected pregnant women at the community level	No other development partners working in this area	Baselines and annual targets (# of women not attending ANC who access PMTCT services) to be articulated concurrent with NPO/COP 2010/PFIP development

Pillars 2 and 3: Sectoral Mainstreaming of HIV and AIDS *and* Community / Area-based HIV Programmes					
Objectives	**Expected Contributions**				**Steps for Development of PF Implementation Plan**
	U.S. Government (USG)	**Government of Kenya (GOK)**	**Mutual USG-GOK Actions**	**Support of other Partners**	
2/3.1.3 Reduce Sexual Transmission of HIV among MARPs by reaching: (i) 27,000-155,000 female sex workers; (ii) 12,000-71,000 MSM; (iii) at least 80% of IDU; (iv) 340,000 (80% of estimated need) widows; and (v) 80% of discordant couples by 2013; in addition, reach 18,000-104,000 truck drivers annually with HIV prevention services *[xref 1.1.4; 1.1.9]*	Seek to increase support for prevention interventions focusing on youth and most-at-risk groups (men who have sex with men [MSM], intravenous drug users [IDU], sex workers) *[xref 1.1.1]* Seek to increase support for voluntary medical male circumcision (VMMC) community mobilization and mobile clinic approaches, with an initial priority on adults aged 15-34, and expanding to both older and younger populations in years three through five of the Framework Increase priority for support to interventions addressing discordant couples including couples counseling, VMMC for uninfected men, condom use and behavior change Direct prevention partners focusing on youth to prioritize programming through Youth Empowerment Centers being established by the Ministry of Youth Affairs and Sports	Provide leadership in disseminating policy and guidelines, community mobilization for prevention	Jointly advocate for increased prevention funding from other partners to implement proven and emerging prevention interventions, including STI management, consistent with high-level GOK goals Continue to jointly plan and annually convene National HIV Prevention Summits to promote best practices and maintain high-level focus on prevention Jointly plan, mobilize resources for and implement expanded ARV treatment for MARPS to decrease viral burden and transmissibility Jointly endeavor to make operational youth empowerment centers being rolled out at the constituency level and to assure their provision of comprehensive HIV services linked with strategy of the Partnership for an HIV-Free Generation	DFID supports UNAIDS for work related to MARPs Joint UN support for symposium ion programming with MARPs and support for scaled-up interventions targeting sex workers, IDUs, MSM and development of two wellness centres at hot spots in northern corridor Elton John AIDS Foundation support for expanded prevention work with MSM, substance abusers under active discussion	KNASP III includes baselines and annual targets for #'s of specific MARPs to be reached. PEPFAR-specific baselines and targets to be articulated concurrent with COP 2010/PFIP development.
2/3.1.4 Implement new community-focused prevention with positives (PwP) programs	Support implementation of proven PwP programs with all appropriate community partners, prioritizing use of infected individuals as compensated providers of PwP programmes	Expand access to PWP programs at the community level through effective implementation of and linkages to the Community Strategy	Jointly advocate for increased and meaningful participation of people living with HIV in community based PwP initiatives	Included in NSA	National and USG baselines and annual targets (# PLHIV/their partners to be reached at the community level) to be articulated in NPO and COP 2010/PFIP development
2/3.1.5 Mass media campaigns developed and implemented to support community prevention provision *[xref 1.1.5]*	Endeavor to continue media campaigns promoting couples HCT, A-B-C messaging, Partnership for an HIV-Free Generation	Contribute technical leadership to development and assessment of mass media campaigns for community prevention programming	Continue to jointly plan and annually convene National HIV Prevention Summits to promote best practices and maintain high-level focus on the prevention agenda	NSA includes support for mass media campaigns; detailed targets to be reflected in PFIP	Baselines and annual targets (# of campaigns; # expected to be reached) to be articulated concurrent with NPO/COP 2010 development.

Pillars 2 and 3: Sectoral Mainstreaming of HIV and AIDS *and* Community / Area-based HIV Programmes					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U.S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
2/3.2 Care, Support and Mitigation Mainstreamed Across Sectors and in Community-Based AIDS Programs					
2/3.2.1 Increase access to reach: (i) at least 75% of all formal / informal sector employees with BCC; (ii) at least 250,000 teachers with life-skills education training; (iii) at least 43,000 (estimated 80% of need) prisoners by 2013; (iv) uniformed personnel (including at least 103,000 from the police and military) with an HIV service package by 2013	Seek to form and support Public-Private Partnerships (PPPs) that increase access to HIV services among formal / informal sector employees Seek to maintain support for increased HIV service delivery among uniformed personnel and their families	Work to increase the percentage of public and private enterprises with functional workplace HIV-related policies and programs Expand the provision of life-skills education training for teachers	Jointly execute an evidence based HIV service package in across all appropriate sectors	Included in NSA	KNASP III includes baselines and annual targets for expansion of workplace programs. PEPFAR-specific baselines and targets to be articulated concurrent with COP 2010/PFIP development.
2/3.2.2 Increase coverage of home- and community-based care (HCBC) to reach at least 600,000 (80% of estimated need) by 2013 *[xref 1.4.5]*	Seek to maintain level funding to support all patients in USG-supported home and community-based care programs as of September 30, 2009 and endeavor to expand equity and coverage annually as additional resources allow	Seek to increase the percentage of PLHIV receiving a home- and community-based care package in accordance with national guidelines	Jointly support the integration of the home based package for PLHIV within the community strategy	TOWA program to provide US$ 28.5M for 2009-2011 in support grant awards to NGOs; main-streaming public sector *[xref 1.4.5]* DFID to provide GBP sterling 4.8M to AMREF to support civil society capacity building and service delivery program Joint UN, DFID, NSA support	KNASP III includes baselines and annual targets for HCBC expansion. PEPFAR-specific baselines and targets to be articulated concurrent with COP 2010/PFIP development
2/3.2.3 Increase coverage and quality of services to reach at least 400,000 orphans and vulnerable children (OVC) *[xref 1.4.5]*	Seek to maintain support for an essential package of quality services for all orphans and vulnerable children (OVC) in USG-supported programs as of September 30, 2009 and seek to expand equity and coverage annually through increased program efficiencies and sustainability of implementing partners Seek to maintain at least level funding for OVC educational support	In line with the Constituency Development Fund (CDF) Act, issue guidance clarifying criteria for bursaries to needy children to prioritize OVC as primary recipients of CDF resources and have the CDF reporting system, the Ministry of Education reporting system, and the Department of Children's Services Area Advisory Councils (and/or NACC Community Based Program Activity Reporting [COBPAR] system) track and report on actual annual CDF bursary appropriations to OVC services	Support the National OVC Steering Committee to ensure service delivery, track performance and reporting at the National and District/Constituency level	TOWA program to provide US$ 28.5M for 2009-2011 in support grant awards to NGOs; main-streaming public sector *[xref 1.4.5]* DFID to provide GBP sterling 4.8M to AMREF to support civil society capacity building and service delivery program	KNASP III includes baselines and annual targets for expansion of OVC support through the cash-transfer program. PEPFAR-specific baselines and targets for its OVC support model to be articulated concurrent with COP 2010/PFIP development.

Pillars 2 and 3: Sectoral Mainstreaming of HIV and AIDS *and* Community / Area-based HIV Programmes					
Objectives	**Expected Contributions**				**Steps for Development of PF Implementation Plan**
	U.S. Government (USG)	**Government of Kenya (GOK)**	**Mutual USG-GOK Actions**	**Support of other Partners**	
2/3.2.4 Mainstream PLHIV needs within social protection services so that they are prioritized when HIV products and services and rolled out	Seek to increase support for a "basic care package" and Water Sanitation and Hygiene (WaSH) program as per national guidelines to (1) respond to increased numbers in need identified through HTC (2) defer disease progression, (3) reduce morbidity and mortality, and (4) make optimal use of additional CHW capacity to be developed Seek to increase support for livelihood and psychosocial assistance programs for enhanced motivation of caregivers, quality of service to PLHIV	Provide the necessary policy and technical support to increase access to the basic care package	Jointly advocate increased linkages to PwP initiatives	No other development partners working in this area	Process indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development
2/3.3 Treatment Mainstreamed Across Sectors and in Community-Based AIDS Programs					
2/3.3.1 Strengthen community-based referral to clinical treatment facilities so as to reach 80% of those in need with ART	Seek to support NASCOP in promulgating and disseminating clinic-community-clinic referral protocols; vigorously promote adoption by all USG-supported clinic and community care partners *[xref 1.2.1]*	Actively promote and disseminate clinic-community-clinic referral protocols and assure compliance with such protocols at all clinical treatment facilities	Jointly support and monitor all partners active in PEPFAR and/or GFATM-funded health service delivery to implement approved referral systems	No other development partners working in this area	Referral indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development
2/3.4 Systems Strengthening Mainstreamed Across Sectors and in Community-Based AIDS Programs					
2/3.4.1 Strengthen community mapping, outreach and mobilization enabling 80% of communities to demand comprehensive HIV prevention, treatment, care and support services and realize implementation of their rights, as well as 80% of PLHIV networks and associations to engage in policy and program development	Seek to support strengthened advocacy for better access to services and protection of human rights	Empower communities to advocate for and better access health services at the community level through effective implementation of and linkages to the Community Strategy	Jointly build capacity and provide information to community groups for advocacy purposes	Partially covered through joint UN support and NSA	Baselines and annual targets (# of communities/PLHIV networks empowered) to be articulated concurrent with NPO/COP 2010/PFIP development.

Pillars 2 and 3: Sectoral Mainstreaming of HIV and AIDS *and* Community / Area-based HIV Programmes					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U.S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
2/3.4.2 Strengthen systems by building the capacity of community-owned workers to deliver HIV services, involving at least 75,000 more community health care workers in HIV interventions	In year one of the Framework, seek to support development (in partnership with Ministry of Medical Services, Ministry of Public Health and Sanitation, Kenya Medical Training Colleges, and other stakeholders) of curricula to expand the skills base and number of Enrolled Community Nurses (ECN), Registered Nurses (RN), and other health professionals who will be deployed as Community Health Extension Workers (CHEW) and seek to increase annual support for scale-up of the ECN / RN / CHEW workforce in years 2-5 Support MOMS/MPHS to develop and implement incentives / standards of employment that promote equitable treatment, distribution and retention of all cadres of health workers	Form necessary task groups and endeavor to enact required policy changes for training program to expand skills base of ECN/RN/CHEW cadre In years two through five of the Framework, seek to assume financing and other support responsibility of 20 percent annual increments of the mutually-agreed total cohort of ECN/RN/CHEW so that by the end of the Framework approximately 60 percent of responsibility for the program is borne by GOK	Promote ECN/RN/CHEW program as essential to (1) decentralization, (2) community health strategy, (3) improved integration of TB and HIV services at community level, (4) adherence support, and (5) key to assessing and improving nutritional status of HIV infected individuals and affected households	TOWA program, to provide US$ 28.5M for 2009-2011 in support grant awards to NGOs and mainstreaming public sector. DFID to provide GBP sterling 4.8M to AMREF to support civil society capacity building and service delivery program.	KNASP III includes baselines and annual targets for expansion of HCW. PEPFAR-specific baselines and targets for its support to expanding HCW capacity to be articulated concurrent with COP 2010 development.

Pillar 4: Governance and Strategic Information					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U.S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
4.1 Legislative Environment, Policy, Leadership and Coordination					
4.1.1 Foster a fully supportive and enabling legislative and policy environment for KNASP III implementation by 2013	Seek to support continued progress in establishing the optimal policy environment for the HIV response by investing in strengthened capacity of CSO/PLHIV networks to demand, monitor and promote supportive policies and in strengthened GOK capacity to develop, implement, and monitor their application	Seek to conduct a legislative and policy review to identify and address gaps in property rights and harmful traditional practices; human resources for health; and workplace policies for all sectors	Seek to jointly mobilize resources for improving the policy environment for HIV Seek to jointly promote parliamentary strengthening, especially focused on Health Committee to develop MPs who are expert on health issues Undertake a joint policy review to identify and develop corrective action on any policy impediments to addressing gender disparities in the response to HIV	TOWA program to provide US $13.9M for 2009-2011 in support of strengthening governance and coordination *[xref 4.1.2, 4.2.2, 4.3.1, 4.6.3]* Joint UN support to national PLHIV network to strengthen its governance and institutional framework to more effectively reach communities	Process indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development

Pillar 4: Governance and Strategic Information					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U.S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
4.1.2 Strengthen systems and improve policy to enhance health care delivery	Seek to support other necessary systems strengthening activities and policy improvements/reform (e.g., national guidelines, HIVMIS, health systems strengthening, professional workforce production and retention, etc.) during the Framework period	Continue to provide leadership in developing cutting-edge HIV health care delivery policies as well as increase efforts for their effective application	Seek to jointly "re-engineer" up to 5 health facilities annually through modest renovation to optimize available infrastructure; improve patient flow, health provider efficiency and work satisfaction; and improve health service delivery and outcomes Jointly develop and support adoption of standardized electronic medical records and inventory monitoring systems at district and higher levels	TOWA program to provide US $13.9M or 2009-2011 in support of strengthening governance and coordination *[xref 4.1.1, 4.2.2, 4.3.1, 4.6.3]* DFID to provide GBP sterling 4.8M to AMREF to support civil society capacity building and service delivery program *[xref 2/3.4.2]* Joint UN support through Technical Support Plan	Baselines and annual targets (# of communities/PLHIV networks empowered) to be articulated concurrent with NPO/COP 2010 / PFIP development
4.2 Resource Mobilization, Allocation and Utilization					
4.2.1 Enhance national resource mobilization and utilization so that resources are fully mobilized to support KNASP III by 2011	Ensure a greater percentage of PEPFAR resources reach Kenyans in need by seeking to continue efforts to invest in effective local prime partners and maintain "umbrella" mechanisms to efficiently provide funding as well as organizational and technical capacity building to potential local prime partners Manage procurements in 2010 and forward with a priority on steadily increasing the proportion of local partners engaged in PEPFAR implementation Explore short, medium and long-term financing options that contiribute to sustainability	Seek to increase general budget appropriations for health by minimum of 10 percent annually for each year of Framework period Seek to reduce percentage of budgeted appropriations for health returned unspent to Treasury by at least 20 percent annually for each year of Framework period Seek to sustain HIV-related resource allocation from Exchequer to all Ministries to support Sectoral mainstreaming of HIV and AIDS in line with KNASP III and Medium Term Plan (MTP) 2008-2012 Seek to continue providing exemption from VAT, import duties, and other taxes for all programs supported under PEPFAR, including USAID, HHS/CDC, DOD/US Army Medical Research Unit and Peace Corps	Seek to jointly advocate for approval and full funding of the National Strategy Application (NSA) to the GFATM Seek to jointly advocate for sustained support from other development partners for a strengthened, country-led national HIV response Jointly seek increased efficiencies through cost-effective, targeted interventions	Joint UN support to NSA and KNASA Ref. to Section III of narrative text (below)	KNASP III includes baselines and annual targets for resource mobilization. PEPFAR resource contribution to be determined on an annual basis through USG appropriations process

Pillar 4: Governance and Strategic Information					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U.S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
4.2.2 Strengthen the structure and performance of the GFATM	Endeavor to support an autonomous secretariat to support the GFATM Kenya Coordinating Mechanism (KCM) with priorities on (1) strengthened proposal development, (2) oversight of and rapid utilization of awarded funds, (3) technical quality and evaluation of programs, and (4) capacity of the KCM (and individual members) to function optimally in all key areas of responsibility outlined by the GFATM	Ensure regular, high-level GOK policy and program engagement with all aspects of GFATM operations and funds management to strengthen and support accountability and performance of GFATM resources	Work to jointly develop a GFATM "Success Scorecard" (e.g., including % of rounds applied for/awarded, % of funds disbursed on time and according to procurement plan, increase in # of beneficiary organizations supported, funds for health leveraged from other sources) to monitor and enhance utilization of GFATM resources	TOWA program to provide US $13.9M for 2009-2011 in support of strengthening governance and coordination *[xref 4.1.1, 4.1.2, 4.3.1, 4.6.3]* Joint UN support for CCM reform and restructuring; strengthening PRs for enhanced accountability; strengthening HIV ICC to assume new role in context of reformed structures; and to reporting committee for enhanced accountability	Process indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development
4.3 Systems Strengthening					
4.3.1 Strengthen strategic planning at all levels by enhancing generation and use of evidence to facilitate effective targeting and resource allocation	Seek to sustain and scale up ongoing support to the Ministry of State for National Development and Vision 2030 for integration of HIV into planning and budgeting up to the district level and tracking resource utilization	Endeavor to strengthen Central Planning and Project Management Units (CPPMUs), District Planning and Monitoring Units and partnership with stakeholders to facilitate the delivery of KNASP III	Jointly advocate for increasing resource allocation and planning at central and decentralized levels	TOWA program to provide US $13.9M for 2009-2011 in support of strengthening governance and coordination *[xref 4.1.1, 4.1.2, 4.2.2, 4.6.]* Joint UN support for development and review of national strategy and strengthened decentralized planning and evidence utilization	Process indicator/s to be articulated concurrent with NPO/COP/PFIP 2010 development
4.4 Partnerships					
4.4.1 A Code of Conduct and Memorandum of Understanding (MoU) developed and implemented for all stakeholders to strengthen partnerships	Seek to position the Partnership Framework as the MoU defining the relationship between the USG and GOK in jointly supporting Kenya's national AIDS response	Seek to position the Partnership Framework as the MoU defining the relationship between the USG and GOK in jointly supporting Kenya's national AIDS response	Seek to position the Partnership Framework as the MoU defining the relationship between the USG and GOK in jointly supporting Kenya's national AIDS response	Ref. to Section III of narrative text (below)	Process indicator/s to be articulated concurrent with NPO/COP 2010/PFIP development

Pillar 4: Governance and Strategic Information					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U.S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
4.5 Strategic Information					
4.5.1 Strengthen strategic information gathering and data utilization to improve targeting of programs and evidence-based resource allocation	Seek to expand ongoing investments in the monitoring and evaluation capacities of NACC and NASCOP for optimal effectiveness of the response to HIV, more effective targeting of programs, allocation of resources consistent with gap analysis/areas of greatest need, and to assess progress against the financial and programmatic targets set forth in the Framework *[xref 4.6.2]* Fully participate in the JAPR and other processes/activities to optimally target resources to areas of greatest need	Work to maintain leadership in measuring outputs and impacts of community- and facility-based investments in the response to HIV *[xref 4.6.2]*	Jointly convene public consultations with key stakeholders to inform planning and priority-setting and eliminate duplication of effort at community level *[xref 4.6.2]*	JICA provides one Technical Advisor NASCOP to strengthen reporting and data utilization efforts Joint UN support for evidence gathering and analysis of strategic information to influence policy and program planning	KNASP III includes baselines and annual targets for M&E system strengthening and program reporting. PEPFAR baselines and annual targets to be articulated concurrent with COP 2010/PFIP development.
4.6 Advocacy and Strategic Communication					
4.6.1 Strengthen capacity of the national M&E systems to effectively coordinate and manage evidence-based strategic programming at all levels by 2011	Seek to expand ongoing investments in the monitoring and evaluation capacities of NACC and NASCOP for optimal effectiveness of the response to HIV, more effective targeting of programs, allocation of resources consistent with gap analysis/areas of greatest need, and to assess progress against the financial and programmatic targets set forth in the Framework	Seek to ensure a national M&E system for KNASP III is fully in place and operational	Jointly advocate for resources and plan to enable the fulfillment of key components of the M&E framework including population-based surveys	JICA provides one Technical Advisor NASCOP to strengthen reporting and data utilization efforts Joint UN support for One M&E framework; development of an M&E system	KNASP III includes baselines and annual targets for M&E system strengthening and program reporting. PEPFAR baselines and annual targets to be articulated concurrent with COP 2010 development.
4.6.2 Generate research evidence to inform HIV policy and strategic programming	PEPFAR Kenya to continue to engage with the evolving public health evaluation process driven by USG headquarters agencies to attract resources for Kenyan operational research priorities	Ensure KARSCOM has a clear and prioritized research agenda that addresses critical questions whose answers will help inform and improve strategic HIV policy and programming decisions	Endeavor to jointly develop and implement an operational research agenda to ensure that investments in HIV are evidence-based and optimally effective in line with existing mechanisms	Joint UN support to the national HIV research and evaluation agenda	Prioritized operational research agenda to be articulated concurrent with NPO/COP 2010 development.

Pillar 4: Governance and Strategic Information					
Objectives	Expected Contributions				Steps for Development of PF Implementation Plan
	U.S. Government (USG)	Government of Kenya (GOK)	Mutual USG-GOK Actions	Support of other Partners	
4.6.3 All mandated institutions capacitated to implement KNASP III	Seek to continue funding aimed at building capacity of Kenyan institutions mandated to implement KNASP III Direct USG-employed technical personnel and those of USG-funded implementing partners to seek to prioritize capacity building of Kenyan institutions implementing KNASP III Develop and implement, within allowable contractual provisions and where strategically appropriate, a plan to "sunset" direct program implementation by non-Kenyan institutions	Work to ensure HIV is mainstreamed in sector-specific policies and sector strategies so that by 2012/13 all ministries have HIV budget lines and report on HIV program implementation	Jointly advocate for resources from other development partners to build capacity for respective institutions	TOWA program to provide US $13.9M for 2009-2011 in support of strengthening governance and coordination *[xref 4.1.1, 4.1.2, 4.2.2, 4.3.1]* Joint UN support to capacity development of civil society and public sector to achieve universal access targets	KNASP III includes baselines and annual targets for HIV mainstreaming. PEPFAR to prioritize capacity building of Kenyan institutions in COP 2010 development.

III. PARTNERS: ROLES AND CONTRIBUTIONS

Roles and contributions of entities identified in this document fall into three broad categories: national leadership and public systems, program implementation, and health and other service delivery systems strengthening including supporting an optimal policy environment

Category one is clearly the primary purview of the Government of Kenya and its leadership and contributions are reflected in the matrix above in the third column from the left. The Government of the United States, the UN family, and the joint World Bank-DFID funded Total War on AIDS (TOWA) project also support GoK in its leadership roles, as does the Japan International Cooperation Agency.

Program implementation is again led by the Government of Kenya, with the majority of health service provision related to HIV being carried out in public facilities. PEPFAR, TOWA, and DFID (extra-TOWA) are major supporters of direct program implementation, and a significant portion of the work they support is carried out by Kenyan civil society and non-governmental partners. The Clinton Foundation and JICA also generously support provision of key commodities essential to program implementation.

Systems strengthening is a shared responsibility, with the Government of Kenya ultimately "owning" the majority of systems in need of buttressing. Leadership and political will for systems strengthening must be provided by GoK; many of the resources – both technical and financial – that will ultimately make it possible are provided by PEPFAR, the UN family, and JICA.

IV. PLANS FOR DEVELOPING THE PARTNERSHIP FRAMEWORK IMPLEMENTATION PLAN

Success of the Partnership Framework is dependent on development of an effective Implementation Plan that is collectively and collaboratively executed by the GOK, the USG, and other partners. The Implementation Plan should derive from the objectives, arrangements, and high-level goals outlined in the Partnership Framework. Similarly, as with the Partnership Framework, the Implementation Plan should be fully aligned with the KNASP III, the NSA application, and other relevant strategies and documents available to guide effective and efficient priority setting and associated resource allocation with the Kenyan national AIDS response.

The GOK and USG plan to jointly appoint a standing Partnership Framework Task Force (PFTF) with mutually determined terms of reference to guide development of annual implementation plans for the Framework.

Upon approval of the Partnership Framework, a series of stakeholder briefings should be conducted to support development of the Implementation Plan. These briefings should take place with:

- HIV Interagency Coordinating Committee
- National AIDS Control Council
- Ministry of State for Special Programmes
- Ministry of State for Planning, National Development and Vision 2030
- Relevant Parliamentary committees (Health and Finance)
- Development Partners for Health in Kenya
- Multilateral agencies of the U.N. family active in health and HIV
- Health Sector Coordinating Committee, and
- Non-governmental organizations / civil society

Using the Partnership Framework as a foundation, and based on input from these stakeholder briefings and the technical perspective of all involved GOK and USG agencies, the PFTF should develop/negotiate quantified annual performance targets including the percentage contributions of each of the partners to the overall financing of the response to HIV (and revised five-year targets as necessary) to be presented to and either affirmed or revised by policy makers at the level of GOK Permanent Secretaries and the USG PEPFAR Country Coordinator for inclusion in the implementation plan.

V. MANAGEMENT AND COMMUNICATIONS

An effective joint governance system is in place or has been initiated by GOK and Partners to oversee implementation of this Partnership Framework. This includes the following levels of oversight.

- Technical Oversight: The Partnership Framework plans to use existing in-country coordination mechanisms such as the Technical Monitoring and Coordinating Groups responsible for monitoring and evaluating implementation of the KNASP III. It is intended that a joint M&E plan for the Framework will be measured using current GOK and USG complementary monitoring and evaluation systems.

- Strategic Oversight: Progress toward implementation of The Partnership Framework should be regularly reviewed by existing structures such as the Kenya Global Fund Country Coordinating Mechanism (CCM), the NACC Advisory Committee, the Development Partners for Health in Kenya, the HIV Interagency Coordinating Committee and the Health Sector Coordinating Committee, which consists of representatives of the GOK, the NGO community, the faith based community, networks of people living with HIV, the private sector, civil society and development partners.

- High Level GOK-USG oversight of the Partnership Framework: High-level oversight should be provided through annual joint meetings convened by the Minister of Finance, in consultation with the Minister of State for Planning, National Development & Vision 2030 and the Minister of State for Special Programmes, and the U.S. Ambassador to Kenya, which may coincide with the existing Joint Annual Program Review (JAPR) schedule and the mid-term review of the KNASP III in 2011/2012.

ANNEX: Text from KNASP III on *Vision, Impact Results and Strategies* and *Pillars and Lead Governmental Organisations*

3.1 Vision, Impact Results and Strategies

While KNASP III's vision of **'An HIV-free Society in Kenya'** is long-term and not expected to be achieved within the duration of this plan, it is the underlying focus of all HIV planning and programming.

Under KNASP III, the following four impact results will be achieved by 2013:

1. **Number of new infections reduced by at least 50 per cent.**
2. **AIDS-related mortality reduced by 25 per cent[2].**
3. **Reduction in HIV-related morbidity[3].**
4. **Reduced socio-economic impact of HIV at household and community level[4].**

This Strategic Plan aims to achieve these outcomes:

Outcome 1: Reduced risky behaviour among the general, infected, most-at-risk and vulnerable populations.
Outcome 2: Proportion of eligible PLHIV on care and treatment increased and sustained.
Outcome 3: Health systems deliver comprehensive HIV services.
Outcome 4: HIV mainstreamed in sector-specific policies and sector strategies.
Outcome 5: Communities and PLHIV networks respond to HIV within their local context.
Outcome 6: KNASP III stakeholders aligned and held accountable for results.

The strategic emphasis of this plan is to effectively respond to the evidence base and provide coordinated, comprehensive, high-quality combination prevention, treatment and care services, mobilised and strengthened communities for 'AIDS competence', and, effective sectoral mainstreaming of HIV. It is acknowledged that in order to provide Universal Access to essential services, strategic decisions will be needed to prioritise interventions that realise maximum efficiency gains and optimal progress towards the expected results. This emphasis is translated into the following primary strategies:

Strategy 1: Provision of cost-effective prevention, treatment, care and support services, informed by an engendered rights-based approach, to realise Universal Access

Based on the lessons from KNASP II, this Strategic Plan draws heavily on a cost-effectiveness analysis to determine appropriate packages of services (geographical, epidemiological, socio-economic and gendered) to be provided in response to the diversity of the epidemic in Kenya. These services, aimed directly and immediately at reducing transmission and incidence on the one hand, and improving treatment and care outcomes on the other, will require dynamic and responsive sectoral systems.

---

[2] A proxy indicator – number of AIDS-related mortality cases disaggregated by adults and children – will be used to measure/give an indication of changes in HIV-related mortality.

[3] A proxy indicator – percentage of PLHIV (who know their status) on cotrimoxazole prophylaxis – will be used to measure/give an indication of changes in HIV-related morbidity.

[4] Proxy indicators – number of OVC receiving a minimum package of social protection and percentage of AIDS Competent Community Units responding to HIV within their local context – will be used to measure/give an indication of changes in socio-economic impact of HIV at household and community level.

Service provision will also be guided by a rights-based approach, with a strong emphasis on ensuring respective appropriate *rights holders'* entitlements and *duty bearers'* responsibilities. Civil society will be strongly involved, not only to ensure that the 'voice' of all stakeholders is heard, but also to support the social transformation for AIDS competent communities. Civil society is also expected to play a vital 'watchdog' role on how funds are used, in addition to supporting effective demand for accountability from service users and the broader community regarding access to quality HIV services.

Strategy 2: HIV mainstreamed in key sectors through long-term programming, addressing both the root causes and effects of the epidemic

Considerable progress had been made in the previous strategic plan in sector mainstreaming, largely through engagement with Government in the Medium-Term Expenditure Framework (MTEF) processes. This Strategic Plan will be primarily geared towards: (i) working with the ministries of Finance and Planning, as well as specific line ministries, to ensure sector-specific HIV priorities receive adequate financial allocations in the MTEF budget process; (ii) raising the profile of HIV in sectoral planning and budgeting to secure long-term financing commitments to reverse negative socio-economic impacts; and, (iii) taking to scale proven, innovative, cost-effective sectoral programmes, including mainstreaming them in the private sector (formal and informal).

Strategy 3: Targeted, community-based programmes supporting achievement of Universal Access and social transformation into an AIDS competent society.

The situation analysis, discussed in Chapter 2, concludes that effective strategies require a combination of effective service delivery and enhanced risk perception and demand at the community as well as individual levels. Social mobilisation is critical to realising greater societal/individual acceptability, demand for quality services, and reduced marginalisation of MARPs. These micro-macro and macro-micro transitions are captured in this Strategic Plan, primarily through community-based interventions, such as systematic mobilisation of communities to undertake HIV-related activities that respond to their needs.

Strategy 4: All stakeholders coordinated and operating within a nationally owned strategy and aligned results framework, grounded in mutual accountability, gender equality and human rights.

This strategy is based on the 'Three-Ones' Principles, as well as on international agreements for funding harmonisation, such as the Paris 21 Declaration. This strategy aims to build upon and deepen NACCs achievements from the second strategic plan in the coordination of stakeholders working on HIV in Kenya nationally, including development partners and Government ministries, departments and agencies.
Cutting across all of these four strategies will be a central focus on MARPs and vulnerable groups. This will directly address existing epidemiological evidence and the sources of new HIV infections. In drafting this plan, there was consensus that more could be achieved by having most-at-risk and vulnerable populations as crosscutting target groups, rather than having a stand-alone strategy for them. This will likely involve a number of interventions within each of the proposed strategies (especially Strategies 1 and 3) addressing the specific needs of sex workers and their clients, MSM, prisoners, and IDU, as well as vulnerable populations (uniformed services, humanitarian and mobile populations, orphans, widows and people with disabilities).

Two approaches will be used to ensure effective support for most-at-risk and vulnerable populations. First, strong advocacy, grounded in evidence, will be used to solicit support from policy makers to create an enabling policy environment for HIV interventions that target these populations. Second, priority support will be given to civil society organisations and other actors with a track record in removing barriers and providing essential services to MARPs and vulnerable groups.

4.5 Priority Areas for KNASP III – Implementation Pillars

Based on the above analysis, and the strategies listed in Chapter 3, four priority areas for KNASP III over the next four years were identified. These are: (1) Health Sector HIV Service Delivery; (2) Sectoral Mainstreaming of HIV; (3) Community-based HIV Programmes; and, (4) Governance and Strategic Information. The next logical step was for these four thematic areas to be listed as pillars for the third Strategic Plan. Supporting this decision is the clear institutional responsibility, summarised in Table 4.1, across each of the four pillars.

Table 4.2: KNASP III Pillars and Lead Government Organisations

KNASP Pillars	Lead Responsible Govt. Organisation	Supporting Lead Govt. Organisation
1. Health Sector HIV Service Delivery	MoMS and MPH&S	NACC
2. Sectoral Mainstreaming of HIV	MoSPND	NACC, MOSPS
3. Community-based HIV Programmes	NACC	MoGCASD
4. Governance and Strategic Information	NACC	MoSPND, MoSSP

It is important to emphasise that evidence-based, prioritised interventions along the lines of those proposed will be implemented in all four pillars. For example, prevention of new infections would be addressed directly by Pillars 1, 2 and 3, and indirectly by Pillar 4. Under the proposed four-pillar KNASP structure, HIV will cease to be a preserve of a few sectors in Kenya. Instead, it will be mainstreamed across all sectors. An overview of each of the four pillars is provided.

4.5.1 Pillar 1: Health Sector HIV Service Delivery

The overall goal for Pillar 1 will be to achieve Universal Access targets for an integrated, prioritised package of prevention, treatment, care and support services by 2013. In order to support this goal, systems within the two ministries responsible for health (MoMS and MPH&S) will provide streamlined, consolidated and responsive leadership and governance for HIV services within Pillar 1. All interventions in Pillar 1 will link to other pillars under this Strategic Plan, namely the HIV sectoral mainstreaming pillar (Pillar 2) and the community-based HIV programmes pillar (Pillar 3) through referral, capacity building and quality assurance linkages.

Considerable investment will be required to strengthen both institutional and human resource capacity, as well as coordination structures at all national, provincial and district levels across the health sector. The challenges, as well as the plans to address them, are discussed in a dedicated section – Health Systems Strengthening Strategy– in the supporting documents for this Strategic Plan.

4.5.2 Pillar 2 – Sectoral Mainstreaming of HIV

The overall goal for this pillar is to achieve comprehensive integration of HIV prevention, treatment and socio-economic protection interventions in all areas of the public and private sectors, as well as civil society, in a harmonised and aligned manner. The pillar will integrate HIV into the mainstream of development planning, including poverty eradication strategies, national budget allocations, and sectoral development plans. This approach will contribute to the attainment of national goals related to Medium-Term Expenditure Framework, the Medium-Term Plan, as well as MDGs and United Nations General Assembly Special Session on HIV/AIDS (UNGASS) goals.

The mainstreaming approach fully adopts the structure of the Medium-Term Expenditure Framework through the social pillar of the MTP, which focuses on "Investing in the people of Kenya." The expected overarching pillar outcome is that by 2013, long-term programmes addressing both the root causes and effects of HIV will be

mainstreamed in all sectors, including private sector and civil society. This pillar will seek to address the impact of AIDS on productivity and labour costs, companies, employees and their families. In addition, the plight of people with special needs, including MARPs, people with disability, the unemployed and vulnerable young people will be addressed in this pillar.

4.5.3 Pillar 3 – Community-based HIV Programmes

Despite global evidence showing that most successful responses to HIV begin at the community level, many successful local responses are yet to be scaled up. Policy and strategic reviews, including the KNASP II Strategic Review, have recommended greater community ownership of programmes and systems that deliver health services to the public. This pillar has been proposed in response to these recommendations.

It will rely on local contexts and best practices to strengthen the capacity of communities to plan, demand and implement priority HIV interventions. These interventions will complement those provided by Pillars 1 and 2. Knowledge, demand and utilisation of services in the formal health system are highly dependent on a strong community-based advocacy and referral system. Therefore, community-based interventions will ensure that an effective system is in place, including greater capacity of individuals and communities to demand accountability with regard to access to and quality of services. Focusing interventions at the community level will also ensure that prevention efforts are differentiated by region/area and cause of vulnerability.

Interventions at the community level will also ensure that the root causes of vulnerability are addressed at this level, such as gender relations, beliefs and values around masculinity and femininity. Key interventions will have a socio-cultural dimension, such as the protection of human rights, and the mitigation of HIV effects. They will also address community-specific risks and vulnerabilities of MARPs and the gender and legal dimensions of HIV. The intended programme outcome for Pillar 3 is to strengthen community capacity towards achieving Universal Access and social transformation for an AIDS-competent society.

Pillar 3 will build AIDS competence at the community level and strengthen community systems to address each of the individual, relationship, communal and structural causes of vulnerability[5]. It will also strengthen community-based governance and financial management systems.

4.5.4 Pillar 4: Governance and Strategic Information

This pillar outlines the expected results whose delivery all implementers, conveners, and the NACC will be held accountable. In addition, the pillar outlines strategies to create an enabling environment for implementation of all pillars through strengthened policy, leadership, oversight, partnership, and governance at national and decentralised levels.

[5] Communities will be facilitated to self-assess their ability and skills (competence) levels in 10 main practices through a highly participatory process. These 10 common practices are: (1) acknowledgement and recognition of risks and vulnerabilities to HIV; (2) inclusion of all community members in the response; (3) prevention of HIV; (4) access to care and treatment; (5) identification and addressing of vulnerability; (6) learning and transfer; (7) measurement of change; (8) adaptation and response; (9) ways of working; and, (10) resource mobilisation.

VI. SIGNATURES

16th Dec 2009

Deputy Prime Minister & Minister for Finance — Date
Government of the Republic of Kenya

Dec 16, 2009.

US State Department — Date
United States Ambassador to Kenya
Government of the United States of America